

Guidance to support the implementation of the national: Novel coronavirus (COVID-19) standard operating procedure (SOP)

Running a medicines re-use scheme in a care home setting

This guide is intended to supplement the national SOP and add context to all those potentially involved with the scheme. The guidance is intended for:

- Care homes (nursing and residential)
- Primary and community care registered healthcare professionals
- Primary and community care prescribers
- Community pharmacy

This guide must be read in conjunction with the NHS England and Department of Health & Social (DHSC) care publication 28 April 2020. Please access most up to date version of this document at

https://www.gov.uk/government/publications/coronavirus-covid-19-reuse-of-medicines-in-a-care-home-or-hospice?utm_source=09d3c6e9-e7c7-4867-a197-d2a68e01f4be&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate

An electronic version of this guidance is available

<https://www.oxfordshireccg.nhs.uk/professional-resources/guidance-for-care-homes.htm>

Please contact the **Medicines Optimisation in Care Homes (MOCH) Team** with any questions or queries about running a medicines re-use scheme

Mon – Fri (excl. BH)

09:00 – 17:00

medicines.care-homes@oxfordhealth.nhs.uk

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Medicines Optimisation in Care Homes (MOCH) Team

Oxford Health NHS FT

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Running a medicines re-use scheme in a care home setting

Background

On 28th April 2020, the Department of Health and Social Care (DHSC) together with NHS England and NHS Improvement, issued a Standard Operating Procedure (SOP) for running a medicines re-use scheme in care homes and hospices in England. The document outlines the criteria required to be met before a medicine is approved for re-use and also the criteria which should be met before the medicine is administered to a new individual. The document which will be regularly updated can be read here.

https://www.gov.uk/government/publications/coronavirus-covid-19-reuse-of-medicines-in-a-care-home-or-hospice?utm_source=09d3c6e9-e7c7-4867-a197-d2a68e01f4be&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate

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

Under usual circumstances, the re-use of another person's medicines is not permitted. The NICE Social Care Guideline [SC1 Managing medicines in care homes](#) includes a recommendation that care home providers should ensure that medicines prescribed for a resident are not used by another resident.

What is a medicines re-use scheme?

A medicines re-use scheme is a scheme which allows the safe use of medicines which have been prescribed and dispensed for one resident, to be used by another resident, once the original recipient no longer requires them.

Who does the guidance apply to and to what time period does the guidance apply?

The guidance applies to care homes and hospices in England. The medicines re-use scheme will only operate during the period of the Covid-19 pandemic.

Why do we need a medicine re-use scheme?

Whilst the best way to obtain medicines for care home residents is from a pharmacy, appropriately labelled for each individual, it has been recognised that during the Covid-19 pandemic, there may be situations when it is not possible to obtain medicines within the necessary timeframe and that re-using a person's medicines would be appropriate. There is also increasing concern about the pressure that could be placed on the medicines supply chain during the Covid-19 pandemic and a medicines re-use scheme could potentially ease that pressure and minimise wastage of medicines.

Principles of a medicines re-use scheme

1. **Only use this scheme in a medicines supply crisis when the benefit outweighs the risk and;**
 - there is no stock available **and**
 - there is no suitable alternative **or**
 - medicines cannot be obtained in a timely manner due to the immediate needs of the resident e.g. end of life symptoms needing immediate treatment.
2. The scheme applies to ANY medicine in a crisis situation (see 1 above) but consideration should be given to prioritising which medicines to keep for re-use e.g. ;
 - medicines which may be required urgently e.g. end of life medicines*
 - medicines in high demand during the pandemic e.g. end of life medicines*, paracetamol, antibiotics
 - medicines where availability problems have been experienced, communicated by the CCG Medicines Optimisation Team or Primary Care Network

**Click [here](#) for the local palliative care guidelines which give examples of medicines which may be required at end of life*
3. Care homes **must** consider the safety and practical aspects of storing additional medicines and should only keep medicines for re-use if it is safe to do so.
4. The scheme applies to the period of emergency during the Covid-19 pandemic only.
5. Only medicines that are no longer needed by the person for whom they were originally prescribed can be considered for re-use. Medicines cannot be “borrowed” from a resident who still needs them.
6. It is advisable to assess medicines for re-use proactively before they are needed
7. The re-used medicine must be authorised by a registered healthcare professional.
8. If the original recipient of the medicine had Covid-19 or symptoms, the medicine should be quarantined for 5 days prior to being approved for re-use (see p.7).
9. A prescription must be provided to the care home.
10. The care home must keep a robust audit trail for any re-used medicine.
11. The care home chooses to implement the scheme. Care homes that implement the scheme, must update their medicines policy to include this guidance document as an appendix for the duration of the pandemic.

Summary of procedures required to run a medicines re-use scheme in a care home

Procedure 1

- **Seeking permission from residents (page 6)**
- The care home manager should attempt to seek permission in writing from the residents (or their LPA / next of kin) to re-use their surplus medicines when they no longer need them and to administer surplus medicines to them from other residents, although permission is not compulsory. See **FORM 1** for sample letter.

Procedure 2

- **Assessment of medicines for re-use**
- When medicines are no longer required by a resident, they should be assessed by completing **FORM 2**. Approval must be by a registered healthcare professional. Ideally this should be done proactively, prior to them being needed in an emergency situation. Medicines from residents with a Covid-19 diagnosis (or who are displaying symptoms) should be quarantined for 5 days before being assessed for re-use.

Procedure 3

- **Storage and documentation of medication approved for re-use**
- Medicines that have been approved for re-use should be stored in an appropriate location in a separate, sealed container and labelled 'Patient returns - approved for use during the Covid-19 pandemic'. Care homes should ensure that the storage criteria have been met by completing **FORM 3**. Details of the medicine should be entered in the top section of **FORM 5**.

Procedure 4

- **Administration of a medicine approved for re-use**
- Once approved, a re-used medicine should only be administered to a resident in a crisis situation, if the medicine cannot be obtained via the normal route within the required timeframe. Before administering a re-used medicine to a resident, the care home should ensure that the criteria for administering a re-used medicine have been met, including being in receipt of a copy of the prescription and the details of the medication entered onto the MAR chart, by completing **FORM 4**. Details of each dose that is given should be recorded onto the lower section of **FORM 5**.

Procedure 1: Seeking permission from residents

If a medicine is thought to be suitable for re-use, permission should, wherever possible, be sought from the resident for whom the medicine was originally prescribed (or if the resident lacks capacity, from the person who has Power of Attorney or if the resident has passed away, from the next of kin). Permission to administer a re-used medicine to an individual should also ideally be sought. This is best done in advance. See **FORM 1** for an example of a letter which could be adapted and given to each resident as routine.

NB. It is not essential to seek permission to re-use medicines but if permission is not sought, it would be good practice to document the reason why.

Procedure 2: Assessment of medicines for re-use

Whilst any type of medicine can be considered for re-use e.g. tablets, capsules, liquids, injections, creams and inhalers, there are strict criteria which must be adhered to. Care homes **MUST** also consider the safety and practical aspects around storing additional medicines and should only keep medicines to be re-used if it is safe to do so. Medicines which have been approved for re-use should be regularly checked and disposed of if no longer required. **Care homes must not stockpile medicines.** Consideration should be given to prioritising which medicines to keep for re-use, for example;

- medicines which may be required urgently e.g. end of life/anticipatory medicines*
- medicines which may be in high demand during the pandemic e.g. end of life medicines / anticipatory medicines*, paracetamol, antibiotics
- medicines where problems with availability have been experienced

*Click [here](#) for the local palliative care guidelines which give e.g. of medicines which may be required at end of life

In the situation where the original recipient had a Covid-19 diagnosis or was displaying symptoms, the medicine should be double bagged, appropriately labelled and quarantined in a separate area for 5 days before being assessed for re-use.eg

'Patient returns to be quarantined for 5 days

Quarantined onNot to be re-used before'

The DHSC advises that where possible, medicines for re-use are proactively assessed prior to them being needed in an emergency situation. This would allow sufficient time to check that all of the necessary criteria have been met. The criteria which should be met before a medicine is approved for re-use are listed in **FORM 2** and include ensuring that;

- the medicine is not required by the original recipient, medicines cannot be borrowed.
- the medicine is in-date
- the medicine has been stored in-line with the manufacturer's instructions. Any medicine which has been stored incorrectly eg in direct sunlight or near a radiator or where storage conditions cannot be confirmed should be discarded.
- the medicine is in a sealed pack or sub-pack and has not been tampered with

Medicines **MUST** be approved for re-use by a registered healthcare professional (HCP). For care homes who do not have nurses on site, this may be done by an external HCP. Approval may be carried out remotely (**NB the resident's name should be crossed out from the label prior to sharing**). See **Page 12** guidance for HCPs and **Page 13** for contact details of HCPs.

Documentation

FORM 2: the HCP should complete this form and it should be signed by both the care home manager / deputy and the HCP. The answer to each question should be **YES** before a medicine is re-used. If the answer is **NO** to any question, the medicine should be discarded via the usual route.

Procedure 3: Storage and documentation of a medicine approved for re-use

Once a medicine has been approved for re-use and **FORM 2** has been completed, it should be stored in the usual location but in a **separate, sealed container** and labelled appropriately e.g. *'Patient returns approved for re-use during the Covid-19 pandemic'*. The medicines approved for re-use should be kept separate from medicines which have yet to be assessed for re-use and from those prescribed and labelled for specific patients.

The original label should **NOT** be removed and the medicine name, strength and date dispensed should be clearly visible. The name of the original recipient and the dosage instructions should be crossed out from the label to avoid confusion.

Procedure for handling of Controlled Drugs (CDs) for re-use during the Covid-19 Pandemic

The medicines re-use scheme in care homes applies to all medicines, including CDs. If the medicine to be re-used is a Schedule 2 or 3 CD, the [additional requirements](#) including prescribing, storage and record keeping still apply. **Schedule 2 or 3 CDs should only be retained for re-use if they can be stored securely in-line with safe custody requirements for Controlled Drugs.** Click [here](#) to find out which schedules some commonly prescribed CDs belong to. CD balances must be frequently audited in accordance with the care home medicines policy. The CDs for re-use should be stored in the CD cupboard, in a labelled bag, separate from the other CDs as described above. A separate section of the CD register should be made for all re-used CDs e.g. at the back of the register and a separate page should be used for each re-used CD. A new entry should be made on the original page for the medicine to be re-used, indicating that the balance is now 'zero' and the balance has been transferred to a new page. Always refer to your local policy for details on storage and record keeping of CDs in your setting.

Documentation

FORM 3 should be completed to ensure that the medicine for re-use has been stored correctly. In addition, **FORM 5 (top section)** should be completed. A separate form should be completed for each re-used medicine. This should be done in addition to completing the CD register, in the case of controlled drugs. Two signatures are required from suitably trained individuals.

Procedure 4: Administration of a medicines approved for re-use

A re-used medicine should only be given to a patient in a **crisis situation**, if there is no other option, the benefits to the individual outweigh the risks and;

- when the pharmacy cannot supply the required medicine within an acceptable timeframe **and** there is no alternative medicine that can be prescribed **or**
- when there is insufficient time to obtain the medicine via the usual route due to the patient's immediate needs.

Unless the medicine to be re-used is being supplied under a Patient Group Direction (PGD) or a Patient Specific Direction (PSD), a **prescription must be obtained**. If the prescription is issued remotely, it should be scanned and emailed to a secure email address, before the first dose is given. If the prescription has already been sent to the pharmacy, the pharmacy should share a copy of the prescription with the care home.

The patient's MAR chart should be updated, either by suitably trained staff within the care home or the pharmacy may provide a MAR chart if in receipt of the prescription. If the MAR chart is written by the care home staff, the entry should be checked and counter-signed by a second suitably trained member of staff. The MAR chart should be clearly marked with appropriate wording e.g. *'Re-used medicines, approved for re-use'*

Each time a re-used medicine is administered to a patient, the process should be checked carefully, including a check against the MAR to ensure that the correct medicine name and strength has been selected. This should be checked by two suitably trained members of staff.

Documentation

FORM 4 should be completed to ensure that the criteria for administering a re-used medicine have been met. In addition, the corresponding **FORM 5 (lower section)** should be completed. This should be done in addition to completing the CD register, in the case of controlled drugs. Two signatures are required from suitably trained individuals.

Guidance for Care Homes (Residential & Nursing)

Assessment and storage of a medicine for re-use	
Nursing homes	Residential homes
<p>Procedure 1 Where possible, gain consent from service user for re-use FORM 1</p>	<p>Procedure 1 Where possible, gain consent from service user for re-use FORM 1</p>
<p>Procedure 2</p> <ul style="list-style-type: none"> • Ensure medicine quarantined for 5 days if original recipient had Covid-19 or symptoms. Medicine should be double bagged and labelled appropriately • On-site nurse or registered HCP to approve medicine for re-use • Check medicine for re-use against criteria in FORM 2 • If medicine approved for re-use complete and sign FORM 2 • If medicine not approved for re-use, dispose in the usual way 	<p>Procedure 2</p> <ul style="list-style-type: none"> • Ensure medicine quarantined for 5 days if original recipient had Covid-19 or symptoms. Medicine should be double bagged and labelled appropriately • Contact external HCP to approve medicine for re-use See Page 13 for contact details • Delete resident's name is from the label • HCP checks medicine for re-use against criteria in FORM 2 • HCP performs check virtually (see Page 12 for suitable methods) • If medicine approved for re-use, HCP complete and sign FORM 2 • A copy of FORM 2 returned to care home for manager to sign • If medicine not approved for re-use, dispose in the usual way
<p>Procedure 3 Record details of the approved medicine on FORM 5 (top section)</p>	<p>Procedure 3 Record details of the approved medicine on FORM 5 (top section)</p>
<p>Store medicines approved for re use in a sealed container.</p> <ul style="list-style-type: none"> • Do NOT remove original label • Cross out the original person's name • Cross out the dosage instructions from the original supply. • Ensure drug name, strength and dispensing date are still visible <p>Complete FORM 3</p>	<p>Store medicines approved for re use in a sealed container.</p> <ul style="list-style-type: none"> • Do NOT remove original label • Cross out the original person's name • Cross out the dosage instructions from the original supply. • Ensure drug name, strength and dispensing date are still visible <p>Complete FORM 3</p>
<p>CD register must be updated:</p> <ul style="list-style-type: none"> • A new, separate section must be used for re-used medicines, • A new entry must be made on the original page for the medicine to be re-used indicating that the balance is now zero, as the balance has been transferred to the new page 	<p>CD register must be updated:</p> <ul style="list-style-type: none"> • A new, separate section must be used for re-used medicines, • A new entry must be made on the original page for the medicine to be re-used indicating that the balance is now zero, as the balance has been transferred to the new page

Administration of a medicine approved for re-use	
Nursing homes	Residential homes
<p>Procedure 4 Check resident care plan: where possible, has consent been gained to administer re-usable medicine?</p>	<p>Procedure 4 Check resident care plan: where possible, has consent been gained to administer re-usable medicine?</p>
<p>Obtain prescription from the prescriber or from the pharmacy (if the prescription has already been sent to the pharmacy). This can be paper or electronic via NHS or other secure email.</p>	<p>Obtain prescription from the prescriber or from the pharmacy (if the prescription has already been sent to the pharmacy). This can be paper or electronic via NHS or other secure email.</p>
<p>Update medicines administration (MAR) chart in line with the prescription instructions including quantity.</p> <p>Preferred practice is to obtain a MAR chart for the new medicine from the pharmacy</p> <p>If this is not possible, follow usual procedure for amending an administration chart and double check the new entry.</p>	<p>Update medicines administration (MAR) chart in line with the prescription instructions including quantity.</p> <p>Preferred practice is to obtain a MAR chart for the new medicine from the pharmacy</p> <p>If this is not possible, follow usual procedure for amending an administration chart and double check the new entry.</p>
<p>Administer medicine in usual way.</p> <p>It is advisable for the administration to be checked by a 2nd, suitably trained, member of staff.</p>	<p>Administer medicine in usual way.</p> <p>It is advisable for the administration to be checked by a 2nd, suitably trained, member of staff.</p>
<p>Complete Form 4</p>	<p>Complete Form 4</p>
<p>Complete details on log Form 5</p>	<p>Complete details on log Form 5</p>
<p>CD register updated if applicable</p>	<p>CD register updated if applicable</p>

Guidance for primary and community care registered healthcare professionals (HCPs)

Any medicine to be considered for re-use, **MUST** be approved by a registered HCP. Staff within a non-nursing care home will contact an external HCP (e.g. the MOCH team, or CCG Medicines Optimisation Team or the Oxford Health On-call Pharmacist out of hours) to check the suitability of a medicine for re-use. Ideally this should be done proactively and **NOT** in an emergency situation. Suitability criteria include a visual check of the medicine to be used, assurance of storage conditions and assurance of management of cross-contamination risk

NB: The approval process does NOT require the HCP to clinically check the suitability of the re-used medicine for another resident

- **FORM 2** lists all the criteria which are required to be checked before a medicine is approved for re-use.
- **FORM 2** should be completed by the HCP. This can be done electronically or by hand.
- The original resident's name should be omitted by the HCP and added by the care home later.
- Several of the criteria may be verified by verbal communication on the telephone, however, the HCP will be required **to visually inspect the medicine**. Suitable methods for communicating are listed below.
- Where possible **FORM 2** should be signed by the HCP, either electronically or by hand. If not possible, the HCP should print their name and add their registration number.
- The completed form should be emailed to the care home, however verbal confirmation by photograph or virtual video confirmation is adequate in an emergency situation and the form can be returned to the care home later.
- Upon receipt, **FORM 2** should be signed by the care home manager / deputy.
- HCPs will be covered under the [Clinical Negligence Scheme for Coronavirus](#) (CNSV) where they are not covered by existing indemnity arrangements.

Suitable methods of communicating will depend on what is available and may include:

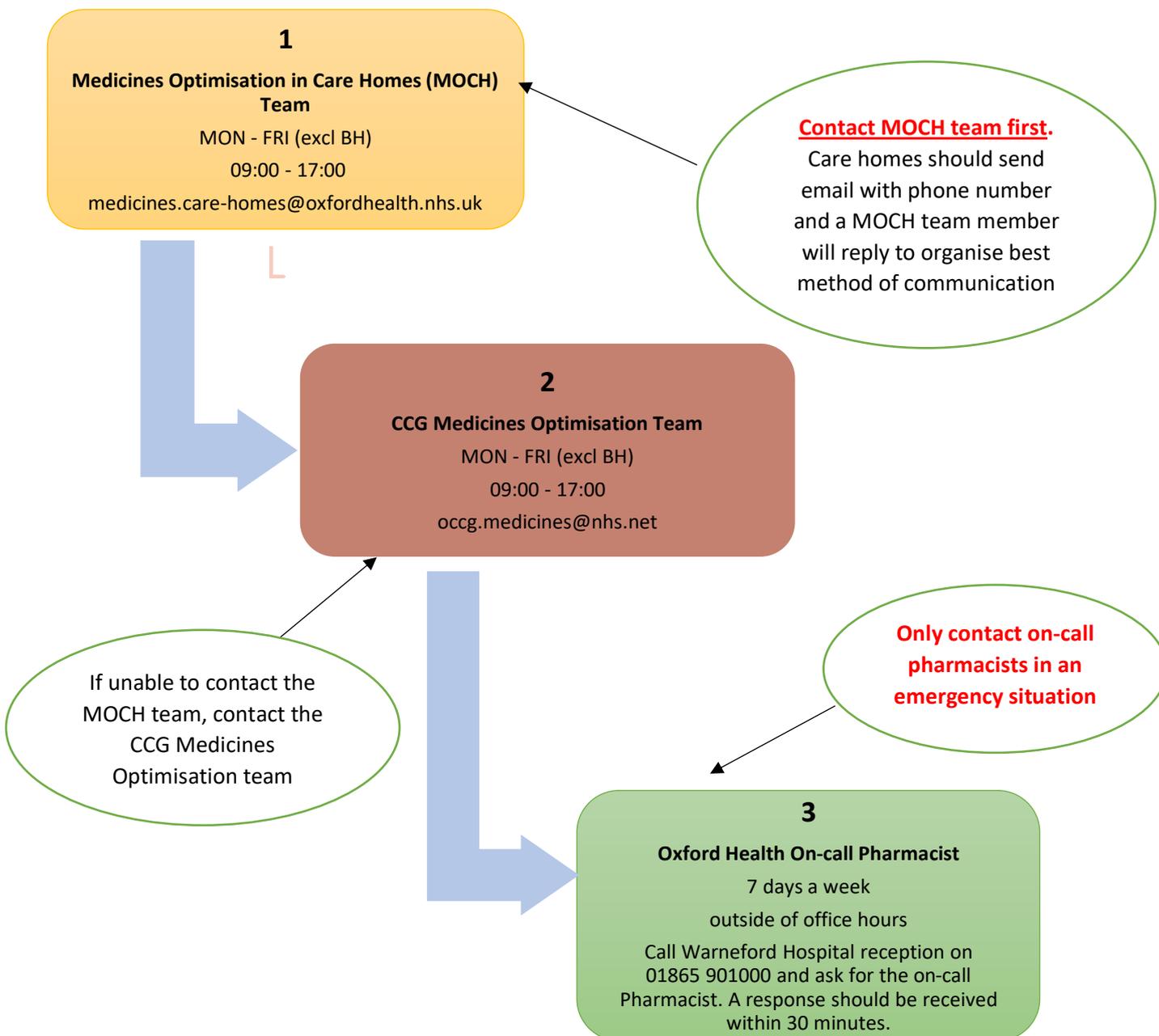
Telephone – some of the criteria may be verified over the telephone although a visual sighting of the medicine will also be required

Video calling - Microsoft Teams via NHS mail, Zoom, AccuRx, WhatsApp (not to be used to discuss confidential cases, only to be used to confirm suitability of re-using medication and do not show patient specific information e.g. name on label). Laptops / tablets are the preferred method for visual inspection due to the size of the screen compared with a phone

NHS mail – for sending photos

Contact details for Healthcare Professionals (residential homes only)

Medicines should ideally be assessed for re-use proactively rather than in an emergency situation



Guidance for primary and community care prescribers

On 28th April 2020, the Department of Health and Social Care (DHSC) together with NHS England and NHS Improvement, issued a Standard Operating Procedure (SOP) for running a medicines re-use scheme in care homes and hospices in England. The document which will be regularly updated can be read [here](#).

Even though the re-used medicine is not being dispensed, a valid prescription must be in the possession of the care home to support the re-use of medicines, before it can be administered.

If a prescription has been issued to the pharmacy, then the prescription (or prescription token) can be given to the care home.

This may be the paper version or sent electronically (photo sent via NHS or other secure email).

If the prescriber is sending a prescription direct to the care home, there are a number of methods. This must fulfil prescription requirements.

The prescriber may want to write in the directions *“stock supplied via re-use of medicines Covid-19 SOP”*

1. Print a FP10 and paper version collected by / delivered to care home.
2. Generate a prescription and email from the patient record to the care home via NHS or other secure email.

Prescription requirements:

- Patient name
- Patient address
- Date
- Medicine name, strength, form, quantity (words & numbers for CD)
- Dosing instructions
- Prescriber name and address
- Prescriber type (Dr, Independent prescriber)
- Prescriber signature and registration number

Guidance for community nursing teams

On 28th April 2020, the Department of Health and Social Care (DHSC) together with NHS England and NHS Improvement, issued a Standard Operating Procedure (SOP) for running a medicines re-use scheme in care homes and hospices in England. The document which will be regularly updated can be read [here](#).

Nurses providing end of life care in care homes may be required to approve a medicine for re-use and / or administer a re-used medicine.

Before administration the nurse must:

1. Check that the medicine has been approved for re-use by a registered HCP (**FORM 2 must be completed and signed by a HCP and the care home manager / deputy**)
2. If not, the nurse can complete and sign **FORM 2**
3. Check that there is a valid prescription for the re-used medicine. This may be an original prescription or a copy.
4. Check the drug name, strength and form on the prescription match the medicine to be re-used.
5. Use the directions on the prescription and NOT the directions on the label.
6. Ensure that the care home complete **FORM 3** with your details if you have approved the medicine for re-use.

Once the nurse is satisfied that the medicine is approved for re-use, the medicine should be administered and recorded in the usual way.

Guidance for community pharmacies*

On 28th April 2020, the Department of Health and Social Care (DHSC) together with NHS England and NHS Improvement, issued a Standard Operating Procedure (SOP) for running a medicines re-use scheme in care homes and hospices in England. The document which will be regularly updated can be read [here](#).

It is expected that the actual re-use of medicines via a scheme will be only used in extremely rare occurrences. In the first instance, the guidance states that when medicines are out of stock and there is an immediate need for them, an alternative preparation should be prescribed and dispensed, as is usual practice where possible.

Where there is no suitable alternative or a prescription cannot be written for the alternative medicine (e.g. out of hours), the community pharmacy team that supplies the care home should ask the care home whether they run a medicines re-use scheme and whether they have any stock of the required medicine.

Actions for community pharmacies

Proactive discussions with care homes

Community pharmacies who supply care homes may want to discuss with the managers of the facilities they provide services to, whether a medicines re-use scheme is being planned. If plans are underway, it is important these are discussed between the care home and regular pharmacy. Practical things to consider include:

- Agree communication methods in the event of needing to operationalise the guidance and to double check understanding of existing out of stock communication
- How to manage owing documentation and ongoing supplies
- Provision of blank MAR charts in advance if appropriate
- Updating local pharmacy SOPs
- Briefing respective teams and any agency /locum staff

Share a copy of the prescription with the care home

If stock of a re-used medicine is available in the care home, the community pharmacy team should share a copy of the prescription for that medicine with the care home e.g. by sending an image of the prescription via NHS or other secure email. The supply of the medicine by the care home will need to be in accordance with that prescription; they cannot rely on a verbal report of its contents.

Issue a new MAR chart

The pharmacy could consider issuing a new MAR chart if possible, for the product that is to be re-used.

*the above information is aimed at community pharmacies, but it would also apply to dispensing doctors who dispense medicines for care homes

Name and address of care home

Dear

Re. re-use of medicines during the Covid-19 pandemic

As a result of the Covid-19 pandemic, there may be the rare occasion whereby some newly prescribed medicines may take longer than usual to obtain from the pharmacy. To help manage this possible situation it would mean that surplus medications may need to be given to other residents. This would only happen if the original resident no longer required the medication and had also given their permission.

Following our recent discussions, I would be grateful if you could confirm your agreement in writing as follows:

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

I agree to receive other resident's surplus medication if there is a problem with the supply of my medicine

Signed

Resident, LPA, Next of Kin
(Delete as appropriate)

Name

Date

FORM 2: Criteria which should be met before a medicine is approved for re-use

Medicine name/ Formulation		Please refer to page 12 prior to completion of FORM 2	
Strength		Quantity	
Name of original recipient (to be added by care home)		Date form completed	
Criteria (<i>instructions in italics if approval being carried out remotely</i>)			Y/N
Medicines for which the original recipient had a Covid-19 diagnosis or was displaying symptoms, have been quarantined by sealing in a double bag for a minimum of 5 days before assessing for re-use. (<i>Can be verified by viewing the label which states when the medicine was quarantined.</i>)			
The medicine is no longer needed by the original recipient (<i>Verbal confirmation by care home</i>)			
The medicine is in a sealed pack, sub-pack or blister that has not been tampered with or in an individual sealed unit. <i>Blister strips where one or more doses have been removed, should be discarded. Open packs of intact ampoules may be re-used providing the details on the ampoules are checked with the outer packaging (see below). (Visual inspection is required. A photo maybe required if the video is not sufficiently clear e.g. when confirming that a bottle is unopened).</i>			
The medicine has been checked that it matches the description and batch number on the original packaging. (<i>Visual inspection (preferable) or verbal confirmation by care home</i>)			
The medicine is in date. (<i>Visual inspection (preferable) or verbal confirmation from care home. Record expiry date here</i>)			
The medicine has been stored according to manufacturer’s instructions including need for refrigeration. <i>Medicines left in unsuitable conditions e.g. direct sunlight or near a radiator, or where storage conditions cannot be confirmed, must be destroyed. (Verbal confirmation from care home)</i>			
The medicine has not been removed from this specific care home other than for short periods eg outpatient’s appointments (it is not permitted to transfer medicines between care homes, even if they are part of the same parent company). (<i>Verbal confirmation from care home required</i>).			
The medicine was originally prescribed by a registered prescriber – confirmed by the presence of a pharmacy label. (<i>Visual inspection required</i>)			

For a medicine to be suitable for re-use, the answer to each criterion should be **YES**

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

Name Signature		Care home manager / deputy
Name Signature (if possible)		Registered healthcare professional
Profession and registration number		

FORM 3: Storage criteria for a re-used medicine

Medicine name/ Formulation			
Strength		Quantity	
Name of original recipient		Date form completed	
Criteria			Y/N
Medicine approved for re-use is stored in the usual location, under conditions recommended by the manufacturer e.g. medicines cupboard, CD cupboard, fridge etc.			
The medicine is stored in a separate, sealed container and appropriately labelled e.g. 'Patient returns approved for re-use during the Covid-19 pandemic'			
The original label has not been removed and the name, strength and the date dispensed are clearly visible The name of the original resident has been crossed out from the label The original dosage instructions have been crossed out from the label			
An entry has been made in the re-used medicines log FORM 5 (top section) . A separate form should be completed for each medicine to be re-used			
Specific actions for Controlled Drugs (CDs)			
If the medicine approved for re-use is a CD, it has been stored in a sealed container marked as 'Patient returns – approved for re-use during the Covid-19 pandemic' in the CD cupboard and segregated from any other medicines within the CD cupboard			
A separate section of the CD register has been made for all re-used CDs e.g. at the back of the register. and records of CDs are being kept in line with current legislation and existing local policy.			
A new entry has been made on the original page for the medicine to be re-used, indicating that the balance is now 'zero'			
A separate page has been used for the re-used CD and the balance has been transferred to the new page. Two suitably trained individuals have signed the entry			
FORM 5 (top section) has been completed, in addition to the CD register record, to allow for the additional requirements re suitability of medicines for re-use to be met. Two suitably trained individuals have signed the entry.			

Name		
Signature		

FORM 4: Criteria for administering a re-used medicine

Medicine name/ Formulation			
Strength		Quantity	
Name of original recipient		Date form completed	
Criteria			Y/N
A risk assessment has been done and the benefits of re-using a medicine outweigh any risks for the individual receiving the medicine			
The medicine required is either not available through the usual route or there is insufficient time to access the medication due to the patient's immediate needs and there is no suitable alternative medicine that can be obtained within the necessary timeframe			
The medicine to be re-used has been approved for re-use by a registered healthcare professional			
A prescription or copy of a prescription has been obtained (unless supply is via a PGD or PSD)			
The MAR chart has been updated in-line with the directions from the prescriber. <i>This may be done by appropriately skilled and trained members of staff within the care home or by the community pharmacy (if the latter is in receipt of the prescription).</i>			
Where the MAR has been updated by a member of the care home staff, the entry has been checked and counter-signed by an appropriately trained member of staff.			
The MAR chart is clearly marked with appropriate wording e.g. <i>'re-used medicine – approved for use'</i> to show that the medicine has been approved for re-use.			
The administration of a re-used medicine to a resident, including a check against the MAR, that the correct medicine name and strength has been selected, has been checked by a second suitably trained member of staff.			
An entry has been added to the lower section of the relevant FORM 5 so that there is a clear audit trail as to which residents have received the re-used medicines.			

Name		
Signature		

A Prescription **MUST** be obtained prior to administration and record of administration **MUST** be recorded on the MAR chart
(or other approved documentation e.g. Community Administration chart) **

Care home / hospice name	
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Details of medicine approved for re-use

Medicine Name		Strength	
Formulation <i>(e.g. tablet / suspension)</i>		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	
Resident consent obtained for re-use of medicines? Include where consent is documented <i>e.g. resident care notes</i>		Date & time Registered Healthcare Professional (HCP) confirmed suitability for re- use	

Record of administration of re-used medicine

Date	Name of resident receiving medicine	Resident consent obtained	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 2 nd check for accuracy <i>(must be medicines trained)</i>
<i>Example: 1/4/2020</i>	<i>Mrs Jane Doe</i>	<i>Yes</i>	<i>National Shortage</i>	<i>Dose: 20mg Quantity: 2 x 10mg tablets</i>	<i>Ann Jones, Registered nurse <u>Anne Jones</u></i>	<i>Janet Smith, Senior Carer <u>Janet Smith</u></i>