



Northumberland County Council

Accommodation Service

Northumberland Adolescent Services Supported Tenancies

Medication Policy

August 2023

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Authorised:	
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1.0 Introduction

1.1 The aim of the policy is to provide advice and guidance in respect of young people and their medication.

2.0 Practical Arrangements

2.1 Young People need to be responsible for their own medication:

- Staff are unable to administer medication and can only provide prompts to a young person in line with any advice received from medical professionals

working with the young person

- Young people will need to store their medication securely within their own room, a safe box will be provided to ensure that prescribed medication is stored safely and should not be accessed by other young people within the placement
- Young people will be reminded that they are not to share any medication with others in placement
- Where a young person is to store and take their own medication, the self-administration of medication agreement form should be completed with the young person, their allocated worker and a member of the accommodation team.

3.0 Disposal of Medication

3.1 Where a young person's medication has been expired, they should be supported to take this medication to their nearest pharmacy for disposal

3.2 Where medication has been left following the end of a placement, staff should contact the young person and their allocated worker to return this to the young person. Where this is not possible, staff should then look to take the relevant items to a local pharmacy for disposal.

4.0 In the Event of a Disclosed Overdose of Prescribed Medication

4.1 In the event of a young person disclosing that they have taken an overdose of their medication, emergency services should be called to seek advice and guidance

5.0 Emergency Treatment

5.1 In the event of a young person requiring emergency treatment, the following steps should be taken:

- Contact the young person's usual NHS doctor or dentist for advice.
- If the young person does not have a regular doctor or dentist, you can contact NHS 111, who will provide details of out-of-hours services in the area.

5.2 Out-of-hours medical/dental care

- If a young person has a problem outside of normal practice hours and they cannot wait until normal practice hours, contact NHS 111 for advice.

5.3 Emergency medical/dental care

- If the problem is more urgent, you can access out-of-hours dental services in the area by calling the young person's usual GP/dentist, who should have an answerphone message with details of how to access treatment out of hours
Or
- NHS 111
Or
- Go to the accident and emergency (A&E) department of a local hospital if the young person is in severe pain and in need of medical treatment

SELF ADMINISTRATION OF MEDICATION AGREEMENT

Young people who wish to keep and take their own medication should be supported to, if they are able to do so safely. Staff should be mindful that young people holding their own prescribed medication must only use it for themselves in accordance with the prescription.

This is an agreement regarding the Self Administration of Medication drawn up between the Young Person, the accommodation support worker and the allocated worker

I confirm that I am aware of the requirements regarding the safe keeping and taking of medication prescribed by my Doctor/Health Advisor have been explained to me and that I would like to self-administer the following medication:

1. Name of Medication:
2. I agree to abide by the instructions for administration as detailed on the medication label and accompanying instructions.
3. I will notify staff of any losses, omissions and when the medication requires renewal.
4. I understand that I must not give the medication to ANY other person.
5. I understand that the medication must remain in my room and should be locked when I am not in my room.
6. I am aware that the medication will be checked during daily room checks and cross referenced with my medication sheet.
7. I understand that if I do not follow this agreement that my self-administration of medication will be reviewed.

Young Person:

D.O.B:

Date of Agreement:

Medication / Strength / Dose:

Reason Medication Prescribed:

Risks:

Signatures

Print Name

Young Person:.....

.....

Accommodation Support Worker :

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Allocated Worker:.....

.....

Date of Agreement:.....

