

MEDICATION ERROR TRAINING FORM

Agency/Location _____ Date _____

MAC Worker _____ MAS Nurse _____

Reason for Audit/Observation: _____

#	Criteria	Y	N	N/A	Comments
1	Does person served have any contact/infection control precautions? Did staff follow precautions?				
2	Did staff use proper handwashing technique?				
3	Did staff prepare meds for more than one person?				
4	Were meds pre-poured/set-up?				
5	Did staff use 3 checks? <ul style="list-style-type: none"> • When removing meds from storage • When opening medication/removing from packaging/container • Prior to assisting/administering 				
6	Did person check to verify allergies?				
7	Did staff use the 7 Rights of med administration? <ul style="list-style-type: none"> • Right person • Right time • Right med • Right dose • Right route • Right reason • Right documentation 				
8	Were there any distractions/interruptions? <ul style="list-style-type: none"> • Avoidable • unavoidable 				
9	Did staff observe person taking med/check to ensure po meds were swallowed?				
10	Did staff tell person what meds they were taking?				
11	Did staff document on MAR immediately after assisting/administering meds?				
12	Did staff ensure med container was clean prior to returning to proper storage?				
13	Can staff state the following: <ul style="list-style-type: none"> • Agency policy/procedure related to assisting/administering meds • 7 rights of med administration 				

January 2026 This is a Mandatory form used by MAS nurse to complete training with MAC workers, nurses on ALL Medication errors (except documentation errors). To be kept in training file 5 years

NDP 21

	<ul style="list-style-type: none">• When the 3 checks must be performed• What to do in case an error occurs				
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**ALL STAFF MUST SIGN THE BACK OF THIS FORM
SIGNATURES/CREDENTIALS MANDATORY**

MAC _____ DATE _____

MAS _____ DATE _____

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