

Ingersoll Support Services Inc.

Policy: Medication Incidents, Errors and Refusals

Policy # QAM 9b

Section: Quality Assurance

Approved by the Board of Directors: Sept. 22 2011

Procedure Revision: September 26 2016

Review Date: March 22 2019

Ministry requirement –

QAM II.7(1)3.iii

Medication incidents including errors, omissions, refusals, and other situations deviating from optimal practice will be thoroughly documented and reviewed to ensure the consistent well-being of persons supported.

Procedure:

1. In view of the life and death implications of drug administration, Management and/or the Executive Director of Ingersoll Support Services will review error reports and make recommendations to prevent reoccurrence.
2. A progressive disciplinary action model will be followed, and medication error reports will remain on file.
3. If a support worker has three (3) medication error reports on file, he/she will be required to be re-orientated in medication Policies and Procedures, at the discretion of the Supervisor
4. Repeated medication errors not resulting in harm, will result in the support worker being shadowed by Supervisor or trained designate (i.e. forgot to sign the M.A.R.).
5. Repeated medication errors that could or do cause harm may result in termination from employment at the recommendation of the Manager.
6. Medication errors include the following, but are not exclusive to:
 - Wrong dose
 - Omission
 - Wrong person
 - Wrong route
 - Wrong time
 - Failure to record properly
7. Upon discovery of a medication error, the person who discovers the error will:

STEP 1

If needed, call the pharmacy, Supervisor or On-Call person, family physician or the support staff who made the error as appropriate.

STEP 2

Using the information given from one of the above resources determine what needs to be done as a result of the error (i.e. If MAR sheet was not signed, was the medication taken and not signed for or was the medication, in fact, not taken).

STEP 3

Implement recommendation.

STEP 4

DOCUMENTATION: Fill out 1 Medication Error Report (F.QAM9b - see attached).

STEP 5

REPORTING: Medication Error Report needs to be forwarded to the Supervisor by the NEXT BUSINESS DAY.
Copies will be filed in the Personal Binder of person supported and Support Worker's Personnel file.

MEDICATION INCIDENT REPORT

NAME OF PERSON SUPPORTED: _____

SUPPORT WORKER INVOLVED: _____

DATE ERROR OCCURRED: _____ MEDICATION: _____

TIME OF ADMINISTRATION: _____ DOSAGE: _____

NAME OF DISCOVERY SUPPORT WORKER: _____

DATE OF DISCOVERY: _____ TIME OF DISCOVERY: _____

TYPE OF ERROR OR REFUSAL:

Wrong Dose Omission Wrong Person Wrong Route Wrong Time

Failure to Record Properly Found Medication Refusal

Steps Taken (include names of anyone called):

HAS THIS REPORT BEEN RECORDED IN THE COMMUNICATION LOG? Yes No

SIGNATURE OF DISCOVERY SUPPORT WORKER: _____

SIGNATURE OF INVOLVED SUPPORT WORKER: _____

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TEAM SUPERVISOR REVIEW:

Follow up is required – *see back of page for notes* No follow up required

SIGNATURE OF TEAM SUPERVISOR: _____

DATE: _____

ROUTING: STAFF >> TEAM SUPERVISOR >> HR MANAGER >> CENTRAL >> COPY BACK TO HOUSE

TEAM SUPERVISOR | Additional Notes as Required:

Team Supervisor Signature: _____



HUMAN RESOURCES REVIEW:

Date Reviewed: _____ **HR Manager Signature:** _____

POST FOLLOW-UP:

ORIGINAL >> CENTRAL | COPY >> BACK TO HOUSE

CHECK-OFF ONCE REVIEWED:

TEAM SUPERVISOR HR MANAGER

CENTRAL