**SKILLS ASSESSMENT RECORD – DEPOT BUPRENORPHINE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Pharmacist Name:** |  | **Date:** |  |
| **Authorised Person Name:** |  | **Practice Venue:** |  |

|  |  |
| --- | --- |
| **Prior to commencement of skills assessment:** | **🗹 yes****🗷 no** |
| **Is the Authorised Person:** Currently an authorised prescriber under the Opioid Pharmacotherapy Program (OPP)? **OR**Currently employed by the Alcohol and Drug Service (ADS) as a Nurse Practitioner or Registered Nurse who is experienced in the administration of depot buprenorphine **OR**A pharmacist who is authorised to administer, and is experienced in the administration of, depot buprenorphine |  |
| **Is the Pharmacist:** A current accredited Opioid Pharmacotherapy Program (OPP) provider? **AND**An Authorised Pharmacist Immuniser with current Department of Health (DoH) approval? **(please attach copy of authorization)** |  |
| **Is the Pharmacy:**A current accredited Opioid Pharmacotherapy Program (OPP) provider? **AND**Has current Program Approval to conduct vaccination services? |  |
| Has the Pharmacist’s certificate of completion of the online training been sighted and attached? |  |
| **If the answer to any of the above questions is no, do not proceed with skills assessment, and seek advice from the Alcohol and Drug Service (ADS).**  |

|  |  |
| --- | --- |
| **Essential Depot Buprenorphine Practice** | **Authorised Person Assessment** |
| **Is the pharmacist competent?****yes****no** | **Comments** |
| **1. Ensure emergency equipment is available and operational, including an anaphylaxis response kit before each administration session** | Checks the following is available / operational, and is aware of:* relevant protocols
* adrenaline 1:1000 (in date) and dose chart
* operational emergency resuscitation equipment.

If pharmacist is undertaking supervised administration of depot buprenorphine at a site other than their regular work site, they should also be aware of the protocols, location of adrenaline and dose chart, and operation of emergency resuscitation equipment in their usual place/s of practice.  |  |  |
| **2. Perform pre-administration screening to assess and determine the person’s medical fitness for depot buprenorphine, contraindications or precautions to depot buprenorphine** | **2.1** Uses a pre-administration assessment and responds appropriately when a particular issue pertaining to the assessment is identified. |  |  |
| **3**. **Obtain valid consent** | **3.1** Obtains informed consent from the client to administer depot buprenorphine prior to administration, including discussion regarding cost of medication and procedure, and communicates information effectively and in a culturally appropriate manner. |  |  |
| **3.2** Advises the client of the incidence of common adverse events that may occur following depot buprenorphine administration. |  |  |
| **3.3** Advises the client of the need to remain in the pharmacy 15 minutes for observation following their first injection.  |  |  |
| **3.4** Provides current and suitable health education resources as appropriate tosupport communication. |  |  |
| **3.5** Provides adequate time to answer questions and ensure clientunderstanding of the depot buprenorphine process. |  |  |
| **4. Follow infection prevention and control Standard Precautions to minimise the infection transmission risks** | **4.1** Performs hand hygiene as per the *Australian Guidelines for the Prevention**and Control of Infection in Healthcare* (2010). |  |  |
| **4.2** Demonstrates awareness of minimising the risk of needle-stick injury andlocates sharps containers in a safe position.  |  |  |
| **4.3** Uses aseptic technique throughout the procedure. |  |  |
| **5. Prepare the site and equipment and administer depot Buprenorphine medications correctly** | **5.1** Checks each individual dose to see that the expiry date has not lapsed and that there is no particulate matter or colour change in the medication. |  |  |
| **5.2** Checks with client if they would like a support person present during depot buprenorphine administration. |  |  |
| **5.3** Locates the correct injection site, being sensitive to the client’s individual needs.  |  |  |
| **5.4** Administers the medication using the correct site and route. |  |  |
| **6. Provide immediate after-care** | **6.1** Covers the puncture wound quickly with an appropriate injection site cover. |  |  |
| **6.2** Uses comfort and distraction measures to alleviate any distress and pain(before, during and after administration). |  |  |
| **6.3** Describes how to manage side effects:* what the client can expect
* how to manage side effects
* how to report side effects
* provide contact advice in case of a **significant** adverse event occurring within 24 to 48 hours of the administration
 |  |  |
| **7. Anticipate, identify and manage common and adverse events following depot buprenorphine administration, as appropriate to the practice setting** | **7.1** Documents relevant information using Record Keeping template.  |  |  |
| **8. Document information relevant to each administration of depot Buprenorphine encounter in accordance with practice policy** | **8.1** Advises and directs person to designated waiting area (if first dose of LAIB). |  |  |
| **9. Advise and client remains in the nearby area for a minimum of 15 minutes post administration and is aware of prompt reporting of any significant adverse event following administration** | **9.1** Describes the procedure for documenting and reporting an adverse event.  |  |  |
| **9.2** Undertakes review with client prior to client’s departure to check for adverse reactions (if first dose of LAIB). |  |  |

|  |
| --- |
| **Medication given** |
| **Medication name** | **Route** | **Site** | **Date administered** | **Name and signature of authorised person** |
|  |  |  |  |  |
|  |  |  |  |  |

In my judgement the pharmacist **DOES / DOES NOT** (*cross out irrelevant*) consistently demonstrates the knowledge, skills and attitude necessary to safely and competently administer depot buprenorphine.

I declare that:

 I am a Medical Practitioner currently authorised to prescribe ORT under the OPP

**OR**

 I am an experienced Nurse Practitioner / Registered Nurse (*cross out irrelevant*) authorised to practice in Tasmania who is currently employed by the ADS, with experience in the administration of depot buprenorphine

**OR**

 I am a pharmacist who is authorised to administer, and with experience in the administration of, depot buprenorphine

**Authorised person name Pharmacist name**

**Authorised person profession**

**Authorised person signature Pharmacist signature**

**Date Date**

**Authorised person email**  **Pharmacist email**

Please return to the Alcohol and Drug Service via email (adspharmacy@ths.tas.gov.au) once complete.