

Medication Acquisition Guidance during COVID-19 for Care Homes with Nursing and Hospices

Background

This guidance is designed to support hospice and care home with nursing staff on the acquisition and administration of anticipatory end of life medicines during COVID-19. This guidance should be used in conjunction with your local Homely Remedy, Medicines and Controlled Drugs Policies.

This document is intended to provide concise information for commissioners and providers to utilise and adapt as they wish, to support obtaining medicines and to ensure the provision of safe and timely treatments for those presenting with common COVID-19 related symptoms **during the COVID-19 period only**.

This guidance is not clinical in nature and does not remove the need to seek additional medical advice where there is doubt or concern about the condition being treated. For clinical support please refer to [NICE NG163](#): COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community. This guidance also details non-drug interventions which should be explored in the first instance.

Individually prescribed prescription only medicines, including controlled drugs (CDs), should be obtained via a prescription.

Care homes with nursing and hospices are advised to be rational with their end of life prescribing stock requests and wherever possible to access from centralised stocks instead of holding their own stock.

Care homes with nursing and hospices can carry some stocks of CDs (schedule 3-5 without a home office licence and schedule 2 with a licence). Care homes without nursing **cannot** carry stocks of CDs.

Reuse of medicines is an option that has been made available to support rapid access to medicines during COVID-19; further information is available at:

<https://www.gov.uk/government/publications/coronavirus-covid-19-reuse-of-medicines-in-a-care-home-or-hospice>

This document has been prepared with best available information at time of development, if there are any errors or omissions please review locally.

Additional information is available from the CQC COVID-19 resource page:

<https://www.cqc.org.uk/guidance-providers/adult-social-care/-19-medicines-information-adult-social-care-providers>

Definitions

For the purpose of this guidance “care home with nursing” is defined as a care home with nursing facilities overseen by a registered nurse (RGN/RMN). A care home without nursing does NOT have nursing facilities.

Homely remedy: a non-prescription medicine that care homes and hospices can purchase over the counter (i.e. the medicines are owned by the care home/hospice) for the use of its service users.

POM: Prescription-Only Medicine - must be prescribed by a doctor or other authorised health professional and must be dispensed from a pharmacy or from another specifically licensed place.

P: Pharmacy medicine - an intermediate level of control; can be bought only from pharmacies and under a pharmacist’s supervision.

GSL: General Sales List - may be bought from retail stores, such as a newsagent, a supermarket, or a vending machine in a shop.

EoL: end of life medicines supporting palliative care.

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Medicine acquisition in a care home with nursing and hospices

For a service user with COVID-19 diagnosis

- Consider other causes for the symptoms.
- Continue to screen and manage symptoms with homely remedies [\[refer to homely remedy policy\]](#).
- If required, access usual GP care following local arrangements.
- Discuss and agree a care plan with the service user, their family, GP, and carers.
- If there are concerns about an increasing number of other people in the same residence who also have COVID-19 symptoms, then consider requesting anticipatory medication recommended for end of life care [\[refer to prescription ordering policy\]](#).

For a service user with COVID-19 diagnosis and deteriorating health

- Request an urgent clinical review from the service user's GP.
- Review and agree the service user's care plan with the service user, their family, GP, and carers.
- Follow national guidance on [COVID-19 rapid guideline: managing symptoms \(including at the end of life\) in the community](#).
- If appropriate, offer homely remedies for symptom relief [\[refer to homely remedy policy\]](#).
- Consider requesting prescription for anticipatory medication recommended for end of life care [\[refer to prescription ordering policy\]](#).

For a service user with COVID-19 diagnosis approaching the end of life

If the service user is likely to recover in the next 12 hours:

- Review and agree the service user's care plan with the service user, their family, GP, and carers.
- Follow national guidance on [COVID-19 rapid guideline: managing symptoms \(including at the end of life\) in the community](#).
- Request prescription for anticipatory medication recommended for end of life care [\[refer to prescription ordering policy\]](#).
- Consider a medicines requisition if there is expected to be a delay in the usual prescription process [\[refer to requisition policy\]](#).
- In a crisis, consider re-using another service user's medication [\[refer to re-use policy\]](#).

For a service user with COVID-19 diagnosis at the end of life

If the service user is likely to reach the end of life in the next 12 hours:

- Follow the service user's care plan as agreed with the service user, their family, GP and carers.
- Request an urgent clinical review from the service user's GP.
- Follow national guidance on [COVID-19 rapid guideline: managing symptoms \(including at the end of life\) in the community](#).
- Request prescription for anticipatory medication recommended for end of life care [\[refer to prescription ordering policy\]](#).
- Consider a medicines requisition if there is expected to be a delay in the usual prescription process [\[refer to requisition policy\]](#).
- In a crisis, consider re-using another service user's medication [\[refer to re-use policy\]](#).

Priority methods for medicines acquisition

Homely remedy

- For a service user who would benefit from symptom relief.



Prescription

- If there are concerns about an increasing number of other service users in the same residence who also have COVID-19 symptoms.
- For a service user with deteriorating health.
- For a service user approaching the end of life or at the end of life and there is no delay in usual prescription process.



Requisition

- To obtain stock supplies for service users rapidly approaching the end of life or at the end of life.
- There is no problem with stock shortages but there is expected to be a delay in the usual prescription process.



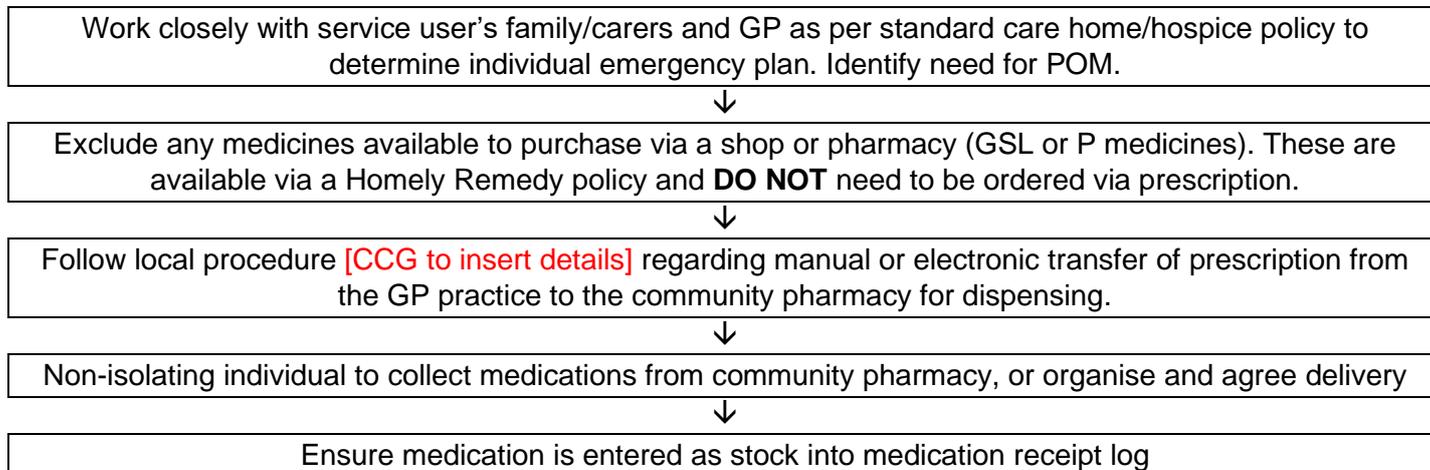
Re-use or repurposing

- For a service user at the end of life.
- Crisis management when no other stock or alternative route to obtain symptom control medication is available.

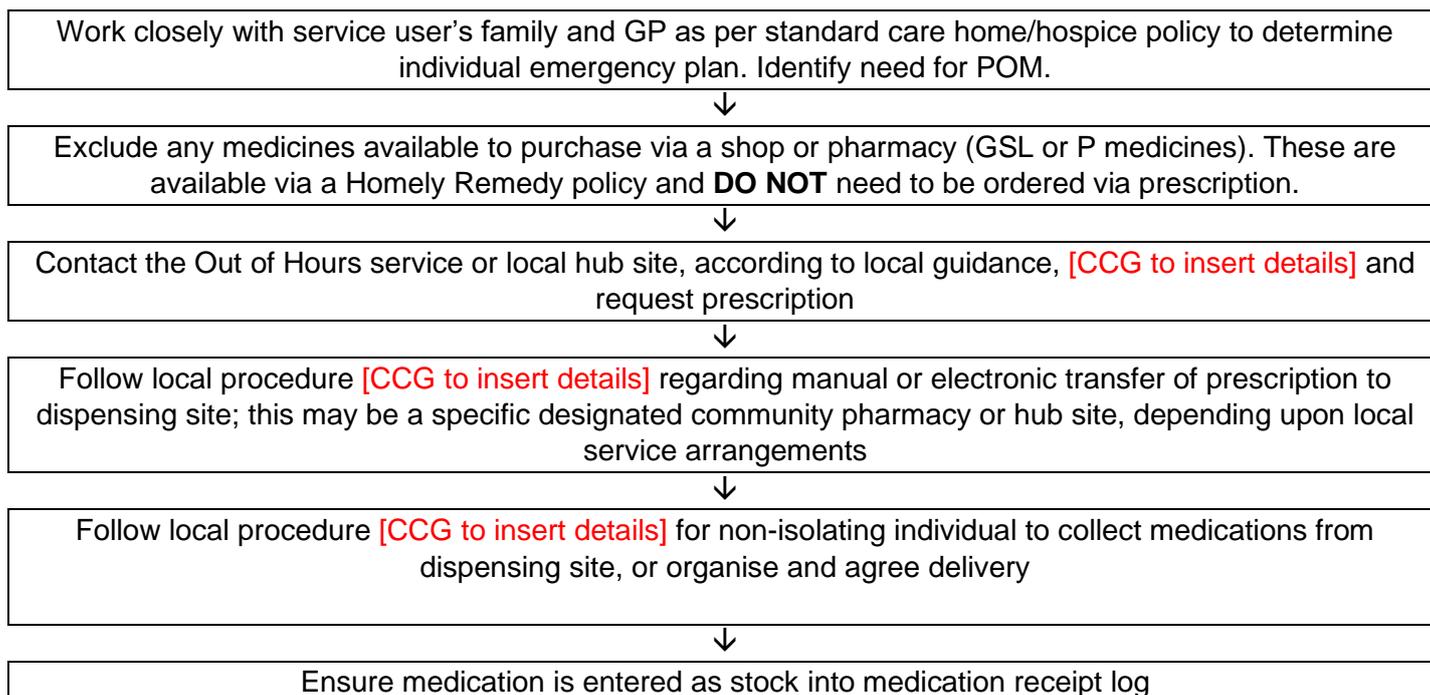
Appendix 1 Standard operating procedures for obtaining medicines

Ordering Prescription only Medicines (POMs) via Prescription: In Hours

NB. it is illegal for the care home with nursing/hospice to administer POMs without authority from a prescriber e.g. a prescription or patient specific direction.

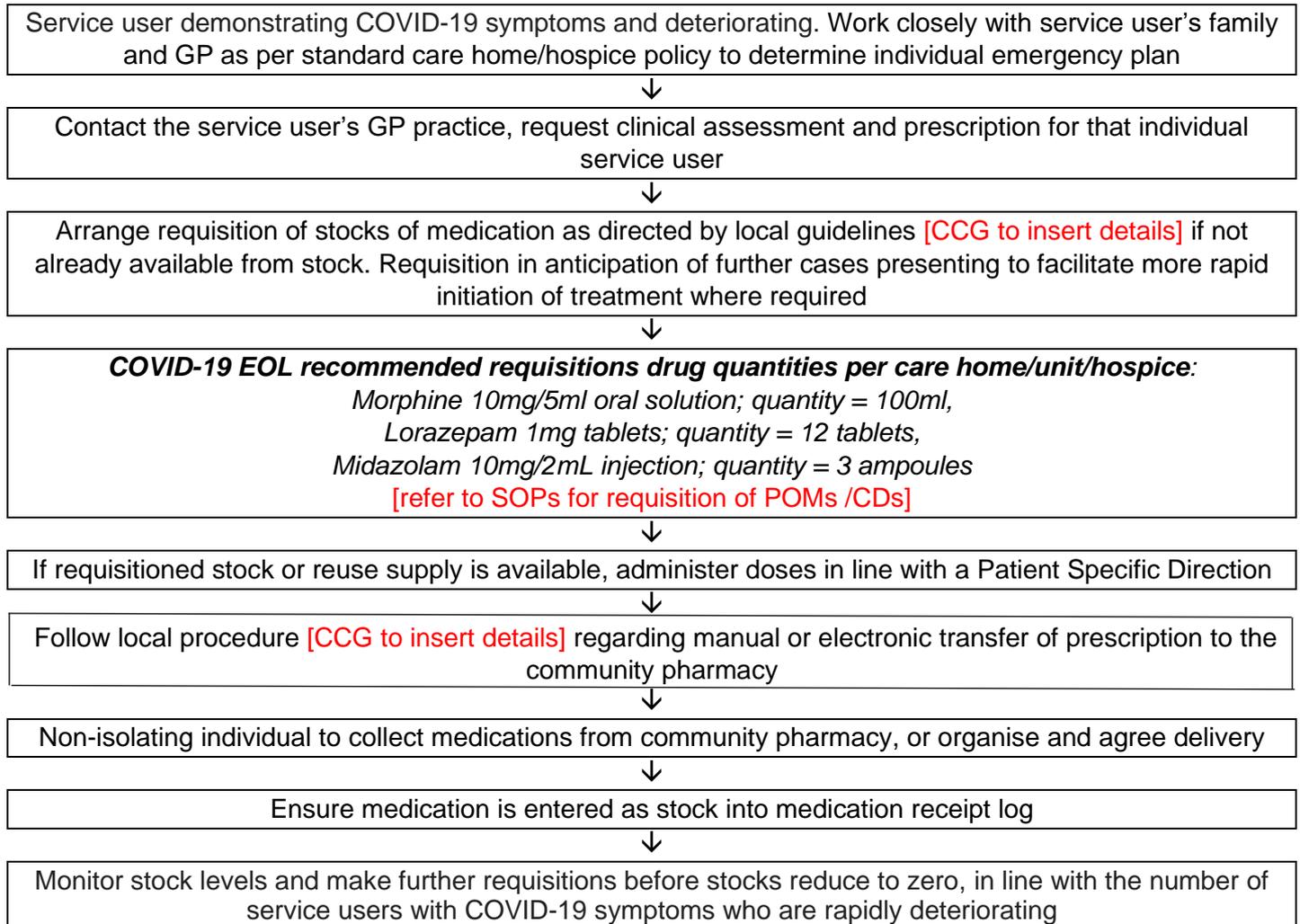


Ordering Prescription only Medicines (POMs) via Prescription: Out of Hours

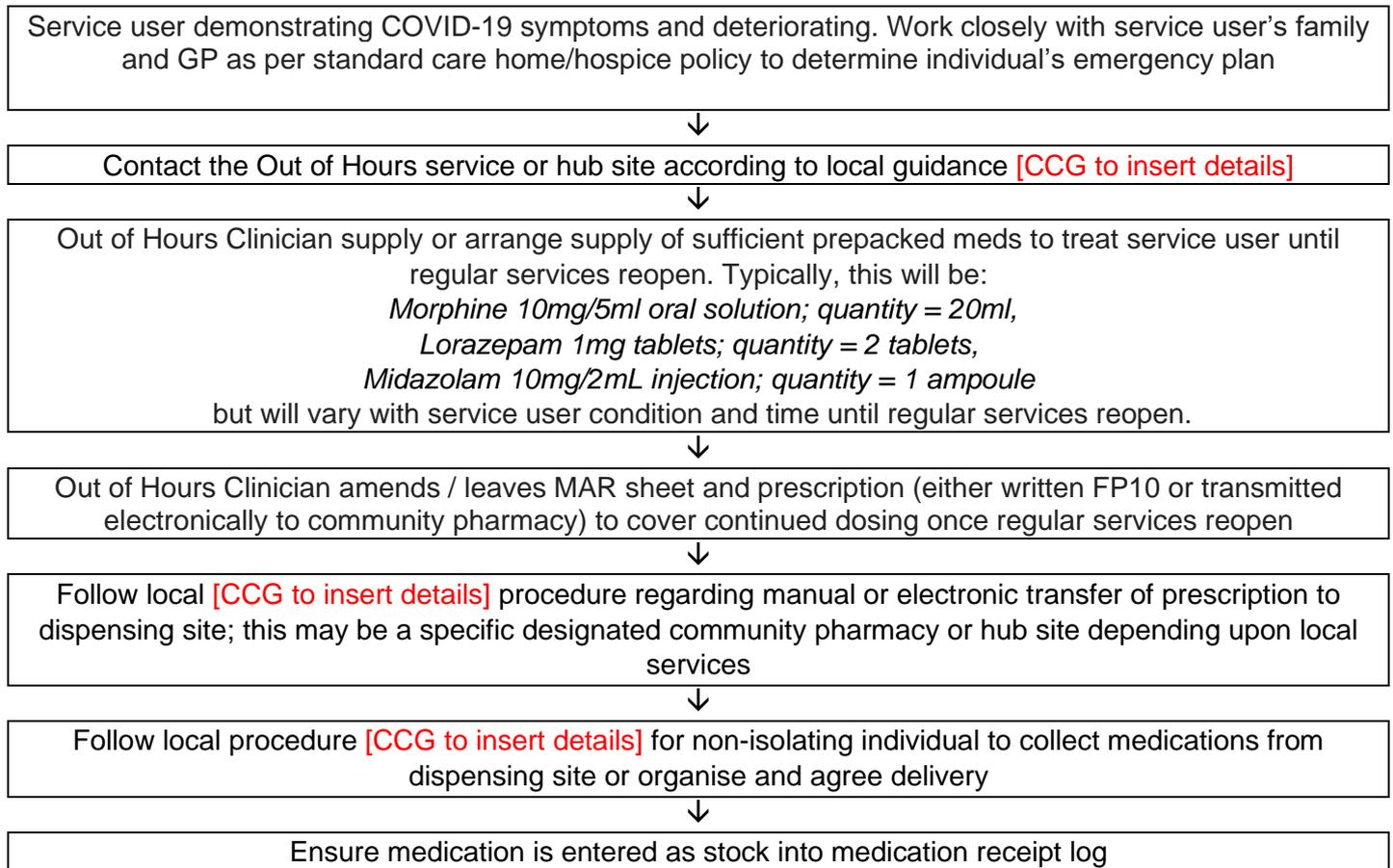


Ordering medication for service user demonstrating COVID-19 symptoms and deteriorating: In Hours

NB. it is illegal for the care home with nursing/hospice to administer POMs without authority from a prescriber e.g. a prescription, MAR or patient specific direction.



Ordering medication for service user demonstrating COVID-19 symptoms and deteriorating: Out of Hours



Requisitioning Prescription only Medicines (POMs) by Care Homes with Nursing and Hospices

COVID-19 End of Life POMs should only be requisitioned after the first service user is diagnosed with COVID-19. Order quantities of stock appropriate for the size of the care home with nursing/hospice as directed by local guidance.

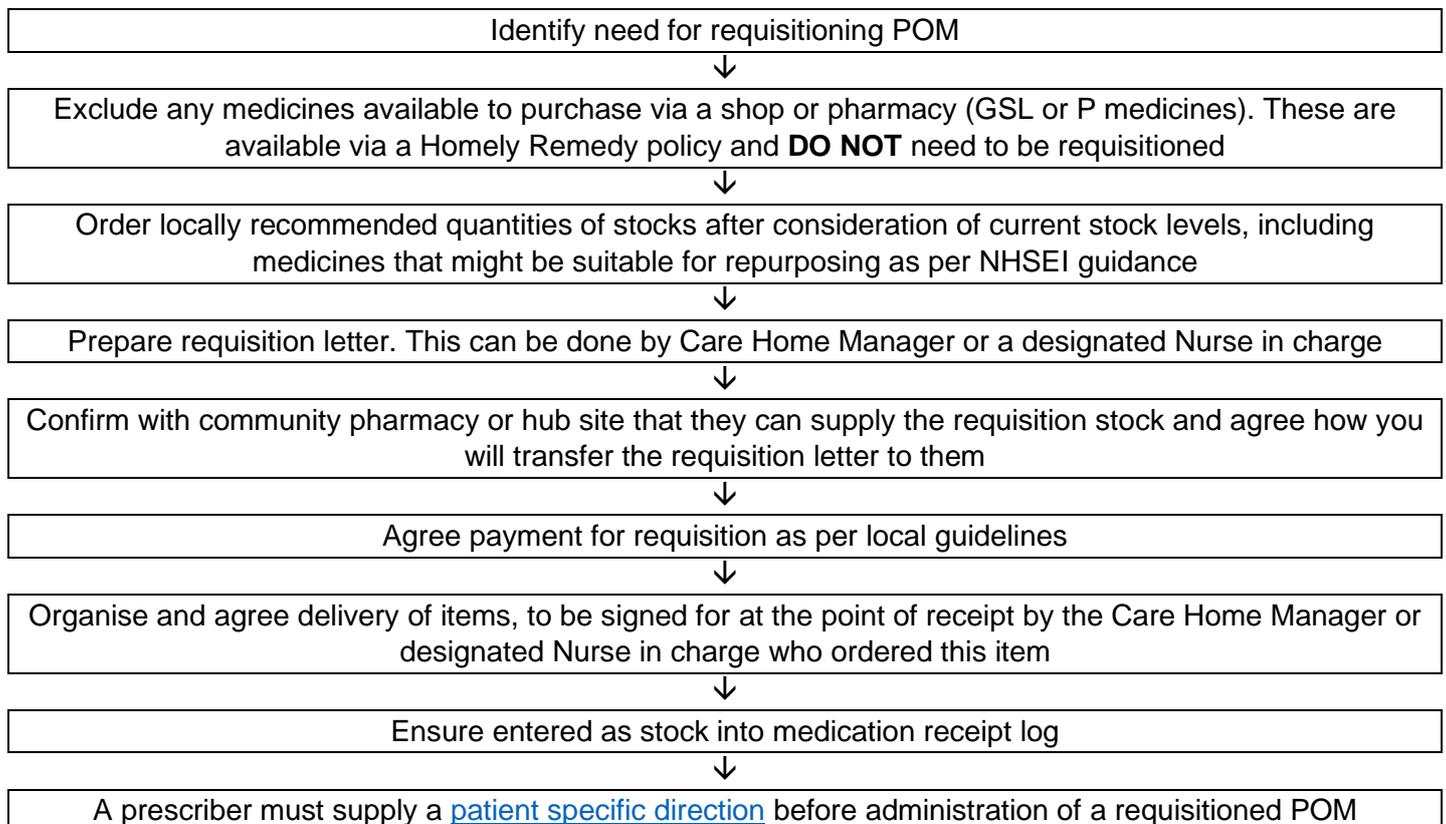
The preferred route for obtaining POM medicines would be via prescription. However, there may be circumstances where requisitioning is appropriate. For example, care homes with nursing/hospices may hold stocks of POMs for service users who will rapidly progress to being close to the end of their lives. This would be to minimise any delay in accessing medication if urgently needed. However, the care home/hospice must first undertake a risk assessment if they intend to stock End of Life POMs. (See Appendix 2 and 3 for further guidance).

These stocks must be obtained via a signed order or 'requisition' submitted to a pharmacy or central stock site as per local guidance. On receipt of stock, care homes/hospices must record each item onto a stock master sheet and record each time the POM is used. This is in addition to recording administration of stock medicine on a service user's personal medicines sheet. A Patient Specific Direction from a prescriber is still required before the medication can be administered.

If it is not possible to acquire prescriptions consider reuse of medication as per national guidance:

<https://www.gov.uk/government/publications/coronavirus-covid-19-reuse-of-medicines-in-a-care-home-or-hospice>

Requisitioning Prescription only Medicines (POMs) by Care Home with Nursing facilities and Hospices



Requisitioning Controlled Drugs (CDs) by Care Homes with Nursing facilities or Hospices during COVID-19.

CDs should only be requisitioned once the first service user is diagnosed with symptoms of COVID-19. At that point consider ordering quantities of stock appropriate for the size of care home with nursing/hospice as directed by local guidance. Some areas will manage CDs via central hubs rather than in individual care homes/hospices.

The preferred route for obtaining CDs would be via prescription however, care homes with nursing and hospices **may** hold stocks of Controlled Drugs (CDs.) If a care home with nursing/hospice intends to stock End of Life medicines, it must first undertake a risk assessment (See **Appendix 2 and 4**). CD stocks must be obtained via a requisition form submitted to a community pharmacy or hub site as per local guidance. Requisitions for Schedule 2 and 3 CDs must be made on the specific [CD requisition form](#), copies of which are available online or included in this pack.

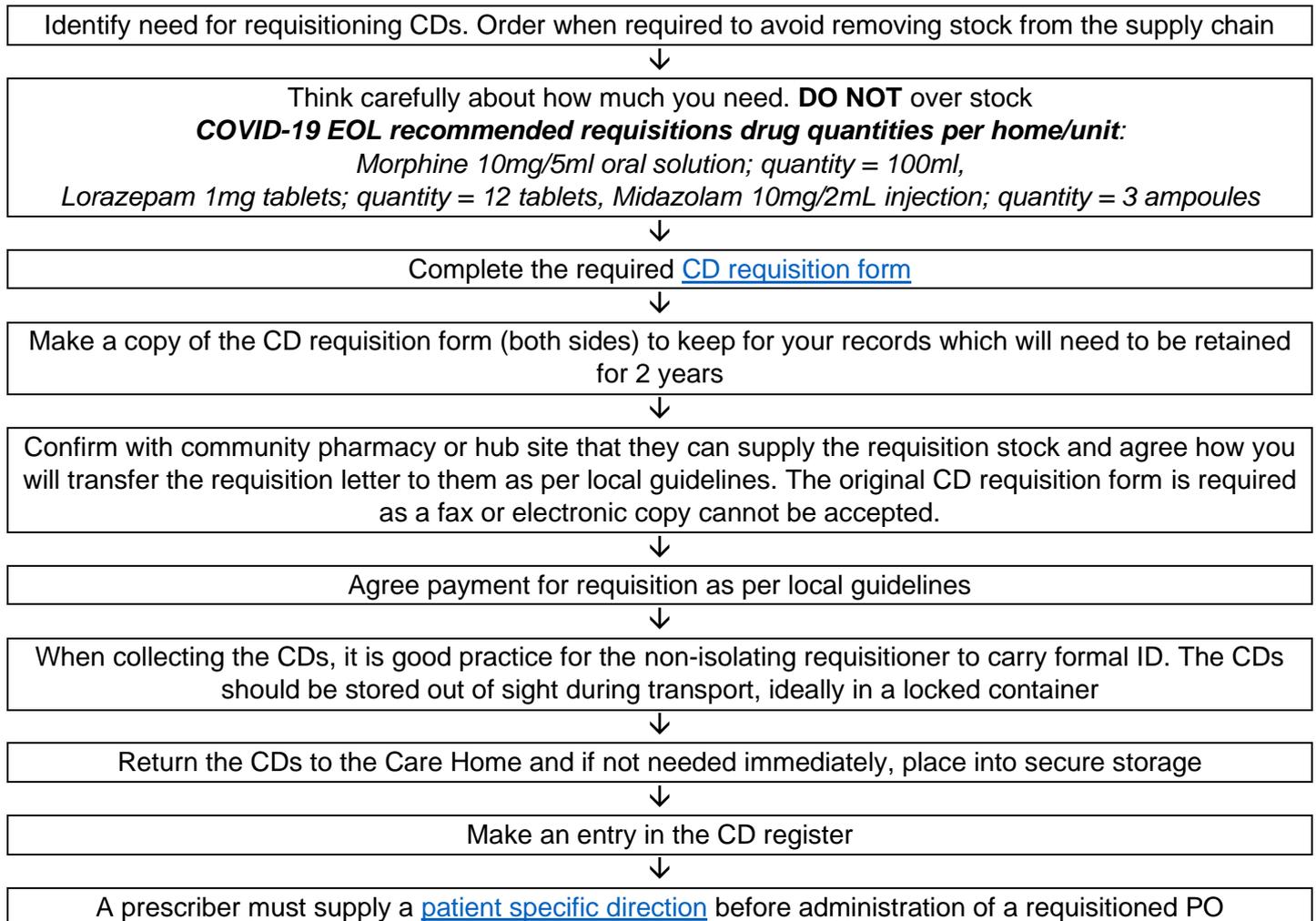
A care home manager can requisition CDs. Care Home with nursing facilities and hospices can:

- Carry stock of Schedule 3-5 without a Home Office (HO) licence
- Carry stock of Schedule 2 (S2) drugs with a HO licence
- If the care homes more than 50% funded via a public authority out of public funds, or by a charity, or voluntary subscriptions then need for a HO licence for S2 CDs is waived

On receipt of stock, care homes/hospices must ensure CDs are [securely stored](#) and entered into a [CD register](#). In addition, care homes/hospices should ensure they have a master sheet for items to record receipt of stock and each time the CD is used as well as recording administration of stock on a service user's personal medicines sheet. A Patient Specific Direction from a prescriber is still required before the medication can be administered.

Care home/hospice staff must be vigilant about the risk of diversion and self-harm from CDs and report concerns to www.cdreporting.co.uk

Requisitioning Controlled Drugs (CDs) by Care Home with nursing facilities / hospice during COVID-19



Appendix 2

Considerations when completing a Drug Risk Assessment

The Misuse of Drugs Act 1971 places controls on certain medicines. We call these 'controlled drugs' (CDs). The Misuse of Drugs Regulations 2001 split those drugs into five schedules. The schedules correspond to the drugs' therapeutic usefulness and misuse potential. The Home office has produced a [list of the most commonly prescribed controlled drugs](#).

All health and social care organisations are accountable for ensuring the safe management of CDs within care homes/hospices. This document is intended to encourage good practice in the management of CDs to ensure that they are stored, administered, recorded and disposed of correctly in line with legal responsibilities.

If a care home with nursing/hospice is considering stocking of medicines, it must have a policy or standard operating procedure (SOP) which details how it manages POMs and controlled drugs within the care home with nursing/hospice. The policy or SOP should cover:

- Receipt of CDs
- Medicines Reconciliation
- Record Keeping
- Administration
- Storage
- Disposal
- Discrepancies
- Stock Checks

The care home with nursing/hospice must also have:

- A suitable CD cupboard
- Suitable CD registers

CD Registers

Records of Schedule 2 CDs must be kept in a **CD register**. The CD register must:

- be either a computerised system or a bound book (which does not include any form of loose-leaf register or card index)
- be separated into each class of drug
- have a separate page for each strength and form of that drug, with this recorded at the top of each page
- have the entries in chronological order and made on the day of the transaction or, if not reasonably practical, the next day
- have the entries made in ink or in a computerised form in which every entry can be audited
- not have cancellations or alterations
- ensure any corrections are made by a signed and dated entry in the margin or at the bottom of the page
- be kept at the premises to which it relates (for example separate registers for each set of premises) and be available for inspection at any time
- not be used for any other purpose
- be kept for a minimum of two years after the date of the last entry

The following must be recorded in the register when Schedule 2 CDs are purchased by care homes:

- date supply received
- name and address of supplier (e.g. wholesaler, pharmacy; include invoice number if available)
- quantity received

The following must be recorded in the register when Schedule 2 CDs are supplied (which includes administration):

- date supplied
- name and address of person or company supplied
- details of the authority to possess (prescriber or licence holder's details)
- quantity supplied
- person collecting a Schedule 2 CD or who administered it and, if a healthcare professional, their name and address and whether proof of identity was requested (yes or no)
- whether proof of identity of person collecting was provided (yes or no)

In addition to the above, it is recommended that the care home with nursing/hospice keeps a running balance of stock in the register

CD Cupboards

All Schedule 2 and some Schedule 3 CDs must be securely stored in a **CD cupboard** which meets British Standard BS2881:1989 security level 1. This means the CD cupboard must be:

- secured to a wall and fixed with bolts that are not accessible from outside the cupboard
- fitted with a robust lock
- made of metal with strong hinges
- the walls of the room should be of a suitable thickness and made of a suitable material
- If a safe is used to store controlled drugs, the CDs should be stored in a separate container within it and the care home with nursing/hospice must also show how the safe complies with the safe custody regulations
- controlled drugs awaiting disposal, must be separated from those in use

Certain Schedule 4 and 5 medicines do not need to be stored in the controlled drugs cupboard or recorded in the controlled drugs register. However, some service providers may choose to do so, e.g. morphine sulfate solution (Oramorph®) 10mg/5mL, zopiclone, codeine and benzodiazepines.

CD Disposal

Published guidance on the reuse of medicines (including CDs) in a care home or hospice setting should be considered during the COVID-19 pandemic. An SOP for the reuse of medicines is available from:

<https://www.gov.uk/government/publications/coronavirus-covid-19-reuse-of-medicines-in-a-care-home-or-hospice>

In a care home with nursing and hospices, arrangements need to be made for the collection of CD waste medication with a Waste Management Regulations licensed waste disposal company. CDs must be denatured before being handed to the waste disposal company, such as in specially designed denaturing kits available from pharmacy or waste management providers. A [T28 exemption](#) will be needed in order to comply with the legislation that is overseen by the Environment Agency.

For 'stock' CDs, a registered nurse and an [authorised witness](#) for destruction should sign the CD registers. For CDs supplied to individual service users, a registered nurse and a suitably trained witness should sign the CD register. A record of the waste transfer note needs to be made by the appropriate care home with nursing staff.

Appendix 3: Risk Assessment for the management of Controlled Drugs (CDs)

| Question | Yes | No | Comment |
|--|-----|----|--|
| 1. Do we have any issues and/or concerns about the mishandling of prescribed medicines or CDs at the home? | | | If yes: consider if this risk can be mitigated or if the risk is deemed too high, it may not be suitable for the home to currently hold stocks of POM's. |
| 2. Do we have a policy or SOP which details how to manage controlled drugs within the home which covers? <ul style="list-style-type: none"> • Receipt of CDs • Medicines Reconciliation • Record Keeping • Administration • Storage • Disposal • Discrepancies • Stock Check | | | If no it may not be suitable for the home to currently hold stocks of POM's until a policy or SOP is put into place. |
| 3. Do we have a suitable CD cabinet? | | | If no it may not be suitable for the home to currently hold stocks of CDs until a suitable CD cabinet is put into place. They are available on-line |
| 4. Do we have suitable CD register(s)? | | | If no it may not be suitable for the home to currently hold stocks of POM's until a suitable CD register(s) is put into place. They are available on-line . |
| 5. Are staff adequately trained to manage CD's at the home? | | | If no it may not be suitable for the home to currently hold stocks of POM's until training has been provided. |
| 6. Do you have a register of staff deemed competent to manage CD's and copies of their initials and signatures? | | | If no, then we recommend that this is put in place prior to accepting CD's into the care home. |
| 7. Do you have a record of access to keys / CD Cabinet | | | If no, then we consider this a risk. We recommend putting an audit system in place prior to receiving CDs. |
| 8. Disposal: Do you have access to the appropriate equipment for disposal of CDs | | | If no, purchase the equipment from your community pharmacy or other supplier |

Appendix 4

Palliative Care Drugs – Quantities to be ordered by care homes with nursing/hospices when first case of COVID-19 presents.

Care homes with nursing can hold stocks of Prescription Only Medicines (POMs) including CDs. This is to remove delays in accessing medication if it is needed urgently.

A Patient Specific Direction (authority to administer) from a prescriber is still required before any medication can be administered.

Following identification and confirmation by a GP of a COVID-19 index service user who is at end of life and deemed likely to rapidly deteriorate, it is recommended that the following actions are taken:

- Discussion with service user's family/carers regarding individual's emergency plan and document in service user records
- Obtain the POMs and CDs via a prescription wherever possible
- Consider requisitioning EOL stock medicines in case of rapid deterioration (i.e. within a few hours) and anticipation of the requirement to obtain authority to administer medicines to other affected service users

COVID-19 care home with nursing recommended EOL drug therapy initial stock items, per home/unit

- Morphine 10mg/5ml oral solution (5mls oral every 2 hours); quantity = 100ml
- Lorazepam 1mg tablets 0.5mg-1mg every 4 hours; quantity = 12 tablets
- Midazolam 10mg/2mL injection (amps) 0.5 -1.0mL sub-cutaneous (Sub-Cut or SC) every 2 hours; quantity = 3 ampoules

References

1. The Misuse of Drugs Regulations 2001

<http://www.legislation.gov.uk/ukxi/2001/3998/regulation/19/made>

2. Controlled drugs: safe use and management, NICE guideline:

<https://www.nice.org.uk/guidance/ng46>

3. CQC: Nigel's surgery 28: Management of controlled drugs

<https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-28-management-controlled-drugs>

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