



Competency Assessment for Medicines Handling





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Guidance for using this Competency Assessment

Competency should be assessed after initial training, until the assessor is satisfied that competency has been achieved, and thereafter a minimum of once annually. Assessment should be through direct observation.

- Additionally, competency can be assessed at any time when necessary e.g. after a medicines incident.
- The medicines policy of the organisation should be read and be available to all staff at all times.

NOTE: You should only assess staff on the tasks that they are actually undertaking e.g. if they only administer tablets, then only this checklist should be completed. Sheets may be photocopied

| Performance criteria | Interpretation of criteria | Standard met Yes/No | Standard met Yes/No | Standard met Yes/No |
|----------------------|----------------------------|------------------------|------------------------|------------------------|
| | | Date & sign | Date & sign | Date & sign |

Section 1 - Support with Medicines

| Support with Medicines | Reads support plan and associated paperwork to establish level of support required with medicines | | |
|---------------------------|---|--|--|
| | Records date and time of prompt if giving an occasional verbal prompt | | |
| | Understands if a verbal prompt is required more than 2-3 times per week that a review must be requested | | |
| | Document clearly on the MAR sheet if giving regular verbal prompts | | |
| | Records the detail of the general support given | | |
| | Understands action to take if a medicines error is suspected | | |

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| | | Date & sign | Date & sign | Date & sign |

| Administration of Medicines | Support plan checked | | |
|--------------------------------|--|--|--|
| | Hands washed and resources prepared prior to administration | | |
| | MAR sheet/s and associated paperwork checked to ensure person has not already taken the medicines | | |
| | Medicine found (For blister packs - care worker selects the correct week's pack) | | |
| | Expiry date of medicine checked if appropriate | | |
| | Allergy/drug sensitivity checked on MAR | | |
| | Label checked against MAR sheet | | |
| | 6-point check carried out (RIGHT person, medicine, dose, time, route and right to refuse) plus cautionary warnings checked | | |

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|----------------------|----------------------------|------------------------|------------------------|------------------------|
| | | Date & sign | Date & sign | Date & sign |

| Administration of Medicines | Medicine taken to the person | | |
|--------------------------------|---|--|--|
| | Identity of person checked | | |
| | Dose prepared and MAR sheet dotted if necessary | | |
| | Person informed their medicine is ready | | |
| | Ensures person is in an upright position (if oral administration) | | |
| | Medicines given according to best practice checklists* (and drink offered for oral medicines) | | |
| | Observes person taking their medicines | | |
| | Records and signs immediately for what has been given or enters correct code if declined | | |
| | Demonstrates or knows correct procedure for refused medicines | | |
| | Knows correct procedure for administering Controlled Drugs (if applicable) | | |

| Performance cri | teria | Interpretation of criteria | Standard met Yes/No | Standard met Yes/No | Standard met Yes/No |
|-----------------|-------|----------------------------|------------------------|------------------------|------------------------|
| | | | Date & sign | Date & sign | Date & sign |

| Administration of Medicines | Demonstrates or understands correct procedure for administering "when required" medication and using the "when required" protocol | | |
|--------------------------------|--|--|--|
| | Understands correct procedure for dealing with a medicines error | | |

| Performance criteria | Interpretation of criteria | Standard met Yes/No | Standard met Yes/No | Standard met Yes/No |
|----------------------|----------------------------|------------------------|------------------------|------------------------|
| | | Date & sign | Date & sign | Date & sign |

| | *Best Practice Checklists – Liquids | | |
|---------------------------------------|--|--|--|
| | Check expiry date | | |
| | Mark new bottles with date of opening and the new expiry date (if applicable) | | |
| | Shakes the bottle | | |
| Administration of Liquid | Uses an appropriate measuring device | | |
| Administration of Liquid Medicines | If using a measuring cup, checks the amount poured at eye level on a flat surface | | |
| | Pour the bottle with the pharmacy label facing up to minimise spillage onto the label and making it difficult to read | | |
| | If using an oral syringe, removes air gap and directs the syringe to the side of the mouth, squirting a little liquid in at a time | | |
| | Wipe around the neck of the bottle after measuring to keep the container clean and keep it easy to open for next use | | |

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|----------------------|----------------------------|------------------------|------------------------|------------------------|
| | | Date & sign | Date & sign | Date & sign |

| | *Best Practice Checklists – Skin Creams and Ointments | | |
|-----------------------------|--|--|--|
| | Check expiry date | | |
| | Mark new tubes with date of opening and the new expiry date (if applicable) | | |
| | Puts on clean pair of gloves | | |
| | If applying moisturiser , applies to dry skin, applies cream down the limb in the direction of hair growth using sweeping motion. For fragile skin, uses a cupping action with both hands | | |
| Administration of Creams | If applying a steroid cream , administers a small amount using fingertip units (using Patient Information Leaflet) | | |
| | If applying a steroid cream, applies cream thinly | | |
| | If using both a steroid and an emollient, it is important to leave sufficient time (approximately 30 minutes) between the two treatments | | |
| | If applying a barrier cream , applies as per directions | | |
| | Monitors for any signs of skin irritation or reaction and follows correct procedure if this occurs | | |
| | Shows awareness of fire risk with all emollients | | |

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|----------------------|----------------------------|------------------------|------------------------|------------------------|
| | | Date & sign | Date & sign | Date & sign |

| | *Best Practice Checklists – Eye Drops and Eye Ointments |
|-------------------|---|
| | Check expiry date |
| | Mark new bottles with date of opening and the new expiry date (if applicable) |
| | Inspect the eye drops even if still in date |
| | Hands washed and gloves worn if appropriate |
| Administration of | Ensures the person is upright |
| Eye Drops | Confirm which eye the drop(s) are for |
| | Takes the top off the bottle and puts it down somewhere clean |
| | Tilts person's head backwards and gently rolls down lower lid |
| | Holds dropper above the eye and squeezes a drop inside lower eyelid |
| | Wipes away any liquid from the person's cheek with a clean tissue |
| | Repeats in the other eye if drops prescribed for both eyes |

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|----------------------|----------------------------|------------------------|------------------------|------------------------|
| | | Date & sign | Date & sign | Date & sign |

| | If using more than one drop, waits a couple of minutes before instilling second drop | | |
|--------------------------------|---|--|--|
| Administration of Eye Drops | If using gel or ointment, squeezes about 1cm of ointment into eye pouch unless otherwise directed | | |
| | Replaces the top on the bottle | | |

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|----------------------|----------------------------|------------------------|------------------------|------------------------|
| | | Date & sign | Date & sign | Date & sign |

| | *Best Practice Checklists – Ear Drops | | |
|--------------------------------|---|--|--|
| | Check expiry date | | |
| | Mark new drops with date of opening and the new expiry date (if applicable) | | |
| | Hands washed and gloves worn if appropriate | | |
| | Ensures the person is upright | | |
| | Confirm which ear the drops are for | | |
| Administration of Ear Drops | Tilts person's head to one side | | |
| | For adults or children <u>over three</u> , gently pull the top of the ear upward and backward. This will straighten the ear canal. | | |
| | For children <u>under three</u> , gently pull the bottom of the ear back and down. This will straighten the ear canal. | | |
| | Instils the correct number of drop(s) into the ear squeezing the bottle gently if necessary | | |
| | Keeps the head tilted for a couple of minutes to let the drops penetrate | | |

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| Administration of Repeat | Straightens the head and wipes away excess liquid with a clean tissue | | |
|--------------------------|---|--|--|
| | Repeats for the other ear if required | | |
| Ear Drops | If you are instilling drops into both ears, wait 5-10 minutes between ears to allow the ear drops to run into the ear canal | | |

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|----------------------|----------------------------|------------------------|------------------------|------------------------|
| | | Date & sign | Date & sign | Date & sign |

| | *Best Practice Checklists – Nose Drops | | |
|-------------------|---|--|--|
| | Check expiry date | | |
| | Mark new bottles with date of opening and the new expiry date (if applicable) | | |
| | Hands washed and gloves worn if appropriate | | |
| Administration of | Shake the bottle prior to use | | |
| Nose Drops | Ensures the person is upright | | |
| | Asks person to blow their nose gently | | |
| | Gently tilts person's head back | | |
| | Instils required number of drops into each nostril | | |
| | Asks person to stay like this for 2 minutes | | |
| | Replaces top on the bottle | | |

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|----------------------|----------------------------|------------------------|------------------------|------------------------|
| | | Date & sign | Date & sign | Date & sign |

| | *Best Practice Checklists –Inhalers | | |
|-------------------------------------|---|--|--|
| | Person is in an upright position | | |
| | Removes cap and shakes inhaler | | |
| | If inhaler is new or has not been used for a week or more, spray it into the air first to check it works | | |
| Assisting with Administration of | Asks person to breathe out as much as possible then clasp mouthpiece in the mouth ensuring lips are sealed around it | | |
| Metered Dose Inhalers | Asks person to breathe in and at the same time press the top of inhaler downwards to release a puff of medicine | | |
| | Asks person to hold their breath for 10 seconds | | |
| | If a second puff is required, waits 30 seconds before starting again | | |
| | If administering a preventer, asks person to rinse their mouth with water after using inhaler | | |

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|----------------------|----------------------------|------------------------|------------------------|------------------------|
| | | Date & sign | Date & sign | Date & sign |

| | If using a spacer: | | |
|-----------------------|---|--|--|
| | Person is in an upright position | | |
| | Removes cap and shakes inhaler | | |
| | If inhaler is new or has not been used for a week or more, spray it into the air first to check it works | | |
| | Fits inhaler into spacer so that inhaler is pointing straight up | | |
| Administering Metered | Ensures mouthpiece is clasped in the mouth | | |
| Dose Inhalers | Inhalers Presses one puff into the spacer Asks person to breathe gently through the spacer for 10 breaths | | |
| | | | |
| | If a second puff is required, waits 30 seconds before pressing another puff into the spacer. Repeat as with first puff. | | |
| | Knows to wash and rinse spacer and leave to dry naturally If administering a preventer, asks person to rinse their mouth with water after using inhaler | | |
| | | | |

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| | Understands procedure for signing medicines in on admission (care home / day care) | | |
|-----------------|---|--|--|
| | Understands procedure for signing medicines in when received from the pharmacy (care home / day care) Understands paperwork to be completed when new medicines are received | | |
| | | | |
| Kasadadas Chash | Understands procedure for ordering medicines, regular orders and ad hoc items e.g. antibiotics | | |
| Knowledge Check | Understands importance of safe storage and key security | | |
| | Knows to check fridge temperature if medicines are stored in the fridge and action to take if not within correct range (care home / day care) Knows the correct storage arrangement for Controlled Drugs (if applicable) Understands organisation's policy on doses left out to be taken later (homecare) | | |
| | | | |
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|----------------------|----------------------------|------------------------|------------------------|------------------------|
| | | Date & sign | Date & sign | Date & sign |

| | Knows appropriate action to take if a medicines error is suspected | | |
|-----------------|---|--|--|
| | Has an awareness of and monitors for potential side effects of medicines and knows what action to take if a side effect is suspected | | |
| | Understands medicines must be in the original pharmacy-labelled container if staff are to administer it | | |
| Knowledge Check | Understands the correct use of codes on the MAR sheet | | |
| | Knows the correct procedure if dose changes are made to medicinesKnows the importance of recording any medicines not prescribed by the GPKnows the correct procedure for recording Controlled Drugs on both the MAR sheet and the Controlled Drug register (care home) | | |
| | | | |
| | | | |

| Performance cri | iteria | Interpretation of criteria | Standard met Yes/No | Standard met Yes/No | Standard met Yes/No |
|-----------------|--------|----------------------------|------------------------|------------------------|------------------------|
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| | Understands all unwanted / discontinued medicines to be returned to the pharmacy as soon as possible (residential care home) or via waste contractor (nursing home) Understands procedure for returning medicines to person or family (homecare / day care) | | |
|-----------------|---|--|--|
| | Knows correct storage arrangements for medicines to be disposed of and understands medicines must be kept for sufficient time following death of a person | | |
| Knowledge Check | Understands action to take if there is a build up of medicines in the person's home (homecare) | | |
| | Knows records must be kept of all medicines that have been disposed of to complete audit trail | | |
| | Understands how discharge medicines are managed | | |
| | Understands the need for risk assessment and monitoring for discharge medicines | | |
| | Understands the need for security of medicines for people who self- administer | | |

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|----------------------|----------------------------|------------------------|------------------------|------------------------|
| | | Date & sign | Date & sign | Date & sign |

| | Understands a homely remedy policy should be signed by the GP (care homes) | | |
|-----------------|---|--|--|
| | Knows medicines should not be given for more than 2 days from homely remedy policy without informing GP (care homes) | | |
| | Knows the recording procedures for homely remedies (care homes) | | |
| | Knows the storage requirements for homely remedies (care homes) | | |
| Knowledge Check | Understands the policy relating to non-prescribed medicines i.e. whether the policy allows purchase or administration of non-prescribed medicines (home/day care) | | |
| | Understands what administration by a specialised technique involves | | |
| | Understands the above is a delegated task and training must be received by a healthcare professional for a nominated staff member | | |
| | Understands an assessment of competence must be undertaken and passed before the delegated task can be undertaken | | |