Medicines Re-use Pathway v2 May 2020 – for use during the COVID-19 pandemic ONLY

Risk Assessment - exceptional circumstances
- There is an IMMEDIATE need for the medicine and the community pharmacy cannot obtain or supply the medicine within the timeframe needed for the resident
- If no suitable alternatives can be prescribed in a timely manner
- The benefits of using the medicine outweighs any potential risks

Medicine previously bought over the counter or prescribed for a care home/hospice resident by an authorised prescriber

Named-patient stock of required medicines at the care home/hospice

Resident no longer needs medicine (e.g. death)

Is this medicine in a sealed pack or sealed blister?

NO

Medicine Destroyed

YES

Is the medication from a patient with COVID19 symptoms or diagnosis

Have medicines been quarantined in a double sealed bag and stored securely for 3 days

INVOLVE PATIENTS/FAMILY
Seek consent from patient (originally prescribed medicine) or next of kin, if possible and ensure records are kept
Inform patient, carer, next of kin that a ‘returned medicine’ is being used

The medicine must be checked by a registered healthcare professional. Care homes should seek advice from a registered professional where necessary.

Factors to inform a decision to reuse another patient or residents medicine (Refer to Table 1A)
- Is the medicine in an unopened pack or blister that has not been tampered with?
- Is it in date?
- Has it been stored appropriately (including fridge items)?
- Is the medicine a licensed medicine that has either been prescribed by a registered healthcare professional with prescribing rights or bought ‘over the counter’?

YES

Not suitable for reuse

NO

Medicine Suitable for Reuse

Previous pharmacy dispensing label should be amended by crossing out any directions, residents name and annotating “Reused medicine see MAR for directions” signed and dated, the name of the resident who is now prescribed the medicine should be added to the label.

Add entry in CD register if Sch 2 (or Sch 3 where records are kept)
Add entry in Reused Medicines LOG
- Date
- Original owner
- Medicine details (generic name, strength, formulation, expiry)
- Quantity

MEDICINE ADMINISTERED (Refer to Process 1 to 5)
- On advice of prescriber (valid prescription)
- As per MAR or eMAR chart

Update LOG, CD register if Sch 2 (or Sch 3 where records are kept), update “Reused Medicines” Log with:
Date, patient’s name, generic drug name, dose and Quantity used, batch number, expiry date, healthcare professional who has assessed the medicine, reason for reusing, name of the member of staff / healthcare professional amending the previous pharmacy label -Keep records using the template log for care homes / hospices

The Medicines Reuse Pathway should be followed in conjunction with the “Running a medicines re-use scheme in a care home or hospice setting SOP”
- Report all adverse events and problems to the CCG via email: leedscgg.medsopctovidresponse@nhs.net
- Report all adverse drug reactions via the Yellow Card Scheme (note that medicine was reused) https://yellowcard.mhra.gov.uk/
- Care homes and hospices should follow their local incident reporting procedures and safeguarding policy
- For further support to implement a medicines re-use scheme please contact: leedscgg.medsopctovidresponse@nhs.net
Frequently Asked Questions (FAQs)

Who is an authorised prescriber?

An authorised prescriber is somebody who can legally write a prescription in the UK for a patient, this can include: doctors, consultants and independent prescribers such as pharmacists, nurses and physiotherapist etc. For more information on prescribing rights for the different types of prescribers see here.

How do I know if the pharmacy cannot supply the medicine within the time frame needed for the patient?

No other stocks of the medicine are available in an appropriate timeframe (as informed by the supplying pharmacy) and there is an immediate patient need for the medicine. No suitable alternatives for an individual patient 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 patient receiving that unused medicine.

How do I record the risk assessment?

Care homes and hospices should use their own internal risk assessment policy for recording the risk assessments around the reuse of medicines. A blank risk assessment template can be used or a “reuse of medicines” template could be created. Further support and risk assessment templates can be found here. Three key indicators should inform the risk assessment and the subsequent decision 1) If the pharmacy cannot supply the medicine within the timeframe needed for the resident 2) If no suitable alternatives can be prescribed in a timely manner 3) The benefits of using the medicine outweighs any potential risks.

How do I know which medicines we should be keeping and which medicines should be disposed?

Care homes and hospices should take a pragmatic approach to the reuse of medicines, medicines which may need to be initiated urgently such as end of life medicines, antibiotics and drug shortages could be considered. Staff should consider the storage capacity within their care setting and seek advice from a healthcare professional as needed. No more than one to two packs of a medicine should be kept for reuse. Care homes and Hospices should follow their normal arrangements for the disposal of medicines as outlined in their medicines policy disposal. Contact the Medicines Optimisation team at NHS Leeds CCG for further advice: leedsccg.medsoptcovidresponse@nhs.net

How do I know if a medicine is suitable for reuse?

The check of a medicine for reuse must only be undertaken by a registered healthcare professional. List of healthcare professionals can be found here. Registered nurses working in Community Care Beds and Nursing Homes can check the suitability of a medicine; care homes without nursing staff such as residential homes should contact a healthcare professional from another organisation to complete the check (this can be done virtually). Staff checking the suitability of medicines for reuse should follow the criteria outlined by the Department of Health and Social Care in tables 1-3 of the “Running a medicines re-use scheme in a care home or hospice setting SOP”. 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. No more than one to two packs of a medicine should be kept for reuse. If it is for a controlled drug, the extra requirements in relation to controlled drugs prescriptions must be satisfied. New remote prescriptions should be scanned and emailed before the first dose is given, and a copy of the prescription kept with the patient’s records in line with current processes.

Medicines which are not suitable for reuse: blisters of medicines which have, been partly used, medicines which have been decanted from a container such as dispensed into an amber bottle loose blisters which are not in the original pharmacy packaging, medicines brought into the care home/hospice from home or another setting, opened or used creams, inhalers, external medicines.

How would I know if the medicine has been stored appropriately?

See manufacturer’s instructions for the storage requirements of the medicines as outlined on the packaging or Patient Information Leaflet (PIL). https://www.medicines.org.uk/emc can be used to find PILs of specific
medicines. Seek advice from a pharmacist/pharmacy technician or contact the manufacturer directly for any queries around storage requirements.

How should I store medicines which are being “quarantined”?  
Ensure that adequate infection prevention and control precautions have been taken. Medicines that have been retrieved from a patient infected with COVID-19 should be sealed (double bagged) and quarantined for three 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 in a lockable drawer or cabinet. Safe storage of controlled drugs still applies.

How do I know if a medicine is licensed?  
Licences are only granted if strict safety and quality standards are met. In the UK, licences are granted by the Medicines and Healthcare products Regulatory Agency (MHRA) and the European Medicines Agency (EMA). Licences confirm the health condition the medicine should be used for and the recommended dosage. This can be found in the information leaflet that comes with the medicine seek advice from a pharmacy professional for further advice.

When should I have conversations around the reuse of medicines with residents and relatives?  
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. Further information to inform discussions is available in Annex B of the “Running a medicines re-use scheme in a care home or hospice setting SOP”.

Who can amend the pharmacy label?  
Care home and hospice staff that have had medicines administration training and assessed as competent can amend the previous dispensing label on the medicine which is being reused. The previous name and directions of the medicine should be erased with indelible ink and “Reused medicine see MAR for directions” annotated on the label; signed and dated by the member of staff who amended the label. Where there is no room on the label a blank label can be applied with the above details annotated. Records must be made of the member of staff altering the pharmacy label for clear audit purposes.

How do I know what schedule a controlled drug is?  
List of most commonly encountered drugs currently controlled under the misuse of drugs legislation and their schedule can be found here.

How should I record the reuse of schedule 2 or 3 controlled drugs in the CD register?  
Consent must be obtained where possible and the suitability of the medicine for reuse should be checked by a registered healthcare professional as above. Then the following steps should be taken to provide a clear audit trail:

1) The medicine which is going to be reused should be balance checked; ensuring the physical balance matches that in the CD register.
2) An entry should then be made using the wording “medicine for reuse” and the running balance on the current resident’s record should be returned to zero.
3) A separate entry onto a new page of the register should be made using the title: Medicine for reuse followed by the drug name, strength and form along the top of the page.
4) The physical balance should then be booked in using the wording “medicine reused from (previous residents name)” and the page number of the entry from which it was obtained.
5) When a new prescription is issued and the stock cannot be obtained via a community pharmacy due to a supply disruption and the criteria for reusing medication is met then the stock held as “medicine for reuse” can be used. The title of the register entry should be updated to reflect the name of the resident for whom the medication will be used.

6) Chronological entries should be made into the register with each episode of medicines administration.

The above task should only be undertaken by a suitably trained and competency assessed member of staff, authorised to administer controlled drugs and witnessed by a second competent staff member or healthcare professional. For further support around this please contact: leedscrg.medsoptcovidresponse@nhs.net

**Do I need to have a physical copy of the prescription before the medication can be administered?**

Unless the product is being supplied under a PGD or a patient specific direction, a new prescription must be obtained prior to supply to the new patient. If it is for a controlled drug, the extra requirements in relation to controlled drugs prescriptions must be satisfied. New remote prescriptions should be scanned and emailed before the first dose is given, and a copy of the prescription kept with the patient’s records in line with current processes. Where prescriptions have been issued electronically a copy of the prescription token should be obtained.

**How can I get support to implement a medicines reuse scheme?**

Contact the medicines optimisation team via: leedscrg.medsoptcovidresponse@nhs.net. Opus have created a resource pack to help support care homes and hospices including: a summary document and checklist, risk assessments for re-use of medicines, sample letter to give to residents to get their agreement, step by step procedures for the re-use of medicines, template forms and logs. The guidance can be found here.