

## Staff Training - Competency to Administer Medication to the Service User

STAFF MEMBER:		ASSESSOR:		
	Criterion	YES	NO	Comments
1	Staff member has read and understands the Organisation's medication policies and related documentation.	<input type="checkbox"/>	<input type="checkbox"/>	
2	Staff member understands the service user's rights in respect of medication.	<input type="checkbox"/>	<input type="checkbox"/>	
3	Staff member understands the principles of self-medication.	<input type="checkbox"/>	<input type="checkbox"/>	
4	Staff member can demonstrate safe administration of each medicine, including Controlled Drugs.	<input type="checkbox"/>	<input type="checkbox"/>	
5	Staff member can demonstrate safe practice regarding storage of medicines, including Controlled Drugs.	<input type="checkbox"/>	<input type="checkbox"/>	
6	Staff member has completed all documentation correctly.	<input type="checkbox"/>	<input type="checkbox"/>	
7	Staff member understands the correct procedure when a service user refuses medication.	<input type="checkbox"/>	<input type="checkbox"/>	
8	Staff member can identify the immediate action to be taken if a mistake has occurred.	<input type="checkbox"/>	<input type="checkbox"/>	
9	Staff member has a basic knowledge of the medication prescribed, and how to obtain further information if needed.	<input type="checkbox"/>	<input type="checkbox"/>	
10	Staff member understands the importance of reporting any changes in a service user's health after medication.	<input type="checkbox"/>	<input type="checkbox"/>	
11	Staff member understands PRN medication - when to administer, and when to advise against taking it.	<input type="checkbox"/>	<input type="checkbox"/>	
12	Staff member understands the principles and guidelines for the administration of Household Remedies.	<input type="checkbox"/>	<input type="checkbox"/>	
13	Staff member understands and demonstrates safe practice regarding ordering and receiving medication.	<input type="checkbox"/>	<input type="checkbox"/>	
14	Staff member understands the procedures to be followed for the safe disposal of unused medicines	<input type="checkbox"/>	<input type="checkbox"/>	

Signature (Staff Member): \_\_\_\_\_ Date: \_\_\_\_\_ Signature (Assessor): \_\_\_\_\_ Date: \_\_\_\_\_