



Re-using Medicines in Care Homes and Hospices in England during the Covid-19 Pandemic

Contents		Page No.
1	Introduction & How Opus Can Help	2
2	Summary	3
3	Checklist	6
4	Form 1: Letter to Residents re Re-Used Medicines during the Covid-19 Pandemic	7
5	Form 2: High Level Risk Assessment for the Requirement of a Medicine for Re-Use during the Covid-19 Pandemic	8
6	Form 3: Assessment for Re-Use of a Specific Individual's Medicine during the Covid-19 Pandemic	9
7	Form 4: Log of Re-Used Medicines During Covid-19 Pandemic	13
8	Procedure for Running a Medicines Re-Use Scheme	14
9	Procedure for the Storage of Re-Used Medicines During the Covid-19 Pandemic	16
10	Procedure for the Handling of CDs for Re-Use During the Covid-19 Pandemic	18
11	Procedure for Administering and Recording Re-Used Medicines During the Covid-19 Pandemic	23



Re-using Medicines in Care Homes and Hospices in England during the Covid-19 Pandemic

Introduction

Guidance was issued on 28th April 2020 by the Department of Health and Social Care together with NHS England and NHS Improvement regarding the re-use of medicines in Care Homes and Hospices during the pandemic. The guidance is being constantly reviewed and updated during this period and this pack was produced in line with the guidance issued on 28th April.

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>



How Opus Can Help You

1

We know it is hard to navigate through pages of guidance and so we have produced an easy-read summary of the document for you

2

We have produced a checklist for you to complete to make sure you have completed all the tasks necessary before re-use of medicines can occur

3

We have provided template forms for you to use

4

We have provided updated procedures for you to follow during this period

This is Opus Pharmacy Services' interpretation of the Department of Health & Social Care guidance - " Coronavirus (COVID-19): reuse of medicines in a care home or hospice "

This resource pack is designed to help you implement the guidance. You must follow any specific local CCG guidance and seek independent professional advice where required.

This document will be regularly updated to reflect current guidance.



Re-use of Medicines during the Covid-19 Pandemic Summary

Why do we need to re-use medicines?

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.

Who does this guidance apply to?

The full guidance issued by the Dept of Health and Social Care / NHS can be read here: <https://www.gov.uk/government/publications/coronavirus-covid-19-reuse-of-medicines-in-a-care-home-or-hospice>

IMPORTANT

This guidance is only applicable to Care Homes and Hospice settings in England.

What is the normal practice regarding re-use of medicines?

Under usual circumstances, the re-use or recycling of another person's medicine is not recommended, as the quality of any medicine that has left the pharmacy cannot be guaranteed.

When should medicines be re-used?

The best way to obtain medicines is from the pharmacy, appropriately labelled for each individual.

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.**



When does this apply?

This is time limited and only applies during this period of emergency i.e. during the Covid-19 pandemic.

How do we know if a medicine is suitable for re-use?

Risk assessments need to be carried out.

- 1** A risk assessment needs to be carried out on a specific medicine, to see if it is required as a medicine for re-use, using [Form 2: High Level Risk Assessment for the Requirement of a Medicine for Re-Use during the Covid-19 Pandemic](#). This can be done by the Manager or senior member of staff.
- 2** Then a risk assessment needs to be carried out on a specific individual's medicine to make sure it is safe to re-use. The form to use for this is the [Form 3: Assessment for Re-use of a Specific Individual's Medicine during the Covid-19 Pandemic](#). A registered healthcare professional is required to confirm the medicine is suitable for re-use.
- 3** See the [Procedure for Running a Medicines Re-Use Scheme During the Covid-19 Pandemic](#).

What other things do I need to consider?

1 Written agreements from residents

You will need to make sure that you get written permission from residents (or a person with Lasting Power of Attorney or next-of-kin as appropriate)

- that their medicines (if no longer needed) can be made available for other residents and/or
- they agree to receive a re-used medicine, provided it is deemed safe for re-use.

This should be done straight away.



What other things do I need to consider?

- 2 Consider the arrangements for storage of medicines that are currently being self-administered, if you think these medicines might be suitable for re-use. It might be appropriate for the care home to manage storage of these during this time.

What are the Do's and Don'ts?

- ✓ DO act straight away-see checklist
- ✓ DO store the re-used medicines appropriately-see [Procedure for the Storage of Re-Used Medicines During the Covid-19 Pandemic](#)
- ✓ DO make sure any re-used medicines are administered according to the directions of the prescriber and recorded on the relevant administration chart. See [Procedure for Administering and Recording Re-Used Medicines during the Covid-19 Pandemic](#)
- ✓ DO make sure you are aware of how to handle Controlled Drugs- See [Procedure for the Handling of Controlled Drugs for Re-Use During the Covid-19 Pandemic](#)
- ✗ DON'T re-use medicines that have been transferred from another care setting.



Re-Using Medicines in Care Homes and Hospices in England during the Covid-19 Pandemic

CHECKLIST-ARE YOU READY?

Task	Form to use	Done Y/N
Read full guidance or Opus summary document	Re-use of Medicines Summary	
Have discussions and send out letters to residents	Form 1: Letter to Residents re Re-used Medicines	
Review storage of medicines for people who self-administer		
Do a risk assessment on medicines you think may need to be available for re-use	Form 2: High Level Risk Assessment for the Requirement of Re-used Medicines	
Do a risk assessment on specific individuals' medicines to see if they are safe to re-use For residential homes- get these signed off by a healthcare professional	Form 3: Assessment for Re-use of a Specific Individual's Medicines	
Put your new updated procedures in your policy	Opus procedures for administration and recording, storage and handling of CDs for re-used medicines	
Brief your staff on the changes		

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 in writing your agreement as follows:

- I agree for my surplus medicines to be given to other residents where necessary.
- I agree to receive other residents' surplus medicines if the supply of my medicine is interrupted.

Signed:

Resident/Person with
LPA/Next of Kin (delete as
appropriate)

Print
Name:

Date:

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
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.			

DECISION: This medicine DOES/DOES NOT need to be available for re-use
(delete as appropriate)

Name :

Role :

Signature :

Date :

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?			<p>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.</p>

	Yes	No	Notes
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: https://www.sps.nhs.uk/articles/rmoc-guidance-homely-remedies/

Discuss your findings with a registered healthcare professional, who will be required to sign the authorising forms with you.

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 and local networks to get a wider perspective on the decision.

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?			<p>Ensure that adequate infection prevention and control precautions have been taken.</p> <p>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.</p>

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.			<p>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.</p>
Has a letter of agreement been signed?			See Form 1

*See box “**Quarantine of Contaminated Medicines**” on page 12 for further details.

Quarantine of Contaminated Medicines

The original DHSC guidance made reference to both a 3 day and 5-day quarantine period for contaminated medicine. This has now been revised to only make mention of a 3-day quarantine

The guidance in this Opus document is guided by both the original DHSC and existing guidance from the Royal Pharmaceutical Society (RPS). Link below:

[Accepting returned unused medicines](#)

Because of this disparity between current DHSC guidance and RPS guidance, we are erring on the side of caution and continuing with a 5-day quarantine recommendation.

Please apply any specific local CCG guidance where this may differ.

Decision

This medicine is suitable for re-use

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

Signature: _____

Manager

Signature: _____

Registered Healthcare
Professional

Name: _____

(State details e.g.
profession/role/reg no.)

Log of Re-Used Medicines During Covid-19 Pandemic



Medicine details

Generic medicine name:		Strength:	
Formulation (e.g. Tablet/ Suspension):	Expiry date:	Batch Number:	
Quantity approved to re-use:	Authorised by Registered Healthcare Professional (HCP)		(tick)

Name of resident medicines originally prescribed to:

Tick to confirm resident consent to the re-use of their medicine has been received:

Re-Used Medicines Administered						
Date	Name of resident	Dose and Quantity	Reason for re-using	Administered by (Signature)	Date of consent *	Quantity Remaining

* for receiving re-used medicines

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

1

The Manager/senior person should discuss and 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 using **Form 1: Letter to Residents re Re-Used Medicines during the Covid-19 Pandemic.**



2

The Manager/senior person must carry out a risk assessment on an **individual medicine basis** to confirm if there is a need to re-use medicines, using **Form 2: High Level Risk Assessment for the Requirement of a Medicine for Re-Use during the Covid-19 Pandemic.**



3

If a medicine is to be re-used, it must be checked against specified criteria by a Registered Healthcare Professional. **Form 3: Assessment for Re-use of a Specific Individual's Medicine during the Covid-19 Pandemic** should be completed by the Manager/senior person and authorised by a Registered Healthcare Professional.


- In Nursing Homes → a Registered Nurse
- In Residential Homes → e.g. pharmacist, pharmacy technician, GP, community nurse



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

4

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 [Form 4: Log of Re-Used Medicines during Covid-19 Pandemic](#)
 - [Procedure for Handling Controlled Drugs for Re-Use](#)
 - [Procedure for Storage of Re-Used Medicines](#), including segregation of re-used medicines
- 

5

The Manager/senior person should assess the storage arrangements for medicines currently self-administered by residents, if they are medicines likely to be considered for re-use. It may be more appropriate at this time for the care home to manage storage.

Procedure for the Storage of Re-Used Medicines During the Covid-19 Pandemic

This procedure only applies to medicines that have:

-  Been supplied to residents while in a care home or a hospice
-  Not been removed from that care home or hospice setting (other than for short periods of up to 24 hours)
-  Been stored in accordance with good practice guidance on storing medicines

It applies to all medicines, including tablets, liquid medicines, injections (e.g. analgesics, insulin), creams and inhalers, medicines that are in sealed or blister packs and when the criteria in Form 3 are met.

- 1** Place any medicines that might be re-used into a sealed container marked as 'resident/patient returns'.
- 2** Only use this stock when the medicine cannot be obtained from the normal supply chain (i.e. Pharmacy supply in accordance with a written prescription).
- 3** If the medicine to be re-used is a Controlled Drug that requires safe custody, the additional storage requirements for Controlled Drugs still apply.

Procedure for the Storage of Re-Used Medicines During the Covid-19 Pandemic

4

The Manager/senior person should assess the storage arrangements for medicines currently self-administered by residents, if they are medicines likely to be considered for re-use. It may be more appropriate at this time for the care home to manage storage.

IMPORTANT

- 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.

Procedure for the Handling of Controlled Drugs for Re-use During the Covid-19 Pandemic

1

Prescription Requirements for Controlled Drugs (CDs)

- 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).
- A current prescription must be in place for a Controlled Drug, whether the resident is receiving re-used Controlled Drugs or their own dispensed supply. (*Exception: exceptional circumstances whereby new emergency legislation is activated by an announcement from the Secretary of State*).

2

Storage of Controlled Drugs

- 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.

* ADDITIONAL INFO

- If unsure whether a particular Controlled Drug is Schedule 2 or Schedule 3, a list of commonly prescribed Schedule 2 and Schedules 3 CDs are in the Opus document '**Storing Controlled Drugs in Care Homes**'
- [Click here to view the document](#)

(2 of 2)

Procedure for the Handling of Controlled Drugs for Re-use During the Covid-19 Pandemic

3

Recording of Controlled Drugs

- 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.
- Record needs to be made in the original resident's CD medication record indicating that the balance is now 0, noting that this is because the remaining quantity has been transferred to the re-use section of the CD register.
- Refer to your existing policy and procedures for details.

4

Administration of Controlled Drugs

- Refer to your existing policy and procedures for details.

Procedure for 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 will 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.

If a medicine is approved for re-use, the following steps are advised:

- 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

Procedure for Administering and Recording Re-Used Medicines During the Covid-19 Pandemic

Medicines for Re-Use - MAR Sheet Requirements

- ➔ A new prescription must be obtained prior to supply to a new resident.
- ➔ The MAR sheet must accurately reflect the instructions of the prescription.
- ➔ Normally, the information on the MAR sheet can be compared to the information on the medicine label. All details should correspond with each other.
- ➔ When a medicine is being re-used, the MAR sheet will need to be completed without a resident-specific label. Full details will still be required on the MAR sheet.

The following options may be considered:

- ➔ **1** Obtain a new MAR sheet from the pharmacy. This Option 1 is the **preferred option**.
- ➔ **2** If **Option 1** is not possible, a designated, suitably qualified person will transcribe the information from the prescription onto a MAR sheet and sign and date the entry. See next page for further requirements.

Procedure for Administering and Recording Re-Used Medicines During the Covid-19 Pandemic



If option **2** is selected:

- 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 prescription should be kept with the resident's 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.

Procedure for the Administration of Re-Used Medicines

1 Be prepared

2 Check the identity of the person to whom the medicine is to be administered

3 Ask them if they are ready to take their medicines

4 Check the medication record

5 Check any allergies

6 Check the medication has not already been given

7 Check the MAR sheet and select the appropriate medicine container

8 Check the label of the re-used medicine carefully for:

- Medicine name
- Strength
- Formulation

Carefully compare this to the information on the MAR sheet. The details must correspond in all these areas

Procedure for the Administration of Re-Used Medicines

9

Check the expiry date of the medicine

10

Check the label for any important warning labels that have been highlighted (e.g. dissolve in water, before/after food)

11

Check the MAR sheet and prepare the appropriate dose of medicine from the container (e.g. prepare the correct number of tablets/capsules)

12

Take the medicine to the person

13

Ensure they are in an upright position

14

Administer the medicine according to the dosage form. Offer a drink with oral medicines

15

Witness the person taking the medication

16

Record the administration of the medicines IMMEDIATELY by initialling the correct date space on the MAR sheet

17

When stock of a re-used medicine is used, record the quantity used in the [“log of re-used medicines form”](#)

Procedure for the Administration of Re-Used Medicines

18

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

19

Proceed to the next medicine

Hints & Tips – Remember the Six Rights

Although there are differences to the normal administration process, the same principles still apply.

Ask

Do I have enough information to confirm each of the following?

- **Right PERSON** (MAR sheet and another identifier e.g. the resident themselves or a photo)
- **Right MEDICINE** (medicine label and MAR sheet)
- **Right DOSE** (MAR sheet)
- **Right TIME** (MAR sheet and medicine label e.g. take an hour before food)
- **Right ROUTE** (medicine label and MAR sheet)
- **Right TO REFUSE** (the resident)

For more useful information on the management of medicines and training support at this time, visit our Covid-19 webpage:

<https://opuspharmserve.com/covid-19-support/>