

Acute Training Solutions

Medication Risk Assessment Competency Framework

Guideline

Trainee's information				
Name:		D.O.B.:		
Address:		PRN/Record number:		
		Signed su/patient consent:	Y	N
Location:		Recording arrangements in one place:	Y	N

Hazard	Person(s) exposed to the hazard	Risk Identified	Pure risk rating			Control Measures required	In place		Residual risk ranking		
			H	M	L		Y	N	H	M	L
Ordering & Collection of Medication	Service user / patient	No family / neighbours available SU				Pharmacy delivery arranged Volunteers to remind service user or collect Care staff to collect Other:					
Controlled drugs	Service user / patient Staff Visitors Other patients / residents / attendees	Lack of storage No controlled drugs register Untrained staff				Lockable, secure storage Controlled drugs register or computerised system Appropriate staff training Other:					
Disposal issues	Service user Visitor	Wasted doses lying around No family or friends to assist				Pharmacy pot supplied Other:					

Hazard	Person(s) exposed to the hazard	Risk Identified	Pure risk rating			Control Measures required	In place		Residual risk ranking		
			H	M	L		Y	N	H	M	L
Storage arrangements	Service user / patient Visitors Other patients / residents / attendees	Special requirements of medication identification Mental Capacity issues				Lockable box / cabinet Refrigeration needed Other					
Compliance issues	Service user Staff Visitors Other patients / residents / attendees	Danger to health of service user Danger to staff / other residents etc. No family / friends / neighbours to assist				Compliance aids Staff to administer Changed medication regime Other					
Other:											

Assessor's Information

Name:

Signature:

Date: