

# Guidance for Care homes and hospices: Running an End Of Life (EOL) medicines reuse scheme



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# Background

- ▶ In normal circumstances, a medicine prescribed to one person cannot be supplied to another.
- ▶ Arrangements have been agreed which in exceptional circumstances, support the appropriate reuse of certain **End Of Life (EoL) medicines** in care homes and hospices
- ▶ This will minimise waste of these medicines should they come into short supply.
- ▶ **This is only during the COVID-19 Pandemic.**
- ▶ Welsh Health Circular Guidance available [here](#)
- ▶ All Wales SOP: Running an End of Life medicines reuse scheme in a care home or hospice setting



SOP: Running an  
medicines reuse scl

## Reuse should be the last resort.

- ▶ **All other usual means to obtain medications should be explored first.**

These would include Community Pharmacy, GP Out Of Hours service and the Just in Time Emergency Medicines Pack scheme (JEMP)

(This is a separate new scheme where a pack of End Of Life Medicines can be ordered and delivered to the patient within 2 hours anywhere in Wales).

- ▶ Only use if waiting 2 hours (the delivery time for JEMP medicines) would leave the resident in distress.

# Need to consider and document

- ▶ The benefits of reusing a medicine outweigh any risks for an individual patient
- ▶ The medicine(s) being considered for reuse have been assessed by a registered healthcare professional to meet the requirements in table one below
- ▶ The medicine(s) have been authorised for reuse by a prescriber

# Is a medicine suitable for reuse?

- ▶ The medicines must be assessed by a registered healthcare professional
  - ▶ Registered nurses at a nursing home
  - ▶ Any professional whose regulatory body is registered with the Professional Standards Authority, e.g. Pharmacist, Pharmacy Technician, General Practitioner, Community Nurse.
- ▶ The assessment can be done remotely (e.g. by Skype, Hospify) if necessary.
- ▶ The medicine must be checked against the criteria in Table 1 (see slide 8) If any of these answers are “No”, then they should not be reused.  
If doubt remains, discuss with an appropriate registered healthcare professional and local networks to get a wider perspective on the decision.

# Reuse Checklist - Reuse of medicines should only be considered where:

- ❑ The care home / hospice and prescriber are aware of and are following the All Wales SOP
- ❑ Having made an attempt to obtain the required medicines from a local pharmacy, GP out of hours service or the [COVID-19 End of Life Medicines Service](#), no other stocks of the medicines are available in an appropriate timeframe and there is an immediate need for the medicine. That is, no suitable alternatives for an individual patient are available in a timely manner, i.e. a new prescription cannot be issued and those medicine(s) supplied without causing otherwise avoidable delay and distress
- ❑ The benefits of re-using a medicine outweigh any risks for an individual patient;
- ❑ The medicine(s) being considered for reuse have been assessed by an **appropriate registered healthcare professional\*** and in accordance with Table 1 (see slide 8), to be acceptable for reuse. A record of this risk assessment should be kept to include the name of the healthcare professional undertaking the risk assessment\*\*.
- ❑ A Prescription will be written by the prescriber along with an 'authority for re-use' form (Annex E). This will be scanned/ e-mailed to the care home/ hospice by the prescriber to cover the administration of the required medications **before** the first dose is given.
- ❑ The care home / hospice will maintain a log of all medicines suitable for re-use, clearly documenting when stock is reused (see Annex B).
- ❑ Schedule 2 Controlled Drugs must be entered into a separate section of the Controlled Drugs register and then an entry made when they are reused, as is usual practice (see Annex C).

- ▶ \*Where no registered healthcare professional is on site (e.g. in a care home that only offers personal care and has no registered nurses on site), staff in the home, and other members of the multidisciplinary and specialist palliative care teams will need to work together to facilitate the re-use scheme. Registered healthcare professionals (e.g. pharmacists, pharmacy technicians, general practitioners, community nurses) from other local organisations, such as health boards, general practices or community settings, can perform that check (this may be done virtually e.g. by Skype etc.) and confirm that the medicine is suitable for re-use.
- ▶ \*\* The registered healthcare professional should document their decision in their usual way i.e. on-call pharmacist should document any assessment in the on-call log.
- ▶ When deciding to keep any medicines that have not been used for a patient due consideration must be given to the correct storage provision. Any Schedule 2 controlled drugs must be segregated from other stock and stored in the Controlled Drugs Cabinet, marked as “Suitable for reuse for End of Life pathway”.
- ▶ Use of this policy should not lead to the unnecessary and excessive storage of medicines. Care homes should make a sensible judgment on what would be appropriate levels based on the size of the home and the ability to store the medications within the usual legal requirements.

Table 1 Criteria to be considered before the medicine can be reused. (Must be completed by a Healthcare Professional)

	Yes	No	Notes
Is the medicine in an unopened primary container that has not been tampered with?			<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 of the packaging they were retrieved from (including ensuring batch numbers are the same) they can be considered for reuse.</p> <p>An unopened ampoule is suitable for reuse</p>
Is the medicine in date?			<p>Medicines must be in date. If expired, they must be disposed of as per policy for the safe disposal of surplus, unwanted or expired medicines.</p>
Was the medicine supplied to the patient whilst they became a resident of the care home or hospice?			<p>Medicines can only be reused if they have been retained in the care home or hospice since being dispensed.</p> <p>Medicines that have accompanied the patient from a community setting prior to admission to the care home or hospice must not be re-used</p>
Has the medicine been stored in line with the manufacturer's instructions, including any need for refrigeration?			<p>Any medicine that requires refrigeration, or that has a reduced shelf-life once removed from refrigerated storage, must be destroyed if it has not been stored appropriately.</p> <p>Medicines left in unsuitable conditions (e.g. direct sunlight, near radiators) or where appropriate storage cannot be confirmed, must be destroyed.</p>





# Reuse of Controlled drugs

- ▶ Diamorphine injections
- ▶ Morphine Injections
- ▶ Oxycodone injections
- ▶ Oxycodone liquid (unopened original bottles only)
- ▶ When CDs which are no longer needed are kept for reuse, they should be transferred from the Patient's Own CD register to a separate Reuse Register.
- ▶ If the CDs are reused they should then be transferred back from the reuse register to the main register for the new patient.
- ▶ See Annex C in SOP for examples.

# Storage of medicines for reuse

- ▶ Only End of Life medicines listed in Annex A should be kept for reuse.
- ▶ All other medicines should be returned to the pharmacy / destroyed in the usual way.
- ▶ The medicines should be assessed by a healthcare professional at the earliest opportunity.
  - ▶ Use the questions in Table 1 to assess suitability
  - ▶ Record medicines suitable for reuse on the form in Annex B (and CD register if appropriate).
  - ▶ Medicines not suitable for reuse should be sent for destruction.
  - ▶ Suitable medicines should be placed in a sealed container marked “**Suitable for reuse for End of Life pathway**”
- ▶ Medicines suitable for reuse should be stored under the same conditions as medicines in normal use.
  - ▶ Follow your usual medicines policies for security, temperature control etc.
- ▶ Ensure that you do not accumulate excessive stocks of medicines
  - ▶ Only keep medicines if you have suitable storage space.

# Infection Control Measures

- ▶ Local procedures should include advice on infection control measures that must be taken before the reuse of a medicine particularly in relation to the reuse of any medicine prescribed to a patient with COVID-19.
- ▶ Medicines which have been stored in a central location in the home (e.g. CD cupboard, drugs trolley) can be considered for reuse.
- ▶ Medicines which have been stored in a resident's room should not usually be considered for reuse.

# Replacing Patient's Stock

- ▶ An assessment of the need to replace the medications needs to be made. If the medication is likely to be needed by the patient from whom the medications were borrowed then the care home need to request a new prescription from that patient's GP, explaining that the medications were used for another patient in line with the End Of Life Medicines Reuse scheme in a Care Home or Hospice setting Guidance.  
(Where possible to make a choice, it would be pragmatic to choose medications that will no longer be needed for the original patient, or use medications from a patient who has the same GP practice as the patient who needs the medication).

## 5 Annex A: List of End of Life Medications to be retained

- ✓ Diamorphine injection – all strengths (Schedule 2 Controlled Drug)
- ✓ Oxycodone injection – all strengths (Schedule 2 Controlled Drug)
- ✓ Morphine injection – all strengths (Schedule 2 Controlled Drug)
- ✓ Oxycodone liquid – if bottle unopened (Schedule 2 Controlled Drug)
- ✓ Midazolam 10mg/2mL injection
- ✓ Glycopyrronium injection - all strengths
- ✓ Cyclizine 50mg/mL injection
- ✓ Levomepromazine 25mg/mL injection
- ✓ Haloperidol 5mg/mL injection
- ✓ Hyoscine hydrobromide injection - all strengths
- ✓ Hyoscine Butylbromide 20mg/mL injection
- ✓ Morphine 10mg/5mL oral liquid – if unopened bottle cd5
- ✓ Lorazepam 1mg (scored) tablets for SL use if required - cd4

# Immediate Actions for Care Homes and Hospices

- ▶ Print off the Welsh Health Circular and All Wales SOP (links on slide 2)
- ▶ Print off spare copies of Table 1 (slide 8)
- ▶ Print off ALL FORMS in All Wales SOP
- ▶ Decide where you will store medicines for reuse, and how you will get them assessed by a healthcare professional.
- ▶ Ensure all staff (including night staff) are aware of this new guidance, and where the medicines and paperwork are kept.
- ▶ Assess in anticipation of need if medicines are suitable for reuse.
- ▶ Remember this only applies to the Annex A medications (slide 11) and should only be used in exceptional circumstances.