

Buccal Midazolam Competency Assessment

Name of Staff Member		Name of Service / School	
Name of Assessor		Date of Assessment	

PERFORMANCE CRITERIA	STANDARD MET Yes / No	Competency signed off by: (signature)
1) Has completed the accredited Buccal Midazolam Distance Learning Workbook or has attended the accredited face to face session on.....(date) and passed the assessment.		
2) Is aware of how to access buccal midazolam in an emergency.		
3) Knows where each individual's protocol / support plan is kept, understands the content and knows to read this before administration.		
4) Is aware of the requirements for safe storage and accessibility of buccal midazolam.		
5) Understands the correct procedure for administration of buccal midazolam.		
6) Knows how and where to record administration of buccal midazolam.		
7) Is aware that buccal midazolam needs to be taken out with the individual if they leave the service / school e.g. day trips		
8) Knows where and how to access support and advice		
9) Understands the need to refresh knowledge every 6 months using the Buccal Midazolam Distance Learning Workbook		