To be completed and signed by the staff member and the workplace manager / supervisor or a workplace assessor who has observed the task.

I ………………………………………………………… have observed …………………………………………………… administer medication in the following medication categories: Oral, Topical, Eye/Ear Drops.

1. I am satisfied that the staff member can administer medication according to policy and procedure

2. I consider that the staff member requires further assistance / coaching. **note**: Should the staff member require further coaching this is to be scheduled as soon as possible and a time made for another opportunity to complete the checklist.

| Supervisor/Workplace Assessor name and position |  | Staff member name |  |
| --- | --- | --- | --- |
| Signature and Date |  | Signature and Date |  |

**How to use checklist**

The Administration of Medication Evaluation Checklist (AMEC) is a tool that can be used by supervisors to support and coach staff in ‘on -the -job learning’ related to the administration of medication. The AMEC is to be used in conjunction with the practice policies, procedures, and practices. Completion of the checklist provides evidence that the task has been completed under supervision.

Administration of Medication training can administer the following medications:

* Oral: this includes tablets, capsules, and liquids
* Eye: eye drops
* Nose: sprays or drops
* Ears: drops
* Skin: application of ointments in lotion, cream or liquid, sprays and transdermal adhesive patches.

The AMEC may be provided to new starters as part of the Disability Induction course and the new starter may be asked to complete this checklist on the job with a client or in a simulated exercise and under supervision.

The AMEC can be used as coaching tool by supervisors for staff who:

* Require extra support on the job
* Identify a need to refresh their skill through Professional Development and Support

The AMEC is to be completed under supervision and by a person at a level senior to the staff member, such as, a manager / supervisor or a person deemed competent.

| **PREPARE TO ASSIST WITH MEDICATION** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Staff is aware of medication/schedule of support plan | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 2 | Staff reminds person it is time to take medication | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 3 | Locates and reads treatment sheet / medication chart / care / health plan relevant to the client | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 4 | Identifies the level of physical assistance required by the person | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 5 | Identifies the level of support required for the person to self-administer | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 6 | Identifies the person’s current physical and behavioural condition | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 7 | Collects medication from locked storage area | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 8 | Collects all equipment required: e.g., medication cup /glass, tissues, applicators, swabs | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 9 | Checks the treatment sheet for correct medication, time, and date | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 10 | Checks medication container: Dossett/Webster Pak or original container to ensure medication corresponds with treatment sheet / care / health plan | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 11 | Reads and follow any special instructions for administration of the medication | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 12 | Checks treatment sheet / manufacturer’s instructions for correct application procedure relevant to medication type | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 13 | Demonstrates that person confidentiality, privacy and dignity is maintained | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 14 | Completes personal hygiene procedures as per infection control guidelines | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| **PREPARE THE PERSON FOR ASSISTANCE WITH MEDICATION** | | | | | | | |
| 15 | Identifies correct person and explains the administration procedure to person | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 16 | Demonstrates appropriate communication to engage person in the activity | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 17 | Provides opportunity for person to actively participate in the procedure | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 18 | Checks medication in relation to person information | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 19 | Observes person to check for physical or behavioural changes and identifies the reporting process if there are differences | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 20 | Identifies and describes circumstances in which the appropriate action is to report observed health status rather than proceed with the administration and seek advice from health professional | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 21 | Checks documentation and instructions and person prepared | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 22 | Demonstrates knowledge of the 6 rights of medication administration: Right - person, drug, dose, time, method, documentation | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 23 | Prepares as appropriate, a drink / tissues / wipes / disposal bag / gloves / equipment | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 24 | Demonstrates awareness of and undertakes personal hygiene: wash and dry hands-on disposable paper towel/ uses gloves / applies infection control guidelines | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 25 | Administers medication or assists with administration, using appropriate equipment: measure cup / dropper / applicator / spray / patch | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 26 | Handles medication appropriately according to medication type: e.g., avoiding contact with own skin, using applicators. Removes any excess cream / lotion / ointment | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 27 | Supervises and observes the person to ensure the medication is swallowed / absorbed | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 28 | Ensures that drops are instilled correctly and wipes away any excess | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 29 | Uses correct amount of drops / ointment / liquid / spray / as per instructions | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 30 | Encourages the person to actively participate and where practical undertake the administration / application of medication | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 31 | Demonstrates care and ensures person dignity during the administration of medication | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 32 | Ensures person is comfortable and observes person for any medication effects | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 33 | Always supervises person during administration of medication process | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 34 | Ensures medication and equipment is not left unattended at any time | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 35 | Observes, monitors, documents, and reports medication side effects as per policy and procedure | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 36 | Securely stores person information: care / health plan | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| **PROCESSES AND CONTROLS** | | | | | | | |
| 37 | Reads and follows practice policy and procedures on medication administration | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 38 | Correctly records the administration of medication on all necessary documents | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 39 | Collects all equipment / medication / applicators and rubbish and discards appropriately and according to instructions | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 40 | Follows appropriate procedures to ensure medication storage complies with the manufacturer’s instructions | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 41 | Describes procedures to address / respond to changes in participant’s health / condition | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 42 | Demonstrates an understanding of the procedures for the use of PRN Medication | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |
| 43 | Able to correctly identify the emergency procedures for the current worksite | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  | Yes ☐  No ☐ |  |