

## Reuse of Medicines Scheme

### Appendix F: Exceptional Circumstances

It is inevitable that care home staff may, on occasion, find themselves in a scenario not covered by Flowcharts 1 and 2. This appendix seeks to provide additional guidance on the two exceptional circumstances described below.

#### Scenario 1

A resident in urgent need of a medicine approved for reuse has:

- Previously declined to give consent **OR**
  - Does not have a completed Resident Consent Record (Appendix A) in their care home documents
- Care home staff should check the Reused Medicines Register (selecting Appendix E1–E17 as appropriate) to see if there is any stock of the required medicine available.
  - If stock approved for reuse **IS** available, care home staff should try to seek consent to administer the medicine from the resident, LPA or representative.
  - If it is not possible to discuss consent for the resident to receive the medicine that has been approved for reuse, then it may be appropriate to make a best interests decision.
  - The details of the decision made should be recorded in the resident's care home documents.
  - If the decision is made to administer the medicine that has been approved for reuse, care home staff should follow Flowchart 2

#### Scenario 2

Care home staff need to access medicines for reuse within the 7-day quarantine period

- Care home staff may wish to check medicines still under quarantine if:
  - A medicine listed in Appendix B is required urgently for a resident **AND**
  - The Reused Medicines Register (Appendix E1–E17 as appropriate) shows that there is no stock of the medicine available
- If a supply of the medicine **IS** found under quarantine, care home staff should:
  - Check the deceased resident's Resident Consent Record (Appendix A) to confirm that they have consented to donate their unused medicines.
  - Check the intended recipient's Resident Consent Record (Appendix A) to confirm that they have consented to receive medicines that have been approved for reuse.
  - If they have previously declined to give consent **OR** if a Resident Consent Record (Appendix A) has not been completed, then the information about making a best interests decision described in Scenario 1 above should be followed.
- If it is still appropriate to consider the medicine for reuse at this stage, care home staff should bear in mind the advice of Her Majesty's Senior Coroner for Suffolk:
  - *'There is however one obvious exception to the re-use of palliative medication, which would be in the circumstance that the family of the deceased had already raised concerns about their loved one's medication regime prior to death.'*
- If the decision is made to access the medicine still under quarantine, care home staff should follow the instructions of Her Majesty's Senior Coroner for Suffolk:
  - *'Should the medication need to be re-used this must be fully documented.'*
  - *'Photographs (on a mobile device will suffice) should be taken of all of the medication packaging/containers, as it is before re-use. This is to ensure that the evidence of the individual drugs themselves and the quantities used on the first patient is permanently recorded should that case go to inquest.'*
- The medicine should then be assessed in accordance with the relevant sections of Appendix C and administered in accordance with Flowchart 2
- If the medicine was withdrawn from quarantine within the first 72 hours of the quarantine period **AND** it is potentially contaminated with COVID-19, it should **NOT** be approved for reuse or administered under this Scenario 2. The only exception is if the medicine is required for a patient who is undoubtedly very close to the end of their life, such that potential contamination with COVID-19 would not be a relevant consideration.