

Kent & Medway Care Homes Guidance

Reusing Medicines in Care Homes and Hospices during the Covid-19 Pandemic

Introduction

Kent & Medway CCG recognise the need to produce practical guidance for care homes around the re-use / repurposing of controlled medication during the covid-19 pandemic.

On the 28th April the Department of Health and Social Care, along with NHS England & Improvement issued guidance on reusing/repurposing of medication within care homes and hospices. The following guidelines have been adapted to help support the implementation of this within the care home setting. This guidance hopes to outline some practical steps to ensure safe and effective reuse/repurposing of medication.

Under usual circumstances, the re-use or recycling of another person's medicine is not recommended; therefore this is only in response to COVID-19. Kent and Medway CCG recommendation is that reuse/repurposing **should only be used for end of life medication** and should only be used when all other options have been exhausted. **This is time limited and only applies during this period of emergency i.e. during the Covid-19 pandemic.** Re-use of medicines should only be within a single care home/hospice setting. Medicines identified for re-use **should not be transferred to another care home** or hospice, even when they are part of the same parent organisation.

There are increasing concerns about the pressure that could be placed on the medicines supply chain during the Covid-19 pandemic. By re-using medicines according to the guidance, we can ensure people receive their essential prescribed medicines. However, during this pandemic, the re-use of medicines may be appropriate in certain circumstances, in line with the guidance. This guidance provides a framework to run a safe and effective medicines re-use scheme that is in the best interest of the resident. **The best way to obtain medicines is from the pharmacy, appropriately labelled for each individual.**

The reuse/repurposing of medicines guidance is very different to how medication is normally administered, therefore it is important to ensure you are aware of how the process will differ and staff are trained adequately.

The updated guidance can be found here:

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

Across Kent & Medway a number of things have been put in place to help support the demands of COVID-19 on the health system. The following things around have been done to support with end of life care.

- 1) The palliative care chart has been updated to include oral options to support end of life care, we appreciate oral option may not be suitable for all residents, however where possible these should be used.

- 2) A number of community pharmacies have been commissioned across Kent and Medway to stock supplies of end of life drugs. Stock levels are being regularly reviewed to maintain levels. (Please see the East Kent website for an updated list of community pharmacies commissioned).

This means that with the use of these options there should be:

- Sufficient end of life medication stocked at the identified pharmacies
 - Oral options can be used to support end of life for your residents
 - There are multiple community pharmacies where end of life medication can be obtained if you are unable to obtain from your regular pharmacy.
- 3) Advanced care planning should be done where possible for as many of your residents. It's important to complete the treatment escalation plan and update DNARs for each resident.

Consideration needed before reuse/repurposing medicines:

Written Agreements from residents:

All medicines are the property of the patient, so 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. However to ensure re-use of medicines is an option that can be used as flexibly as possible we suggest that care homes and hospices proactively seek written permission from all patients for:

- their medicines (if no longer needed) to be made available for other patients and/or
- them to receive a re-used medicine, provided they are deemed safe for reuse.

If proactive consent has not been possible we advise clinicians to use their clinical discretion in relation to this issue

Storage and Handling of Controlled drugs :

All usual requirements for the handling and storage of controlled Drugs should still be in operation and applied as they normally would. Please be reminded that possession of Controlled Drugs is generally only lawful when in accordance with a prescription or direction for their use from an authorised healthcare professional (e.g. GP).

Please ensure:

- The medication has been suitably stored
- The storage conditions are in place to ensure the medicines can be suitably re-used/repurposed.
- **A prescription for the control drug has been supplied in accordance with prescription requirements and has been authorised by a healthcare professional (e.g. GP)**
- The national guidance states that “ the direction (to administer repurposed medication) should be in the form of a prescription”. **However the Kent and Medway CCG and Community Trust Chief Pharmacist’s view (until formal approval by the Kent and Medway End of Life Group), is that where a ‘Kent and Medway Community Trust Community Medication Record chart’ has been signed by a prescriber and emailed from an nhs.net account, this is acceptable as an alternative to a prescription for the**

purposes of this SOP. It is essential that there is a record in the patient's notes of the action taken.

- **Please be reminded** Schedule 2 or 3 Controlled Drugs should only be retained for re-use if they can be stored securely in line with safe custody requirements for controlled drugs.
- Store Controlled Drugs that might be re-used in a sealed container marked as 'resident/patient returns' in the CD cupboard ensuring they are segregated from any other CD medicines in the CD cupboard.
- **Keep all records of Controlled Drugs in line with standard legislation and requirements.**
- **A separate section of the CD register must be used for re-used Controlled Drugs.**
- **A separate page of the CD register should be used for each re-used Controlled Drug.**
- **Refer to your existing policy and procedures for more details.**

Administration of Medicines:

- DO make sure any re-used medicines are administered according to the directions of the prescriber and recorded on the relevant administration chart.
- DO make sure you are aware of how to handle Controlled Drugs.
- DO use '**Kent and Medway Community Trust Community Medication Record chart**.'
- DON'T re-use medicines that have been transferred from another care setting, , such as from patients own homes or other care homes, as you cannot guarantee they have been stored correctly, but they could be repurposed if they have come directly from the community pharmacy or from the acute trust or KCHFT as discharge medicines.
- Refer to your existing policy and procedures for details.

Procedure for Running a Medicines Re-Use Scheme during the Covid-19 Pandemic

Seek written permission from residents to confirm their agreement to allow their surplus medicines (if no longer needed) be made available for other residents and/or their agreement to receive a re-used medicine. (Ideally done by Manager/Senior person)

Appendix 1: Letter to Residents re Re-Used Medicines during the Covid-19 Pandemic.



Carry out a risk assessment on an individual medicine basis to confirm if there is a need to re-use medicines (Ideally by the Manager/Senior staff member)

Appendix 2: Risk Assessment for the Requirement of a Medicine for Re-Use during the Covid-19 Pandemic.



If a medicine is to be re-used, it must be checked against specified criteria by a Registered Healthcare Professional.

Appendix 3: Assessment for Re-use of a Specific Individual's Medicine during the Covid -19 Pandemic



Once a decision has been made to re-use a medicine, the new procedures should be followed including:

Procedure for Administering and Recording Re-used Medicines, including the use of the Appendix 4: Log of Re-Used Medicines during Covid-19 Pandemic

Administering and Recording Re-Used Medicines During the Covid-19 pandemic

Medicines for Re-Use - Medicine Label Requirements

Under normal circumstances, administration to a resident can only be made from a labelled supply of medicine bearing that person's name.

For the administration of re-used medicines, medicines should be treated as care home/hospice 'stock' items meaning that it will not necessarily be for any one specific resident

It is recommended that the original label of any medicine that is to be re-used **should not be removed**. This is because the existing label may contain important information about that medicine that is independent of the person it is supplied to or the dose that was instructed in the original supply.

However, the actions below should be taken:

- 1) Do not remove the original label
- 2) Cross out (so that it is no longer visible) the name of the resident that the medicine was originally supplied to
- 3) Cross out (so that it is no longer visible) the dosage instructions from the original supply
- 4) Highlight the name and the strength of the medicine and any additional instructions that may be present on the label (i.e. take with or after food) using a highlighter pen

The MAR sheet should be clearly marked to show that the medicine is from stock that has been authorised for re-use

Another designated, suitably qualified person should carry out appropriate checks to ensure the accuracy and safety of the information that has been transcribed.

If both the MAR sheet and the prescription agree in all details, the second suitably qualified person should countersign the entry.

The prescriber does not need to sign the MAR sheet.

A copy of the Kent and Medway Community Trust Community Medication Record chart should be kept in the patients records

If there is any uncertainty regarding transcribing from the prescription e.g. there is terminology that is not understood, a Healthcare Professional **MUST** be contacted for advice. All details received must be fully documented.

Summary

Be prepared, where possible completed advance care plans and order medication through normal channels.

If the only option is to reuse/repurpose medication, undertake the following:

- Obtain consent
- Check the identity of the patient
- Check allergies
- Ensure medication for reuse/repurpose has been stored adequately
- Update the MAR sheet to reflect amendments and indicate that the medication has been reused/repurposed, documenting the reason so there is a clear audit trail.
- Check the expiry date of the medication
- Check the label for any important warning labels that have been highlighted (e.g. dissolve in water, before/after food)
- Check the MAR sheet and prepare the appropriate dose of medicine from the container (e.g. prepare the correct number of tablets/ capsules)
- Record the administration of the medicines IMMEDIATELY by initialing the correct date space on the MAR sheet.
- When stock of a re-used medicine is used, record the quantity used in the “log of re-used medicines form.
- If the medicine is not administered for any reason (e.g. refused), write the appropriate code on the MAR sheet and write further details on the back of the MAR.

Appendix 1- Letter to Residents re Re- Used medicines during the Covid-19 Pandemic

[Name of Care Home/Hospice]

Dear _____ (Name of Resident)

As a result of the current Covid-19 pandemic, there may be supply issues with certain medicines. This may mean that surplus medicines need to be given to other residents, subject to the original resident's permission.

Following our recent discussion, I would be grateful if you could confirm your agreement below.

Yours sincerely

Care home Manager

Dear care home manager

- 1) I agree for my surplus medicines to be given to other residents where necessary.

Yes No ☐ ☐

- 2) I agree to receive other residents' surplus medicines if the supply of my medicine is interrupted.

Yes No ☐ ☐

Signed: _____

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.

Print Name: _____

Date: _____

Appendix 2 –Risk assessment for the requirement of reused/repurposed medication

To be undertaken by the Manager/Senior Person

Name of Medicine

	Yes	No	Notes
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.			
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.			
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.			

Required:

DECISION: This medicine DOES/DOES NOT need to be available for re-use

Name:

Signature:

Role:

Date:

Appendix 3 - Assessment for Re-Use of a Specific Individual's Medicine during the Covid-19 Pandemic

Name of Medicine being considered for re-use:

Belonging to
(Resident's Name):

Criteria to be considered before the medicine can be re-used

	Yes	No	Notes
Is the medicine in an unopened pack or blister that has not been tampered with?			<p>In an unopened, unadulterated and sealed pack (including sub-pack) or blister strip.</p> <p>If any doses have already been used, the remainder of that blister strip should be destroyed.</p> <p>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.</p>
Is it in date?			Medicines should be in date. If expired, they will need to be returned to a pharmacy/ destroyed following existing disposal procedures in your medicines policy.
Has it been stored in line with the manufacturer's instructions, including any need for refrigeration?			<p>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.</p> <p>Medicines left in unsuitable conditions (e.g. direct sunlight, near radiators) or where appropriate storage cannot be confirmed, should be destroyed.</p>

If the answer to all of the above questions is **yes**, then the risk of re-use may be judged to be minimal.

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- This could include, the GP, the Pharmacist and Nurses to get a wider perspective on the decision.

Any Queries please email: wkccg.medman@nhs.net

Minimise risk of cross-contamination

	Yes	No	Notes
Is the medicine from a resident with a diagnosis of Covid-19 or showing symptoms of Covid-19?			Ensure that adequate infection prevention and control precautions have been taken. Medicine that has been retrieved from a resident infected with Covid-19 should be sealed (double bagged) and quarantined for five 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.

Ensuring permission is obtained and residents, families and/or carers are fully involved

	Yes	No	Notes
If a medicine is thought to be suitable for re-use, permission should, if possible, be obtained for re-use from the resident for whom it was prescribed or (if the resident lacks capacity) from a person with power of attorney, or (if the resident has died) from their next of kin.			If the resident has become responsible for the safe keeping of the medicine, it is the property of the resident (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 resident has been completed is the subject of differing legal views. Reflecting this uncertainty, if possible, ensure the resident or their next of kin agrees for the medicine to be re-used.

Decision:

This medicine is suitable for re-use

☐
This medicine is **NOT** suitable for re-use
☐

Name: _____ (Manager)

Signature: _____

Date: _____

Name: _____ (Registered Healthcare professional)

Signature: _____

Role: _____

Date: _____

Appendix 4- Log of Re-Used Medicines During Covid-19 Pandemic

Medicine details						
Generic medicine name					Strength	
Formulation			Expiry date		Batch number	
Quantity approved to re-use:			Name of registered healthcare professional (HCP) authorising the reuse:			
Name of resident medicines originally prescribed to			Tick to confirm resident consent to re-use of their medicine has been received. <input type="checkbox"/>			
Re-used medicines administered						
Date	Name of resident	Dose and quantity	Reason for re-using	Administered by (signature)	Date of consent	Quantity remaining

Date	Name of resident	Dose and quantity	Reason for re-using	Administered by (signature)	Date of consent	Quantity remaining

References:

- 1) Department of health & social care, Novel coronavirus (COVID-19) standard operating procedure Running a medicines re-use scheme in a care home or hospice setting, April 2020
- 2) <https://www.cqc.org.uk/guidance-providers/adult-social-care/covid-19-medicines-information-adult-social-care-providers> April 2020