NHS
Cheshire
Clinical Commissioning Group

Reuse of Medicines in Cheshire Care Homes during the COVID-19 pandemic: Guidance & Resources Overview

The purpose of this document is to give an overview of the Reuse of Medicines in Cheshire Care Homes during the COVID-19 pandemic: guidance and resources located on the Cheshire EPAIGE, and provide answers to frequently asked questions (see link below).

http://www.cheshire-epaige.nhs.uk/news/new-re-use-of-medications-in-care-homes-during-the-covid-19-pandemic/

WHY DO WE NEED THESE GUIDELINES?

As a response to the Covid 19 pandemic, the NHS, along with the DHSC, produced a document designed to help support timely access to essential medicines for patients who are being cared for in a care home setting, both residential and nursing. The Cheshire guidance is based on this document and the North West's Reuse of Medicines Guidance and Resources. It was recognised that pressures could be placed on the medicines supply chain and that a medicines reuse scheme, which already operate successfully in NHS hospitals, could potentially ease some of those pressures. Most importantly it was recognised that patients with Covid-19 can have a rapid progression of symptoms, leading to potentially a more urgent need for end-of-life medication. These guidelines help to provide Health and Social Care professionals working within, or supporting care homes across Cheshire, with practical considerations, guidance and steps to ensure reuse of medicines is safe for residents and staff.

HOW DOES THE GUIDANCE PROVIDE PRACTICAL CONSIDERATIONS AND STEPS?

The documents set out practical steps and provide tools that will help Health Professionals and the Care Home staff operate the scheme safely and effectively. It initially helps care homes to prepare for medicines for reuse prior to it being required practically, and supports conversations with residents around gaining consent for their medication to be reused. It supports the assessment of any medication no longer required for the original resident, and also the assessment of the resident requiring the medicines, to ensure it is appropriate for that individual in their specific circumstances. It provides a range of tools to support the safe use of these medicines and importantly a robust audit trail for all aspects of medicines reuse to ensure compliance with national guidance and controlled drug regulations.

WHAT IS REUSE OF MEDICINES, AND WHEN WOULD REUSE OF A MEDICINE WITHIN A CARE HOME SETTING BE APPROPRIATE?

Reuse of medicines is a term used to describe a situation where medicine that was originally prescribed for one resident is used by a different resident. Within the document the resident who the medicine was originally prescribed for is referred to as the **donor** and the resident who will be

given the reused medicine is referred to as the **recipient**. Importantly, reuse of medicines should **only** be considered as a last resort when no other option is available and should **only** be used in a crisis situation. This means the recipient has an immediate need, **AND** no supply of a particular medicine, or an alternative to that particular medicine, is available within an appropriate timeframe **AND** the benefits of medicines reuse outweighs the risks.

WHICH MEDICINES MAY BE SUITABLE FOR REUSE, AND IS ANY FORM OF PERMISSION NEEDED TO REUSE A RESIDENT'S MEDICATION?

Medicines that are still being used by a resident must **NOT** be administered to another resident. Medicines suitable for reuse are most likely going to be where a medicine is no longer needed by the donor and it would otherwise be sent for disposal. We do not recommend the reuse of medication purchased by the care home, or those purchased by family or friends. We would suggest keeping end-of-life medication and possibly antibiotics for potential reuse in the future. In regards to consent to reuse medication, it is considered good practice for permission to be obtained wherever possible from the **donor**, or from a person with power of attorney or next of kin. It is important to say that if the **donor** has already died their relatives should **NOT** be contacted to obtain permission. We would recommend care home staff where possible obtain permission in advance using the permission form within the guidance and resource document, (see Appendix 4, page 19). There is also a leaflet that care home staff can give to residents or use to base their discussions on with their residents (see Appendix 3, page 17).

WHAT IS THE NEXT STEP AFTER PERMISSION HAS BEEN GAINED?

Before a medicine can be reused it must be risked assessed for its suitability. A competent registered Health Professional can carry out this process. In order to do this correctly you will need to use the risk assessment form in the guidance, (see Appendix 5, page 20) and then enter the medication's details on the medicines reuse log, (see Appendix 6, page 22) in order to maintain an audit trail. This process can be carried out within the home, or remotely. The assessment must be documented by the Health Professional and a copy provided to the care home, if the process is carried out remotely.

It is recommended that the gaining of permission, and the assessment of the medication, is best carried out before it is actually needed. The original directions on the label will need to be obscured, leaving any warnings and the resident's name still visible. We would suggest not keeping more than one box of each medication such as morphine, midazolam etc. and they will need to be stored separately to other medicines and clearly marked as medicines for reuse. For good practice keep the reuse assessment and reuse log with the relevant medication. Most likely the medication will be a controlled drug (CD) and the guidance takes you through how to set up, and make entries in a separate CD register for these types of medication. There is a flow chart entitled 'Care Home Preparation for Medicines Reuse' for care home staff to follow within the guidance (see Appendix 2, page 16) which is also included at the end of this document.

ONCE PERMISSION HAS BEEN OBTAINED, THE MEDICATION ASSESSED FOR REUSE, THE CORRECT DOCUMENTATION COMPLETED AND THE MEDICATION FOR REUSE STORED CORRECTLY, HOW IS IT THEN GIVEN SAFELY TO A RESIDENT IN A CRISIS SITUATION?

Within the guidance there is a 'Checklist', (see Appendix 1, page 15) that provides a summary of the process of medicines reuse for an individual resident. The first step is to assess if there is an immediate need that cannot wait until a supply for the resident is available, or an alternative medicine can be obtained. There is a risk assessment form within the guidance, (see Appendix 8, page 24) to document this decision. A healthcare professional must be involved in this decision and then be able to authorise medicines reuse. It is recommended prescribers that maybe involved in the process, to read the 'End-of-Life Medication Supply to Care Homes Guidance for Prescribers' on the Cheshire EPAIGE that is designed to run alongside this particular resource. The guidance covers care homes **with nursing**, and care homes **without nursing** for both in hours, and out-of-hours scenarios. If a decision is made to use the medication for reuse within the care home, a valid prescription or authority to administer (e.g. Patient Specific Direction (PSD), an example of which is given in (see Appendix 7, page 23) must be in possession of the care home to support the reuse of the medicine before it can be administered. Where there is no qualified nursing staff within the care home and/or no agreed procedure for adding medicines to the Medication Administration Record (MAR) chart, the usual end-of-life documentation, either the Blue Booklet or Care Communication Record must be completed and provided by the Prescriber for Community Nursing staff.

FURTHER GUIDANCE ON DOCUMENTATION AND ADMINISTRATION?

The care home must maintain a full audit trail, which is achieved by using the documents within the guidance and following the summary 'checklist' (see Appendix 1, page 15). Medicines which have been deemed suitable for reuse will essentially form a care home 'stock' of medicines and so can be administered to more than one resident. The Prescriber can issue a prescription or PSD electronically or remotely, or a Blue Booklet/Care & Communication Record can be collected/delivered, but the care home must obtain one of these before the first dose is given. A copy of the prescription or PSD should also be placed in the residents Care Plan to demonstrate that the medicine has been prescribed. 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. As there is no actual labelled supply, the recipient's MAR chart must also be updated by a suitably trained care home member of staff following the usual care home procedure, using either a copy of the prescription, or the PSD to provide the required information. The MAR should be checked for accuracy and signed by a second trained member of staff before it is first used. For further guidance on administration it is recommended to read the 'Guidance for Administration of Medicines for Symptom Relief in a Care Home During COVID-19' on the Cheshire EPAIGE.

If any further advice or support is needed around the guidance or help needed in its practical implementation please contact your Medicines Optimisation in Care Homes (MOCH) team using the email addresses located at the bottom of the Cheshire EPAIGE.

The links to the documents referred to in this overview are given below.

NHS Cheshire CCG Reuse of Medicines in Cheshire Care Homes during the COVID-19 pandemic: Guidance and Resources. Oct 2020

http://www.cheshire-epaige.nhs.uk/wp-content/uploads/2020/11/Cheshire-CCG-Reuse-of-Medicines-in-Care-Homes-during-the-Covid19-Pandemic-Guidance-and-Resources-05112020.pdf

NHS Cheshire CCG End of Life Medication Supply to Care Homes Guidance for prescribers. Oct 2020

http://www.cheshire-epaige.nhs.uk/wp-content/uploads/2020/11/Cheshire-CCG-Guidance-for-prescribers-Reuse-of-Medicines-05112020.pdf

NHS Cheshire CCG Guidance for Administration of Medicines for symptom relief in a Care Home during COVI-19. Oct 2020

http://www.cheshire-epaige.nhs.uk/wp-content/uploads/2020/11/Cheshire-CCG-Guidance-for-Administration-during-Covid-19-.pdf

Care Home Preparation for Medicines Reuse

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Develop a standard operating procedure (SOP) to cover all aspects of medicines reuse

Ensure staff are aware of the SOP and have access to it when needed

Obtain permission from residents for medicines reuse – donation and/or receipt

Use the leaflet in appendix 3 and permission form in appendix 4. Record patient s wishes in their care plan

At the end of the month or when a resident dies review medicines prior to sending for destruction and consider if any medicine might be suitable for reuse

REMEMBER – medicines reuse is only for a crisis situation. Reuse will only be appropriate in limited circumstances for medicines required urgently

Arrange for risk assessment of the medicine for reuse

Medicines should be assessed by a pharmacist or pharmacy technician wherever possible. Use risk assessment of medicine for reuse form in appendix 5

Arrange for safe storage of any medicine suitable for reuse

These medicines should be stored separately to individual patient supplies and be clearly labelled medicines for reuse Any directions on the dispensing label should be obscured

Enter medicines for reuse on to the reuse log

Use medicines reuse log in appendix 6 and retain with the corresponding medication

For controlled drugs that may be reused transfer medicine from the patient specific page within the CD register to a medicine for reuse page

See example in appendix 9

Before reusing a medicine ensure individual risk assessment has been completed

Use risk assessment for resident requiring reuse of medicine in appendix 8 Follow flowchart for assessing the

appropriateness of medicines reuse for an individual patient in appendix 1