## **High Level Risk Assessment** for the Requirement of Re-Used **Medicines during the Covid-19 Pandemic**



## To be undertaken by the Manager/Senior Person

Name of Medicine Required:				
		Yes	No	Notes
ava (as pha	other stocks of the medicine are illable in an appropriate timeframe informed by the supplying armacy) and there is an immediate ident need for the medicine.			
ind tim car sup	suitable alternatives for an ividual resident are available in a ely manner i.e. a new prescription not be issued, and the medicine(s) oplied against it in the conventional nner quickly enough.			
no wh bou ind	e benefits of using a medicine that is longer needed by the person for om it was originally prescribed or ught, outweigh any risks for an ividual resident receiving that used medicine.			
<b>DECISION:</b> This medicine DOES/DOES NOT need to be available for re-use (delete as appropriate)				
Name :			Role	:
Signat	Signature :		Date	:
ersion 3: May 2020				

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