

## Care Home Advice Pharmacy Service (CHAPS)

# Guidance for medicines re-use in care home settings

This guide must be read in conjunction with the with the NHS England and Department of Health & Social care publication on 28<sup>th</sup> April 2020

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

## Background

Due to increasing concerns of the pressure posed on the medicines supply chain during the peak of the COVID-19 pandemic, national recommendations on the re-use of medicines in care homes and hospices in England have been changed. Northamptonshire Clinical Commissioning Group (CCG) have summarised this guidance to support implementation. This guidance is based on national and local guidance available at time of publication.

## When do I consider re-using a medicine?

**Only** during the COVID-19 pandemic, the re-use of a medicine can be considered if:

- No other stocks of the medicine are available in an appropriate timeframe (as informed by the supplying pharmacy) and there is an immediate need for the medicine (e.g. antibiotics, end of life medication)
- No suitable alternatives are available in a timely manner for an individual resident
- The benefits of use outweigh the risk - If the benefits of using a medicine that is no longer needed by the person for whom it was originally prescribed or bought, outweigh any risks for an individual patient receiving that unused medicine.

Each individual care home or hospice must carry out a risk assessment on an individual medicine basis. Re-use of medicines should only occur within a single care home/hospice setting. Medicines should not be transferred from another care home or hospice (including those within the same parent organisation).

## How do I determine if a medicine is safe and suitable for re-use?

Medicines can be kept if thought to be suitable to be part of the re-use scheme. The medicine must have been held at the care home/hospice or come direct from a hospital (not from the patient's home). Medicines that are awaiting assessment should be kept separately from in use stock and those awaiting return/destruction. All other items, not deemed suitable for re-use, can be disposed of in the usual way. Prior to re-use, a risk assessment for each medicine must be conducted (see appendix 2) and checked by a registered healthcare professional (e.g. pharmacist, pharmacy technician, GP, nurse). This can be a virtual check if there is no healthcare professional on site to determine suitability. The Care Home Advice Pharmacy Service (CHAPS) team can be contacted on [nccq.chapsnorthants@nhs.net](mailto:nccq.chapsnorthants@nhs.net) Medicines should be re-used only after a registered healthcare professional has checked and approved them.

## How do I get consent?

Where possible to do so, care home staff should seek consent from each resident, as soon as possible, 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 re-use.

If the resident does not have capacity to give consent, the person with Power of Attorney can. If a resident has died, their next of kin can give consent.

The consent form (Appendix 1) should be completed and documented in the care plan.

Having consent forms completed in advance, will reduce the urgency when/if needed at a later date.

## The medicine is safe to be re-used, what do I need to consider next?

### Storage

Any medicines that have been assessed as suitable for re-use should be placed in a sealed container dated and marked as 'Medicines for re-use during COVID-19 pandemic' and stored in a secure place. The original label should not be removed.

If the medicine is from a patient with a diagnosis of, or showing symptoms of COVID-19, it must be double bagged and quarantined for five days prior to use. As per NICE guidance, if the medication is from a patient who has died, it must be separated from other medicines and kept isolated for at least 7 days in case there are any coroner's investigations into the death. The additional obligations in respect of storage of controlled drugs must be adhered to.

### **Record keeping**

Once a decision has been made to re-use a medicine, a log must be maintained of re-used stock (see Appendix 3). At a minimum, details should include: date, original patient name, generic name of medication, strength, formulation, batch number, expiry date, quantity, details of healthcare professional performing check and details of consent to re-use (where possible). Any controlled drugs must be entered into a separate section of the controlled drugs register indicating they are re-use medicines stock. The re-used medicine log should be updated each time a medicine is administered.

### **Prescribing**

A new prescription must be obtained prior to supply to a new patient. A copy of the prescription should be kept with the patient records - remote prescriptions should be scanned and emailed (via nhs.net accounts) before the first dose is given.

### **Administration**

Re-used medicines need to be administered according to the direction of a prescriber and recorded by care home or hospice staff in the medicines administration chart (MAR). The MAR chart should be updated by the care home or hospice if the usual dispensing pharmacy is unable to provide a new chart. This new record should be checked for accuracy and signed by a second trained member of staff before it is first used. The prescriber does not need to sign the MAR chart.

## Principles of the medicines re-use scheme

### The medicine re-use scheme is only to be used in a medicines supply crisis

- The scheme is time limited and applies to the period of emergency during the COVID-19 pandemic
- The care home or hospice can choose to take part in the scheme
- It applies to **any** medicine when there is:
  - no stock available and
  - no suitable alternative and
  - the benefit of using the medicine outweighs the risk
- It applies to medicines that are no longer needed by the person for whom they were originally prescribed. Medicines must not be “borrowed”.
- The medicine must have stayed in the originating care home/hospice or come direct from hospital.
- The care home or hospice must be provided with a copy of the prescription.
- The care home or hospice must carry out a risk assessment on an individual medicine basis and have a robust audit trail for any re-used medicine.
- The medicines being re-used must be checked for suitability by a registered healthcare professional (e.g. pharmacist, pharmacy technician, GP, nurse)
- Permission for medication re-use should be sought from residents where possible.
- This guidance should be used in conjunction with the standard operating procedure (SOP) for ‘Running a medicines re-use scheme in a care home or hospice setting’ from Department of Health & Social Care. The guidance and SOP are subject to updates - please refer to the most up-to-date version.  
<https://www.gov.uk/government/publications/coronavirus-covid-19-reuse-of-medicines-in-a-care-home-or-hospice>
- Using homely remedies can and should continue as normal. Guidance on Homely remedies can be found at:  
<http://www.northamptonshireccg.nhs.uk/downloads/CHAPS/CHAPS%20Self-Care%20Toolkit%20v3.pdf>
- For further advice, contact the Care Home Advice Pharmacy Service (CHAPS) team on [nccg.CHAPSnorthants@nhs.net](mailto:nccg.CHAPSnorthants@nhs.net)

## Appendix 1 Medicine Re-use during the Covid-19 Pandemic – Consent form

Care Home: .....

Resident Name: .....

As a result of the current Covid-19 pandemic there may be supply issues with certain medicines. This may mean that surplus medicines are required to be given to other residents, subject to the original resident's permission. This is time limited and would only apply during this period of emergency of the COVID-19 pandemic.

Following on from this, we would be grateful if you could confirm in writing your agreement of the following\*\* (please tick as appropriate):

I agree for my surplus medication to be given to another resident if necessary.

Yes  No

I agree to receive other resident's surplus medication if there are supply issues with my medication, where there is no suitable alternative and is in the best interest of my care to continue this medicine.

Yes  No

Signed\*:

Print Name\*:

\*Consent given by (Please tick): Resident  Power of attorney   
Next of kin  Advocate

Date:

\*\*Consent can be withdrawn or changed at any time. It is recommended that consent should be reviewed every 6 months

## Appendix 2 - Risk assessment for re-used medicines

To be used only during the COVID-19 Pandemic. This risk assessment should be carried out by a healthcare professional.

Care Home	
Name of Healthcare professional completing check	
Job Role	
Registration number	
Date completed	

Name of Resident:	
Medicine name (generic):	
Strength:	
Formulation:	
Quantity:	

Criteria	Yes	No	Notes
If resident is deceased, has the medicine been kept for seven days since date of death?			
Is the medicine from a patient with a diagnosis of COVID-19 or showing symptoms of COVID-19? If so has it been quarantined for 5 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 five days. A <b>do not process before</b> date should be fixed to the bag before the bag is stored safely and away from any other medicines.

## Appendix 2 - Risk assessment for re-used medicines (continued)

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 has either been prescribed by a registered healthcare professional with prescribing rights or bought 'over the counter'?			For some medicines, 'homely remedies' are an option in care homes and should be considered in line with guidance: <a href="https://www.sps.nhs.uk/articles/rmocguidance-homely-remedies/">https://www.sps.nhs.uk/articles/rmocguidance-homely-remedies/</a>

If the answer to all of the above questions is **yes**, then the medicine is suitable for re-use.

If the answer to any question is **no** then the medicine should not be re-used.

If a medicine is thought to be suitable for re-use, permission **should**, if possible, be obtained for re-use 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.

## Appendix 3

### Log of Re-Used Medicines (during COVID-19 pandemic only)

(Use a separate sheet for each item in the re-use box)

<b>Medicine Name (generic)</b>		<b>Strength</b>	
<b>Formulation (e.g. tablet / suspension)</b>		<b>Batch number</b>	<b>Expiry date</b>
<b>Originally prescribed for (resident name)</b>		<b>Authorised for re-use by (Name and job title)</b>	
<b>Quantity approved for re- use</b>		<b>Has consent been given for medicine to be to be re-used?</b>	

<b>Date</b>	<b>Name of resident</b>	<b>Dose</b>	<b>Quantity given</b>	<b>Administered by (name and signature)</b>	<b>Copy of prescription at care home ? (Y/N)</b>	<b>Consent obtained to receive re-used medicines?</b>	<b>New Quantity Balance</b>

### Appendix 3 - Log of Re-Used Medicines (continued)

Date	Name of resident	Dose	Quantity given	Administered by (name and signature)	Copy of prescription at care home ? (Y/N)	Consent obtained to receive re-used medicines?	New Quantity Balance