

**Annex B**

**Consent for medication re-use and to receive re-used medications during the COVID-19 pandemic ONLY**

***Suitable for all Care Home providers***

Name of person:	
Date of birth:	
Address:	

The COVID-19 pandemic could mean that the supply of medicines from a pharmacy will not happen in the usual way, and the medicines people will need will be delayed. As a result, the Department of Health and Social Care has made allowances for medicines not needed by one person to be used for another.

This form allows you to give your consent (or not) for:

- Your medicines to be re-used when you do not need them anymore
- Receiving someone else's medicines if needed and it is safe for this to happen

Before signing this form, the care home will explain about the Re-use of Medication in Care Homes scheme.

*If the resident has capacity to decide about these questions:*

- I give consent for my medicines to be re-used in the pandemic if I no longer need them
- I give consent to receive re-used medicines in the pandemic if I need to

Signed by ..... Date signed.....

*If the resident does not have capacity to decide about these questions but has someone with Lasting Power of Attorney*

- I give consent for the medicines dispensed to the person named above to be re-used in the pandemic if they no longer need them
- I give consent for the person named above to receive re-used medicines in the pandemic if needed

Signed by ..... Date signed.....

*If cannot be signed in person, tick on behalf of the person giving consent and care home to document details of conversation below:*

Care Home staff involved .....

Date of conversation ..... Method of communication (e.g. phone, email) .....

Outcome of conversation .....

Name of person:

If the resident does not have capacity to decide about these questions and has no person with appropriate LPA, document details of the Best Interest Meeting below:

Care Home staff involved in the decision .....

Next of Kin name (or "none")..... Relation to resident ..... Date of conversation .....

Outcome of conversation with Next of Kin:

- Agree that medicines dispensed to the person named above can be re-used in the pandemic if they no longer need them
- Agree for the person named above to receive re-used medicines in the pandemic if needed

Signature of Next of Kin (if possible)..... Date.....

GP name..... Date of conversation .....

Outcome of conversation with person's GP:

- Agree that medicines dispensed to the person named above can be re-used in the pandemic if they no longer need them
- Agree for the person named above to receive re-used medicines in the pandemic if needed

Signature of Care Home staff member ..... Date.....

**SUMMARY:**

Medicines for this resident (name) .....can be kept for re-use if needed during the COVID-19 pandemic  YES  NO

YES  NO

This resident can receive re-used medication if needed during the COVID-19 pandemic

FILE THIS RECORD IN THE RESIDENT'S CARE HOME NOTES/APPROPRIATE LOCATION

