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Competency Assessment  
 for Medicines Handling in Children’s Services

**CACS19004**

***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*

**This document is protected. Click the grey box in each section to complete the form.**

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| **Supervision of Medicines (for children/young people who self-administer)** | Staff member is aware of the level of support required for each child/young person and the need for monitoring |  |  |  |
| Staff member is aware that a risk assessment is required for self-management of medicines |  |  |  |
| Staff member is aware that parents and/or healthcare professional may need to be involved in the decision and may require parental consent form signed |  |  |  |
| Staff member records the supervision required and documents all necessary details e.g. children/young people who carry medicines with them |  |  |  |
| Staff member is aware of safe custody and key access requirements for Controlled Drugs that are self-managed |  |  |  |
| Staff member is aware of who to inform if an error or change in circumstance arise |  |  |  |

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| **Administration of Medicines** | Documentation checked |  |  |  |
| Hands washed |  |  |  |
| Log book / medication record checked to ensure child/young person has not already taken the medication |  |  |  |
| Medicine found |  |  |  |
| Expiry date of medicine checked |  |  |  |
| Allergy / drug sensitivity checked |  |  |  |
| Label checked |  |  |  |
| 6 point check carried out (RIGHT child/young person, medicine, dose, time, route and right to refuse) plus cautionary warnings checked |  |  |  |
| Identity of child/young person checked |  |  |  |
| Dose prepared |  |  |  |
| Child/young person informed their medication is ready |  |  |  |
| Ensures child/young person is in an upright position |  |  |  |
| Medication given according to best practice checklists (and drink offered for solid oral medicines) |  |  |  |
| Observes child/young person taking their medication |  |  |  |
| **Administration of Medicines** | Records and signs immediately for what has been given or refused |  |  |  |
| Demonstrates or knows correct procedure for refused medication |  |  |  |
| Knows correct procedure for administering Controlled Drugs (if applicable) |  |  |  |
| Demonstrates or understands correct procedure for administering “when required” medication and using a “when required” protocol |  |  |  |
| Understands correct procedure for dealing with a medication error or incident |  |  |  |

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| **Administration of Liquid Medicines** | **\*Best Practice Checklists – Liquids** |  |  |  |
| Check expiry date |  |  |  |
| Mark new bottles with date of opening and the new expiry date (if applicable) |  |  |  |
| Shakes the bottle |  |  |  |
| Uses an appropriate measuring device |  |  |  |
| 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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| **Administration of  Creams** | **\*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 |  |  |  |
| 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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| **Administration of  Eye Drops** | **\*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 |  |  |  |
| Ensures the child/young person is upright |  |  |  |
| Confirm which eye the drop(s) are for |  |  |  |
| Takes the top off the bottle and puts it down somewhere clean |  |  |  |
| Tilts child/young 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 child/young person’s cheek with a clean tissue |  |  |  |
| Repeats in the other eye if drops prescribed for both eyes |  |  |  |

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| **Administration of  Eye Drops** | If using more than one drop, waits a couple of minutes before instilling second drop |  |  |  |
| 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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| **Administration of  Ear Drops** | **\*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 child/young person is upright |  |  |  |
| Confirm which ear the drops are for |  |  |  |
| Tilts child/young person’s head to one side |  |  |  |
| For children/young people over three, gently pull the top of the ear upward and backward. This will straighten the ear canal. |  |  |  |
| For children under three, 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  Ear Drops** | Straightens the head and wipes away excess liquid with a clean tissue |  |  |  |
| Repeats for the other ear if required |  |  |  |
| 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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| **Administration of  Nose Drops** | **\*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 |  |  |  |
| Shake the bottle prior to use |  |  |  |
| Ensures the child/young person is upright |  |  |  |
| Asks child/young person to blow their nose gently |  |  |  |
| Gently tilts child/young person’s head back |  |  |  |
| Instils required number of drops into each nostril |  |  |  |
| Asks child/young person to stay like this for 2 minutes |  |  |  |
| Replaces top on the bottle |  |  |  |

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| **Assisting with Administration of Metered Dose Inhalers** | **\*Best Practice Checklists –Inhalers** |  |  |  |
| Child/young 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 |  |  |  |
| Asks child/young person to breathe out as much as possible then clasp mouthpiece in the mouth ensuring lips are sealed around it |  |  |  |
| Asks child/young person to breathe in and at the same time press the top of inhaler downwards to release a puff of medicine |  |  |  |
| Asks child/young 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 child/young person to rinse their mouth with water after using inhaler |  |  |  |

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| **Administering Metered Dose Inhalers** | **If using a spacer:** |  |  |  |
| Child/young 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 space so that inhaler is pointing straight up |  |  |  |
| Ensures mouthpiece is clasped in the mouth |  |  |  |
| Presses one puff into the spacer |  |  |  |
| Asks child/young 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 child/young person to rinse their mouth with water after using inhaler |  |  |  |

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| **Knowledge Check - Obtaining Medicines and Storage** | Understands procedure for signing medication in on arrival |  |  |  |
| Understands procedure for signing medication in and out for school, trips, off site visits, holidays etc |  |  |  |
| Understands storage arrangements for emergency medicines |  |  |  |
| Understands importance of safe storage and key security |  |  |  |
| Understands requirements for fridge storage |  |  |  |
| Knows the correct storage arrangement for Controlled Drugs (if applicable) |  |  |  |

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| **Knowledge Check - Resolution of Problems** | Knows appropriate action to take if medication error is suspected |  |  |  |
| Has an awareness of and monitors for potential side effects of medication and knows what action to take if a side effect is suspected |  |  |  |
| Understands medication must be in the original pharmacy labelled container if staff are to administer it |  |  |  |
| Knows the correct procedure if dose changes are made to medication |  |  |  |

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| **Knowledge Check - Recording and Documentation** | Knows the importance of the documentation required from parents / carers |  |  |  |
| Knows the importance of detailed recording of administration of medicines |  |  |  |

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| **Knowledge Check - Disposal** | Understands all unwanted / discontinued medication to be returned as soon as possible to the parents / pharmacy as appropriate |  |  |  |
| Knows records must be kept of all medication that has been returned to complete audit trail |  |  |  |