

# Medication Management

## for Care Workers in Adult Care Sector Community Services

Course Workbook  
&  
COMPETENCY RECORD

<b>Care Worker Name</b> (Block Capitals)	<b>Signature</b>	<b>Date</b>
<b>Line Manager</b> (Block Capitals)	<b>Signature</b>	<b>Date</b>

**Important – keep this booklet safe as it is  
your evidence that you have completed the  
required training**

## **Aim of the Post Training Workbook**

- ✓ To provide information to support the Medication Training for Domiciliary Care Workers
- ✓ To record competencies for handling medication
- ✓ To record information on all medication training attended
- ✓ To record information on Specialised Administration Techniques

## **By the end of the workbook you will be able to:-**

At the end of your period of training you should be competent in the following:

- ✓ Ordering prescriptions from the service user's doctors.
- ✓ Arranging collection of prescription from the doctors to the pharmacy
- ✓ Collecting service user's medication and Domiciliary Medication Administration Record (domMAR) from the pharmacy
- ✓ Storing medication appropriately at the service user's home
- ✓ Helping service users with their prescribed medication and recording help given on the domMAR
- ✓ Disposing of any medication as needed
- ✓ Contacting your line manager regarding any problems or questions about medication

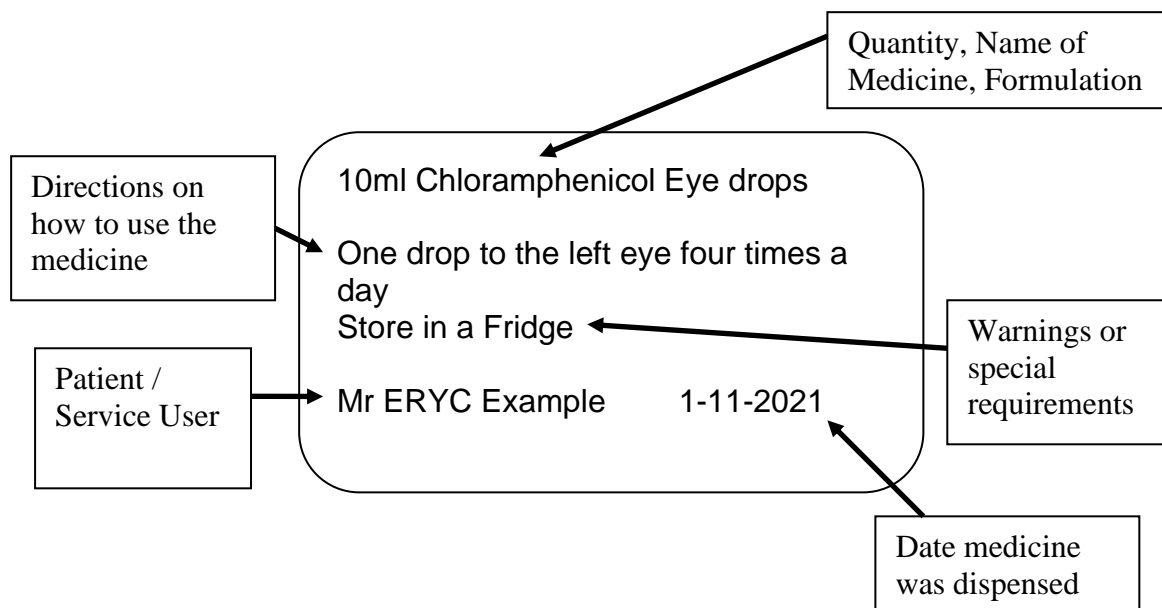
## **Information Sheets**

# What tells a Care Worker how to administer medication?

**The Support Plan** sets out the help Care Workers give to a Service User; this includes help with administering medications. Care workers can only administer medication to a Service user if it is written in the Support Plan. The Support Plan may require the Care Worker to administer some or all of the Service Users medication. For example, a Care Worker may be required to administer only a Service User's creams/ointments and whilst the Service User is able to administer their own oral medication (tablets, liquids).

If you have a concern about a Service Users ability to handle their own medication you should report this to your Line Manager and make a note in the daily diary sheets.

## The Label



The Label contains lots of important information for the care worker. The information on the label should be the same as the information on the domMAR label for each item.

*(There is only one exception, and this is the date the medicine was dispensed. This date can sometimes differ by a day or two and this is down to the dispensing process. If the dates differ by more than 5 days, then you should contact your line manager before administering the medication.)*

**The Service User** may be well informed about their medication as they may have been taking it for quite some time. However, Care Workers

should ensure that they have also read the medication label and support plan to confirm that the information the Service User has given them.

**The Patient Information Leaflets (PIL)** can be found in original medication boxes or attached to the side of the medication bottles. It is important to read the Patient Information leaflets when you are administering new medications for the first time. The Patient Information Leaflet will contain information on how to administer the medicine, possible side effects, storage requirements, contra- indications etc.

**The Care Workers Line Manager** – as a Care Worker if you are still unsure how to administer a medication it is important that you contact your line manager, who may then contact the Pharmacy or Doctor for further advice.

**The Joint ERYC and NHS ERY Policy Administering Medication Safely in the Home Care Sector June 2021** - the policy states how care workers are allowed to administer medication in Domiciliary Care. The policy has been written in line with the Legislation and Guidance surrounding medication.

#### **Why do we have a policy?**

To:

- Safely enable, promote, and maximise service users' independence.
- Give clear guidance.
- Unify procedures.
- To meet all legal requirements and the Good Practice Standards.

#### **Who does the policy apply to?**

- All domiciliary care workers, including the independent sector delivering care packages commissioned by East Riding of Yorkshire Council, who are involved in administering medication.
- This policy does not apply to non-commissioned services i.e. people funding their own care or receiving personal budgets (unless these are commissioned by the Council).

<b>Notes</b>

## **Administration Techniques**

Administering medication is all about common sense and remembering the **7 Rights of Administration**.

- The right **service user** receives
- The right **medicine**
- At the right **dose**
- Via the right **route**
- At the right **time**
  - With the right **documentation**
  - And the right to **refuse**

The following sheets aim to provide you with information on how to administer the various types of medication. The information provided on these sheets is generic, specific information on the administration of a medication can be found in its **Patient Information Leaflet**.

### **Before Administering any Medication**

- Read the support plan to check medication needs
- Ask the service user if they are ready to take their medication before it is removed from the container.
- Check that service user name is correct on the domMAR
- Check that service user name is correct on the boxes/containers.
- Wash and dry hands.
- Get together any equipment needed to help with medication.
- Ask service user to sit upright. (The service user should be sitting upright before help with oral medication is given. If this is not possible then the carer must report this to their line manager who can ask advice from the service user's GP or Community Pharmacist).

### **General Procedures for Oral Tablets and Liquids**

1. Medications should be handled as little as possible. Measure out correct amount of liquid or remove tablets from a bottle or by pushing out of a foil (blister) strip onto a small plate for the service user to access.
2. Dispersible or soluble tablets should be placed in a suitable amount of water according to the Patient Information Leaflet (PIL). It is important to read the PIL as this will explain any special technique/procedure required to administer the medication effectively and safely, e.g. alendronic acid. An example PIL for alendronic acid is available, as a resource, on ASC Leader.
3. Administer medication to the Service User as laid out in the Support Plan.

4. As each medication is administered it should be recorded on the domMAR.

### **Buccal Tablets**

1. Read the patient information leaflet for specific information about administration
2. If the Service User suffers from a dry mouth, ask the Service User to moisten the area where the tablet is to be placed with their tongue or a little water before they apply the tablet.
3. The tablet should be placed high up between the upper lip and the gum, to either side of the front teeth
4. The tablet should not be placed under the tongue, chewed, or swallowed

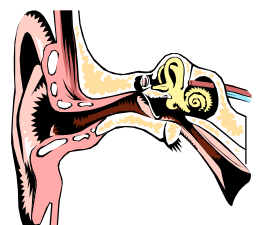
### **Sublingual tablets**

1. Read the Patient Information Leaflet for specific information about administration
2. If the Service User suffers from a dry mouth, ask the Service User to moisten the area where the tablet is to be placed, with their tongue or a little water before they apply the tablet.
3. The tablet should be placed under the tongue.

### **Oro-dispersible**

1. Read the Patient Information Leaflet for specific information about administration
2. If the Service User suffers from a dry mouth, ask the Service User to moisten the area where the tablet is to be placed with their tongue or a little water before they apply the tablet.
3. The tablet should be placed on top of the tongue.

### **Ear Drops**



1. Ask the service user to put their head to one side - left hand side if drops are to go in right ear or right hand side if drops are to go in left ear
2. Shake the container gently and remove container top
3. Place the number of drops stated on the label into the ear – squeeze the container gently if needed.
4. Ask the service user to keep head to one side for 2 minutes to allow the drops to get into the ear canal.
5. Wipe the end of the nozzle with a clean tissue, replace top and store container upright.
6. Repeat steps 2 to 4 for the other ear if asked for on the label.

Ear Drops should not be used longer than directed by the Doctor and should be disposed of four weeks after opening, as they may become contaminated.

### **Eye Drops**

1. Ask service user to put their head back slightly
2. Shake the container gently and remove container top
3. Gently pull lower eyelid downwards and outwards
4. Place one drop in the space between the lid and the eye. Squeeze the container gently if needed. Do not let the dropper touch the eye.
5. Ask the service user to close their eye for 1 – 2 minutes to allow the eye drops to be absorbed.
6. Repeat in the other eye if stated on the label. (Only one bottle will be dispensed even if for both eyes).
7. Replace the top and store container upright.
8. If there are two or more different types of eye drops to be given at the same time, wait 5 minutes before giving the next type of eye drops.



Eye drops should not be used longer than directed by the Doctor and should be disposed of four weeks after opening, as they may become

contaminated. (Eye drops may also come in Minims which are single dose vials)

### **Eye Ointment**

1. Ask service user to put their head back slightly
2. Remove container top.
3. Gently pull lower eyelid downwards and outwards
4. Place about ½ cm e.g. \_\_\_\_ in the space between the lid and the eye. Do not let the container touch the eye.
5. Ask the service user to blink a few times to allow the ointment to work all over the eye.
6. Repeat in the other eye if stated on the label.
7. Replace the top.

Eye Ointments should not be used longer than directed by the Doctor and should be disposed of four weeks after opening, as they may become contaminated.

### **Nasal Drops**

1. Ask service user to gently blow their nose and then to tip their head backwards slightly
2. Shake the container gently and remove container top
3. Ask the service user to close one nostril by gently pressing their finger against it.
4. Place the number of drops stated on the label into the open nostril
5. Ask the service user to sniff gently to allow the drops get into the nostrils.
6. Repeat in the other nostril if stated on the label.
7. Wipe the nozzle with a clean tissue, replace top and store container upright.

### **Nasal Sprays**



1. If the spray is being used for the first time, press the spray several times into the air until an even spray is seen.
2. Ask service user to gently blow their nose and then to tip their head forwards slightly.
3. Shake the container gently and remove container top.
4. Keep the container upright, hold the container so that your thumb is underneath the container and your middle and fore finger are either side of the nozzle.
5. Ask the service user to close one nostril by gently pressing their finger against it.
6. Keep container upright and insert tip of nozzle into open nostril then spray once.
7. Repeat another spray and in other nostril if stated on the label.
8. Wipe the nozzle with a clean tissue, replace top and store container upright.

### **Creams, Ointments and Lotions**

In this section we are talking about Creams, Ointments, and Lotions that are being prescribed for a medical condition and not being used as part of the daily personnel care for example moisturisers.

1. Check that the label states where the cream or ointment has to be applied and how often.
2. Put on plastic disposable gloves if provided by your employer.
3. Shake container gently if needed and remove the top from the container
4. Gently rub in the cream, ointment or lotion as stated on the label.
5. Replace cap and store as stated on the label.
6. Wash and dry hands.



To ensure that creams, ointments, lotions, and emollients appear on the domMAR they must be prescribed every month. Whilst every effort is made to ensure quantities prescribed are adequate for 28 days there is

the possibility of some excess creams, ointments, and lotions, if this is the case contact your line manager.

It is important to be aware of the potential dangers of skin products. Emollients can transfer from the skin onto clothing, bedding, and bandages and can catch fire easily causing severe and fatal burns. Clothes should be changed and washed frequently to try to help reduce the build-up of emollient on them (but this may not remove the emollient completely so the danger may still remain) so it is important to stay away from naked flames and heat sources when using these products.

### **Patches**

1. Check that skin is clean and dry before applying patch.  
If the skin does need to be cleaned, wash with water only and dry thoroughly.
2. Do not apply a patch straight after a bath or shower, wait until the skin is cool and dry. It is especially important to allow the skin to cool down as hot skin can absorb more of the medication in the patch and lead to an overdose.
3. Tear the pack open with your fingers along one edge and remove patch. Do not throw away the opened pack as this can be then be used when disposing of the patch that you remove from the service user's skin.
4. Remove used patch from skin and place in opened pack.
5. Peel the backing off the new patch.
6. Place the patch (sticky side to the service user's skin) onto the skin with the palm of your hand and hold for 30 seconds making sure it sticks well to the skin. Ensure the patch is applied to intact skin (i.e. not on broken skin).
7. As soon as you take the used patch off, fold it firmly in half so that the sticky side sticks to itself. The patch can then be thrown away in the normal waste bin.
8. Wash and dry hands.
9. If a patch falls off the skin before a change is due follow steps 1 to 8 and record in diary sheets and contact your line manager.
10. Mark patch chart/body map with date and initials, if using.

## **Mouthwashes**

1. Mouthwashes should not be swallowed. The label will state 'FOR EXTERNAL USE ONLY' or 'DO NOT SWALLOW'.
2. Get a container ready for the service user to spit the used mouthwash into.
3. Pour out the required amount of mouthwash to be used.
4. Pass this onto the service user and ask them to rinse around their mouth for about a minute.
5. The service user should then spit out the mouthwash into a container.
6. If the service user complains that the mouthwash is stinging their mouth, then you can add an equal volume of water.



## **Throat Sprays**

1. Pull out the spray tube in accordance with the directions in the Patient Information Leaflet.
2. Hold the container in your hand and put fore finger on the top.
3. If the spray is being used for the first time, press spray several times into the air until an even spray is seen.
4. Ask the service user where their mouth or throat is sore and spray at that area.
5. Repeat for how many sprays are needed.
6. Wipe tube with a clean tissue.
7. Push spray tube back in and store container upright.

## **Nebules**

1. Hold the nebule upright and twist off the top.
2. Pour the contents of the nebule into the container.

3. Ask the service user to place mask on face.
4. Switch on the nebuliser.
5. When all of the liquid has been used (after about 5 minutes) switch off the nebuliser.
6. If there is more than one nebule to be given at one time put them into the nebuliser at the same time.
7. Remove the container; wash in water and leave to dry.

### **Inhalers**

1. Care workers can only help service users with Inhalers used to prevent worsening of an existing condition.
2. Commonly known as Preventers, this type of inhaler has a regular dosing pattern.
3. There are 2 levels of support Care Workers can be asked to offer :
  - a) To remind the Service User to use the inhaler and to pass the Service User the inhaler,
  - b) To administer the inhaler via a spacer for a service user who cannot self-administer after all options of inhaler types have been excluded.
4. **Any concerns should be fed back to your line manager.**

The process for assisting the service user with an MDI Inhaler and a spacer device for administration would be:

- If spacer device requires assembling carer would do so following directions in Patient Information Leaflet (PIL).
- Take mouthpiece off inhaler and shake device
- Fit onto spacer
- Press down once on top of inhaler to release medication
- Ask service user to breath out first
- Pass device to service user to place in, or for mask-type spacers over, own mouth (with inhaler still attached)
- Ask service user to take in one slow deep breath or 2-3 normal breaths to make sure medication gets into the lungs.
- If second dosage/puff is required wait one minute and repeat process.

- Wash the spacer once weekly by following the directions in the PIL and record in the support plan.

**The service user must be able to operate their reliever inhaler in the absence of a carer**

If a Care Worker has any concerns over the ability of a Service User to use their reliever inhaler, they must report this concern to their line manager/duty officer.

<b>Notes</b>

## Ordering, Collecting and Disposal of Medication for a Service User

Service Users requiring help with medication will normally have medication prescribed over a 28day period. The Community Pharmacy or Dispensing Practice will try to ensure that medications are synchronised so that they are all dispensed at the same time rather than at different times throughout the month.

These Service Users will also have a Domiciliary Medication Administration (domMAR) record that is prepared by the Community Pharmacy or Dispensing Practice at the time of dispensing their medication.

**The Service Users Support Plan should clearly state whether the Care Worker is responsible for the Ordering and Collection of Medication and domMAR for a Service User.**

### Ordering Medications

If as a Care Worker you are responsible for the ordering of medication for the service user, then you must ensure that it is ordered in enough time to prevent the service user from running out of medication.

Doctors Surgeries generally need three working days to produce a repeat prescription and then the Community Pharmacy or dispensing Practice may need a further two days to prepare the prescription and the domMAR.

The domMAR has a prompting arrow to remind care workers to reorder 14 days before the end of the 28-day cycle. This has been brought forward by 7 days to allow sufficient time to ensure new medication is in place. Enter date of ordering on the domMAR chart with initials.

Medication should be ordered by electronic means using the:

- Practice GP online service
- NHS App
- NHS-mail directly to the practice

This constitutes third-party or “proxy” access. Both the service user (or, where there is lack of capacity, someone with Power of Attorney for that person) and the GP will need to consent to access. The DCA should liaise with the GP to agree the most appropriate way of ordering.

### **Collecting Medications**

When collecting medication, for a Service User who requires help with administration, a domMAR should be supplied at the same time as the monthly medication. If a domMAR is not available, the Care Worker should first ask the Community Pharmacy or Dispensing Practice about the domMAR and if this does not resolve the problem contact their line manager.

If as a Care Worker, you are collecting medication on behalf of a Service User who self administers some of their medication and has some administered by Care Workers then a domMAR is still required. The domMAR would only require the labels for those medications the carer is administering, for example, creams/patches/eye drops - often called externals.

However if the Service User self administers all their medication and all that the Care Worker is doing is collecting the bag of medication to give to the service user then a domMAR is not required and the collection should be noted in the Diary notes.

### **What about collecting new medication prescribed during the 28-day cycle?**

The domMAR should be taken with the prescription to the Community Pharmacy or dispensing practice to be updated at the same time as dispensing the medication.

If this is not possible within the normal timeframe then the dispenser may supply a second domMAR for that medication only. This would be labelled 2 of 2 and the first domMAR should be labelled 1 of 2.

If this is not possible then the care worker may be directed to handwrite a new entry on the current domMAR, if trained and competent to do so, and following a safe procedure. See Appendix 3 of the policy.

**It is not permitted for Community Pharmacies or Dispensing Practices to issue copy labels for a medication for a care worker to apply to a domMAR.**

### **Electronic Medication Administration Records (eMARs)**

The policy allows for eMARs to be used if required. There are 2 types of systems: -

1. The Community Pharmacy enters the medication information directly into the portal for the carer to administer from. This mirrors the domMAR system – with a clinical check by the pharmacist – and is the preferred method.
2. A trained and competent member of the care organisation enters the medication information into the eMAR for the carer to administer from.

### **Disposal**

If there is an excess of medication in a Service Users home contact your line manager to arrange disposal. Medicines are a Service User's property and consent should be obtained prior to disposal. Medicines to be disposed of should be listed in the Diary notes and taken to the local Community Pharmacy.

Individual tablets should be placed in a small container or envelope and clearly labelled 'medications for return and destruction'. This container or envelope should then be kept separate from the medication to be administered and arrangements made to return to the community pharmacy at the end of the month. If the medication is kept in safe storage, then this container or envelope should be placed in the locked box.

*(If a tablet has been dropped prior to administration and disposed of the Care Worker should administer a fresh tablet to the Service user and then report their actions to their Line Manager as this may mean that there is a shortage of medication to complete the 28day period.)*

### **Routes of Administration**

The Medication Training for Domiciliary Care Workers once completed allows Care Workers to administer medication to Service Users via the following routes:

- Oral
- Ear drops
- Eye drops
- Nasal drops and nasal sprays
- Medication to be applied to the skin (e.g. creams or transdermal patches)
- Mouthwashes
- Nebules
- Throat Sprays

#### NOTES


## Recording Administration

**The Domiciliary Medication Administration Record (domMAR)** is used to record the administration of Medication to Service Users by Care Workers working for or on behalf of ERYC. The domMAR is prepared by Community Pharmacies, Dispensing Practices and Hospitals under an Enhanced Service provided by NHS ERY.

### **The Electronic Medication Administration Record (eMAR)**

The policy allows for eMARs to be used if required to replace domMARs. There are 2 types of systems: -

- The Community Pharmacy enters the medication information directly into the portal for the carer to administer from. This mirrors the domMAR system – with a clinical check by the pharmacist – and is the preferred method.
- A trained and competent member of the care organisation enters the medication information into the eMAR for the carer to administer from.



# DOMICILIARY MEDICATION ADMINISTRATION RECORD (domMAR)



**Date Chart Started**

.....

**Date Chart Finished**

.....

To be completed by care organisation

**Please fix Copy of Patients Bag Label Here**

**Allergies/Sensitivities**

.....

.....

.....

.....

To be completed by care organisation

**GP Name** .....

**Surgery Address** .....

**Telephone** .....

## Instructions for use of the Domiciliary Medication Administration Record (domMAR)

### Please read before administering medication

1. Check the service user's name is correct on both the medication and the domMAR
2. Help service user with medication and record type of help on domMAR  
A = administer      F = family  
R = refusal          S = self administered  
N = when required medication not administered  
O = other (this must be clarified both in the Notes section on the domMAR and the diary sheet notes for the service user)
3. **Ordering prescriptions** - this should be done when **TWO WEEKS** medication have been taken by the service user. The Care Plan will specify who is responsible for ordering the next prescription.
4. **Missed or refused medication** - inform your supervisor if medication has been missed or refused immediately and document reason in the Notes Section and diary sheets
5. **When required medication** - please write down the number of tablets given e.g. "1" as well as the time given, type of help and your initials. If **"when required medication" is taken regularly please inform your supervisor.**
6. **New Medication Prescribed** - if new medication is prescribed mid month, then the current domMAR should be returned to the pharmacy or dispensing practice dispensing the new item for an additional label to be attached in accordance with the Local Enhanced Service. The domMAR should at all other times remain in the service users home until completed.
7. **Unwanted medication** - contact your supervisor to arrange disposal of unwanted or excessive medication
8. **Completed domMARs** - must be transferred to the service users file in the care providers office and kept for at least seven years after the date the chart is finished
9. **The use of domMARs is restricted to service users with domiciliary care provided by or on behalf of East Riding of Yorkshire Council Adult Services under the Joint East Riding of Yorkshire Council Adult Services and NHS East Riding of Yorkshire Administering Medication Safely in the Domiciliary Care Sector Policy**

# Competency Record

## Tasks in Handling Medication

Objective	Process	Care Workers Signature	Line Manager Signature	Date
To refresh knowledge	Read the full Administering Medication Safely in Domiciliary Care policy			
Order prescriptions from the service user's doctors.	Demonstrate understanding of ordering process Demonstrate ability to order prescriptions in plenty of time			
Arrange collection of prescription from the doctors to the pharmacy	Demonstrate understanding of collection services offered by pharmacies Demonstrate understanding of the importance of using the same pharmacy for all prescriptions			
Collect prepared medication and Domiciliary Medication Administration Record chart (DomMAR) from the pharmacy	Demonstrate understanding of importance of DomMAR for recording help with medication Demonstrate understanding of the importance of collecting the medication and domMAR in good time so that medication does not run out			
Store medication appropriately at the service user's home	Demonstrate that medication is stored correctly Check fridge items are stored correctly			
Recognise when it is necessary to contact the care workers line manager about medication	Demonstrate knowledge of procedure to be follow when care worker has a concern about a service user's medication. Demonstrate the ability to give a line manager clear information about a concern regarding medication. Demonstrate the correct documentation of concerns about medication.			
Recording accurately the	Check procedure for recording the administration of medication			

administration of medication on the domMAR	On the domMAR			
Return of a completed domMAR to Care Provider for Storage	Demonstrate knowledge of the procedure for returning a completed domMAR to the Care Provider for Storage			
Recognising the types of medication administration that care workers cannot do without further specialized training	Demonstrate knowledge of the types of administration techniques that Care Workers are allowed to perform having completed Medication Training for Domiciliary care Workers. Demonstrate an understanding that there are some Specialized Administration Techniques that will require further training before a Care Worker is allowed to perform.			
Dispose of any medication as needed	Demonstrate an understanding of why medication may need to be disposed of. Demonstrate knowledge of the procedures for the disposal of medication.			

### Administration Techniques

Objective	Process	Care Workers Signature	Line Managers Signature	Date
Administering oral medication to a service user	<p>Demonstrate the correct procedure to administer tablets</p> <p>Demonstrate the correct procedure to administer soluble / dispersible tablets</p> <p>Demonstrate the correct procedure to administer liquids</p> <p>Demonstrate the correct procedure to administer sachets</p> <p>Demonstrate the correct procedure to administer buccal tablets</p> <p>Demonstrate the correct procedure to administer sublingual tablets</p>			

Administering medication via the eye	Demonstrate the correct procedure to administer eye drops from bottles and Minims Demonstrate the correct procedure to administer eye ointment			
Administering medication via the ear	Demonstrate the correct procedure to administer ear drops			
Administering medication via the nose	Demonstrate the correct procedure to administer nose drops Demonstrate the correct procedure to administer nasal sprays			
Administering medication via the skin	Demonstrate the correct procedure to administer creams Demonstrate the correct procedure to administer ointments Demonstrate the correct procedure to administer lotions Demonstrate the correct procedure to administer Patches			
Administering medication via mouthwashes	Demonstrate the correct procedure to administer mouthwashes			
Administering medication via a throat spray	Demonstrate the correct procedure to administer Throat sprays			
Administering medication from nebulers	Demonstrate the correct procedure to administer nebulers			
Assisting to administer medication via inhalers	Demonstrate an understanding of the limitations for care workers to assist to administer via inhalers Demonstrate the correct procedure to assist to administer medication via inhalers			

<b>Medication Training for Domiciliary Care Workers Completed</b>	<b>Date</b>
<b>Care Worker Name (Block Capitals)</b>	<b>Signature</b>
<b>Line Manager (Block Capitals)</b>	<b>Signature</b>

# Record of Medication Management Training Sessions for Care Workers in Adult Care Sector Community Services

**Name of Care Worker:**

[illegible]

# Record of Additional Training regarding Medication – including Specialized Techniques

Name of Care Worker:

<b>Date</b>		<b>Title</b>	
<b>Description of Training and Objective</b>			
<b>Trainers name</b>		<b>Qualification</b>	
<b>Observation of Practice</b>		<b>Trainer Signature and Date</b>	<b>Care Worker Signature and date</b>

Name of Care Worker:

<b>Date</b>		<b>Title</b>	
<b>Description of Training and Objective</b>			
<b>Trainers name</b>		<b>Qualification</b>	
<b>Observation of Practice</b>		<b>Trainer Signature and Date</b>	<b>Care Worker Signature and date</b>

Name of Care Worker:

<b>Date</b>		<b>Title</b>	
<b>Description of Training and Objective</b>			
<b>Trainers name</b>		<b>Qualification</b>	
<b>Observation of Practice</b>		<b>Trainer Signature and Date</b>	<b>Care Worker Signature and date</b>

Name of Care Worker:

<b>Date</b>		<b>Title</b>	
<b>Description of Training and Objective</b>			
<b>Trainers name</b>		<b>Qualification</b>	
<b>Observation of Practice</b>		<b>Trainer Signature and Date</b>	<b>Care Worker Signature and date</b>