

STANDARD OPERATING PROCEDURE (SOP)

Covid-19 Pandemic; Re-use of Prescribed Medication in Care Homes (Nursing and Residential)

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Version History

Version	Date	Reason for Change
Vs 1.8	13.5.20	New SOP

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- Palliative Care Consultant – Emma Husbands

Summary of the Standard Operating Procedure (SOP)

There have been concerns about the pressure that could be placed on the medicines supply chain during the course of the COVID-19 pandemic. A medicines re-use scheme for care homes and hospices could potentially ease some of that pressure.

The DHSC, NHS England and NHS Improvement recognise that the re-use of medicines may be appropriate in certain circumstances.

It is recommended that medicines should only be re-used in accordance with a medicines re-use scheme, set out in a SOP. This document is a local adaptation of the national SOP for use across Gloucestershire and is for use during the COVID-19 pandemic only.

It provides a framework which permits patients previously dispensed medicines to be re-used by another patient within a care home (residential or nursing) or hospice setting in certain exceptional situations, providing all the criteria set out in this guidance are fulfilled. It is important that it is implemented in a way that is:

- Pragmatic
- Safe
- In the best interests of the patient

First and foremost, the quality, integrity and safety of medicines are paramount and the best way to assure this is for pharmacies to supply medicines obtained through the regulated supply chain, appropriately labelled for individual patients.

When preparing to have processes in place so that this SOP may be used when and if required; please be aware that NHS England advises that care homes should not routinely hold anticipatory medicines stock, and supplies should be centralised as much as possible using the usual supply processes via dispensed prescriptions.

Templates for risk assessments are listed within the appendices and explanations given around record keeping requirement including those for controlled drugs. All templates used for re-use of a medicine from each resident should be retained securely for audit purposes.

A list of suggested medicines for which this SOP may be appropriate in exceptional circumstances is provided in Appendix 6.

Each individual care home (or hospice) must carry out a risk assessment on an individual medicine basis.

The re-use of a patient's medicine can **only** be undertaken if the following conditions are met:

- Consent has been obtained from both the patient whose medicine is being considered for re-use and the patient to whom it may be given (Appendix 1 provides a template letter)
- The required medicine(s) or a suitable alternative cannot be obtained via usual processes in a timely manner to meet the needs of the patient concerned, and the item is available for re-use within the care home setting. (Appendix 2 provides a check list to support this condition)
- The required medicine is no longer required by the patient for whom it was originally prescribed (e.g. medicine has been discontinued or the patient has died)
- The benefit of using one patient's un-used medicine outweighs the risks of treatment delay for the second patient

- The medicine to be re-used has been assessed as suitable by a healthcare professional prior to administration (full assessment information is in Appendix 3)
- The medicine to be re-used is administered in accordance with prescriber's directions for the new patient, to comply with legal requirements.
- The administration is undertaken by two members of staff
- Therefore either:
 - A new prescription should be written to cover re-use
 - Or
 - A copy of the original prescription (which cannot be dispensed) must be provided to the care home, by the community pharmacy or surgery,. (The prescription may be a virtual copy via an image sent by secure email i.e. nhs.net account to nhs.net account)
- A record is made by care home or hospice staff on the relevant administration chart.
- All medicines used under this scheme to be recorded in a 're-use log' (the minimum details to record are stipulated in this guidance and Appendix 4)
- All controlled drugs (CDs) e.g. morphine and oxycodone retained for this purpose will need to be recorded separately in a CD register and stored in a CD cupboard (this is different and separate to the 're-use log' mentioned)
- A check list of actions is within Appendix 5
- **A pharmacist or a prescriber can initiate this scheme under the correct circumstances, depending on when the medicines supply problem is identified**

Actions to consider before the implementation of this SOP.

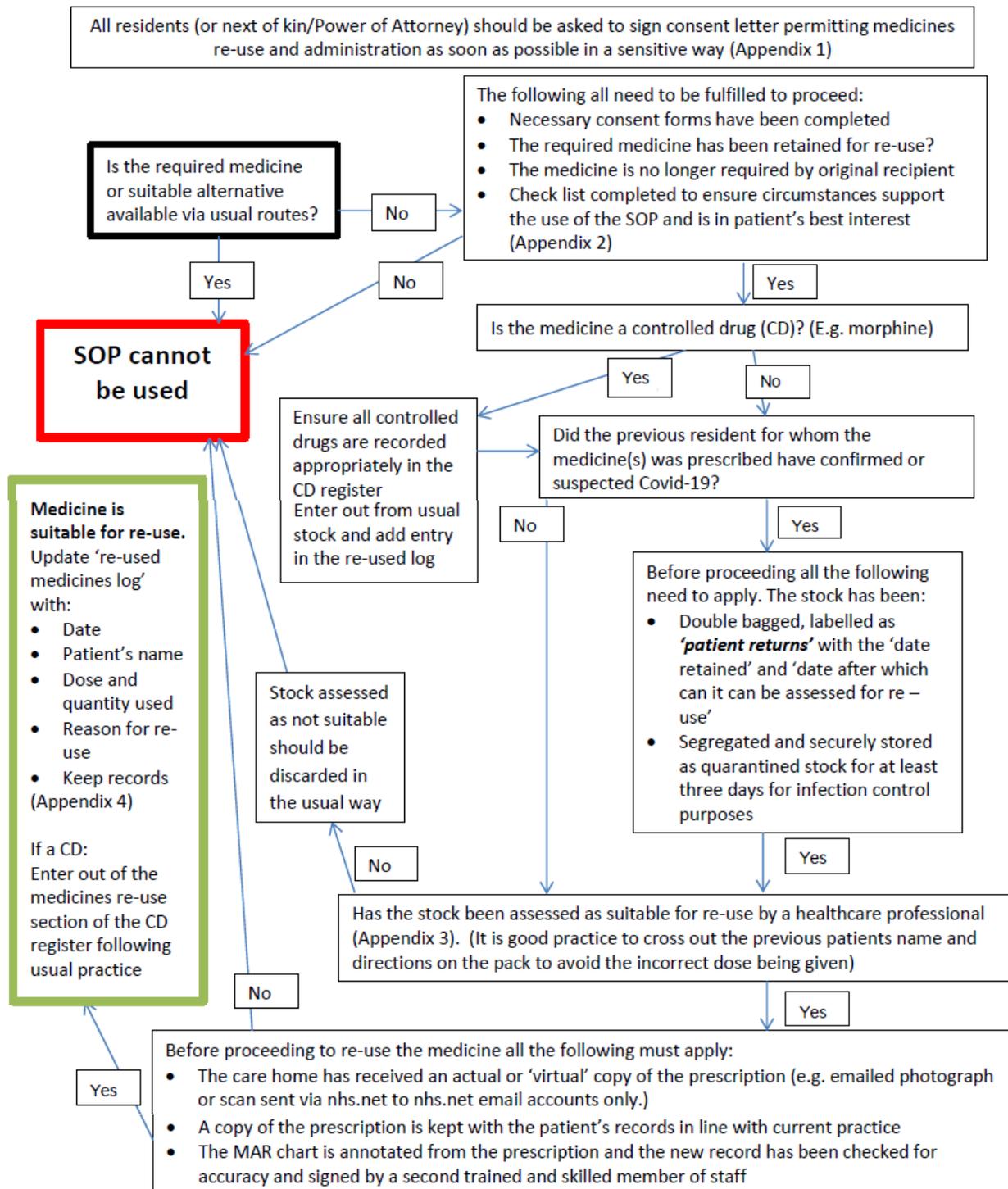
- Care Home staff, community nurses, GPs, community pharmacists and other health care professionals should familiarise themselves by reading the SOP to understand when it is appropriate for implementation. Only in exceptional circumstances will all the criteria be met.
- Consider a discussion by care home manager/senior staff member with an appropriate prescriber, to identify which medicines (see Appendix 6) and in what quantities, it may be advisable to start retaining for possible re-use under the SOP.
- The quantity and type of medicines retained will vary between care homes and be dependent on the type of setting, availability of appropriate secure storage within best practice guidelines. (Extra record keeping is required where controlled drugs are retained for possible re-use).
- To ensure re-use of medicines is an option that can be used as flexibly as possible it is suggested that care homes proactively seek written permission for medicines re-use from all residents. See section 7 for discussion points (Appendix 1- template).
- The check list in Appendix 5 and the flow chart above provide useful summaries

Please be mindful that:

- The SOP only applies when all usual processes for obtaining medication or suitable alternatives have been exhausted
- NHS England advises that care homes should not routinely hold anticipatory medicines stock, and supplies should be centralised as much as possible using the usual supply processes via dispensed prescriptions
- Care home providers are required to have an nhs.net account for the purposes of sharing patients information securely (i.e. nhs.net to nhs.net) accounts

Flow chart detailing the steps to be followed in assessing whether a retained medicine is suitable for re-use

Re-use of medicines flow chart



Standard Operating Procedure

Covid-19 Pandemic; Re-use of Prescribed Medication in Care Homes (Nursing and Residential)

1. Purpose

- This SOP has been developed to support care home providers. It offers a framework to run a safe and effective medicine re-use scheme that is in the best interest of patients. It is based on the published guidance from DHSC, NHS England and NHS Improvement [Novel coronavirus \(COVID-19\) standard operating procedure: running a medicines re-use scheme in a care home or hospice setting](#)
- This standard operating procedure (SOP) is for use during the COVID-19 pandemic only.
- It applies only when all usual processes for obtaining medication or a suitable alternative have been exhausted
- It supports timely access to essential prescribed medicines during the COVID-19 pandemic for patients who are being cared for in a care home in Gloucestershire; both nursing and residential
- It applies to medicines that have been supplied to patients while in a care home that have not been removed from that setting (other than for short periods of up to 24 hours), are no longer required by the person for whom they were originally prescribed and have been stored in accordance with good practice guidance on storing medicines in a managed setting. It applies to all medicines, including liquid medicines, injections (analgesics, insulin), creams and inhalers and controlled drugs, that are in sealed or blister packs and meet the re use criteria
- Re-use must 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 those within the same parent organisation.
- Care home providers are required to have an nhs.net account for the purposes of sharing patients information securely via nhs.net to nhs.net accounts

2. Scope

NICE has previously published good practice for [Managing Medicines in Care Homes \(SC1\)](#). The guidance promotes safe and effective use of medicines in care homes by advising on processes for prescribing (including remote prescribing), handling and administering medicines. It also recommends how medicines (including controlled drugs) should be received, stored and disposed of within a care home setting. NICE also includes a recommendation that care home providers must ensure that medicines prescribed for a resident are not used by another resident.

Although recommendations within SC1 remain best practice, this new SOP is designed to help providers manage exceptional situations when, during the COVID-19 pandemic, in the best interest of patients it may mean that it is not appropriate to follow the usual NICE recommendations.

3. The Current Situation

When a patient is prescribed a medicine, once the final supply of the medicine is completed and it is in the patient's safe keeping, it is their legal property. When the patient no longer requires the medication it is with the patient's permission safely disposed of

4. Change Supported by This SOP

There are increasing concerns about the pressure that could be placed on the medicines supply chain during the peak of the COVID-19 pandemic and a medicines re-use scheme for care homes could potentially ease some of that pressure

DHSC and NHS England and NHS Improvement are recommending a relaxation of previous recommendations and the NICE recommended good practice guidance (SC1) to accommodate re-use of medicines, under very specific exceptional circumstances and only in a crisis situation

5. When Would This SOP Apply?

- This SOP is time limited and would only apply during the COVID-19 pandemic.
- **The first route for obtaining medication must always be a prescription issued by a prescriber to be dispensed at a community pharmacy/dispensing doctor.**
- If the pharmacy is unable to supply the medication and has confirmed it will be unavailable for a period of time that will put the patient at risk, the prescriber should be asked to prescribe a suitable alternative
- This SOP **will only apply** when the steps above have been worked through and the required medication cannot be sourced **and** this will have a detrimental impact on the health of the patient
- 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.
- The Care Home has an nhs.net email to allow secure transfer of patient information as part of robust information governance.

6. Is a Medicine Suitable for Re-use?

- The re-use of medicines must be risk assessed using the checklist at appendix 3 by one of the following
 - Registered nurse
 - Registered pharmacist
 - Registered pharmacy technician
 - Doctor
 - In residential homes that have no registered nurses, doctors or pharmacists then professionals from other organisations CAN do the medicine check
 - Community/ district nurses
 - Medicines Optimisation Care Home (MOCH) pharmacist/pharmacy technician
 - Registered nurses, pharmacist or pharmacy technician in the Care Home Support Team
 - Community pharmacists and registered pharmacy technicians working in community pharmacy
- The check can be done virtually. If the check has to be done virtually the medication must be able to be clearly viewed by the checker by photograph or video
- The criteria are:
 - The medicine is an unopened pack or blister that has not been tampered with
 - The medicine is in date
 - It has been stored in line with the manufacturer's instructions, including any need for refrigeration
- It is not expected that this SOP will be required for medicines which can be bought over the counter, but should this be necessary, the above checks will be required. It may be more appropriate to consider the use of 'homely remedies' as an option
<https://www.sps.nhs.uk/articles/rmoc-guidance-homely-remedies/>

7. Permission

- Permission for re-use must be obtained from the patient for whom the medication was originally prescribed and from the patient receiving it
- If the patient lacks capacity permission must be obtained from the person with a power of attorney
- If the patient has died whose medicine would be re-used, permission must be obtained from the next of kin

This should include a discussion to explain:

- that the medicine, once it is in the patient's safe keeping, is the property of the patient. An approach is being taken that is compatible with a range of opinions on this issue.
- that as a result of COVID-19 there may be interruptions to the medicine supply chain, which may mean surplus medicines need to be given to other patients, subject to the original patient's permission
- if they wish, they need to agree this in writing and the date of agreement noted. A template letter for this purpose is available as Appendix 1
- if the supply of their medicine is interrupted, they may, subject to their written agreement, receive another patient's surplus medicine.
- To ensure re-use of medicines is an option that can be used as flexibly as possible it is suggested 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
 - The patient to receive a re-used medicine provided they are deemed safe for re-use.

Where the patient or next of kin/ person with power of attorney **do not** give consent, to either or both scenarios the medication **cannot** be considered for re-use or received in accordance with persons wishes

8. Infection Control

- If the medicine being retained for the medicine re-use scheme is from a patient with a diagnosis of COVID-19 or showing symptoms of COVID-19
 - Using appropriate infection control measures the medicine(s) should be sealed (double bagged) and quarantined for **three days** before a risk assessment for re-use is undertaken.
 - The bag must be clearly labelled e.g. *'Patient Returns' Stock retained for re-use. Do not use before xx/xx/xx date which marks the end of three days quarantine'*
 - The bag must be stored safely and securely, and clearly segregated away from any other medicines. (See section 10 for additional information regarding controlled drugs)
 - After three days the medicine risk assessment must be undertaken (Appendix 3)

Medicines previously prescribed for a resident who DID NOT have confirmed or suspected COVID-19 infection, that are being retained for re-use, DO NOT require infection control measures with three day quarantine period. However, they should be treated in exactly the same way with regard to secure storage, labelled with date from which it may be re-used, segregated from other stock and a record keeping. If a controlled drug, appropriate records completed as detailed in section 10

9. Obtaining Legal Authorisation to Supply/Administer Medicines under the SOP

- A **new** prescription must be obtained prior to supply to the **new** patient. If it is for a controlled drug (CD), the extra requirements in relation to CD 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.
- The administration chart (paper or electronic) should be updated by the care home, in line with the direction from the prescriber (in most cases this would be the prescription). **The new record should be checked for accuracy and signed by a second trained and skilled member of staff before it is first used.** The prescriber does not need to sign the MAR chart
- The community pharmacy or the prescriber should contact the care home when it is known an item is not available, to determine whether a supply has been retained for re-use under this SOP. Where this is confirmed, suitable arrangements should be made to ensure the care home is provided with a copy of the prescription. **This situation would be a trigger for assessing if appropriate to use the SOP.**
 - The prescription will not be dispensed by a community pharmacy.
 - If a paper prescription is issued:
 - Where there is only one item on the prescription, the pharmacy should mark the item on the prescription as 'not dispensed'. The 'actual' prescription or alternatively a clear and legible complete copy should be sent (scanned and emailed) to the care home via secure email (nhs.net to nhs.net). The copy should then be retained in the patient record at the care home
 - If there are other items on the prescription dispensed by the pharmacy, it will be retained by the pharmacy. The item will be marked 'not dispensed' and the pharmacy will provide the care home with a clear and legible complete copy as detailed above
 - If a prescription is issued remotely, it should be scanned and emailed to a secured email (nhs.net to nhs.net) by the prescriber to the community pharmacy or directly to the care home if the re-use medicines protocol is being activated
 - If the original prescription was issued electronically, a copy will be emailed to the care home using a secure e-mail (nhs.net to nhs.net) by the pharmacy or prescriber

10. Retention, storage and record keeping of Controlled Drugs (CD) for re-use

- Schedule 2 or 3 controlled drugs medication should only be retained for use in this scheme if they can be stored/quarantined securely with controlled and limited access as is usual practice for these medications
- All retained CDs should be placed in a sealed container and marked as '*patient returns*' and segregated from standard supplies to make it clear that the item should only be re-used when the item cannot be obtained from the usual supply chain.
- For the purposes of this SOP all controlled drugs on the suggested list of medicines to be retained for re-use (within appendix 6) will be treated as Schedule 2 CDs requiring entry into the CD register. (Morphine injection is a Schedule 2 and midazolam is a Schedule 3 (CD No Register Exempt Safe Custody))
- All CDs retained must be entered out of the CD register stating they are being 'retained for re-use' and a reference made to the new page to which they are being transferred.
- The CD's being retained, are then entered back into the CD register onto this new page. A separate page should be used for each retained CD preparation and

each strength.

- The section should be clearly headed with the medicine name, strength and formulation stating the supply has been retained for re-use. E.g. 'Morphine Sulfate 10mg amps retained for re-use'.
- When the CD cannot be obtained from the usual supply chain and it is appropriate for the retained medicine (or part of it) to be re-used, following receipt of the prescription (or a copy) the quantity required/administered must be entered out of the retained supply section of the CD register in line with current processes.
- If the retained CD supply fails to meet the criteria check for quality and cannot be re-used, it should be retained in the CD cupboard clearly marked 'awaiting destruction; not to be used' until it can be disposed of by returning them to a contracted external company or community pharmacy as per usual practice.
- Any alterations in the CD register should not be crossed out but marked with * and an explanation/ correction documented, signed and dated for a clear transparent audit trail.
- Lawful possession of such drugs is generally predicated on a prescription so continuity of prescriptions is important for these particular products, having regard to the normal timeframes for safe disposal of these products where they are no longer needed.

11. Process for re-use

- Once a decision has been made to re-use a medicine, then the following processes should be followed:
 - The patient name and the dosage directions on the original dispensing label must be crossed through. The dosage directions for re-use will be detailed in the prescription for the medication which this SOP is being used
 - The medicine risk assessment must be undertaken again prior to administration to ensure the stock is still suitable for re-use
 - A log should be maintained of re-used stock. A sample log is attached at appendix 5. The log should include the generic drug name, batch number, strength, formulation, expiry date quantity and details of the registered healthcare professional that assessed the medicine. When the stock is re-used, the quantity used should be entered.
 - Any medicines that might be re-used, once risk assessed, should be placed in a sealed container and marked as 'patient returns', to make it clear that the stock should only be re-used when stock cannot be obtained from the usual supply chain. If the patient for whom the medication had originally been prescribed was Covid positive or had symptoms follow the infection control guidance in section 8.
 - **When administering a re-used medicine all the usual processes and procedures for the safe administration of medicines should be followed.**
 - Any re-used medicine must be administered according to the directions on the prescription and recorded by care home staff in the relevant administration chart.
 - The administration chart (paper or electronic) should be updated by the care home to reflect the direction from the prescriber detailed on the prescription. **The new record should be checked for accuracy and signed by a second trained and skilled member of staff before it is first used.** The prescriber does not need to sign the MAR chart.
 - All records (CD register entries and returned medicines stock, risk assessments) must be kept in line with legislation

Letter to Residents re Re-Used Medicines during the Covid-19 Pandemic

[Name of Care Home]

Dear _____ (Name of Resident)

As a result of the current Covid-19 pandemic, there may be supply issues with some medicines. This may mean that surplus medicines may 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 your agreement to the following

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

I agree to receive other residents' surplus medicines if necessary

Signed:

Resident/next of
kin/person with Lasting
Power of Attorney for
Health and Welfare
(delete as appropriate)

Print
Name:

Date:

Appendix 2

Mangers Check List to Determine When Circumstances Support the Re-use of Medicines SOP during the Covid-19 Pandemic

Name of Medicine
Needed:

	Yes	No	Notes
No supply of the required, prescribed or OTC* medicine is available in a suitable timeframe. This was confirmed by supplying pharmacy or prescriber			
No supply of a suitable alternative, prescribed or OTC medicine is available in a suitable timeframe. This was confirmed by supplying pharmacy or prescriber			
The benefits of using this medicines that is no longer required by the resident for whom it was originally prescribed or purchased, for another resident outweigh any risks to another resident not receiving this medication			

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

Name:

Role:

Signature:

Date:

* It is not expected that this SOP will be required for medicines which can be bought over the counter (OTC), but should this be necessary, the above checks will be required. It may be more appropriate to consider the use of 'homely remedies' as an option
<https://www.sps.nhs.uk/articles/rmoc-guidance-homely-remedies/>

Appendix 3

Quality Assessment for Re-Use of a Medicine during the Covid-19 Pandemic

Name of Medicine Needed:

Belonging to: (Resident's Name)

Criteria to be reviewed before the medicine can be considered for re-use

To be completed by:

- Registered nurse
- Registered pharmacist
- Registered pharmacy technician
- Doctor
- Other Healthcare professionals listed in section 6 of SOP

	Yes	No	Notes
Is the medicine in an unopened pack or blister that has not been tampered with?			In an unopened, untampered 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 must be within the expiry date. If expired, they will need to be disposed of in the usual way
Has it been stored in line with the manufacturer's instructions, including any need for refrigeration?			Medication that is stored in the fridge (between 2-8°C) or that has a reduced shelf-life once removed from refrigerated storage, should be destroyed if it has not stored appropriately. Medicines left in unsuitable conditions (e.g. direct sunlight, near radiators) or where appropriate storage cannot be confirmed, should be destroyed.
Can the medicines be bought over the counter			Check with the pharmacist Look at the homes Homely Remedy Policy

Outcome:

Answer	Risk	Outcome
Yes to all	low	Can be considered for re-use
No to all	high	Cannot be considered for re-use. To be disposed of
Queries	unknown	List queries below or overleaf then discuss with prescriber

Appendix 4

Log of Re-Used Medicines during Covid-19 Pandemic

Medicine Details

Generic medicine name:		Strength:
Formulation (e.g. tabs/injections):	Batch No:	Expiry Date:
Quantity retained For re-use	Name of registered practitioner completing medicines quality assessment (Appendix 3):	

Name of resident medicine was originally prescribed/ purchased for:

Tick to confirm this resident has consented to the re-use of this medicine for other resident(s)

Re-Used Medicines Administered Record

Date	Name or Resident	Dose	Quantity administered	Reason for re-use	Administered by	Quantity remaining

Appendix 5

Checklist for Re- Use of a Medicine during Covid-19 Pandemic

Task	Completed
Read this SOP for the re-use of medicines during the Covid-19 pandemic	
Signed permission letter from resident/ next of kin/ person with POA whose medication you wish to re-use (Appendix 1)	
Signed permission from resident/ next of kin/ person with POA, to whom you wish to administer re-used medicine (Appendix 1)	
Managers check list to determine when circumstances support the re-use of medicines SOP during the Covid-19 Pandemic completed (Appendix 2)	
Quality Assessment of Medicine form completed (Appendix 3)	
Covid related infection control/ cross-contamination issues with medicine actioned	
Prescription/copy of prescription in patient's notes	
MAR chart completed to reflect the directions on the prescription	
Re- use medicines log completed (Appendix 4)	
Re-used medicines administered to resident following all usual medicines administration procedures and checks	
Ensure all paperwork and documentation is completed and retained	

Appendix 6

Suggested priority palliative care/end of life medicines to be retained for possible re-use under the Re-use of medicines in Care Homes during COVID-19 SOP

Please note the quantity of these medicines needs to be determined by each care home setting following a discussion with the responsible prescribers.

The situations for each care home will differ but in all situations the quantity of retained medicines must be:

- Stored safely, securely and appropriately within best practice guidelines
- Reasonable to cover the potential requirements of the care home setting
- Mindful of the medicines supply chain so as not to be a cause of reducing the availability of stock

The list below is based on the local guidance

- [Covid-19 management of end of life symptoms – community setting](#)
 - [End of Life Care Symptom Control Guidance during the COVID-19 Crisis for patients NOT diagnosed/suspected of having COVID-19](#)
- Glycopyrronium injection (200mcg/1ml amp) (not a Controlled Drug (CD))
 - Haloperidol oral solution (not a CD)
 - Haloperidol injection (5mg/1ml amp) (not a CD)
 - Hyoscine Hydrobromide sublingual tablet 300mcg (Kwells) (not a CD)
 - Hyoscine Hydrobromide injection (400mcg/1ml amp)
 - Levomepromazine injection inj (25mg/1ml amp) (not a CD)
 - Lorazepam 1mg tablets (not a CD)
 - Midazolam oromucosal solution 2.5mg syringes **(CD)**
 - Midazolam injection 10mg/2ml amp **(CD)**
 - Morphine sulfate oral solution 10mg/5ml; retain unopened bottles only (not a CD)
 - Morphine sulfate injection (10mg/1ml amp) **(CD)**
 - Oxycodone injection (10mg/1ml amp) **(CD)**