

Medication - storage, supervision and consent

Guidance
Procedure

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Youth work organisations should ensure that they have a policy and procedures in place for managing young people's personal medication and ensure that these take into account the full range of activities and services that may be provided. This may include residential programmes, instances of remote supervision, programmes overseas or in remote areas where access to professional medical provision may be delayed and/or contact with parents/guardians may not be immediate.

In many cases young people are likely to be able to hold and manage their own medications. Where this isn't the case, e.g. on request of the young person or parent/carer; the advice of a medical professional; or for controlled medications, youth work organisations should ensure medicines are stored safely and securely, and in line with the manufacturers' guidance, including temperature control. Individuals should be afforded access to their medication as and when it is required, however other persons should not be able to access the medication.

Youth work organisations should only accept prescribed medicines if these are in-date, labelled, provided in the original container and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be provided inside an insulin pen or a pump, rather than in its original container.

[Government guidance](#) for supporting young people with medical conditions at school may provide useful reference information for other youth work organisations.

Access

Young people should know where their medicines are at all times and be able to access them immediately, if required. Where relevant, they should know who holds the key to the storage facility. Emergency medicines and devices such as asthma inhalers, blood glucose testing metres and adrenaline pens should always be readily available to the user and not locked away.

Secure storage

Medicines should be stored securely using lockable boxes, cupboards or fridges. It is important that access is limited to the individual who has been prescribed the medication and nominated workers only. Procedures for the management of storage facilities and keys should be in place.

Medications should be stored in hygienic, dry and clean conditions, and not subjected to extreme temperature changes. Care should be taken to ensure that medicines are clearly labelled with the name of the user along with usage instructions to minimise the risk of the wrong medicine being administered. Ideally storage boxes or cupboards should have individual compartments to separate an individual's medication from others.

Sharps boxes should always be used for the disposal of needles and other sharp items.

Temperature control

Arrangements should be made to store medicines according to manufacturer recommendations. In general, medications should be stored such as to avoid extremes of temperature and humidity. Where medicines require refrigeration they will ideally be stored in a lockable fridge dedicated for storing medicines and not stored alongside food.

As above, when using fridges access must be controlled and restricted only to the individual and nominated workers. Where a lockable fridge is not available, the fridge should be in a lockable room or building and access should be strictly managed. Policy and procedures should also indicate how storage conditions will be monitored and maintained.

Controlled drugs

A young person or adult who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so. However, passing the drug to another person for use is an offence and as such monitoring arrangements may be necessary.

Arrangements should otherwise be in place to keep controlled drugs that have been prescribed for a young person securely stored in a lockable container and only named workers should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held.

Administration

Where possible and applicable, young people should be able to self-administer their medication and maintain responsibility for taking their medication at the appropriate frequency and dosage. Where a young person is unable to self-administer, a needs assessment should be undertaken to establish safe and practicable measures to enable the individual's participation in the programme. All reasonable adjustments should be made where possible. This assessment should be made well in advance of the programme to provide opportunity for measures to be put in place. Parents/carers and the young person's doctor should be included in the assessment if necessary.

Workers may supervise the self-administration of a controlled drug to the young person for whom it has been prescribed. Workers should do so in accordance with the prescriber's instructions and with the knowledge of parents/guardians as applicable, and any further instructions given.

Workers should keep a record of all medicines administered to individuals, stating what, how and how much was administered, when and by whom. Any side effects should also be recorded. Written records are an important means of protection both for workers and young people, and can provide evidence of agreed procedures being followed.

Where workers may be required to administer medicines, youth work organisations should ensure that workers are properly trained to do so. Appropriate training in certain circumstances may constitute little more than a short briefing, the reading of manufacturer instructions or a note from a parent/guardian or doctor. A demonstration of how an inhaler or adrenaline auto-injector (i.e. EpiPen) is used would also be helpful.

Specific needs

Where an individual has specific healthcare needs, the organisation and workers should understand what may constitute an emergency and what to do, including ensuring that all relevant workers are aware of emergency symptoms and procedures.

Where relevant and identified by a risk assessment, other young people should know what to do in general terms, such as informing workers immediately if they think help is needed. Where an individual's additional needs mean they are unable to self-administer their prescribed medication, an individual risk assessment should be completed in consultation with the individual and parents/carers if applicable, and informed by the individual's doctor.

Individual care plans

As part of any individual needs assessment, youth work organisations and young people may find it useful to consider completing an individual care plan to help identify emergency actions and/or a young person's wishes in the event of or following an episode or reaction. Care plans are often used by individuals with epilepsy and are usually completed in conjunction with the individual's doctor. Example plans can be found on the Epilepsy Foundation website and could be adapted and amended for other conditions or allergies where appropriate.

Consent

Informed consent should be gained from parents/carers for those young people aged under 18 in order to administer medication, including simple non-prescription medicines in response to any illnesses, injuries or ailments arising whilst on programme. This should ideally be done in advance as part of a 'sign-up' process and is most likely to be included on a medical form or similar to establish any relevant medical history or pre-existing conditions. Organisations should ask for any known allergies to certain medications including penicillin and adhesive plasters.

For those young people with existing medical conditions parents/carers should be consulted in establishing an agreed plan for the management and administering of medication. Parents/carers should provide their consent for workers to administer prescribed medication both as part of an established routine or in an emergency.

Asthma inhalers and adrenaline auto-injectors

Government guidance for the use of emergency inhalers and adrenaline auto-injectors in schools is available here:

<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

<https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

Whilst this guidance is written specifically for schools, the principles of management and administration may be applied to other youth sector provision and may be referred to as useful guidance. Schools are permitted to hold and use both asthma inhalers and adrenaline auto-injectors in emergency situations if they have parental consent to do so. The same may apply to youth work organisations, particularly if a first aid needs assessment carried out by a competent person (i.e. a medical advisor) recommends that they be carried.

The use of both medicines should be subject to a formal protocol and such items carried or provided as 'spares' by a youth work organisation should not be seen as a replacement for a young person's own medication. Any young person suffering from life threatening asthma should carry an inhaler with them at all times and any young person known to be at risk of anaphylaxis should carry two auto-injectors at all times.

