

Name of Staff Member:



Competency Assessment for the Use of Epistatus® Pre-Filled Syringe

IMPORTANT

1. This competency assessment tool is designed to assess competence in the use of buccal midazolam.
2. It is not a substitute for the training provided by an **accredited [Opus Epilepsy Awareness and Buccal Midazolam training course](#)** or the **accredited [Opus Buccal Midazolam Distance Learning Workbook or Online Interactive Workbook](#)**.
3. For further assistance on how to use this competency tool to assess your staff in administering buccal midazolam, contact us (info@opuspharmserve.com) for Opus to deliver an **[Assessing Competence in Administration of Buccal Midazolam webinar](#)** for your Managers and Senior Staff



How to Assess Competence of Buccal Midazolam

As buccal midazolam is used in an emergency situation only, observation of practice may not be possible and/or practical.

It is recommended that competency is assessed using a knowledge assessment every 6-12 months (as appropriate) to ensure the member of staff remains **competent** and **confident** to administer buccal midazolam when needed.

Competency can be assessed in a number of ways. Some options are described below:

1 Ask staff to **demonstrate** the required actions in a simulated environment (in accordance with any guidelines that may be in place regarding social distancing (e.g. during a pandemic))

OR

2 Ask staff to **describe** the required actions

OR

3 Review a video demonstration of the specific formulation of buccal midazolam prescribed to any person in the service and ask staff to describe and explain the actions necessary

OR

4 Use a combination of 1-3 above

Achieving the Outcome

Whichever option to assess competency is selected, the outcome must be that you are satisfied that the member of staff is competent to administer buccal midazolam safely in an emergency.

This competency assessment should **only** be used for staff providing support to individuals with epilepsy provided that the staff member has:

1 Attended and completed an **accredited [Opus Epilepsy Awareness and Buccal Midazolam training course](#)** or completed the **accredited [Opus Buccal Midazolam Distance Learning Workbook or Online Interactive Workbook](#)** (recommendation is that training should be undertaken every 2 years)

AND

2 Successfully passed the course assessment to demonstrate they have the required knowledge

3 Received a certificate to confirm both **1** and **2** above

How to Use the Assessment Tool

- 1 Make sure you have selected the competency assessment tool that relates to the correct brand (Epistatus® or Buccolam®) and the correct formulation (pre-filled syringe or bottle) that the member of staff will need to use.
- 2 This competency assessment tool has been designed to be used on up to three occasions for a member of staff rather than a new form being required for each assessment. As you go through the document, the 'Assessment' column should refer to the assessment carried out on one particular date.
- 3 Some members of staff may only require a single assessment before they are deemed competent, others may need to be reassessed on a second occasion if they are unable to demonstrate their competence on the first occasion.
- 4 For the first competency assessment you undertake for a staff member, complete their name on page 1 then undertake the competency assessment by completing all the sections using the Assessment 1 column.
- 5 If subsequent reassessments are needed due to the staff member not being able to demonstrate their competence on the first occasion, use the Assessment 2 column.
- 6 Each time you undertake a competency assessment, make sure you tick the boxes as appropriate and then date and add your initials at the end of each section.
- 7 On the final page of the competency assessment, indicate whether the person is competent (yes or no), add your name and job role plus your initials and signature and the date completed.
- 8 Finally complete the section entitled "Declaration of Competence by the member of staff" and ask the staff member to add their signature.

<p>Section 1</p> <p>Knowledge Check – Understanding of epilepsy, epilepsy management and the emergency treatment of status epilepticus with buccal midazolam</p>	<p>Has attended and completed an accredited Opus Epilepsy Awareness and Buccal Midazolam training course or completed the accredited Opus Buccal Midazolam Distance Learning Workbook or Online Interactive Workbook within the past two years, has passed the associated course assessment and a certificate is available to confirm this.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>Notes</p>

<p>Training Confirmed</p>	<p>[1]</p>	<p>[2]</p>	<p>[3]</p>
<p>Signature of Assessor</p>	<p>[1]</p>	<p>[2]</p>	<p>[3]</p>

Performance criteria	Task	Assessment 1	Assessment 2	Assessment 3
		Competent Y/N	Competent Y/N	Competent Y/N
Section 2 Knowledge Check – Person Specific Protocol for Use	Knows where the care/support plan of each person with epilepsy is kept, and is familiar with the protocol and detail specific to each individual	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Fully appreciates that people may have complex needs and is familiar with each individual's specific needs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Understands that the care/support plan will contain important information about how to manage a person's seizure such as (but not limited to): <ul style="list-style-type: none"> (i) When to administer buccal midazolam (ii) What to do if there are difficulties in administration of buccal midazolam (e.g. excessive salivation) (iii) When 999 should be dialled for emergency help (e.g. Unable to administer midazolam/ if the full prescribed dose of midazolam fails to control the seizure after [XX] minutes) (iv) Maximum dose of midazolam to be administered in a 24-hour period 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Understands that the person may also have been prescribed rectal diazepam for epileptic seizures in the past. Knows that either buccal midazolam or rectal diazepam should be given, not both .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Performance criteria	Task	Assessment 1	Assessment 2	Assessment 3
		Competent Y/N	Competent Y/N	Competent Y/N

Section 2 Knowledge Check – Person Specific Protocol for Use	Understands that because a person may experience a seizure at any time, the person’s buccal midazolam needs to be available at all times including occasions when they are away from the service (e.g. day trips, appointments)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Notes

Date of Assessment	[1]	[2]	[3]
Initials of Assessor	[1]	[2]	[3]

Performance criteria	Task	Assessment 1	Assessment 2	Assessment 3
		Competent Y/N	Competent Y/N	Competent Y/N
Section 3 BEFORE Giving Buccal Midazolam	Understands that midazolam solution should be placed against the sides of the gums and cheek so that the medicine is absorbed directly into the bloodstream. This is known as the buccal or oromucosal route. If the medicine is swallowed accidentally, whilst it may still work, it might not work as quickly	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Understands that there is no need to part the person's teeth to administer buccal midazolam	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Knows that if buccal midazolam cannot be given for any reason, first aid should be given and 999 should be called for an ambulance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is aware of the storage arrangements for buccal midazolam and how to access it in an emergency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Knows to always check the dose and expiry date before administration of buccal midazolam	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Understands that if a person is having a seizure, it is important to allow their body to move freely and not try to restrain them. The person should only be moved if it is to move them from danger from, for example, deep water, fire or sharp objects	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Knows that if the person has no head support, their head can be supported by standing behind them and gently holding their chin. Care should be taken not to accidentally press on their throat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Knows that gloves should be worn when administering buccal midazolam	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Knows that checks should be carried out to ensure RIGHT person, medicine, dose, time and route	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Performance criteria	Task	Assessment 1	Assessment 2	Assessment 3
		Competent Y/N	Competent Y/N	Competent Y/N

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Performance criteria	Task	Assessment 1	Assessment 2	Assessment 3
		Competent Y/N	Competent Y/N	Competent Y/N
Section 4 Procedure for administration of Epistatus® pre-filled oral syringe	Checks the dose and expiry date of the Epistatus® pre-filled syringe	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Pulls the tamper evident tab on the side of the plastic outer case, opens it and takes the syringe out	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Holding the clear finger grips, unscrews the amber sheath cap in an anti-clockwise direction and removes the amber sheath cap	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Places the syringe into the side of the person's mouth, between the gums and cheek	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If possible, divides the dose so that half is given into one cheek and the remaining half into the other cheek (unless the care/ support plan advises that this is not necessary)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Slowly pushes the plunger of the syringe down until the syringe is empty	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Watches for any breathing difficulties	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Confirms that the seizure has stopped	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Disposes of the syringe and amber sheath cap safely	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Knows the importance of making an immediate record of administration of the Epistatus® pre-filled syringe	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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		Competent Y/N	Competent Y/N	Competent Y/N

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Performance criteria	Task	Assessment 1	Assessment 2	Assessment 3
		Competent Y/N	Competent Y/N	Competent Y/N
Section 5 AFTER Giving Buccal Midazolam	Places the person in the recovery position as soon as they are safely able to do so	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Continues to monitor the person to make sure they are recovering and breathing well	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Makes a record of the date, time and dose of midazolam administered; and also, any observations about the seizure (e.g. the duration of the seizure) This will help the doctor to monitor how the person’s epilepsy is progressing.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Understands that the person is likely to: <ul style="list-style-type: none"> ▪ feel sleepy, confused, disorientated and anxious ▪ experience short term memory loss, and they may not remember having an epileptic seizure They should be allowed to rest somewhere comfortable	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Talks to the person reassuringly about what has happened, where they are and that they will keep them safe	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Knows not to leave the person until they have fully recovered from the seizure	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Knows not to give the person food and drink until they have fully recovered from the seizure because they may be at an increased risk of choking	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Informs the line manager that the person has had a seizure requiring intervention and administration of buccal midazolam	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Performance criteria	Task	Assessment 1	Assessment 2	Assessment 3
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<p>Section 5</p> <p>AFTER Giving Buccal Midazolam</p>	<p>Understands and is aware of situations that may require an ambulance to be called following the administration of buccal midazolam as detailed in the person’s care/ support plan</p> <p>If in any doubt, call for immediate medical help if:</p> <ol style="list-style-type: none"> 1) The seizure does not stop within 10 minutes 2) Unable to empty the syringe or some of the contents are spilled 3) The person’s breathing slows down or stops (e.g. slow or shallow breathing or blue lips) 4) Signs of a heart attack are observed (e.g. chest pain or pain that spreads to the neck and shoulders and down the left arm) 5) Signs of anaphylaxis (severe allergic reaction) are observed (e.g. swelling of the face, lips, tongue or throat which makes it difficult to swallow or breathe) 6) The person is sick (vomits) and the seizure does not stop within 10 minutes 7) Too much buccal midazolam is given and there are signs of overdose which include: <ul style="list-style-type: none"> ▪ Drowsiness, tiredness, fatigue ▪ Confusion or feeling disorientated ▪ Absence of knee reflex or a response to a pinch ▪ Breathing difficulties (slow or shallow breathing) ▪ Low blood pressure (giddiness and feeling faint) ▪ Coma 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Performance criteria	Task	Assessment 1	Assessment 2	Assessment 3
		Competent Y/N	Competent Y/N	Competent Y/N

Section 5 AFTER Giving Buccal Midazolam	Understands that if following administration, the ambulance does need to be called, the syringe or bottle of buccal midazolam used should be kept to show to the ambulance staff or doctor to provide information on the dose and product received by the person	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no longer needed to show to ambulance staff or other healthcare professionals, disposes of used syringes and gloves safely	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Section 6 Expiry and storage	Is able to locate the expiry date of the buccal midazolam and knows not to use it after the last day of that month (e.g. 'EXP April 2021' means that the last day the medicine should be used is April 30 th 2021)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Understands that buccal midazolam pre-filled syringes should be kept in the protective plastic tube	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Understands that because buccal midazolam is an emergency medicine and is not used regularly, it is important to regularly check the expiry date and the appearance of the medicine to ensure that it can still be used safely whenever it might be needed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Understands that because buccal midazolam is an emergency medicine, it is important to order new prescriptions in a timely manner (e.g. immediately if used or it has gone out of date)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Understands that the buccal midazolam should be stored in a safe and secure place, out of the sight and reach of children but accessible to trained and authorised members of staff for emergency use	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Knows that buccal midazolam should be kept at room temperature, away from bright light or direct sunlight and away from heat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Knows that buccal midazolam should never be refrigerated or frozen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Knows not to dispose of empty or expired bottles or syringes of buccal midazolam via wastewater or household waste but to return it to a pharmacy for safe disposal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Performance criteria	Task	Assessment 1	Assessment 2	Assessment 3
		Competent Y/N	Competent Y/N	Competent Y/N

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		Competent Y/N	Competent Y/N	Competent Y/N
Section 7 Dealing with issues	<p>Knows where and how to access support and advice to discuss any queries or concerns about a person’s epilepsy or care/ support plan. This may include:</p> <ul style="list-style-type: none"> ▪ Neurologist / Paediatrician ▪ Epilepsy Specialist Nurse ▪ Health visitor ▪ School Nurse/ Outreach Nurse ▪ Special Needs Nurse ▪ GP ▪ Community pharmacist <p>This detail should be available in the person’s care/support plan</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>Knows to talk to the doctor or pharmacist if the person experiences any side-effects (including any side-effects not listed in the product information leaflet)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>Knows that side-effects can also be reported directly via the Yellow Card Scheme at www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store. Understands that reporting side effects helps to provide more information on the safety of buccal midazolam</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Performance criteria	Task	Assessment 1	Assessment 2	Assessment 3
		Competent Y/N	Competent Y/N	Competent Y/N

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Date of Assessment	[1]	[2]	[3]
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	Assessment 1	Assessment 2	Assessment 3
Signed off as competent	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of assessor and role			
Initials and signature of assessor			
Date of assessment			

If the member of staff is assessed as competent, they should read and sign the declaration below.

Declaration of Competence by the member of staff

I declare that after being assessed as competent in the administration of buccal midazolam, I am willing to administer buccal midazolam in accordance with the training I have received and I am willing to receive ongoing training, assessment and supervision in relation to this task.

	Assessment 1	Assessment 2	Assessment 3
Date of assessment			
Name of Staff member			
Signature of Staff member			