Barnsley Guidance for the Implementation of a medicines re-use scheme in care homes and hospice during the COVID-19 Pandemic

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Introduction

This guidance is for use under specific circumstances and only during the COVID-19 pandemic crisis.

National guidance (DHSC 2020) has been produced on the re-use of medicines in care homes and hospices during the Covid-19 pandemic. (Available at the following link: https://www.gov.uk/government/publications/coronavirus-covid-19-reuse-of-medicines-in-a-care-home-or-hospice).

Re-use of medication (also known as 're-purposing of medication') provides us with another option for using medication if the medication needed is in short supply. Local guidance in relation to the re-use of medicines in care homes and the hospice has been developed. This will add to the previous guidance 'Holding medicines for potential re-use in Barnsley care homes and Barnsley hospice' that was sent out recently. The following pages will explain the steps to follow when implementing a medicines re-use scheme.

Several key principles are important to note when introducing a medicines re-use scheme. These principles are included in **Appendix A** in more detail, but in general terms the following should be noted:

- Wherever possible medicines should be obtained in the usual way from a community pharmacy or through a homely remedy process.
- Only if a medicine is unobtainable within a suitable timeframe and there is no alternative option, then re-use of medicine in line with this guidance can be considered.
- Several checks need to be put in place to ensure this is done safely. We will explain these as we go through the process on the following pages.

Step One – Obtaining Valid Patient consent

Patient consent should be obtained before holding medicines for re-use or before administering a re-usable medicine.

To action as soon as possible

- Pro-actively obtain valid patient consent from residents/patients using the form in **Appendix B**
- If there is a reasonable belief that the patient lacks mental capacity to consent to having medicines they no longer require re-used, as long as there is a valid record showing that the principles of the MCA have been followed in discontinuing the medication this does not require any further action.
- If a patient is able to consent verbally it will be possible to obtain their consent and obtain a signature from the patient or, on behalf of the patient, by the care home manager or a senior member of the team within the care home, providing they have witnessed the consent.
- Ensure consent covers both aspects – Consent to re-use medication if resident no longer needs, as well as consent for another resident's re-used medication to be administered to them.
- Once completed please file the consent form away in the patient's record.

Step Two: Assessment of a medicine for re-use

Any medicine can be considered for re-use, however, there are certain types of medicines such as those used in palliative care, where there are particular concerns if they are in short supply.

In Barnsley, we have suggested the list in **Appendix C** should be considered as being suitable for use in a medicines re-use scheme. **Please note:** This list may change depending on the overall stock situation. Any additions or deletions to the list will be communicated separately when needed.

We acknowledge that space may be limited within care homes and there may not be the opportunity to store all medicines for re-use. Care homes can obtain advice on the maximum quantities of medication which can be stored ; the medicines management care home team can be contacted at the following email if you have any queries relating to holding medicines for reuse : barnccg.mrsenquiries@nhs.net

To action as and when a medicine appropriate for re-use is no longer needed/required by a patient/resident.

- Confirm patient/resident no longer requires the medicine
- Ensure valid consent has been obtained for the medicine to be re-used (**Appendix B**)
- Registered Healthcare professional* (HCP) to complete the checklist for medicine re-use in **Appendix D**. This can be undertaken virtually via Video calling (Skype for Business or Microsoft teams via NHS mail, Zoom, AccuRx) or using photos (via NHS mail only). A visual check of the medicine to be used should be undertaken, along with assurance around the management of cross-contamination risk and assurance that consent has been obtained.

**Examples of registered HCP who could be contacted: Nurse, general Practitioner, Community Pharmacist, Medicines Management Pharmacist, Pharmacy Technician*

- If the HCP determines the medicine as not suitable for re-use, then return the medicine to community pharmacy in the usual way.
- If the HCP determines the medicine is suitable for re-use, then a record must be made in the medicines re-use log (**Appendix E**). A separate log should be completed

for each specific medicine (i.e. one sheet for all morphine 10mg/ml injection, one sheet for all paracetamol suspension). The completed medicine re-use log for each medication held for re-use should be stored in a dedicated folder in the treatment room, ideally where the stock is being kept.

- If suitable for re-use, store the medicine in a sealed container. The following must be undertaken:
    - Do NOT remove the original dispensing label
    - Put an X through the label so it is clearly not for use by the patient named. Ensure drug, strength and dispensing date are still visible

(i) **Medication from a patient or resident who has died** – Hold the medication for 7 days in the usual way. A "do not process before" date should be fixed to the bag before the bag is stored safely.

(ii) **Medication from a Covid-19 positive patient or a patient showing symptoms of Covid-19 or any patient in a care home where Covid-19 positive patients have been identified** - Ensure that adequate infection prevention and control precautions have been taken. Medicine that has been retrieved from a patient infected with COVID-19 (or showing symptoms of Covid-19) should be sealed (double bagged) and quarantined for three days. A "do not process before" date should be fixed to the bag before the bag is stored safely and away from any other medicines.

(iii) **Medication from a non Covid-19 patient** (Care home not had any cases of Covid-19) – Place the medicine in a clear bag and mark as patient returns. Store in a lockable cupboard.

    - Add a 'do not process' before date in accordance with the guidance below:

- If the medicine to be held for re-use is a controlled drug (Midazolam, Morphine or Oxycodone) then the following must be followed:
    - Store in the controlled drugs cupboard
    - It is good practice to 'book out' the CD from the current page of the CD register

Please see **Appendix F** for a brief audit tool 'Good Practice Guidance for Care Homes – Weekly Checklist'

and transfer to a new page clearly labelled as 'Medicines for re-use'

Step Three: Using a re-usable medicine

When considering the potential to re-use a medicine that has been approved for re-use, the following statements must be met:

- There is an immediate need for the medicine
- The medicine is not available from the pharmacy in the appropriate timeframe
- There is no suitable alternative available for the individual patient in the appropriate timeframe
- The benefits of using a medicine no longer needed for an individual, outweighs the risks of a different patient receiving it
- The checklist criteria for medicines re-use has been completed (**Appendix D**)

To action when the above criteria are met, and a re-use medicine is available in the care home

- Ensure valid consent has been obtained to administer a re-usable medicine to the patient/resident
- If there is reasonable belief that the patient/resident does not have mental capacity to consent to the administration of re-used medication, the Principles of the Mental Capacity Act must be followed. If the patient has a representative with a valid Lasting Power of Attorney (LPA), providing it is believed that they are acting in the patient's best interests, they can consent on their behalf. If there is no LPA, the decision maker is the practitioner seeking consent for administration of the medication.
- Obtain a prescription from the prescriber. This could be a paper copy or could be scanned and sent electronically via NHS mail. This must be done before the first dose is given and a copy of the prescription kept with the patient's records in line with current processes. As a reminder, the following prescription requirements must be fulfilled:
    - 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
- Update the administration chart with the prescription instructions in the usual way for amending an administration chart (double check entry). **DO NOT** follow directions on the dispensing label. The dispensing label should be crossed out with the drug, strength and date of dispensing clearly visible.
- Administer medicine in usual way following the directions on the administration chart. **DO NOT** follow the directions on the dispensing label.
- Complete the details in the medicines re-use log (**Appendix D**)
- Update the CD register where applicable

Appendix A

Principles of medicines re-use during Covid-19 Pandemic

1. **Only re-use medicines in the event of a medicines supply "crisis" where it is deemed safe, and in the patient's best interests.**
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 adopt and implement this guidance in full.**
4. **This SOP applies to ANY medicine when there is:**
   - **no stock**
   - **no suitable alternative**
   - **and the benefit outweighs the risk**
5. **Valid patient consent must be obtained, or a decision made in best interest following the Principles of the MCA prior to holding medicines no longer required by a patient for re-use.**
6. **Valid patient consent must be obtained, or a decision made in best interest following the Principles of the MCA to administer a medicine held for re-use to a patient.**
7. **It applies only to medicines that are no longer needed by the person for whom they were originally prescribed for. Medicines cannot be "borrowed".**
8. **The medicine being re-used must be authorised as suitable for re-use by a registered health care professional.**
9. **The medicine must stay within the care home or hospice. It must not be transferred to another care home, even those within the same parent organisation.**
10. **A prescription must be provided to the care home or hospice. This in effect replaces the medicine label and provides a clear direction for administration.**
11. **The care home or hospice must risk assess and keep a robust audit trail for any/all quarantined and re-used medicine stocks.**

Appendix B – Patient consent form

Please file all relevant documents in resident care plan

Care Home / Hospice Name	

Resident Full name	**Resident Date of birth**	**Capacity to decide?** *(Yes / No)*	**Capacity assessment date (if needed)**

Form completed by	
Job Role	
Signature	
Date completed	

Resident full name Date of Birth **Signature of resident…… Date ……**
Signature of witness: Name: Role:
There is a reasonable belief that the resident lacks capacity to make this decision. The decision to administer re-used medication to them is in their best interests. A record of a mental capacity assessment and best interest decision can be found in the care plan. The decision maker is: **A) The LPA**: Name: Relationship: Office of the Public Guardian (OPG) registration number (NB without this the LPA cannot be validated – go to B)): **B) Role of decision maker** Name of decision maker: Relationship to resident: Signature: ……

Email confirmation requested from representative: **Yes / No**

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

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[1]. It is recommended that consent should be reviewed every 6 months as a minimum.

Appendix C: List of medicines recommended for holding for re-use

The following table lists the medicines that are recommended for holding for re-use. This list may change depending on the overall stock situation. Any additions or deletions to the list will be communicated separately when needed.

Haloperidol Injection 5mg/1ml
Hyoscine Butylbromide Injection 20mg/1ml
Levomepromazine Injection 25mg/1ml
Midazolam injection 10mg/2ml (controlled drug cupboard)
Morphine Injection 10mg/1ml (controlled drug cupboard)
Octreotide Acet Inj 100mcg/ml 1ml amps (store in fridge)
Oxycodone Injection 10mg/ml (1ml amps) (controlled drug cupboard)
Water for Injection 10ml amps
Paracetamol Solution or Suspension (any strength)

Appendix D: Checklist criteria for medicines reuse

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

Medicine Name:	**Strength:**
Formulation:	**Quantity:**

Criteria	Yes	No	Notes
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			For some medicines, 'homely remedies' are an option in care homes and should be considered in

has either been prescribed by a registered healthcare professional with prescribing rights or bought 'over the counter'?			line with guidance: https://www.sps.nhs.uk/articles/rmocguidance-homely-remedies/ 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 ***do not process before*** 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 **should**, 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.

A prescription MUST be obtained prior to administration and record of administration MUST be recorded on the MAR chart

Appendix E – Medicines re-use log (example)

Care home / hospice name	

Medicine details							
Medicine Name	Paracetamol	**Strength**	250mg/5ml	**Is it a CD?**	No	**Recorded in CD register?**	NA
Formulation (e.g. tablet / susp)	Suspension	**Batch number & expiry date of medicine**	123456 31/12/2021			**Quantity approved for re-use**	1000ml
Medicine originally prescribed to *(resident full name)*	Joe Bloggs		**Full name, job title & registration number of HCP approving re-use**		Name: Job title: e.g. Pharmacist/Nurse/GP Reg. No. 765432		
Resident consent obtained for re-use of medicines? Include where consent is documented *e.g. resident care notes*	Yes – residents care plan		**Date & time Registered Healthcare Professional (HCP) confirmed suitability for re-use**		11.00 1.6.2020		

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 2nd check undertaken for accuracy *(must be medicines trained)*
Example: 1/4/2020	Mrs Jane Doe	Yes	National Shortage	Dose: 20mg Quantity: 2 x 10mg tablets	Ann Jones, Registered nurse Anne Jones	Janet Smith, Senior Carer Janet Smith

Appendix E – Medicines re-use log

A prescription MUST be obtained prior to administration and record of administration MUST be recorded on the MAR chart

Care home / hospice name	

Medicine details							
Medicine Name		**Strength**		**Is it a CD?**		**Recorded in CD register?**	
Formulation (e.g. tablet / susp)		**Batch number & expiry date of medicine**				**Quantity approved for re-use**	
Medicine originally prescribed to *(resident full name)*			**Full name, job title & registration number of HCP approving re-use**				
Resident consent obtained for re-use of medicines? Include where consent is documented *e.g. resident care notes*			**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 2nd check undertaken for accuracy** *(must be medicines trained)*

Appendix F: Good Practice Guidance for Care Homes – Weekly Checklist

The purpose of this checklist is to support the regular review of medicines stored for potential re-use. It is recommended that the checklist is completed on a weekly basis. Please write Yes / No / n/a and your initials. If the answer is no to any, comments can be made on the following page.

Date	Consent has been obtained from residents that no longer need the medication held (should be got where possible)	All medicines held are on the re-use list	Medicines for potential re-use are stored in a sealed container and are separated from other medication	Medicines have been assessed as being suitable for re-use	All medicines have their original label on with a cross through it –(Drug, strength and dispensing date are still visible)	Re-use log is completed for each medicine stored	Any medicines that have been re-used are recorded in the log	Where applicable the CD register has been updated

Date	Comments about Medication re-use checklist