NDP 21   MANDATORY

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? - 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? - Right person - Right time - Right med - Right dose - Right route - Right reason - Right documentation				
8	Were there any distractions/interruptions? - 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: - 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

	• When the 3 checks must be performed • What to do in case an error occurs				

ALL STAFF MUST SIGN THE BACK OF THIS FORM
SIGNATURES/CREDENTIALS MANDATORY

MAC _____ DATE _____

MAS _____ DATE _____

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