**Description: DCC**

**MEDICATION INCIDENT REPORT FORM**

The person who discovered the error AND the person identified as making the error must complete the appropriate sections of this form. (if this happens to be a health professional, then the manager of the providing service will complete the form on their behalf).

Once completed please send a copy to:

* Corporate Health & Safety Team [employee.healthandsafety@derby.gov.uk](mailto:employee.healthandsafety@derby.gov.uk)
* School Head
* School Business Manager

**Please write clearly. Report all incidents within 24 hours of the error occurring or being discovered**

**DERBY CITY COUNCIL: Medication Incident Report**

Please Type all information in appropriate section.

|  |
| --- |
| **PART A: DETAILS RELATING TO PERSON WHO DISCOVERED THE ERROR** |

|  |
| --- |
| **Name of pupil:** |
| **Date of birth:** |

|  |
| --- |
| **NAME of person identified as making the error** |
| **Job Title** |
| **Place of Work** |

|  |  |
| --- | --- |
| **Date of error** | **Time of Error** |

|  |
| --- |
| **Name of person who discovered the error** |
| **Job Title** |
| **Place of Work** |
| **Date error was discovered** |

|  |  |
| --- | --- |
| **This incident relates to which medicine(s)** | **Dose(s)** |

**How was the incident discovered?**

|  |
| --- |
| **PART B: DETAILS RELATING TO PERSON WHO MADE THE ERROR** |

|  |
| --- |
| **Describe the circumstances of the incident** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What was the error (please tick box)?** | | | | |
| Recording error |  | Omission of dose | |  |
| Wrong pupil |  | Wrong time | |  |
| Wrong amount |  | Other |  | |
| Wrong medicine |  |

|  |
| --- |
| What do you think went wrong? |

|  |
| --- |
| Signature/Name of person who made the error  .…………………………… Date……………………………. |

|  |
| --- |
| PART C: MANAGEMENT ACTIONS |

|  |  |  |  |
| --- | --- | --- | --- |
| Remedial action taken? | Yes | No | Give reasons |
| Added to agenda for next supervision meeting with employee |  |  |  |
| Pharmacist/ GP informed |  |  |  |
| OFSTED (CQC if applicable) have been informed if appropriate |  |  |  |
| Family informed |  |  |  |
| Pupil informed (If applicable) |  |  |  |
| Safeguarding form completed and sent if appropriate threshold met |  |  |  |

|  |
| --- |
| If the pharmacist/ GP was contacted, please state what advice was given. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Consequence / Severity Rating (refer to tool in appendix of policy):   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Likelihood rating and score  *(1 to 5)* | x | Impact rating and score  *(1 to 5)* | = | Risk Rating score  *(1 to 25)* | Risk Rating  *(low, mod, high, extreme)* | |  | **x** |  | **=** |  |  |   Risk Rating will then identify selection of actions to be taken: |   Action taken to prevent a reoccurrence. |

|  |
| --- |
| Manager's signature/name  …………………………………………………………Date……………………………… |