

ON-SITE TRAINING FOR MEDICATION ASSISTANCE RECORD AND CHECKLIST

Employee: _____

Program: _____

Date employee completed Med Assist (on Med Assist Certificate):

On-site Training for Medication Assistance Record:

Date Medication Assistance Policy review completed:

Record of observation and practice of assisting people with medications:

| Date | Location | Supervisor | Person assisted to take their medication |
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| Date | Location | Supervisor | Person assisted to take their medication |
|------|----------|------------|--|
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Record of training provided for each person being supported:

| Person supported | Medication(s) to be assisted with | Specific procedures for assisting the person with their medication |
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Implementing the 7 Rights Checklist

This checklist is to be used by the supervisor as they observe the employee assist people with medications.

| 7 Rights | Did the employee: | Observed by supervisor |
|------------------|---|------------------------|
| Right Person | <ul style="list-style-type: none"> Ask the person their name and compare it to the name on the medication label and the medication record sheet to ensure they match? | |
| | <ul style="list-style-type: none"> Look at a picture of the person on the medication record sheet, to ensure the right person, if they are unable to state their name? | |
| Right Medication | <ul style="list-style-type: none"> Check the medication name on the medication label and compare it to the medication record sheet to make sure the medication name matches? | |
| | <ul style="list-style-type: none"> Match the photo or description of the medication on the medication record sheet to the medication in the package to make sure the colour, size, and any markings match? | |

| 7 Rights | Did the employee: | Observed by supervisor |
|----------------------------|--|------------------------|
| Right Dose | <ul style="list-style-type: none"> Check the medication label for the strength and number of tablets/amount of medication required for the dose and compare it to the medication record sheet to ensure correct dose? | |
| Right Time | <ul style="list-style-type: none"> Check the medication label and compare the time the medication is to be given on the medication record sheet to confirm the correct time? | |
| Right Route | <ul style="list-style-type: none"> Check the medication label for the right route and compare it to the medication record sheet to confirm right route? | |
| | <ul style="list-style-type: none"> Received training in the organization's medication assistance policy regarding the route for the medication being assisted with? | |
| Right Documentation | <ul style="list-style-type: none"> Check the medication label and the medication record sheet to ensure all information for the medication is present? | |

| 7 Rights | Did the employee: | Observed by supervisor |
|---------------------|--|------------------------|
| Right Documentation | <ul style="list-style-type: none"> Initial the medication record sheet after the person was assisted? | |
| | <ul style="list-style-type: none"> Document all observations, incidents, and errors? | |
| Right Reason | <ul style="list-style-type: none"> Confirm the reason the person is taking the medication? | |
| | <ul style="list-style-type: none"> If assisting with a PRN, review the medication label and the medication record sheet and seek permission for the PRN, according to the protocols in place? | |

Observing supervisor: _____

Date review completed: _____

The employee has completed all components of the organization's on-site training for medication assistance and is approved to assist people with medications independently.

Authorized by: _____

Date: _____

I feel confident to assist people with medications without supervision.

Employee signature: _____

Date: _____