Medication Error Prevention and Management Policy

Adopted Date	February 3rd, 2026
Revision Date	New Policy
Revision #	

		Approved Date	February 3rd , 2026
	MEDICATION ERROR PREVENTION AND MANAGEMENT POLICY	Previous Approved Rev. Date	New Policy
		Rev. No	
		No. of Page(s)	4

Policy

Medication errors are a significant cause of patient harm. It is the responsibility of all medically trained staff to adhere to established protocols to minimize the risk of errors and to respond appropriately if an error occurs.

Purpose

The purpose of this policy is to establish guidelines to prevent medication errors and to provide a clear process for reporting, documenting, and managing such errors effectively to ensure patient safety and promote a culture of safety within the healthcare setting.

Scope

This policy applies to all nursing staff, including registered nurses (RNs), registered practical nurses (RPNs), Personal Support Workers (PSWs) and any other medically trained staff involved in the medication administration process.

Definitions

"director" means Director of Health Services.

"medical error" means any preventable event that may cause or lead to inappropriate medication use or patient harm, including but not limited to incorrect medication, dosage errors, route of administration, timing issues, and omissions.

Responsibilities

All nursing staff and medical support staff are responsible for adhering to this policy and reporting any medication errors.

The nurse lead and appropriate managers are responsible for ensuring ongoing training and development regarding medication management.

Processes/Information

1. Prevention of Medication Errors:

    1.1 Education and Training:

        a.   All nursing staff must complete mandatory training on medication management, including safe administration practices and error prevention strategies.

    1.2 Medication Administration Protocols:

        a.   Follow the "Eight Rights" of medication administration: Right patient, Right medication, Right dose, Right route, and Right time, Right Documentation, Right to Education, and Right to Refuse.

    1.3 Use of Technology:

        a.   Utilize electronic health records (EHR) and computerized physician order entry (CPOE) systems to facilitate accurate medication orders and reduce handwriting errors.

    1.4 Check and Double-Check:

        a.   If in doubt, consult a medically trained colleague or a supervising nurse before administering medication.

2. Reporting Medication Errors:

    2.1 Immediate Reporting:

        a.   Any trained staff must report any medication error immediately to the nurse lead or to their direct manager and, if appropriate, notify the prescribing physician. If required, contact 911.

        b.   Disclosure to the client and/or family is to be delivered by the Manager, the Director or Designate. Incidents that do not harm clients and do not have the potential to do so will be investigated and disclosure will be at the discretion of the Manager, the Director or Designate. (FNIHB policy)

    2.2 Documentation:

        a.   Document the error in the patient's medical record accurately, including the medication involved, the circumstances surrounding the error, any patient response, actions taken post-error, and any other relevant information.

3. <u>Management of Medication Errors:</u>

   3.1 Patient Safety:

   a. Assess the patient's condition and implement any necessary interventions to mitigate harm.

   3.2 Follow-Up post error and Root Cause Analysis, See ***Appendix "A"***

4. <u>Culture of Safety:</u>

   4.1 Corrective measures:

   a. Nipissing First Nation Health Services is committed to creating an atmosphere where nursing staff feel safe to report errors without fear of punitive measures. Focus on learning and system improvement rather than individual blame.

   b. Corrective measures must have obtainable goals and improvement measures. Once three errors have been recorded within a 6-month period, the staff member must take a Medication Administration Course (at their own expense) prior to being considered by the Director to return to any medication duties. Failure to demonstrate improvement will require further discussion with Human Resources and may lead to a report to the College of Nurses of Ontario by the Director, Chief Administrative Officer, or designate.

   4.2 Regular Training and Updates:

   a. Completion of regular training sessions to reinforce best practices for medication administration and system changes.

5. <u>Policy Review and Updates:</u>

This policy will be reviewed annually and updated as necessary to reflect current best practices and regulations. The review will be conducted by the nurse lead, one other nurse (RN or RPN), and the director.

APPENDIX "A"

1. **Follow up post error**

 Monitor the patient closely for any adverse effects related to the medication error and document findings.

2. **Root Cause Analysis:**

Participate in the root cause analysis of significant medication errors to identify contributing factors and implement corrective actions. Participants should include the staff member who made the error, their supervisor, and the nurse lead. The Director of Health Services will be apprised of the situation and included in the analysis depending on the severity and repetition of errors.