

# Medication Competency Checklist

Workers Name

Observer's Name

Location

This checklist is designed to be used

- when a new worker is joining ICAS is assisting a participant with medication support for the first time
- as a re-training resource after a medication incident; or
- as an ad-hoc internal skills review.

This checklist is to be completed by a manager or a competent medication management trainer.

If it is determined that further training in some areas is required, feedback is to be recorded in the comments section, further training in the areas identified is to be provided and a further observation checklist is to be completed.

Once the worker has successfully passed the observation requirements, a copy of the completed Medication Administration Checklist is to be kept on their personnel file

Supervisor/Manager must observe each step	1st Check Date	2nd Check Date (if required)	Comments
Washes hands and uses PPE as appropriate			
Collects medication chart and other preparation equipment from locked storage area			
Ensures equipment is clean			
Identifies and uses a clean uncluttered area to unpack and dispense medication from			
Check's authorisation form for signature and currency			
Check's information on front of medication chart and identifies any special instructions or allergy alerts			
Checks DAA for damage and is within date			
Checks DAA details against medication chart			

Supervisor/Manager must observe each step	1st Check Date	2nd Check Date (if required)	Comments
Checks DAA contents against the pack label			
Identifies times for medication to be taken, what it is for and route			
Checks PRN for any crossover of same medication and if so, checked last administration time			
Positively identifies the participant by checking name and photo			
Informed the participant they were receiving medication and gained their consent			
Ensured participant has water available or other suitable liquid to assist with swallowing medication			
Administered the right medication, in the right dose, at the right time, by the right route to the right participant			
Remained with the participant and observed them until they took the medication			
Immediately completed medication chart after the participant had taken their medication			
Documented accurately using a blue or black pen. Date, time, and month are correct			
Returned medication and chart to locked storage			
Washed all equipment utilised during medication process			
Washes hands			
<b>Additional competencies verified to support the Participants Allied Health needs</b>			
Catheter Care Plan & Recording			
Tracheostomy Care Plan & Recording			
Ventilation Care Plan & Recording			

Supervisor/Manager must observe each step	1st Check Date	2nd Check Date (if required)	Comments
Manual Handling Protocol			
Complex Wound Management			
Asthma Management Plan			
Administration of subcutaneous injection			
Other -			

**Verification**

I (*observer's name*) \_\_\_\_\_

have observed (*workers name*) \_\_\_\_\_

with the administration of medication and am satisfied that the worker is able complete this task according to ICAS' procedures and work instructions.

Observer's Signature:

Date:

Worker's Signature:

Date: