# MEDICATION AND TREATMENT INCIDENT REPORTING– R-V-9

## POLICY:

All medication and treatment incidents shall be reported and documented in a concise and prompt manner.

## PURPOSE:

1. To provide a concise and prompt method of reporting, analyzing and correcting any failure in the medication process.

## PROCEDURE:

**A. Person Involved:** (See Appendix A, Section A for definition and examples)

**Note: If the error involves failure to document i.e. not initialling a medication or treatment on the MAR sheet, staff will complete an Incident Report (see Appendix B). If it is not obvious that the medication was administered i.e. suppository was not initialled, staff will assume it was not administered and contact the assigned staff to confirm administration. A copy of the completed incident report must be attached to the unsigned MAR sheet at the end of the month.**

1. The staff member discovering the incident will contact the Pharmacist immediately for advice, which may include whether to contact the individual's doctor or to take the person to emergency.

2. The staff member who discovers the medication or treatment incident shall inform the Supervisor/Supervisor on Call in accordance with Internal Reporting Policy AD-I-1 and complete the Incident Report (Appendix B) up to and including reporter's name, signature, date and time of report. On the report, identify people involved by their first name and last initial.

3. The staff member who discovers the incident shall document the occurrence in the individual's personal binder, noting the initiation of the Incident Report, persons notified (no names) ie: Person acting on behalf of the individual/ Pharmacist/Supervisor/Supervisor on Call, and recommendations received and implemented.

4. The staff member will leave the Incident Report in a designated location in the home for the supervisor to review.

5. A summary of the incident noting that the Incident Report has been initiated shall be written in the log book.

6. The Supervisor shall review the incident with the appropriate staff who has been identified on the report. Prior to completing, particular attention shall be given to documenting contributing factors and recommendations for prevention. Sign and note the date on the Supervisor's follow-up section of the Incident Report.

7. At the Supervisor's discretion an investigative report, and where applicable a report from the staff responsible, will accompany the Incident Report. All attachments must be signed and dated.

8. The Supervisor will forward a copy of all medication incident reports to the Health Care Consultant on the Community Resource Team and any pharmacy related incidents will be forwarded to the Pharmacy.

9. The Supervisor/Supervisor on Call shall forward the report to the Director, Community Services/Executive Director by the next business day. When time constraints do not allow for the report to be received by the next business day, the Supervisor of the area involved will phone and inform them of the incident and the report will follow.

10. A copy of the Incident Report will be returned to the Supervisor for follow up and debriefing as required and a copy of the report will be filed by the Director of Community Services.

11. The Supervisor will file a copy of the Incident Report in the home for at least two years for future reference.

**B. Non-Person Involved:** (see Appendix A, Section B for definition and examples)

1. The staff member who discovers a non-person involved incident shall complete an Incident Report up to and including the reporter's signature, date and time of report section.

2. The Supervisor or Supervisor On Call shall be notified prior to the end of the shift in accordance with Internal Reporting Policy AD-I-1.

3. Follow steps 3, 4, 5, 9, 10 and 11 in Section A above.

OPTIONS northwest
Personal Support Services



**RECOMMENDED BY:** Director, Community Services **APPENDICES:** 2

**OPERATIONAL ACCOUNTABILITY:** Administration, Community Services

**ORIGINAL POLICY DATE:** June 1992

**AUTHORIZED BY:** Executive Director **SIGNATURE:** _____

# MEDICATION/TREATMENT INCIDENT CLASSIFICATION

## SECTION A – PERSON INVOLVED INCIDENT

Definition: A person involved medication/treatment incident is an event involving the actual inaccurate administration or omission of a medication to a person supported.

Examples:

1. Omission
   Any dose not given by the time the next dose (if any) is due, exception: the dose was refused or held for a justified, documented reason both of which incident reports should be completed

2. Incorrect Dose
   Administration of the wrong dose

3. Extra Dose
   Administration of an extra unscheduled dose.
   Administration of a dose after the medication/treatment was discontinued, held or stopped according to automatic stop date.

4. Incorrect Drug
   Administration of an unordered medication/treatment

5. Incorrect Dosage Form
   Administration of a non-prescribed dosage form

6. Incorrect Time
   Administration of a regularly scheduled medication/treatment earlier or later than the scheduled time by 1 hour.

7. Incorrect Route or Site
   Administration by a route or site other than prescribed or other than normally considered acceptable for that medication/treatment

8. Outdated Drug
   Administration of medication/treatment older than its labeled expiry date.

9. Failure to Note Allergy
   Administration of medication/treatment to which the person supported has a documented allergy noted on their personal binder.

## SECTION B – NON-PERSON INVOLVED INCIDENT

Definition: A non-person involved incident is an event which does not involve the actual administration or omission of a drug to a person supported, but, is a situation when an error in the medication process has been detected and corrected prior to the administration to a person supported.

Examples:

1. Dispensing

   The receipt of a medication/treatment from the Pharmacy that is:

   - outdated
   - incorrect type
   - incorrect dose/strength
   - incorrect dosage form
   - incorrectly labeled
   - a documented allergy
   - failure to receive an ordered medication/treatment

2. Documentation

   - incorrect signature sheet
   - altered order copy
   - failure to sign for medication administration
   - transcribed improperly

3. Narcotic/Controlled Drug

   - a controlled drug/narcotic count discrepancy that cannot be resolved.

4. Medication/Treatment Not Initialed on MAR sheet

   - Any medication/treatment left blank on the MAR sheet when the medication/treatment ought to have been administered.

- OPTIONS northwest -

# INCIDENT REPORT

POLICY: R-V-9
APPENDIX B

LOCATION: _____

**TYPE OF INCIDENT**
(CHECK ALL THAT APPLY)

| | | |
|---|---|---|
| ☐ DEATH | ☐ INJURY | ☐ HOSPITALIZATION |
| ☐ MISSING PERSON | ☐ PRN ADMINISTRATION | ☐ BEHAVIOUR |
| ☐ SUSPECTED ABUSE | ☐ MEDICATION ERROR | ☐ USE OF INTRUSIVE MEASURES |
| ☐ PROPERTY | ☐ MEDICATION REFUSED/HELD | ☐ OTHER – I.E. HAZARDOUS SITUATION SPECIFY _____ |

**DATE & TIME OF INCIDENT:** _____

**NOTIFICATION PROVIDED TO:**

_____ DATE & TIME _____

_____ DATE & TIME _____

_____ DATE & TIME _____

_____ DATE & TIME _____

**PERSON/PEOPLE SUPPORTED INVOLVED:** _____

**OTHERS INVOLVED:** (include witnesses) _____

**DESCRIPTION OF INCIDENT:** **ADDITIONAL REPORT ATTACHED & SIGNED:** YES ☐ NO ☐

**FOR BEHAVIOURAL INCIDENT IS BEHAVIOUR SUPPORT PLAN IN PLACE?** YES ☐ NO ☐ N/A ☐

**DEBRIEFING/ACTION TAKEN AND RESULTS:**

**DETAILS OF INCIDENT AND ACTION TAKEN/DEBRIEFING DOCUMENTED IN PERSONAL BINDER**

YES ☐ N/A ☐

| REPORTER'S NAME (PRINT) | SIGNATURE | DATE & TIME |
|---|---|---|
| | | |

**CONTRIBUTING FACTORS:**

**RECOMMENDATIONS FOR PREVENTION:**

**SUPERVISOR'S FOLLOW-UP:** **ADDITIONAL REPORT ATTACHED & SIGNED:** YES ☐ NO ☐

**SERIOUS OCCURRENCE REPORT DONE:** YES ☐ NO ☐

**FORWARDED TO:** HUMAN RESOURCES ☐ CRT ☐ FINANCE ☐ PHARMACY ☐

**TOTAL ATTACHMENTS:** _____

_____ _____

SUPERVISOR'S SIGNATURE DATE

**DIRECTOR'S REVIEW**

_____ _____

DIRECTOR DATE

**COPY OF MEDICATION INCIDENT TO COMPLIANCE REVIEW FOLDER:** YES ☐ NO ☐

**EXECUTIVE DIRECTOR'S REVIEW**

_____ _____

EXECUTIVE DIRECTOR DATE

**UPDATES:**