

**MM Comp 2 – V02- Issue 4**

**Ratified MOC – July 2019 – Issued Jan 2020**

**Review – Mar 2020**

**Safe and Secure Medicines Handling and Supply**

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**Competency Assessment**

For First Level Registered Nurses Band 5 and above and Nursing Associates

To be completed 3 yearly

|  |  |
| --- | --- |
| Employee Name |  |
| Job Title |  |
| Place of Work |  |
| Assessor Name |  |
| Date of Assessment |  |

**All references are to Safe and Secure Medicines Handling and Supply UMH – PGN 01**

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**All competencies apply to paper based or electronic systems (e.g. Automatic Drug Cupboards)**

**1. Ordering of Medicines**

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| **Performance Criteria** | | **Assessment Method** | **Meets Standard**  **(Yes/No)** | **Signature of Nurse Undertaking Assessment** | **Signature of Assessor** | **Date Deemed Competent** |
| 1.1 | The nurse / nursing associate can demonstrate/describe the correct procedure to order and store controlled stationary  Refer to UHM-PGN-01.Section 3 Ordering of Medicines | Observation |  |  |  |  |
| Verbal |
| 1.2 | The nurse / nursing associate can demonstrate that they can correctly order stock medicines  Refer to UHM-PGN-01.Section 3 Ordering of Medicines | Observation |  |  |  |  |
|  |
| 1.3 | The nurse / nursing associate can demonstrate/describe that they can correctly order non-stock medicines  Refer to UHM-PGN-01.Section 3 Ordering of Medicines | Observation |  |  |  |  |
| Verbal |
| 1.4 | The nurse / nursing associate can demonstrate/describe that they can correctly order individual patient dispensed medicines  Refer to UHM-PGN-01.Section 3 Ordering of Medicines | Observation |  |  |  |  |
| Verbal |
| 1.5 | The nurse / nursing associate can demonstrate/describe that they can correctly order medicines for short term leave or discharge.  The nurse / nursing associate has an awareness of the Prescription Tracking Service (PTS)  Refer to UHM-PGN-01.Section 3 Ordering of Medicines | Observation |  |  |  |  |
| Verbal |
| 1.6 | The nurse / nursing associate can correctly order prescriptions from pharmacy  Refer to UHM-PGN-01.Section 3 Ordering of Medicines | Observation |  |  |  |  |
| Verbal |

**2 Dispensing and Supply of Medicines**

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| **Performance Criteria** | | **Assessment Method** | **Meets Standard**  **(Yes/No)** | **Signature of Nurse Undertaking Assessment** | **Signature of Assessor** | **Date Deemed Competent** |
| 2.1 | The nurse / nursing associate can describe the normal quantities of medication supplied for leave and circumstances where quantities alternative may need to be requested. Refer to UHM-PGN-01.Section 4 Dispensing and Supply of Medicines | Verbal |  |  |  |  |
| 2.2 | The nurse / nursing associate can describe the procedure for requesting dispensing of medicines in Monitored Dosage Systems (initiation and existing) Refer to UHM-PGN-01.Section 4 Dispensing and Supply of Medicines | Verbal |  |  |  |  |
| 2.3 | The nurse / nursing associate can explain the procedure for accessing medication out of hours and from the emergency drugs cupboards Refer to UHM-PGN-01.Section 4 Dispensing and Supply of Medicines | Verbal |  |  |  |  |
| 2.4 | The nurse / nursing associate can explain the procedure for borrowing medicines between wards Refer to UHM-PGN-01.Section 4 Dispensing and Supply of Medicines | Verbal |  |  |  |  |
| 2.5 | The nurse / nursing associate can describe the circumstances and procedure for accessing the Emergency Duty Pharmacist Refer to UHM-PGN-01.Section 4 | Verbal |  |  |  |  |
| 2.6 | The nurse / nursing associate can describe the procedure for obtaining leave and discharge medication out of pharmacy working hours Refer to UHM-PGN-01.Section 4 Dispensing and Supply of Medicines | Verbal |  |  |  |  |
| 2.7 | The nurse / nursing associate can explain the procedure for over labelled medicines use Refer to UHM-PGN-01.Section 4 Dispensing and Supply of Medicines | Verbal |  |  |  |  |
| 2.8 | The registered nurse can explain the procedure for ordering Controlled Drugs Refer to UHM-PGN-04 Section 7 | Verbal |  |  |  |  |

**3**. **Receipt, Storage and Safe Custody of Medicines including Key Security**

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| **Performance Criteria** | | **Assessment Method** | **Meets Standard**  **(Yes/No)** | **Signature of Nurse Undertaking Assessment** | **Signature of Assessor** | **Date Deemed Competent** |
| 3.1 | The nurse / nursing associate can demonstrate the correct procedure for receiving medicines onto the ward  The nurse/nursing associate can demonstrate the operation of Automatic Drug Cupboards (where appropriate)  Refer to UHM-PGN-01 Section 6 Receipt, Storage and Safe Custody of Medicines including Key Security | Observation |  |  |  |  |
| 3.2 | The nurse / nursing associate can demonstrate the correct procedure for storing medicines on the ward  Refer to UHM-PGN-01 Section 6 Receipt, Storage and Safe Custody of Medicines including Key Security | Observation |  |  |  |  |
| 3.3 | The nurse / nursing associate can state correct ambient room temperature where medicines are stored and explain the procedure to be followed if this temperature is exceeded  Refer to UHM-PGN-01 Section 6 Receipt, Storage and Safe Custody of Medicines including Key Security | Verbal |  |  |  |  |
| 3.4 | The nurse / nursing associate can state correct temperature for medicines refrigerators and explain the procedure to be followed if this temperature is exceeded  Refer to UHM-PGN-01 Section 6 Receipt, Storage and Safe Custody of Medicines including Key Security | Verbal |  |  |  |  |
| 3.5 | The nurse / nursing associate locks medicines cupboards securely and immobilises trollies by attaching to the wall **– where applicable.**  Refer to UHM-PGN-01 Section 6 Receipt, Storage and Safe Custody of Medicines including Key Security | Observation |  |  |  |  |
| 3.6 | The nurse / nursing associate checks medication stocks and expiries weekly **and records appropriately**  Refer to UHM-PGN-01 Section 6 | Observation |  |  |  |  |
| 3.7 | The nurse / nursing associate keeps medicine keys securely and can describe the procedure to be followed in the event of missing keys **– where applicable**  Refer to UHM-PGN-01 Section 6 Receipt, Storage and Safe Custody of Medicines including Key Security | Observation |  |  |  |  |

**4. Additional Competencies**

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| **Performance Criteria** | | **Assessment Method** | **Meets Standard**  **(Yes/No)** | **Signature of Nurse Undertaking Assessment** | **Signature of Assessor** | **Date Deemed Competent** |
| 4.1 | The nurse / nursing associate can describe/demonstrate the procedure to be followed when patients bring their own prescribed medicines into hospital Refer to UHM-PGN 01 Section 7 Use of Patient own Drugs | Verbal  Observation |  |  |  |  |
| 4.2 | Where required, the Registered nurse can demonstrates knowledge and skills requires to administer and monitor clozapine  **This competency is optional**  Refer to UHM-PGN-01 Section 10 Supply of Clozapine | Verbal  Observation |  |  |  |  |
| 4.3 | The nurse / nursing associate can describe the procedure to be followed in the event of discovery or suspicion of misuse of medicines in the workplace  Refer to UHM-PGN-01 Section 11 Handling of Medicines | Verbal |  |  |  |  |
| 4.4 | The nurse / nursing associate can describe the procedure to be followed in the event of discovery of presence or use of illicit substances in the workplace   |  | | --- | | Refer to CNTW(O)12 Misuse of Alcohol and/or Illicit Substances | |  |  |  |  |  |
| Verbal |
| 4.5 | The nurse / nursing associate can describe the procedure to be followed in the event of a medication incident Refer to UHM-PGN-01 Section 13 Managing Medication Incidents | Verbal |  |  |  |  |
| 4.6 | The nurse / nursing associate can describe the procedure to be followed in the event of discovery of defective medicines Refer to UHM-PGN-01 Section 13 Managing Medication Incidents | Verbal |  |  |  |  |
| 4.7 | The nurse / nursing associate can describe/demonstrate the procedure to be followed to return unwanted or expired medicines  Refer to UHM-PGN-01 Section 13 Managing Returns | Verbal  Observation  Verbal Discussion |  |  |  |  |
| **Assessors Comments:** | | | | | | | |
| **Signature:** | | | | | | | |
| **Date:** | | | | | | | |
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| Nurses Comments: |
| Signature: |
| Date: |

**Action Plan**

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| **Action** | **Date to be Achieved** | **Date of Re-assessment** | **Outcome** | **Signature** |
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**Certificate of Completion**

**This is to certify that**

**Has successfully completed the**

**Safe and Secure Medicines Handling and Supply**

**Competency Assessment**

**Signature of Assessor Date**