



Review Sheet

Last Reviewed
07 May '20Last Amended
07 May '20Next Planned Review in 12 months, or
sooner as required.

Business impact



These changes require action as soon as possible.

Reason for this review

Scheduled review

Were changes made?

Yes

Summary:

This policy details how the service manages the administration of medication process safely and in line with legislation. The policy has been updated to reflect the recent release of the Department of Health and Social Care Standard Operating Procedure for the reuse of medication.

Relevant legislation:

- The Care Act 2014
- Care Quality Commission (Registration) Regulations 2009
- The Controlled Drugs (Supervision of Management and Use) Regulations 2013
- Human Rights Act 1998
- Medical Act 1983
- Medicines Act 1968
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice
- Misuse of Drugs Act 1971
- The Misuse of Drugs (Safe Custody) Regulations 1973
- The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007
- Data Protection Act 2018

Underpinning knowledge - What have we used to ensure that the policy is current:

- Author: NICE, (2014), *Managing medicines in care homes*. [Online] Available from: <https://www.nice.org.uk/guidance/sc1> [Accessed: 7/5/2020]
- Author: royal pharmaceutical society, (2018), *Safe and secure handling of medicines*. [Online] Available from: <https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicinessegated> [Accessed: 7/5/2020]
- Author: NHS England, (2018), *Stopping over medication of people with a learning disability, autism or both (STOMP)*. [Online] Available from: <https://www.england.nhs.uk/learning-disabilities/improving-health/stomp/> [Accessed: 7/5/2020]
- Author: Department of Health and Social Care, (2020), *Novel coronavirus (COVID-19) standard operating procedure - Running a medicines re-use scheme in a care home or hospice setting*. [Online] Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/534444/standard-operating-procedure-running-a-medicines-re-use-scheme-in-a-care-home-or-hospice-setting.pdf [Accessed: 7/5/2020]

Suggested action:

- Encourage sharing the policy through the use of the QCS App



1. Purpose

1.1 To ensure that Service Users are safeguarded by the systems put in place regarding the administration of medication and to set minimum standards of practice that are adopted by all staff involved in the administration of medication.

1.2 This policy should be read with the **Overarching Medication Policy and Procedure** and support and complement any locally required policies and procedures.

1.3 This policy includes a **temporary** procedure that discusses the PHE guidance around the reuse of medication during the COVID-19 pandemic.

1.4 To support HWCGS Care (T/A Segal Gardens) in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
RESPONSIVE	R1: How do people receive personalised care that is responsive to their needs?
SAFE	S4: How does the provider ensure the proper and safe use of medicines?
WELL-LED	W2: Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?

1.5 To meet the legal requirements of the regulated activities that HWCGS Care (T/A Segal Gardens) is registered to provide:

- | The Care Act 2014
- | Care Quality Commission (Registration) Regulations 2009
- | The Controlled Drugs (Supervision of Management and Use) Regulations 2013
- | Human Rights Act 1998
- | Medical Act 1983
- | Medicines Act 1968
- | Mental Capacity Act 2005
- | Mental Capacity Act Code of Practice
- | Misuse of Drugs Act 1971
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- | The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007
- | Data Protection Act 2018



2. Scope

2.1 The following roles may be affected by this policy:

- | Registered Manager
- | Other management
- | Care staff

2.2 The following Service Users may be affected by this policy:

- | Service Users

2.3 The following stakeholders may be affected by this policy:

- | Family
- | Commissioners
- | External health professionals
- | Local Authority
- | NHS



3. Objectives

3.1 All staff involved in administering medication should diligently observe the '6 rights of administration'

- | Right **P**atients
- | Right **D**rugs
- | Right **D**ose
- | Right **R**oute
- | Right **T**ime
- | Right **D**ocumentation

3.2 Following assessment, Service Users receive appropriate help and encouragement to manage their own medication as independently as possible.

3.3 To reduce the risk of medication errors and incidents and to help prevent unnecessary admissions to hospital.



4. Policy

4.1 General Policy Statement

- | HWCGS Care (T/A Segal Gardens) aims to provide safe and reliable care including support, treatment and advice in relation to medication administration that maximises the Service User's choice and independence
- | Service Users will be treated as individuals and, at all times, due consideration will be given to their age, beliefs, opinions, experience, ability, cultural needs and any other factors important to them
- | HWCGS Care (T/A Segal Gardens) recognises the importance of staff training and supervision and will ensure that all employees involved in the administration of medication are well trained and competent to perform the activities within the remit of their roles

4.2 Medication Administration Principles

- | Service Users will be fully involved in the management and administration of their medication
- | Service Users will be fully involved in decisions regarding their individual medication and its purpose and will have shared with them using a method which promotes their understanding, the medication patient leaflet information provided by the dispensing pharmacist
- | Before any support with medication is provided, an assessment will be undertaken to establish the Service User's capacity to self-manage their medication or the level of medication support required in line with the **Overarching Medication Policy and Procedure**
- | Before medication is administered to any Service User, **formal consent** must be obtained
- | Where a Service User is unable to give valid consent due to mental incapacity, best interest meetings will take place and, where it is agreed that it is the best interest of the person, including their medical interests, that medication is administered, then **formal authorisation** for medication administration will be obtained and evidenced in the Service User's Care Plan and medication records
- | Medication administration must promote Service User independence, choice, privacy, and dignity
- | Medication administration must take account of the Service User's cultural and religious values and beliefs
- | Medication must not be used as a form of restraint to sedate people for the convenience of the staff. This is abuse and a breach of human rights
- | This policy should be read in conjunction with the **Deprivation of Liberty Safeguards (DoLS) Policy and Procedure**. This will ensure that consideration is given to mental capacity and whether the medication may constitute a deprivation of liberty
- | Medication must only be administered to the person who has been prescribed that medication
- | All care staff, including those who are not directly concerned with the administration of medicines, should be trained in the understanding of medications, the main types of medication in use, their administrative procedures, and how to look for and report possible adverse reactions, including changes which may require review of the Service User's medication prescription
- | Only staff who have undertaken the medication training course at HWCGS Care (T/A Segal Gardens) and who have been assessed as competent, should be involved in the administration of medication
- | HWCGS Care (T/A Segal Gardens) will keep an up-to-date list of all staff who are trained and assessed as competent to administer medicines. This list should be easily accessible
- | Covert medication must not be given to a Service User who has the capacity to give their consent or refusal to medical treatment. Staff should follow the **Covert Medication Policy and Procedure**

4.3 Types of Medication Support

HWCGS Care (T/A Segal Gardens) is responsible for assessing and agreeing on the level of medication support required as detailed in the Overarching Medication Policy and Procedure and ensuring that the appropriate record keeping and training needs are met. The Service User's Care Plan will require review as needs change. Involvement with the wider multidisciplinary team may be required to ensure that the Service User's independence, needs and expectations are met.



4.4 The 6 Rights of Medication Administration

The following 6 Rights of Medication Administration must be applied when supporting Service Users with medication management:

RIGHT PATIENT - The identity of the Service User must be confirmed and checked with the name of the Service User's Medication Administration Record (MAR), the pharmacy label on the medication and by asking the Service User to confirm their name. A photograph not less than 6 months old should be attached to the MAR. Any allergies should be noted.

RIGHT DRUG - The name, form and strength of the medication must be checked during the administration process, i.e. the pharmacy label on the medication should be compared with the MAR before it is placed with the Service User and before documenting and signing on the MAR.

RIGHT DOSE - The dose of medication must be administered in accordance with the prescriber's instructions. Again, the MAR and pharmacy label should be checked. If there is any discrepancy between the dose on the MAR and that stated on the label, advice must be obtained from the supervisor/GP before the medication is given.

RIGHT ROUTE - Each medication must be administered in its prescribed form, i.e. tablet, capsule, patch, inhaler, etc. and by the prescribed route, i.e. oral, sublingual, topical, etc.

RIGHT TIME - Medication should be given at the time indicated on the MAR. If medication is administered more than one hour either side of the time stated, advice may need to be sought from the Registered Manager/GP before the medication is administered.

RIGHT DOCUMENTATION - The documentation for the medication should clearly reflect the Service User's name, the name of the ordered medication, date, time, dose, route and frequency of administration. Each medication record must be signed immediately after administration of the drug. Where a Service User refuses, the correct code should be entered on the MAR, a note made on the daily record sheet, and the supervisor informed. The Service User should never be forced to take their medication and has a **Right to Refuse**.



5. Procedure

- 5.1 Wash and thoroughly dry hands and assemble any equipment that may be required, e.g. medicine spoons, tablet cutter. Any liquid medication must be measured into a clearly graduated and marked medication pot or by using an appropriately sized syringe which clearly identifies individual millilitre markings.
- 5.2 To reduce the risk of errors as a result of distractions or interruptions, the wearing of a brightly coloured tabard/apron is encouraged.
- 5.3 Where specialised clinical administration is required, undertake preparations and infection control procedures as required.
- 5.4 Check the Service User's identity and their allergy status - **6 Rights of Medication Administration.**
- 5.5 Check the Service User consents to have their medication. Where a Service User lacks capacity, check that a best interest decision is in place.
- 5.6 Check against the Medication Administration Record (MAR), Care Plan and risk assessment to ensure that the medication has not been changed and confirm which medicines are due, noting any time-sensitive medication.
- 5.7 Check the physical state of the medicines, including the expiry date and labelling and that it has been suitably stored. If the medicines label and MAR do not appear to match, then advice should be sought from Mr Damian Cummings Gillian Gilmore before administration.
- 5.8 Check the required dose and any special instructions on the dispensing label (e.g. not to be given with milk or antacids or to be taken with food, etc.) and take appropriate action.
- 5.9 Contact Mr Damian Cummings Gillian Gilmore if there are concerns that the dose has already been given by somebody else.
- 5.10 Ensure that the Service User is either in a standing position or sitting upright. Staff should not attempt to assist with medication for someone who is in a prone position. Medicines should be swallowed with plenty of water, e.g. 100-150ml of water or at least half a glass.
- 5.11 Check that the medication has been taken.
- 5.12 For the application of creams and ointments, disposable powder-free gloves must be worn, then removed when the activity is completed and hands washed.
- 5.13 Enter on the MAR that the medicine has been given or that it has been offered and refused. If medication is refused, record this and report to Mr Damian Cummings Gillian Gilmore.
- 5.14 Return the medicines to a safe storage place as identified on the risk assessment.
- 5.15 Ensure that medication records are stored securely and appropriately.
- 5.16 Remove any tabard/apron and wash hands.
- 5.17 **Administration Dos and Don'ts**
- | **Do** only administer medication if you have been trained and assessed as competent to do so
 - | **Don't** take medication from its original container and give it to another member of staff to give to the Service User as the person checking the right dose for the right person must also witness the person taking the medication and must be sure that the medication has been taken properly by the Service User
 - | **Do** make sure that medication is given at the time agreed on the Care Plan and the MAR. The timing of medication administration can be crucial and adherence to medication prescription instructions must be followed. This must be clearly indicated in the medication Care Plan and in the medication administration record
 - | **Don't** leave out medication for the Service User to take at a later time
 - | **Don't** leave the drug trolley open and unattended
 - | **Do** make sure that medicines are given only to the Service User for whom they are prescribed, following the prescription instructions (**unless as defined in section 5.23**)
 - | **Do** give medicines from the container in which they are supplied. Medication doses should not be put out in advance (potted up) as this can lead to errors and accidents
 - | **Do** check where the Service User's medication is stored before starting medication administration. It may be in the medication trolley, in the refrigerator, or the external medication storage
 - | **Do** always check the medication and MAR, **don't** rely on memory



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- | **Do** always ask the Service User if they want to take their medication before removing it from the pack. If they refuse to take the medication try again a little later. The refusal must be documented and the GP or pharmacist telephoned for advice
- | If the tablets or capsules are in a monitored dosage pack, **do** open the appropriate section and empty the tablets/capsules into a medicine pot and hand it directly to the Service User
- | **Do** transfer the medication from the bottle or pack into a medication pot and give this directly to the Service User
- | **Don't** handle medication but transfer to the medication pot in a non-handling, clean method
- | **Do** wear disposable plastic gloves where drugs are risk assessed as harmful when handled. This may also apply where the Service User is unable to handle medication and they require extra support, although the handling of drugs should be avoided and medication spoons used to aid administration where difficulties are identified. Where administration by specialised technique is required, the use of PPE may be required
- | **Do** have copies of the up to date blood tests results as medication doses may change as a result of the blood test result
- | **Do** make sure that any variable dose or PRN medication is given as indicated in the Care Plan following the **As Required Medication Policy and Procedure**
- | **Do** not use part-used medication that has been dispensed for an individual and is no longer required for any other person (**unless as defined in section 5.23**)
- | **Do** make sure that where several Service Users have the same medication, the medication is only administered from the container marked with the Service User's name. This must be clearly accounted for in the drug stock audit
- | **Do** seek advice if a Service User cannot swallow their medication. Advice must be obtained from a health care professional and alternative liquid medication may be able to be prescribed. Medication should not be crushed or split without prior approval from the prescriber as this may affect the way medicines work and can be potentially harmful to the Service User
- | **Do** report any concerns and log any incidents, errors or omissions in line with **Medication Errors and Near Misses Policy and Procedure**
- | **Do** mark any medication that has a short shelf life after opening with the date after which it should not be used on the container
- | **Do** hand over all information regarding changes to medications administration during that shift to the incoming staff, and ensure that they have received and understood the message

5.18 Splitting Medication

- | Where it is necessary to split a tablet to provide the required prescribed dose, the supplying pharmacy should be asked to supply the medication as split tablets in an appropriate container
- | Where the pharmacist refuses to supply split medication, a tablet cutter should be used
- | Where the tablet is provided in a manufacturer's blister pack, after splitting, the remaining tablet must be disposed of because it cannot be stored correctly until the next required dose
- | Disposal should be in line with the **Safe Disposal of Medication Policy and Procedure**
- | Staff responsible for ordering medication should ensure sufficient quantities of medication
- | Staff should be aware that splitting medication is a last resort as splitting can result in differences in medication fragments altering the therapeutic dose

5.19 Crushing Medication

- | Crushing medication may alter the way in which a medicine is absorbed and its effect on the body
- | Crushing medication invalidates a product license so crushing medication should always be authorised by the prescriber
- | Where it has been assessed with the prescriber that crushing medication is in the Service User's best interest, advice from a pharmacist should be sought
- | Other alternatives such as the availability of liquids or other forms of medicines should be discussed

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- | Written authorisation from the prescriber for each medicine that needs to be crushed, and the period the authorisation applies, must be recorded and retained with the Service User's medication records
- | Where staff are required to give crushed medication via specialised technique, such as via a PEG Tube, they should only administer when trained and assessed as competent to do so

5.20 Timing of Medicines Administration

- | The times of administering medication are essential and there are often set times
- | It is important to know if the medication is required to be taken a specified number of hours apart, as taking some medications too closely together can result in toxicity
- | Medication errors related to the time given often occur during shift changes. It is important to document clearly that medications have been given
- | No double doses should ever be given, e.g. if a Service User refuses one dose, do not give two doses the next time around. This should be recorded on the MAR
- | Staff responsible for the administration of medication should be made aware of any time-sensitive medication

5.21 Antipsychotic Medication

- | Prior to antipsychotic medication being prescribed, HWCGS Care (T/A Segal Gardens) should ensure that a holistic assessment of the Service User's health, behaviour and personality have been conducted. This should be used to develop an individual Care Plan that helps staff to develop interventions tailored to Service Users' preferences, such as activities that are based on an individual's hobbies and interests
- | It is possible that these types of medication may need more frequent monitoring and it must be ensured that the prescriber is consulted to determine this. Recommended review cycles are every 3 months. There are serious concerns over the widespread prescribing of antipsychotic medication over long periods of time and, therefore, HWCGS Care (T/A Segal Gardens) must prompt a review if necessary
- | It is a requirement of the Mental Capacity Act that the Service User and those involved in the care of the Service User should be available to discuss the situation, such as the risks and benefits of the medication
- | Directions must be full and complete and the Care Worker must understand when it is necessary to administer the medication

5.22 Stopping the Over Medication of People with A Learning Disability, Autism or Both (STOMP)

Where staff support Service Users who have a learning disability or autism (or both), they should follow the recommended guidance from NHS England in relation to reducing the reliance and need for psychotropic medication.

Staff should:

- | Encourage Service Users to have regular check-ups about their medicines
- | Ensure that Service Users and their families are involved fully in any decisions made about their medication
- | Have considered, implemented and sought advice from other healthcare professionals as to the non-drug therapies that are available to reduce the need for medication

Further information and guidance can be found via the [NHS England](#) website.

5.23 COVID-19 Pandemic and Medication

In light of potential medication supply disruption during the COVID-19 pandemic, the Department of Health and Social Care have released a [Standard Operating Procedure](#) for running a medicines re-use scheme. This is time limited and would only apply during the COVID-19 pandemic.

It is recommended that staff seek the written permission of all Service Users for the reuse of medication. A template copy can be located in the Forms section of this policy.

Before considering reusing medication, staff must seek approval from a specialist healthcare professional (e.g. pharmacists, pharmacy technicians, general practitioners, community nurses). This can be achieved remotely, but staff must record all decisions made clearly to include the name of the healthcare professional making that decision. It would be seen as good practice to obtain a witness to the authorisation.



A full risk assessment must be also be completed on an individual medicine basis and must meet specific criteria (a copy of this can be located in the Forms section of this policy).

The following principles apply and must be met before considering reuse of medication:

- 1 No other stocks of the medicine are available in an appropriate timeframe (as informed by the supplying pharmacy) and there is an immediate Service User need for the medicine
- 1 No suitable alternatives for an individual Service User 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
- 1 The benefits of using a medicine that is no longer needed by the Service User for whom it was originally prescribed or bought, outweigh any risks for an individual Service User receiving that unused medicine

In addition, staff must consider whether the normal procedure of allowing Service Users to keep their own supplies of medicines for self-administration is appropriate, or whether other storage arrangements would be better to facilitate their re-use, if that Service User no longer needs them.

Full records must be maintained in accordance with the standard operating Procedure and a flowchart to aid decision making can be located in the Forms section of this policy.

Staff must familiarise themselves with the Department of Health and Social Care Procedure in addition to this policy before considering the reuse of medication.



6. Definitions

6.1 Covert Administration

- 1 This is the term used when medications are hidden and given without the consent of the Service User

6.2 PEG

- 1 Percutaneous Endoscopic Gastrostomy (PEG) is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate (for example, because of dysphagia or sedation)

6.3 MDT

- 1 Multidisciplinary team

6.4 PPE

- 1 Personal Protective Equipment is equipment that will protect the user against health or safety risks at work. It can include items such as gloves, eye protection, disposable aprons

6.5 Variable Dose

- 1 Medications are sometimes prescribed to allow variable dose amounts to be administered, up to a maximum total dose in a dose interval. This is specified in the fields "dose" and "frequency" for PRN medications in the medication chart

6.6 The 6 Rights of Medication

- 1 A mnemonic to remember this is **P**atients **D**o **D**rugs **R**ound **T**he **D**ay
 - 1 Right **P**atients
 - 1 Right **D**rugs
 - 1 Right **D**ose
 - 1 Right **R**oute
 - 1 Right **T**ime
 - 1 Right **D**ocumentation
- 1 These 6 Rights vary in Definition - NICE guidelines refer to Right to Refuse instead of Right Documentation. This policy uses Right Documentation because of the high rate of errors associated with documentation but refers to the Right to Refuse



Key Facts - Professionals

Professionals providing this service should be aware of the following:

- | Staff must only administer medication when they have been trained and assessed as competent
- | Staff check the 6 Rights of Medication Administration for any medication every time it is administered
- | Staff must give medication administration their full attention to avoid errors
- | Staff must ensure that consent is obtained before administering any medication
- | Service Users should be supported to self-manage medication wherever possible
- | Where a Service User does not have capacity, medication must always be administered as formally agreed to be in their 'best interests'
- | Crushing of medication changes the license and therefore needs GP approval and pharmacy advice before giving to the Service User
- | The COVID-19 pandemic may disrupt medication supplies, the Department of Health have introduced a procedure for the reuse of medication. This can only be considered with the approval of a Healthcare professional and a risk assessment



Key Facts - People affected by the service

People affected by this service should be aware of the following:

- | You have the right to choose to manage your own medicines if you want to, with appropriate support from HWCGS Care (T/A Segal Gardens)
- | You should expect to have support with your medication from staff who are trained and competent with medication administration
- | You have a right to refuse medication or treatment
- | We will share with you if we make any errors or omissions with your medication



Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

Related Policies

- | Recording the Administration of Medication Policy and Procedure
- | Ordering and Receipt of Medication Policy and Procedure
- | Storage of Medication Policy and Procedure
- | Controlled Drugs Policy and Procedure
- | Safe Disposal of Medication Policy and Procedure
- | Homely Remedies Policy and Procedure
- | As Required and Variable Dose Medication Policy and Procedure (including Warfarin)
- | Covert Medication Policy and Procedure
- | Medication Errors and Near Misses Policy and Procedure
- | Medication Away from Home Policy and Procedure
- | Training and Competency on Medications Policy and Procedure



Outstanding Practice

To be 'outstanding' in this policy area you could provide evidence that:

- 1 There is a culture of continually driving improvement, reflecting on practice and seeking improved outcomes and safer practice
- 1 Written evidence is in place where pharmacist advice is sought when medicine administration involves crushing tablets, mixing the contents of a capsule with drink and food and, where necessary, medication is given via a PEG
- 1 There is paper evidence of an MDT meeting taking place (including GP, family member, pharmacist) before covert administration is considered. Paperwork must be in date, signed by members of the MDT and include a review date
- 1 There are increasing numbers of Service Users who are managing their own medications and appropriate facilities available in rooms for all Service Users who are able to self-medicate
- 1 Service Users are regularly assessed for capacity, and assessments are made for individual medications as opposed to 'blanket' decisions
- 1 The wide understanding of the policy is enabled by proactive use of the QCS App
- 1 There is evidence that the use of antipsychotic medication has been reduced and staff have a good working knowledge of STOMP and other best practice initiatives in relation to medication



Forms

The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
Criteria for the Reuse of Medications during the COVID-19 Pandemic - CM11	For the period of the pandemic alongside external healthcare professional agreement	QCS
Medicines reuse Pathway - CM11	To aid decision making for the reuse of medication during the COVID-19 pandemic	QCS
Reuse Scheme Service User Authorisation Letter - CM11	When agreement has been sought for Service Users to share or use surplus medication as part of the Reuse scheme ONLY	QCS
Reused Medication Record Form - CM11	To record when Service User supplies are used after risk assessments are complete and consent is gained	QCS

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	Yes	No	Notes
Is the medicine in an unopened pack or blister that has not been tampered with?			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.
Is it in date?			Medicines should be in date. If expired, they will need to be returned to a pharmacy to be safely destroyed.
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/

If the answer to all of the above questions is **yes**, then the risk of reuse 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.

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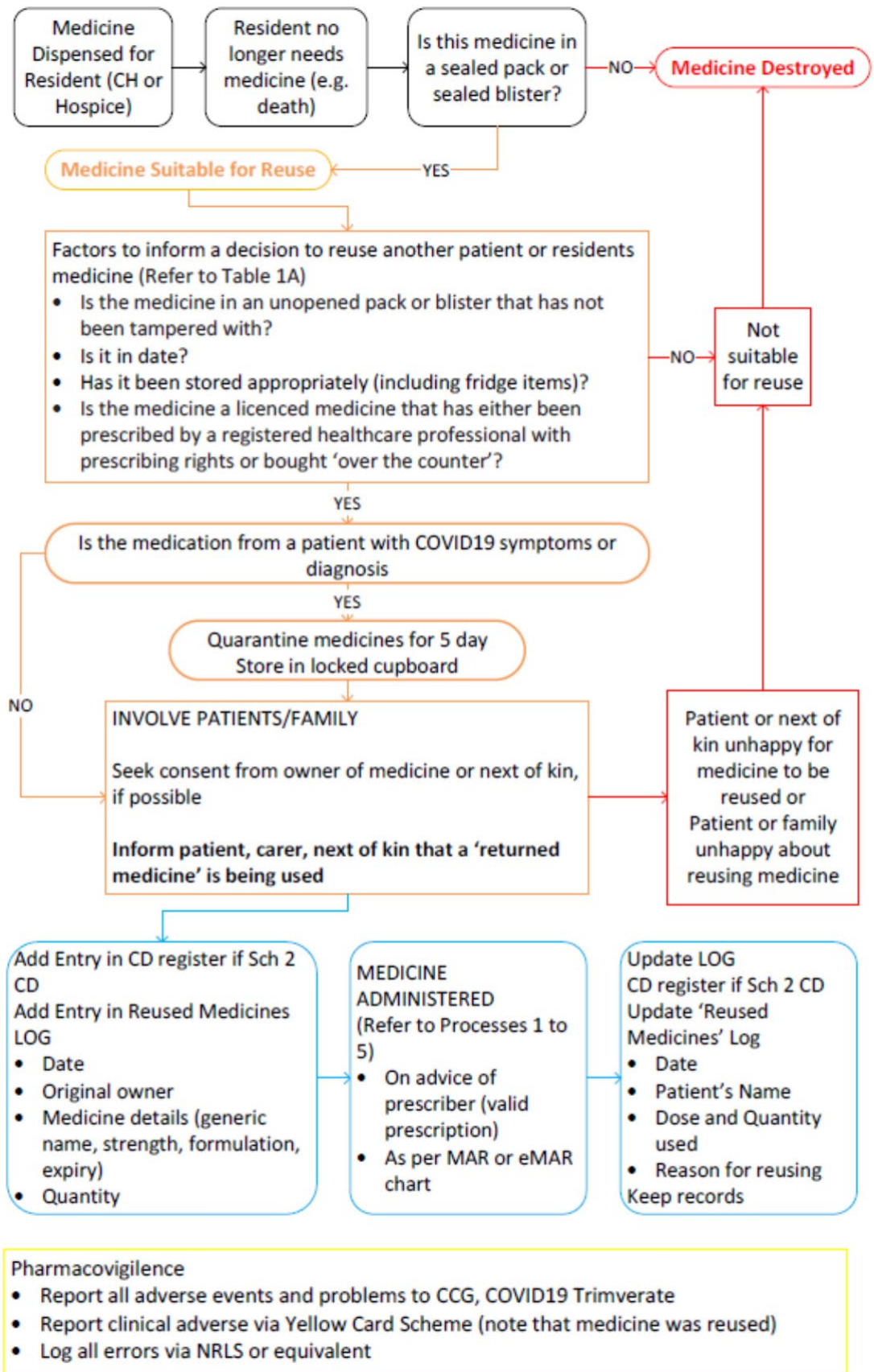
Table 2: Minimise risk of cross-contamination

	Yes	No	Notes
Is the medicine from a Service User 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>https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control</p> <p>Medicine that has been retrieved from an infected Service Users 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.</p>

Table 3: Ensuring that permission is obtained and Service Users, 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 Service User for whom it was prescribed or (if the Service User lacks capacity) from a person with power of attorney, or (if the Service User has died) from their next of kin.			<p>If the Service User has become responsible for the safe keeping of the medicine, it is the property of the Service User, but if the medicine is still in the safe custody of the care home or hospice care provider, whether the final supply to the Service User has been completed is the subject of differing legal views.</p> <p>Reflecting this uncertainty, if possible, ensure that the Service User or their next of kin agrees for the medicine to be reused.</p>

Medicines Reuse Pathway



HWCBS Care (T/A Segal Gardens)
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Dear

In response to the COVID-19 pandemic we want to be sure that the service we provide you continues to be as smooth as possible. We are aware that there is the potential for medication supplies to be disrupted during this pandemic.

In normal circumstances, where you have medication that you no longer need or are prescribed we would return this to pharmacy and not supply this to other Service Users.

The government has introduced a scheme that enables care homes to consider giving surplus medication, not needed by yourself to other Service Users, subject to your full permission.

I have discussed this with you and would be very grateful if you could sign that you agree to the following:

- I agree to use other Service User's surplus medication in the event my supply becomes disrupted
- I am willing to allow my surplus medication to be given to other Service Users if they need it

I understand that this scheme is only temporary for the duration of the COVID-19 pandemic.

If you have any questions or have decided not to be part of this scheme please discuss this with myself at the earliest opportunity.

Signed as agreed:

Service User/LPA/Other (Please delete)

Print Name:

Date:

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REUSED MEDICATION RECORD FORM
Only to be used during the COVID-19 pandemic

Medicine Name:		Form:
Strength:	Expiry Date:	
Confirm that a Risk assessment is complete for the use of this medication?		
Quantity Available:	Reuse scheme authorised by:	
Name of Service User who owns the medication:	Consent sought:	

Date	Service User Name	Quantity and Dose given	Reason for use	Given by	Consent of Service User sought	Remaining stock