

Policy Number MM09

This document has been reviewed in line with the *Policy Alignment Process for Liverpool Community Health NHS Trust Services*. It is a **valid Mersey Care document**, however due to organisational change this FRONT COVER has been added so the reader is aware of any changes to their role or to terminology which has now been superseded. **When reading this document please take account of the changes highlighted in Part B and C of this form.**

Part A – Information about this Document

Policy Name	MM09 Management of Medicines Errors									
Policy Type	Board Approved (Trust-wide) <input type="checkbox"/>			Trust-wide <input type="checkbox"/>			Divisional / Team / Locality <input type="checkbox"/>			
Action	No Change	<input type="checkbox"/>	Minor Change	<input checked="" type="checkbox"/>	Major Change	<input type="checkbox"/>	New Policy	<input type="checkbox"/>	No Longer Needed	<input type="checkbox"/>
Approval	As Mersey Care's Executive Director / Lead for this document, I confirm that this document: a) complies with the latest statutory / regulatory requirements, b) complies with the latest national guidance, c) has been updated to reflect the requirements of clinicians and officers, and d) has been updated to reflect any local contractual requirements									
	Signature:						Date:			

Part B – Changes in Terminology (used with 'Minor Change', 'Major Changes' & 'New Policy' only)

Terminology used in this Document	New terminology when reading this Document
	Include reference to Liverpool Community Services

Part C – Additional Information Added (to be used with 'Major Changes' only)

Section / Paragraph No	Outline of the information that has been added to this document – especially where it may change what staff need to do

Part D – Rationale (to be used with 'New Policy' & 'Policy No Longer Required' only)

Please explain why this new document needs to be adopted <u>or</u> why this document is no longer required

Part E – Oversight Arrangements (to be used with 'New Policy' only)

Accountable Director	
Recommending Committee	
Approving Committee	
Next Review Date	

Policy Number MM09

LCH Policy Alignment Process – Form 1

SUPPORTING STATEMENTS

This document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child / adult;
- knowing how to deal with a disclosure or allegation of child / adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child / adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FRED A principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

**GUIDELINES FOR THE MANAGEMENT OF MEDICINES ERRORS
WITHIN
MERSEY CARE NHS FOUNDATION TRUST (MM09)**

GUIDELINE NO	MM09
RATIFYING COMMITTEE	Drugs and Therapeutics Committee
DATE OF REVIEW	November 2018
VERSION	2.0
NEXT REVIEW DATE	November 2020

ACCOUNTABLE DIRECTOR: Executive Director of Nursing

GUIDELINE AUTHOR: Lead Nurse

<p>KEY GUIDELINE ISSUES</p> <ul style="list-style-type: none"> • To ensure that all staff follow standard operating procedures when dealing with medications • To provide a standard for the management of medicines errors within Mersey Care NHS Foundation Trust, that provides an auditable process • To ensure that all members of staff working within Mersey Care NHS Foundation Trust are aware of their roles, responsibilities and limitations with respect to medicines errors

Key related Mersey Care NHS Foundation Trust policy/procedure/protocol/guideline

- **SD12:** Handling Medicines Policy
- **HR01:** Disciplinary Procedure
- **SA03:** Reporting, Management and Review of Adverse Incidents
- **SA13:** Being Open Policy (Including Duty of Candour)
- Nursing Administration of Medicines Assessment of Competency framework
- NA Witness to the Safe Administration and Documentation of Medicines Assessment of Practice Competency
- Procedure for Ordering, Receipt, Storage and Monitoring of Medicines in the Community Teams

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1 Introduction

1.1 Rationale

Mersey Care NHS Foundation Trust encourages a sensitive response to medicines errors through a comprehensive assessment taking full account of the context and circumstances surrounding the error incident. This guidance is to ensure a consistency of approach in the practice of managing medicines errors at a divisional and corporate level and aims to:

- Facilitate organisational learning through the findings of thorough and careful investigation at both divisional and corporate level
- Provide a framework for practitioners to improve practice
- Assure proportionate response to adverse healthcare events
- Ensure appropriate actions are taken by managers and are applied consistently throughout the Trust.

Human error is inevitable, a member of staff who has been practising successfully does not suddenly become incompetent or unsafe after a single medicines error. However, for an error to occur an important step in the process would have to be omitted and there is a potential for this to recur if the cause is not identified. It is therefore vital that the line manager and member of staff who made the error are supported in identifying exactly what went wrong, how it happened and are able to take steps to prevent it recurring.

1.2 Scope

“Medicines errors can be defined as patient safety incidents involving medicines in which there has been an error in the process of prescribing, dispensing, preparing, administering, monitoring, or providing medicine advice, regardless of whether any harm occurred” (NPSA, 2007).

This guideline applies to all Trust staff, including trainees/students, bank and agency staff involved in any medicines processes.

Pre registration nursing students

It will also apply to all pre-registration nursing students who may be involved in any medication process under direct/indirect supervision. If a nursing student is involved in/makes an error:-

- They will be subject to Mersey Care NHS Foundation Trust processes as per policies and procedures
- The PEF and HEI (Higher Education Institution) placement link tutor would need to be informed to offer the student support
- The HEI must be informed via the PEF and where necessary involved in any Mersey Care NHS Trust processes (see appendix 1: PEF flowchart re concerns)

Medical trainees

Medical trainees are subject to related deanery training modules and will also undertake a Mersey Care NHS Foundation Trust induction session with a Senior Pharmacist which will include awareness of the „Guidelines for the Management of Medicines Errors“.

This guideline replaces any existing guidelines related to management of medicines errors, including any Mersey Care NHS Foundation Trust guidance currently in existence. It will be subject to a three yearly review and will be modified by local protocols, which must be initially agreed by the Drugs & Therapeutics Committee.

1.3 Principles

This guideline describes the procedure that must be followed when a medicines error occurs. The procedure describes immediate action to ensure service user safety, and longer term actions to ensure that individuals, team, division and organisation can learn from errors. All staff involved in the prescribing, dispensing, administering, recording and monitoring of medicines must be able to demonstrate understanding and competence with their relevant

2 Guideline Objectives

The objectives of the management of medicines errors guideline are to:

- Ensure the immediate and long term safety of the service user;
- Support the member of staff who made the error in an individualised manner so that the risk of such errors are minimised as far as possible;
- Support managers when dealing with staff who have made an error;
- Provide a matrix framework for grading errors to assist in the decision making process for the management of medicines errors (see appendix 2)
- Ensure that the organisation can learn lessons from the error in order to minimise such occurrences in the future.

3 Duties within the organisation

- 3.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.
- 3.2 The Medication Safety Group (MSG) monitors all medicine related incidents across the Trust; detect trends and clusters of activity. The MSG scrutinises and prepares a summary report of those incidents for presentation to the Surveillance Group. The MSG ensures that lessons are learnt from such incidents and that this information is then disseminated to all those who may benefit from it.
- 3.3 Clinical leads and Chief Operating Officers are responsible for ensuring that there are appropriate resources provided within their service area to implement and adhere to these guidelines.
- 3.4 Managers and Team leaders will be responsible for:
- Ensuring this guideline is implemented in their area of responsibility.
 - Managing medicines errors in line with this guideline
 - Ensuring that their staff are appropriately trained in line with the requirements of this guideline
 - Monitoring completion of "practice competency framework" following mandatory medicines management training (see table 1). And any medicines management training completed as a result of medicines errors (see 4.2-4.6)
- 3.5 Responsibility of Staff:
It is the responsibility of all staff that are involved in and/or managing medicines to ensure that they are familiar with this guideline, particularly the immediate actions to take when a known administration of medicines error involving a service user is identified.
Note: For guidance related to physical health monitoring please see SD29 Corporate Physical Health Policy
- 3.6 Management of Medicines Errors is integral to the medicines management training/ELearning modules process. Relevant staff will be expected to undertake medicines management training/ELearning modules as part of the mandatory training process described in **table 1** (p.5).

All nursing staff administering medicines and those trained as witnesses to administration will be required to undertake an annual assessment in practice (see appendix 4 & 5).

Module Title	Mersey Care NHS Foundation Trust Staff: By Group			
	Nursing Staff	Medical Staff	Pharmacy Staff	Nursing Assistants & Assistant Practitioners
Safe & Effective Use of Medicines	<ul style="list-style-type: none"> • Every 3 years for all staff involved in medicines administration • Staff involved in medicines errors (as highlighted in 4.3-4.5) • All new starters employed with MCT & MCT Bank • All staff returning from leave of 12 months or more 	<ul style="list-style-type: none"> • Every 3 years for all medical staff • All new starters employed with MCT • All staff returning from leave of 12 months or more 	<ul style="list-style-type: none"> • Every 3 years for all pharmacy staff • All new starters employed with MCT • All staff returning from leave of 12 months or more • Staff involved in medicines errors (as highlighted in 4.3-4.5) 	Not required
Controlled Drugs & High Risk Medicines	<ul style="list-style-type: none"> • Every 3 years for all staff involved in medicines administration • Staff involved in medicines errors (as highlighted in 4.3-4.5) • All new starters employed with MCT & MCT Bank • All staff returning from leave of 12 months or more 	<ul style="list-style-type: none"> • Every 3 years for all medical staff • All new starters employed with MCT • All staff returning from leave of 12 months or more 	<ul style="list-style-type: none"> • Every 3 years for all pharmacy staff • All new starters employed with MCT • All staff returning from leave of 12 months or more • Staff involved in medicines errors (as highlighted in 4.3-4.5) 	Not required
Drug Calculations	<ul style="list-style-type: none"> • Every 3 years for all staff involved in medicines administration • Staff involved in medicines errors (as highlighted in 4.3-4.5) • All new starters employed with MCT & MCT Bank • All staff returning from leave of 12 months or more 	Not required	<ul style="list-style-type: none"> • Every 3 years for all pharmacy staff • All new starters employed with MCT • All staff returning from leave of 12 months or more • Staff involved in medicines errors (as highlighted in 4.3-4.5) 	Not required
The Role of the Witness in the Safe Administration & Documentation of Medicines	Not required	Not required	Not required	<ul style="list-style-type: none"> • Every 3 years for all band 3 & 4 staff involved in witnessing medicines administration • Staff involved in medicines errors (as highlighted in 4.3-4.5) • All new starters employed with MCT & MCT Bank at band 3 & 4 • All staff returning from leave of 12 months or more

(Table 1: Medicines related Staff Training Process)

3.7 **Fast Track System:** Mersey Care NHS Foundation Trust has introduced a „Fast Track“ system. Certain administration of medicines errors will be considered as part of the „Fast Track“ process (see 4.3); consisting of Lead Nurse, Head of HR and a Manager.

4 Medicines Error Processes

4.1 What May Constitute a Medicines Error? (please also see appendix 3)

Preparation and Administration Errors:

- Administration without a valid authorisation
- Administration without valid consent
- Service user administered the wrong medication/dose/route
- Service user administered an out of date medicine
- Medication administered to the wrong service user
- Medication omitted without a clinical rationale
- Non-signing of medicines administered on prescription sheet
- Medication incorrectly prepared
- Inappropriate use of “prn” medicines

- Medication administered late/early* (see 4.2 & 4.3)
(Mersey Care NHS Foundation Trust recognises this is a complex issue and the full context of late/early administration should be taken into account, however where it would have a significantly detrimental effect on service user care, this would constitute an error).

Prescribing Errors:

- Incorrect, incomplete or illegible service user or medicines details on the prescription including incomplete “prn” details
- Prescribing without taking into account the service users clinical condition, including past medical history, past drug history
- Prescribing without appropriate consent and capacity to consent assessment
- Medication prescribed to the wrong service user
- Transcription errors
- Non adherence to recommended physical health monitoring
- Medicine prescribed that the service user is previously known to be allergic to
- Prescription not signed (**Note:** issues related to telephone prescribing – see SD12: 3.7)
- Unlicensed use of medication not adhering to Mersey Care NHS Foundation Trust Policy (SD36)

(Please also see 4.4 & 4.5)

Dispensing Errors:

- Service user dispensed the wrong medication/dose/formulation/strength/quantity
- Service users with the wrong cost centre
- Medication dispensed to the wrong service user
- Service user dispensed an out of date medicine
- Medication is labelled incorrectly or not at all
- Transportation: Incidents may arise in the transportation of medicines across the trust. These incidents will also be subject to assessment of risk
- Prescribed medication unavailable when ordered correctly for newly prescribed medication or when unavailable as part of on-going treatment

Monitoring Errors:

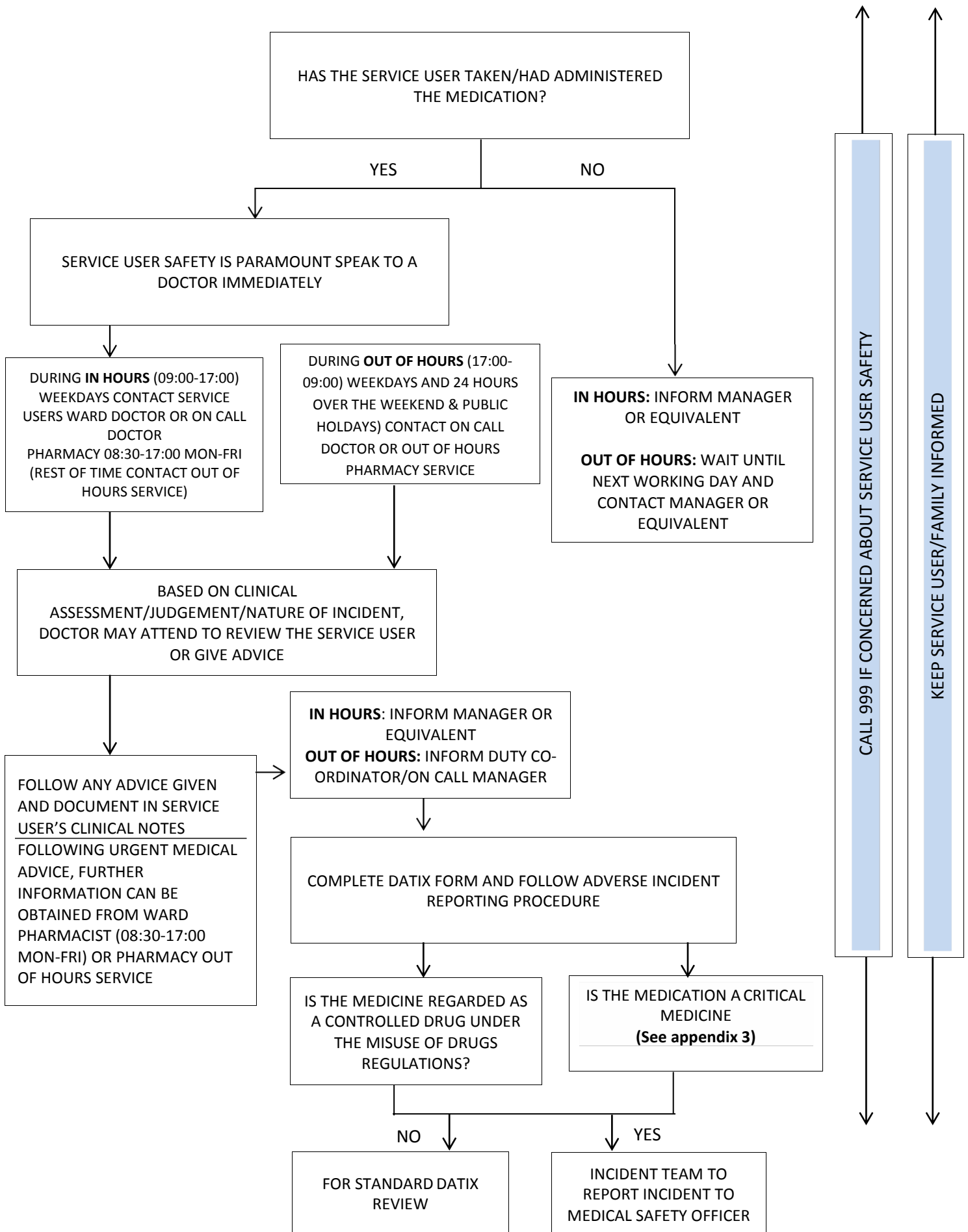
- Non adherence to recommended physical health monitoring (please see SD29 Corporate Physical Health Policy)
- Failure to monitor therapeutic drug levels as clinically recommended or indicated
- Failure to monitor service users/carers self-medication

Policy & Procedure:

- Incidents that occur that may not have a direct effect upon a service user’s care but relate to trust Policy & Procedure not being followed. Incidents of this nature may create risk, e.g. incomplete paperwork; incorrect storage of medicines.

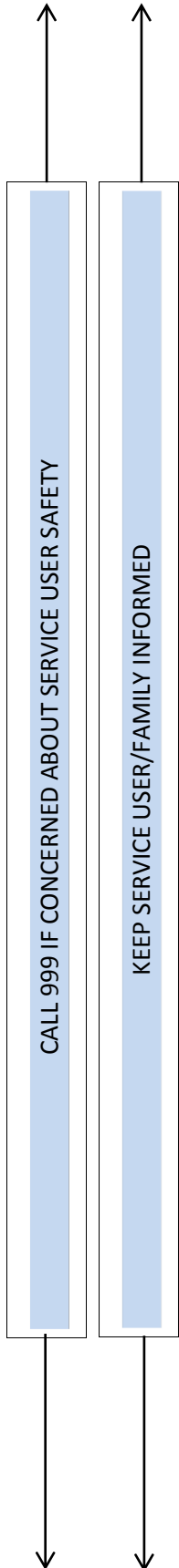
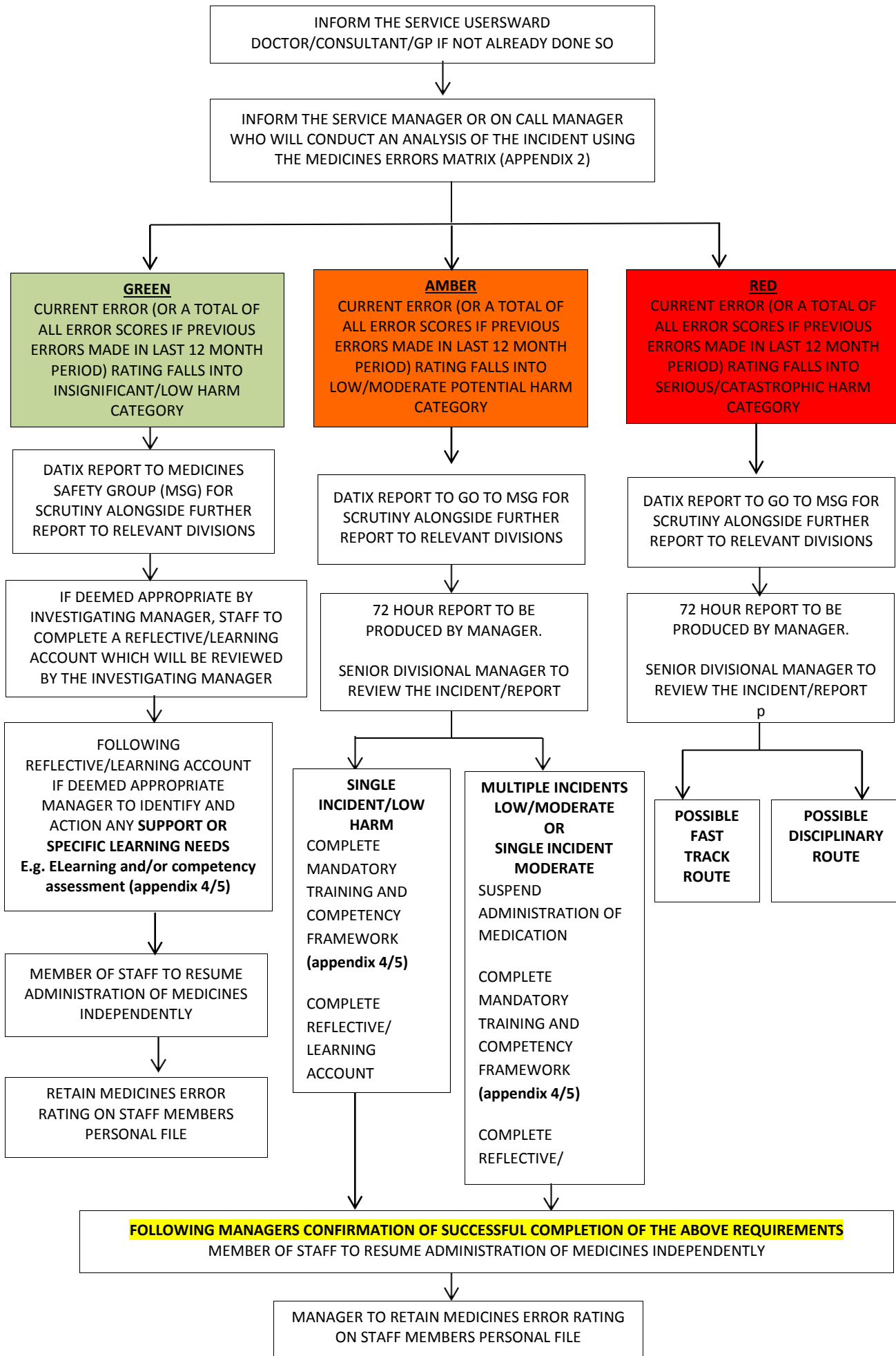
Note: the above list is not exhaustive other medicines errors may occur which will be subject to these guidelines

Immediate Action **When Known Administration of Medicines Error/Near Miss** Involving a Service User is identified



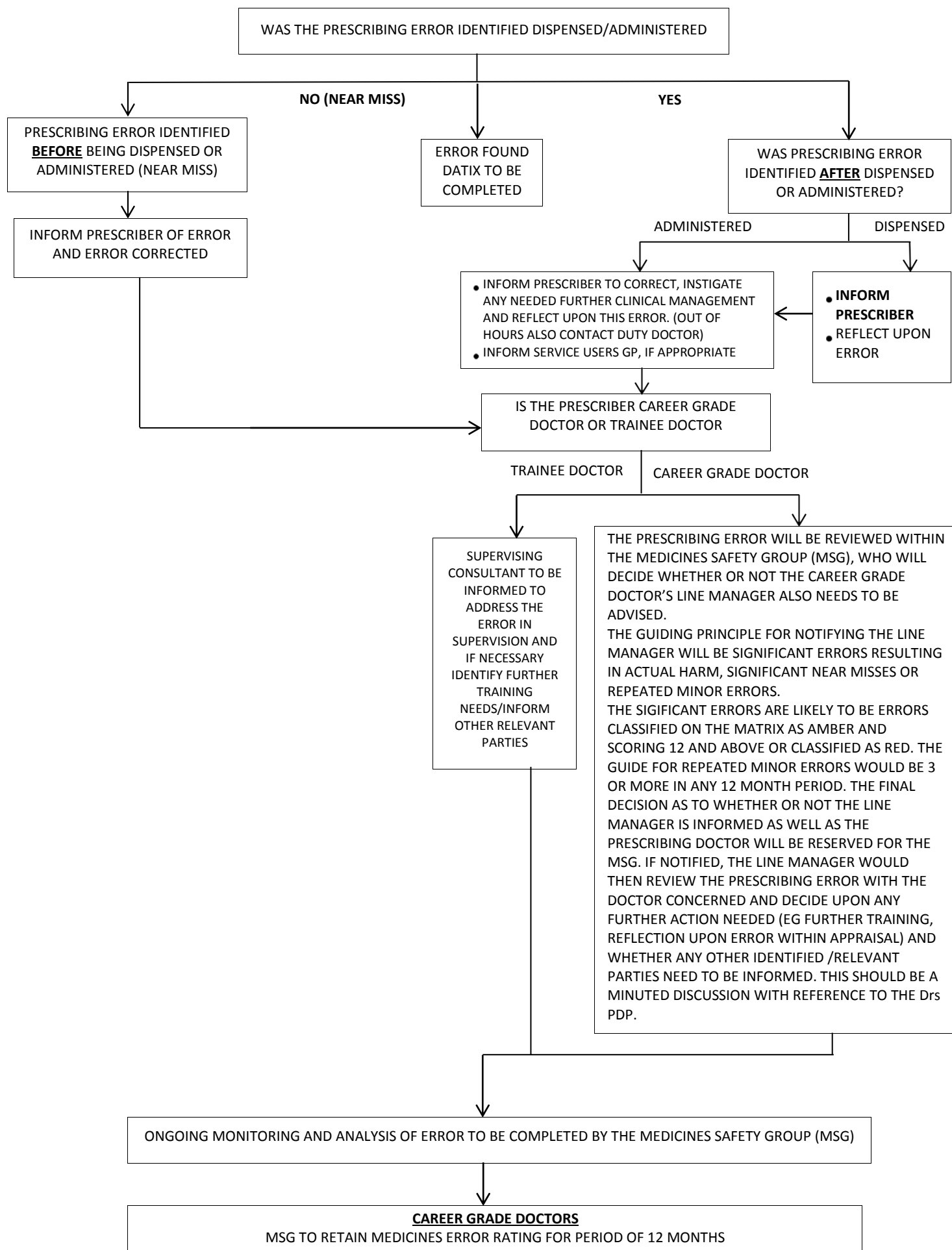
* Please ensure that actions of staff members involved in medicines related errors are not viewed in isolation

4.3 Management of Administration Errors (please also see 4.2 immediate action)

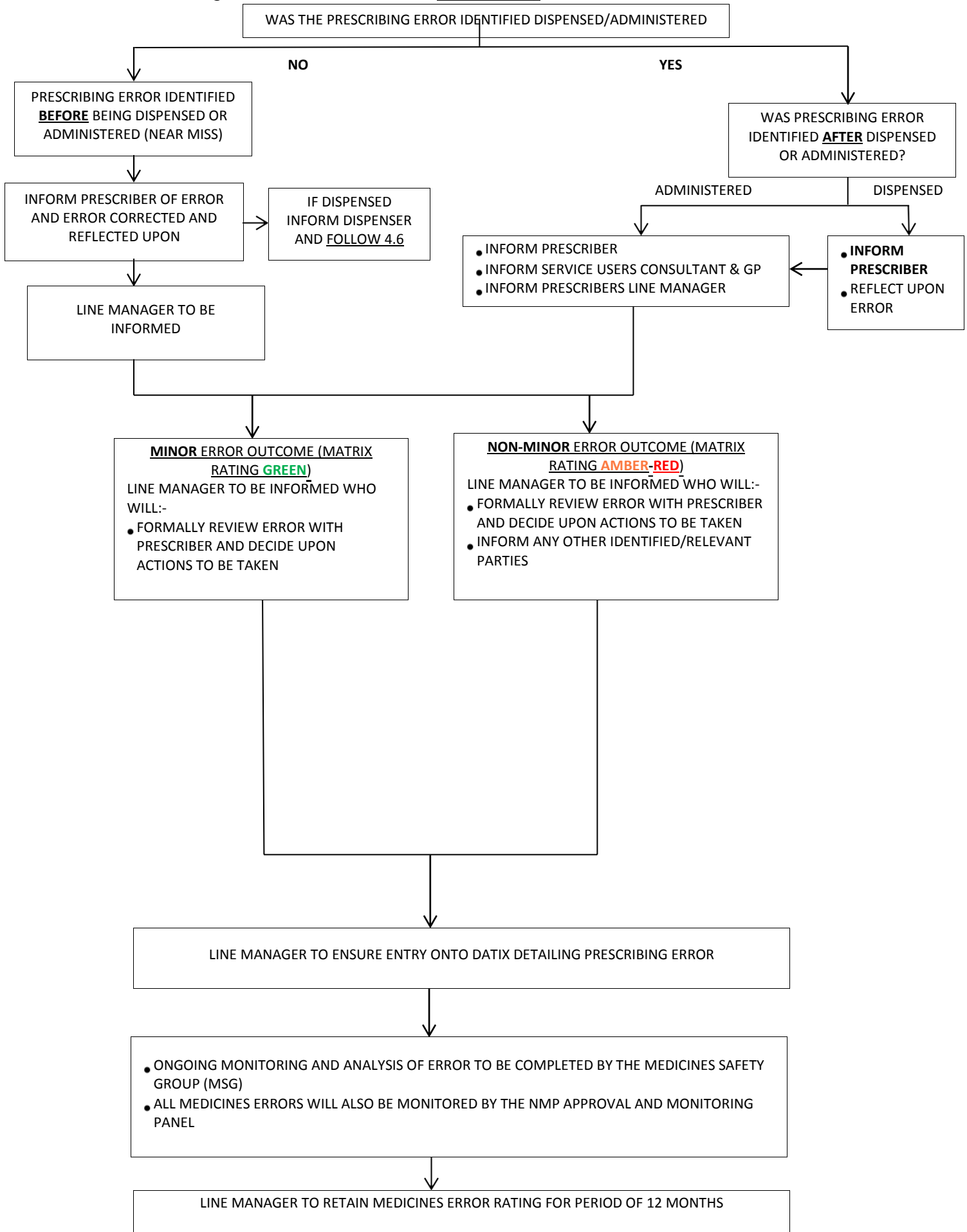


* Please ensure that actions of staff members involved in medicines related errors are not viewed in isolation

4.4 Management of **Medical Prescribing** Errors



4.5 Management of Non-Medical Prescribing Error



4.6 Management of Dispensing Errors



* Please ensure that actions of staff members involved in medicines related errors are not viewed in isolation

4.7 Management and Support of Member of Staff Making a Medicines Error

Human error is inevitable. A member of staff who has been practising successfully does not suddenly become incompetent or unsafe after a single medicines error. However, for an error to occur an important step in the process would have to be omitted and there is a potential for this to recur if the cause is not identified. It is therefore vital that the line manager and member of staff who made the error identify exactly what went wrong, how and take steps to rectify this (see 4.2-4.6)

The **line/deputy manager** must ensure that any remedial action such as supervised practice (via completion of „Competency Framework“ in practice) is carried out as soon as possible. Prolonged delay in resuming activity could adversely affect the staff member’s confidence and practice in their area (see appendix 3)

Minor Prescribing Errors (such as poor legibility or failure to use capital letters) can be pointed out to the member of staff and corrections made. Repetitive errors of this kind should be managed in accordance with 4.4 and where indicated the prescriber’s line manager should be informed.

Carrying out supervised practice can provide assurance that staff who made the error is following correct procedures. The method and length of supervised practice will depend primarily on the severity of the error and/or potential for harm. Other factors to consider when reviewing the error include availability of support staff to supervise, insight of the member of staff, circumstances surrounding the medicines error, confidence of the member of staff and any previous incidents.

Where possible, review of any error should be conducted in partnership/collaboration with the staff involved. At the end of any supervised practice both parties must be confident that the member of staff has changed his/her practice so that the likelihood of any future medicines error is minimal (see 4.2-4.6).

If repeated errors occur by the same member of staff despite all efforts from the Trust to provide additional training and other measures deemed necessary, the line manager should seek advice from their professional lead and Human Resources. Together they will consider the options open to them to protect service users from harm. This may include, but not limited to, the management of the member of staff using the Disciplinary Procedures (HR01)

4.8 Reflective/Learning Accounts for Members of Staff Making a Medicines Error

The member of staff should be encouraged to write a written reflective/learning account of the events leading up to, during and after the incident. This can assist the member of staff and line manager identify what went wrong, how and why. This is also a useful source of information during the investigation.

For career grade doctors this would occur as part of the appraisal system and for doctors in training this should be reflected in their e-portfolio.

4.9 Informing Service user/Carers

The Trust acknowledges that when things go wrong, open and honest communication with the service user and/or relatives is fundamental to the on-going partnership between them, those providing their care and the Trust.

The service user should be informed by the nurse in charge, line manager or the doctor in charge of the service user’s care at that moment in time (if appropriate to do so, also see 4.6 minor prescribing errors). If appropriate an apology should be given, acknowledging that an apology is not an admission of liability.

If appropriate, following the investigation, a meeting should be offered to the service user and/or relatives with the relevant clinician(s) / personnel. The purpose of such a meeting

would be to discuss the findings of the investigation, share the lessons learned and outline the recommendations put into place to reduce the risk of a similar incident re-occurring in the future. (See: SA03 & SA13)

4.10 Medium to Long Term Actions Following a Medicines Error

Service user safety is paramount and must be addressed immediately when an error is discovered. In the medium to long term, the individual, service, division and the organisation must learn lessons from the error to ensure that such occurrence is minimised as far as possible. Where divisional governance mechanisms identify themes and trends in medicines error incident reporting, local action will be taken in addition to the escalation as described in point 3.4. The MSG monitors trends across Mersey Care NHS Foundation Trust. Following analysis, recommendations or actions will be made by these groups to the appropriate areas of the organisation.

5.0 Management and Implementation

This guideline will be implemented and disseminated throughout the organisation, in accordance to the guidelines ratification processes. Following approval the guideline will be catalogued in the Trust register of Policies and disseminated to all staff. It is the responsibility of the Service Leads to ensure that staff are familiar and compliant with this guideline and have documented evidence of this.

6.0 Monitoring Compliance and Effectiveness

The MSG will monitor adverse incidents across all service areas including aggregate analysis and identify any trends and themes. This includes advising the divisional management team on significant areas of risk through their local governance reporting mechanisms. The MSG will also obtain reports on medicines errors and will ensure that themes are identified and the organisation learns from medication incidents.

7.0 Due Regard

During the development of this guideline Mersey Care NHS Foundation Trust has considered the needs of each protected characteristic as outlined in our equality statement with the aim of minimising and if possible remove any disproportionate impact on employees. If staff become aware of any exclusions that impact on the delivery of this guideline, processes are in place to mitigate any risk. Mersey Care NHS Foundation Trust provides mandatory training related to „Medicines Management“ to all staff (see: 3.6 - table 1)

QUALITY SURVEILLANCE PROCESS FOR STUDENT INCIDENTS/CONCERNS (NURSING)

ACTIONS REQUIRED:

- INCIDENT REPORT (E.G. DATIX) RECEIVED BY PEF IF STUDENTS INVOLVED OR HAVE WITNESSED AN INCIDENT
- PEF CONTACT REVIEWER OF INCIDENT OFFER STUDENT FOLLOW UP SUPPORT. COPIES TO:
 - HEAD OF NURSING
 - DIVISION RISK MANAGER
 - DIVISION LEAD FOR NURSING & QUALITY/ LEAD FOR NURSING & PATIENT EXPERIENCE
- REVIEWERS TO REPLY TO PEF & COPY THE ABOVE INTO RESPONSE.
- ANY OTHER STUDENT/LEARNER INCIDENT/CONCERNS REPORTED (E.G. VIA 'TELL JOE' ON INTRANET OR DIRECT TO PEF OR PRACTICE OR THE HEI) PEF TO OFFER SUPPORT & REPORT CONCERNS AT PEF MEETINGS.
- INCIDENT INFORMATION MANAGER (DATIX) TO PROVIDE REPORT OF INCIDENTS INVOLVING STUDENTS FOR QUALITY SURVEILLANCE MEETINGS.

IF YES, SUPPORT:

PEF PROVIDES SUPPORT AS REQUIRED (E.G. CONTACT STUDENT/PRACTICE AREA TO DISCUSS OR/AND CONTACT HEI IF REQUIRED) REFER TO CAUSE FOR CONCERN PROCESS (FLOWCHART)

STUDENT INCIDENTS/CONCERNS:

REPORT CONCERNS TO THE HEAD OF NURSING FOR THE TRUST QUALITY SURVEILLANCE GROUP

ONGOING STUDENT INCIDENTS/CONCERNS:

REPORT ANY ON-GOING CONCERNS TO THE LEARNING AND DEVELOPMENT LEAD (LD LEAD) FOR THE BI MONTHLY QUALITY SURVEILLANCE REPORTS TO HENW.

RECORD AS REQUESTED IN THE ANNUAL PRACTICE EDUCATION FACILITATION (PEF) REPORT.

PEF TO FEEDBACK TO LEARNERS AND RELEVANT PARTNERS

MEDICINES ERRORS MATRIX**Likelihood/Probability**

Likelihood	Description
1 Rare	Isolated or „one off“ – slight/vague connection to service provision. When assessed it is agreed that there is no likelihood of this type incident occurring again.
2 Unlikely	Rare – an unusual incident but may have happened before or there is a small likelihood that it could happen again.
3 Possible	Happening from time to time – there is no pattern and the error type is not constant.
4 Likely	An error that occurs or could occur several times a year.
5 Almost Certain	An error that is regularly occurring.

Harm or Consequence

Category	Description
1 Insignificant with zero harm	No impact on the service user, no harm experienced and very little potential for harm. For example small stock discrepancy that does not lead to a delay in medicines administration or an issue with paperwork.
2 Low Potential for Harm Or Minor issue	Small delay in treatment possibly for example A medicines unavailable (<i>except critical medicines</i>) The correct medicine administered late (at the wrong time). An unsigned prescription leading to a delay in administration.
3 Moderate Potential Harm or Serious Issue	Significant delays in medication or an error in the medicines management process that may have lead to harm. These incidents may include: Omission/unavailability of a critical medicine (<i>but no harm suffered</i>). The potential of repeat dose of medicines being given due to „blanks“ on administration card. Repeated omission of medicines for no clinical reason (4s on medicines card). Prescribing/administering without valid consent. Prescribed the wrong medication/dose/route/rate. Medication prescribed to the wrong service user. Transcription error and administered. Prescribing without taking into account physical health or considering contraindications Allergic to medication but the medication was prescribed and/or dispensed and/or administered. Failure to notify MHRA of Adverse Events. Failure to monitor therapeutic levels. Issues with specified or self medication.
4 Actual Harm or Major Error	An incident or error where the service user has experienced actual harm or incidents of significant issues of standards of professional practice and quality of care. Service user prescribed the wrong medication, e.g. Transcription error and administered. Prescribing without taking into account the service user"s/s clinical condition, allergies and contraindications. Prescription not signed and administered leading to a major delay in care. Administered the wrong medication/dose/ route. Medication administered to the wrong service user. Allergic to medication but the medication was prescribed and/or dispensed and/or administered. Failure to monitor therapeutic levels. Serious issues with specified or self medication
5 Catastrophic Harm or Error	Catastrophic harm to service user Actions or events that may be illegal or grossly negligent or of serious misconduct by named members of staff. Serious safety issues or concerns.

LIKELIHOOD/ PROBABILITY	HARM or CONSEQUENCE				
	Insignificant 1	Low 2	Moderate Potential Harm 3	Serious Harm 4	Catastrophic Harm 5
5 (Almost Certain)	5	10	15	20	25
4 (Likely)	4	8	12	16	20
3 (Possible)	3	6	9	12	15
2 (Unlikely)	2	4	6	8	10
1 (Remote)	1	2	3	4	5

SAFER MEDICATION PRACTICE

Reducing harm from omitted and delayed medicines in hospital

NPSA Rapid Response Report NPSA/2010/RRR009; Issued: 24 February 2010

Background

Medicine doses may be frequently omitted or delayed in hospital for a variety of reasons, including errors during the prescribing, dispensing, supply or administration of the medicines. Whilst only a small percentage of these occurrences may cause harm or have the potential to cause harm, it is important to recognise that serious harm or death can arise from the omission or delay of some critical medicines. Patients going into hospital with chronic conditions are particularly at risk.

In 2007, the National Patient Safety Agency (NPSA) [Safety in Doses](#) report found that omitted and delayed medicines were the second largest cause of medication incidents reported to the National Reporting and Learning System (NRLS), accounting for 17.1% of medication incidents reported to the NPSA from all settings. These incidents included missing an intended medicine regime entirely or missing one or more doses of medicine. The data highlighted that for some kinds of medicines, such as antibiotics, anticoagulants, insulin, resuscitation medicines and medicines for Parkinson's disease, omitted or delayed doses can have serious and even fatal consequences.

Following a review of incident reports sent to the NPSA, the following were identified as causes of omitted and delayed medicine incidents:

- medicines not correctly reconciled on admission
- intention to prescribe new medicine or dose but not prescribed
- routine regular medicine or dose not prescribed
- medicine not administered
- medicine not available in normal working hours or out of hours
- patient not on ward
- unfamiliar preparation, administration, method or device
- route of administration not available
- medicine administered to wrong patient and omitted for the right patient
- discharge medicine not supplied
- incomplete or inaccurate on discharge summaries

In February 2010, the NPSA issued a rapid response report [NPSA/2010/RRR009](#) „Reducing harm from omitted and delayed medicines in hospital“. The report directed NHS organisations to identify a list of critical medicines where timeliness of administration is crucial, to include anti-infectives, anticoagulants, insulin, resuscitation medicines, medicines for Parkinson's disease and other medicines identified locally. The alert also recommended that medicine management procedures should include guidance on the importance of timely prescribing, supply and administration of critical medicines (including out of hours) and the actions to be taken when a medicine has been omitted or delayed. Other actions were to report and review incidents involving omission or delay of critical medicines, to carry out periodic audit of omitted and delayed medicines and to ensure that system improvements that reduce harms from omitted and delayed medicines are made.

In line with NPSA alert NPSA/2010/RRR009, below is a list of medicines that should not be delayed or omitted across Mersey Care NHS Foundation Trust.

Agreed List of Critical Medicines which must not be omitted or Delayed		
Directed by the NPSA	Psychotropic Medicines	Other Medicines
Anti-infectives	Paroxetine	Antidiabetic drugs
Anticoagulants	Venlafaxine	Antiplatelet drugs
Resuscitation medicines	Lithium	Anticonvulsants
Insulin	Clozapine	Medicines for Glaucoma
Medicine for Parkinson's	Methadone	Medicines for Heart failure
	Buprenorphine	Medicines for Angina
	IM procyclidine	Medicines for Asthma/COPD
	Medicines for Rapid Tranquillisation	Contraceptives
	Benzodiazepines (long term use or alcohol dependence)	Pabrinex in severe deficiency states, Wernickes, Korsakoff's
		Immunosuppressants
		Corticosteroids
		Opioid analgesics - chronic use
		Vitamin K for bleeding
		Filgrastim for neutropenia
		Glucagon
		Oxygen

This list is subject to updates. Please note that omission of other medicines not on this list may be as important. If in doubt, contact Pharmacy for advice.

Actions

- Be aware of the above list of critical medicines and ensure that these medicines are not omitted.
- Review medication storage and supply to ensure that vital medicines are available when they are needed.
- Treat any serious delay or omission of a medicine on this as a clinical incident and complete an incident form on Datix, in line with trust policy.
- Periodically carry out audits of omitted and delayed medicines and use the results used to inform system improvements.

References:

1. Reducing harm from omitted and delayed medicines in hospital.
<http://www.nrls.npsa.nhs.uk/resources/?EntryId45=66720>
2. Safety in Doses: improving the use of medicines in the NHS; published 2007 and 2009.
<http://www.nrls.npsa.nhs.uk/resources/?entryid45=61625>

NURSING ADMINISTRATION OF MEDICINES:
ASSESSMENT OF COMPETENCY

Name of Nurse being Assessed		Date of Assessment	
Grade of Nurse being Assessed		Time of Assessment	
Name of Practice Area		Assessor(s) Name(s)	

ASSESSMENT TOOL FOR MEDICINES ADMINISTRATION – IN PATIENT SETTINGS

Name of candidate:

Date of assessment:

Name & Signature of Assessor:

Criteria	Competency achieved?		Comments
	Yes	No	
Knowledge			
<p><u>Demonstrates understanding of the Trust Handling of Medicines Policy (SD12).</u> Demonstrates understanding of the administration, storage and return of controlled drugs Demonstrate understanding of FP10 Guidelines</p>			
<p>Demonstrates understanding of the Trust Guidelines for Prescribing, Preparation and Administration of Injectable Medicines and tablets/liquids where appropriate ● Can identify how they would access this information</p>			
<p>Demonstrate the understanding of Promoting safer measurement and administration of liquid medicines via oral and other enteral routes.</p>			
<p>Demonstrates clear understanding of the NMC standards for Medication management (2008) and the NMC Code (2015)</p>			
<p>Demonstrates an understanding of how capacity is assessed Is able to describe how they would locate the necessary service user information related to capacity Is able to locate and demonstrates an understanding of the trust Over-Arching Policy And Procedure Of The Mental Capacity Act 2005 (MC01)</p>			
<p>Is aware of and able to locate Trust consent to examination or treatment policy & Procedure (SD06)</p>			
<p>● Clearly explains what constitutes a drug error ● Demonstrates clear understanding of the steps to take in the event of a drug error</p>			
<p>Clearly explains and demonstrates the correct process for safe use of medical devices used in the administration of medicines (SD12)</p>			
<p>Demonstrates clear understanding of what constitutes an adverse reaction and what to do in the event of this occurring.</p>			
<p>Shows clear understanding of the role of the Pharmacist and works in collaborative manner with Pharmacy department</p>			
<p>Can the nurse identify a minimum of three medicines commonly used within your clinical area and:- Demonstrate knowledge of normal dosage range Describe side effects and contraindications that relate to this medicine ● Makes mention of the BNF and Trust Clinical Guidelines/Formulary document</p>			

Can the nurse identify the appropriate physical health monitoring of service users prescribed medicines Annual LUNTERS review • Annual Physical Health Checks • Monitoring of physical health specific to medicines prescribed			
Pre Administration: Preparation & Prescription Card Checks			
Ensures preparation & prescription card checks are completed accurately utilising the second witness			
Preparation			
Shows clear understanding of how to order all types of medicine and how to obtain medicines „out of hours“			
Clearly explains and demonstrates the correct process for safe and secure storage, transportation, recording and disposal of medicines (SD12)			
Attends to Infection Prevention and Control Policy (IC01) before, during and after each service user administration			
All equipment necessary is checked and available:- • Liquid measuring pot/conical • Syringes varying sizes • Needles varying sizes • Gloves, etc			
• Has access to the latest BNF • Acknowledges the Mersey Care Clinical Guidelines/ Formulary			
Has checked any relevant Mental Health Act related requirement for the administration of medicines for the service user			
Has checked to ensure consent to treatment is accurate and in date			
<u>Environmental & Staffing Issues:</u> What is in place to reduce distractions? Is the second nurse/witness present? Are they both clear about their role?			
Prescription Cards			
Retrieves the correct chart for the correct service user:- <i>CHECKING SERVICE USER IDENTITY</i> as per Identification of Service Users Policy SA36			
Confirms prescription card prescription is legible, dated, signed by authorised prescriber, dosage, route and timings are correct, has not already been administered as per Handling of Medications Policy (SD12) .			
Has knowledge of the therapeutic uses of the medicines to be administered, normal dose, route, side effects, precautions and contraindications.			
Checks allergy/sensitivities status and acts accordingly			
Articulates knowledge of the service user’s condition and care plan.			
Checks medicines are due to be administered and have not already been administered.			
Explains medicines / gives appropriate education to the service user.			
Gains service user consent for administration.			

Makes appropriate decision to administer/withhold the medication in the context of service user's condition.			
Contacts the prescriber or another authorised prescriber without delay where contra-indications to the prescribed medicine are discovered. Where the service user develops a reaction to the medicine, or where assessment of the service user indicates that the medicine is no longer suitable			
Medicines: Selection, Measurement & Administration			
Selection			
Administration is completed utilising the second witness accurately checking and signing administration of medicines			
<u>Selects</u> and checks prescribed medicine being administered as per prescription card. <u>5 R's (+2)</u> Right person <ul style="list-style-type: none"> • Right medication • Right dose • Right time • Right route • Right Education • Right Recording Checks expiry date of medicines Always acts in accordance with Mersey Care Trust policy, guidelines and procedure in the event of any doubt at any stage in the above checks			
Selects the correct equipment that will be required to administer medicines prescribed			
Measurement			
Is able to demonstrate correct use of equipment when preparing and measuring medication			
Is able to demonstrate the correct calculation when preparing and measuring medication in the following form (as appropriate):- <ul style="list-style-type: none"> • Tablets • Liquids • Injectable medicines 			-
Administration			
Communicates appropriately and effectively with service users throughout the process ensuring the identify of the service user is checked			
Assists (where appropriate) the service user to take administered medication			
Ensures concordance to medication administered making necessary checks			
Demonstrates understanding of anatomy and physiology of sites commonly used for the administration of injectable medicines			
Demonstrates adherence to the Trust Infection Control policy			
Administers injectable medicines (and where relevant tablets and liquids) using the correct procedure <i>In accordance with Trust Handling of Medicines Policy, Trust Guidelines for Prescribing, Preparation and Administration of Injectable Medicines and within legal and professional requirements</i>			
Adheres to the <u>prescription card</u> taking note of any:- <ul style="list-style-type: none"> • Additional instructions 			

● PRN medicines			
Inform relevant people and document any medicines omissions			
Ensures the safe disposal of medicines in accordance with Trust Policy (SD12)			
Medicines: Recording & Communicating (All Routes)			
Ensures recording and communicating is completed accurately utilising the second witness			
Makes clear, accurate and immediate record of all medicine (including controlled/recorded) administered, intentionally withheld or refused by the service user. Ensure the signature is clear, legible and timed Takes appropriate action if medicine <u>withheld/refused</u> or <u>not given</u> :- <ul style="list-style-type: none"> ● Records accurately on/in Medicines card ● Records accurately on/in service users clinical records ● Ensures that this followed up is actioned as appropriate 			
Makes clear, accurate and immediate record of all medicine not administered and disposed of			
Shows clear understanding of the need to countersign student Nurse signature when teaching and supervising student in drug administration.			

ASSESSOR COMMENTS:

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In the event that the Nurse does not demonstrate competence, action plan must be outlined above and re-assessment made within 2 weeks. Failure to achieve competence within 2 weeks will need to be referred to Senior Management.

Assessor: I certify that Has demonstrated competence in drug administration in line with the above criteria/has not demonstrated competence and requires a development plan. (delete as appropriate).

Name & Signature of Assessor..... Date:.....

Nurse: In line with the above criteria, I can confirm that I am competent to administer medicines. Should my level of proficiency fall, I will seek immediate remedial action and support and advise my Manager.

Name & Signature of Nurse..... Date:

REVIEW OF ASSESSMENT

I have conducted the above assessment and consider

(Name)..... Competent/Not Competent

In their knowledge in the administration of medicines

Assessors overall comments:

(Please use this space to record all issues highlighting good practice or issues of concern and reason for referral). (Service Manager)

Nurse comments:.....
.....
.....
.....

Liaison with and referral to Service Manager

.....

Agreed action plan/

training.....
.....
.....

Training to be arranged by:.....

Date by which training will be completed.....

Further assessment required after training? YES/NO

Agreed and signed by Nurse

Assessor (1).....

Assessor (2).....

Date.....

Copy to: Personal file
Nurse

ASSESSMENT TOOL FOR MEDICINES ADMINISTRATION – COMMUNITY SETTINGS

Name of candidate:

Date of assessment:

Name & Signature of Assessor:

Criteria	Competency achieved?		Comments
	Yes	No	
Knowledge			
<p><u>Demonstrates understanding of the Trust Handling of Medications Policy (SD12).</u> Demonstrates understanding of the administration, storage and return of controlled drugs ● Demonstrate understanding of FP10 Guidelines</p>			
<p>Demonstrates understanding of the Trust Guidelines for Prescribing, Preparation and Administration of Injectable Medicines and tablets/liquids where appropriate ● Can identify how they would access this information</p>			
<p>Demonstrates understanding of the Trust Policy and Procedure for Lone Working (SD03)</p>			
<p>Demonstrates clear understanding of the NMC standards for Medication management (2008) and the NMC Code (2015)</p>			
<p>Demonstrates an understanding of capacity assessed Is able to describe how they would locate the necessary service user information related to capacity Is able to locate and demonstrates an understanding of the trust Over-Arching Policy And Procedure Of The Mental Capacity Act 2005 (MC01)</p>			
<p>Is aware of and able to locate Trust consent to examination or treatment policy & Procedure (SD06)</p>			
<p>● Clearly explains what constitutes a drug error ● Demonstrates clear understanding of the steps to take in the event of a drug error</p>			
<p>Clearly explains and demonstrates the correct process for safe use of medical devices used in the administration of medicines (SD12)</p>			
<p>Demonstrates clear understanding of what constitutes an adverse reaction and what to do in the event of this occurring.</p>			
<p>Shows clear understanding of the role of the Pharmacist and works in collaborative manner with Pharmacy department</p>			
<p>Can the nurse identify a minimum of medicines commonly used within your clinical area and:- Demonstrate knowledge of normal dosage range Describe side effects and contraindications that relate to this medicine ● Makes mention of the BNF and Trust Clinical Guidelines/Formulary</p>			

Can the nurse identify the appropriate physical health monitoring of service users prescribed medicines Annual LUNTERS review <ul style="list-style-type: none"> •Annual Physical Health Checks •Monitoring of physical health specific to medicines prescribed 			
Pre Administration: Preparation & Prescription Card Checks			
Ensures preparation & prescription card checks are completed accurately and where appropriate utilising the second witness			
Preparation			
Shows clear understanding of how to order all types of medicine and how to obtain medicines „out of hours“			
Clearly explains and demonstrates the correct process for safe and secure storage, transportation and disposal of medicines (SD12)			
Attends to Infection Prevention and Control Policy (IC01) before, during and after each service user administration			
All equipment necessary is checked and available:- <ul style="list-style-type: none"> • If applicable: Liquid measuring pots/cylinders •Syringes varying sizes •Needles varying sizes •Gloves, etc 			
<ul style="list-style-type: none"> •Has access to the latest BNF •Acknowledges the Mersey Care Clinical Guidelines/Formulary 			
Has checked any relevant Mental Health Act related requirement for the administration of medicines for the service user (e.g. CTO)			
Has checked to ensure consent to treatment is accurate and in date			
<u>Environmental & Staffing Issues:</u> <ul style="list-style-type: none"> •What is in place to reduce distractions? •Is the second nurse/witness present? (as applicable) •Are they both clear about their role? 			
Prescription Cards			
Retrieves the correct chart for the correct service user: - CHECKING SERVICE USER IDENTITY as per Identification of Service Users Policy SA36			
Confirms prescription card prescription is legible, dated, signed by authorised prescriber, dosage, route and timings are correct, has not already been administered as per Handling of Medications Policy (SD12) .			
Has knowledge of the therapeutic uses of the medicines to be administered, normal dose, route, side effects, precautions and contraindications.			
Checks allergy/sensitivities status and acts accordingly			
Checks medicines are due to be administered and have not already been administered.			
Articulates knowledge of the service user"s condition and care plan.			
Explains medicines / gives appropriate education to the service user.			

Gains service user consent for administration.			
Makes appropriate decision to administer/withhold the medication in the context of service user's condition.			
Contacts the prescriber or another authorised prescriber without delay where contra-indications to the prescribed medicine are discovered. Where the service user develops a reaction to the medicine, or where assessment of the service user indicates that the medicine is no longer suitable			
Medicines: Selection, Measurement & Administration			
Selection			
When appropriate Administration is completed utilising the second witness accurately checking and signing administration of medicines			
<u>Selects</u> and checks prescribed medicine being administered as per prescription card. <u>5 R's (+2)</u> R ight person • Right medication • Right dose • Right time • Right route • Right Education • Right Recording Checks expiry date of medicines Always acts in accordance with Mersey Care Trust policy, guidelines and procedure in the event of any doubt at any stage in the above checks			
Selects the correct equipment that will be required to administer medicines prescribed and follows the Trust Handling of Medications Policy (SD12).			
Measurement			
Is able to demonstrate correct use of equipment when preparing and measuring medication			
Is able to demonstrate the correct calculation when preparing and measuring medication in the following form (as appropriate):- • Tablets • Liquids • Injectable medicines			
Administration			
Communicates appropriately and effectively with service users throughout the process ensuring the identify of the service user is checked			
Demonstrates understanding of anatomy and physiology of sites commonly used for the administration of injectable medicines			
Demonstrates adherence to the Trust Infection Control policy			
Administers injectable medicines (and where relevant tablets and liquids) using the correct procedure <i>In accordance with Trust Handling of Medicines Policy, Trust Guidelines for Prescribing, Preparation and Administration of Injectable Medicines and within legal and professional requirements</i>			
Adheres to the <u>prescription card</u> taking note of any:- • Additional instructions			

Inform relevant people and document any medicines omissions			
Ensures the safe disposal of medicines in accordance with Trust Policy (SD12)			
Medicines: Recording & Communicating (All Routes)			
Where appropriate Ensures recording and communicating is completed accurately utilising the second witness			
Makes clear, accurate and immediate record of all medicine (including controlled/recorded) administered, intentionally withheld or refused by the service user. Ensure the signature is clear, legible and timed Takes appropriate action if medicine <u>withheld/refused</u> or <u>not given</u> : Records accurately on/in Medicines card Records accurately on/in service users clinical records ● Ensures that this followed up is actioned as appropriate			
Makes clear, accurate and immediate record of all medicine not administered and disposed of			
Shows clear understanding of the need to countersign student Nurse signature when teaching and supervising student in drug administration.			

ASSESSOR COMMENTS:

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In the event that the Nurse does not demonstrate competence, action plan must be outlined above and re-assessment made within 2 weeks. Failure to achieve competence within 2 weeks will need to be referred to Senior Management.

Assessor: I certify that Has demonstrated competence in drug administration in line with the above criteria/has not demonstrated competence and requires a development plan. (delete as appropriate).

Name & Signature of Assessor..... Date:.....

Nurse: In line with the above criteria, I can confirm that I am competent to administer medicines. Should my level of proficiency fall, I will seek immediate remedial action and support and advise my Manager.

Name & Signature of Nurse..... Date:

REVIEW OF ASSESSMENT

I have conducted the above assessment and consider

(Name)..... Competent/Not Competent

In their knowledge in the administration of medicines

Assessors overall comments:

(Please use this space to record all issues highlighting good practice or issues of concern and reason for referral). (Service Manager)

Nurse comments:.....
.....
.....
.....

Liaison with and referral to Service Manager

.....

**Agreed action plan/
training.....**

.....

.....

Training to be arranged by:.....

Date by which training will be completed.....

Further assessment required after training? YES/NO

Agreed and signed by Nurse

Assessor (1).....

Assessor (2).....

Date.....

**Copy to: Personal file
 Nurse**

WITNESS TO THE SAFE ADMINISTRATION AND DOCUMENTATION OF MEDICINES:
ASSESSMENT OF PRACTICE COMPETENCY

Name of Witness Being Assessed		Date of Assessment	
Grade of Witness Being Assessed		Time of Assessment	
Name of Practice Area		Assessor(s) Name(s) & Role	

ASSESSMENT TOOL: **IN PATIENT & COMMUNITY SETTINGS**

WITNESSING OF SAFE ADMINISTRATION AND RECORDING OF MEDICATIONS

Competency	Competency achieved?		Comments
	Yes	No	
Uses appropriate interpersonal skills – including active listening and questioning skills.			
Works efficiently in a team establishing good working relationships with all colleagues during the process of witnessing administration and/or storage of medicines.			
Understands <u>their</u> role in assisting in the administration and documentation of medication			
Witness the safe and correct administration and documentation of medication to individual service users.			
Assist with the safe storage of medication – also appreciates the misuse potential of drugs.			
Assist with the safe disposal of unused medicines.			
Accurately records signatures			
Observe and report any adverse incidents or possible adverse reactions to medication.			
Challenges colleagues constructively if inappropriate practice is occurring.			
Knows when to seek help/advice			
Is aware of the limitations of the role: what they <u>should not</u> do			

ASSESSOR STATEMENT:

I certify that _____

HAS / HAS NOT demonstrated competence in witnessing the safe administration and documentation of medicines in line with the above criteria (*delete as appropriate*).

Note: if the witness has not then please completed action plan below

NAME OF WITNESS: _____

SIGNATURE OF WITNESS; _____

DATE: _____

WITNESS STATEMENT:

In line with the above criteria, I can confirm that I am now deemed competent to witness the safe administration and documentation of medicines. I agree to maintain these standards by complying with the requirements for continued development of knowledge and skills in this role.

NAME OF WITNESS: _____

SIGNATURE OF WITNESS; _____

DATE: _____

ASSESSOR ACTION PLAN:

(In the event that the witness does not demonstrate competence, action plan must be outlined above and re-assessment made within 2 weeks. Failure to achieve competence within 2 weeks will need to be referred to Senior Management)

Re-assessment to be arranged by: _____

Date by which re-assessment will be completed _____

Agreed and signed by Witness _____

Agreed and signed by Assessor _____

Date _____

Cc Personal file
Manager

ASSESSMENT TOOL: **SUPPORTED LIVING SERVICES**

WITNESSING OF SAFE ADMINISTRATION AND RECORDING OF MEDICATIONS

Competency	Competency achieved?		Comments
	Yes	No	
Uses appropriate interpersonal skills – including active listening and questioning skills.			
Works efficiently in a team establishing good working relationships with all colleagues during the process of witnessing/administration and/or storage of medicines.			
Understands <u>their</u> role in the administration and documentation of medication			
Witnesses and/or administers the safe and correct administration and documentation of medication to individual service users.			
Assist with the safe storage of medication – also appreciates the misuse potential of drugs.			
Assist with the safe disposal of unused medicines.			
Accurately records signatures			
Observe and report any adverse incidents or possible adverse reactions to medication.			
Challenges colleagues constructively if inappropriate practice is occurring.			
Knows when to seek help/advice			
Is aware of the limitations of the role: what they <u>should not</u> do			

ASSESSOR STATEMENT:

I certify that _____

HAS / HAS NOT demonstrated competence in witnessing the safe administration and documentation of medicines in line with the above criteria (*delete as appropriate*).

Note: if the witness has not then please completed action plan below

NAME OF WITNESS: _____

SIGNATURE OF WITNESS; _____

DATE: _____

WITNESS STATEMENT:

In line with the above criteria, I can confirm that I am now deemed competent to witness the safe administration and documentation of medicines. I agree to maintain these standards by complying with the requirements for continued development of knowledge and skills in this role.

NAME OF WITNESS: _____

SIGNATURE OF WITNESS; _____

DATE: _____

ASSESSOR ACTION PLAN:

(In the event that the witness does not demonstrate competence, action plan must be outlined above and re-assessment made within 2 weeks. Failure to achieve competence within 2 weeks will need to be referred to Senior Management)

Re-assessment to be arranged by: _____

Date by which re-assessment will be completed _____

Agreed and signed by Witness _____

Agreed and signed by Assessor _____

Date _____

Cc Personal file
Manager