Grow Support
Incorporated

Participant Refusal of Medication / Medication Incident Form - C6

SUPPORT WORKER TO COMPLETE – *INCIDENT DETAILS*

Date: .... **Time:** ....

Participant Name:...

Report completed by: ....

Describe medication incident: ....

....

....

Possible reason(s) for incident:..

....

....

Immediate action taken: ....

....

....

Operations Manager notified: ☐ Yes ☐ No **Date/Time:**..

Doctor notified: ☐ Yes ☐ No **Date/Time:**..

Pharmacist notified: ☐ Yes ☐ No **Date/Time:**..

Family notified: ☐ Yes ☐ No **Date/Time:**..

Treatment ordered by Doctor/Pharmacist:...

....

SUPPORT WORKER TO COMPLETE - *INCIDENT ANALYSIS*

Category of Incident:

- ❒ Incorrect participant
- ❒ Incorrect medicine
- ❒ Incorrect dose
- ❒ Incorrect time
- ❒ Incorrect route
- ❒ Split or dropped medicine
- ❒ Out of date medicine
- ❒ Missing medicine
- ❒ Lack of documentation such as assessment,, medication not included in approved support plan, medication record sheet (if required)
- ❒ Request by a participant/advocate to not give medication
- ❒ Breach of GROW policy and guidelines
- ❒ Participant refuses medication
- ❒ Incorrect storage of medications
- ❒ Incorrect supply of medications from the pharmacy
- ❒ Other (describe) ....

....

....

OPERATIONS MANAGER TO COMPLETE ***- INCIDENT ANALYSIS CONCLUSIONS***

What, if anything could have prevented the incident?

Describe: ....

Was the incident related to a procedure breakdown (staff focus)? ❐ Yes ❐ No

Comment:..

Was the incident related to the medication management system (prescription, supply, documentation focus)? ❐ Yes ❐ No

Comment:..

Was the immediate action taken appropriate? ❐ Yes ❐ No

Comment:..

OPERATIONS MANAGER TO COMPLETE - ***ACTION PLAN*** ***(Insert further actions as required)***	**Who**	**By When**	**Date Completed**
Analysis completed			
Follow up with staff member/s			

OPERATIONS MANAGER TO COMPLETE - ***CLOSURE***

Evaluation *(If appropriate, describe how action/improvements were evaluated and the result):* ....

....

....

....

Outcome or end result: *(Tick applicable boxes)*

☐ Issue resolved - no improvements implemented

☐ Improvement implemented (describe)...

CLOSED OUT/COMPLETE:

Operations Manager Signature: .... **Date:** ....