

COUNTY OF VENTURA  
HEALTH CARE AGENCY

EMERGENCY MEDICAL SERVICES  
POLICIES AND PROCEDURES

Policy Title: Medication Error Reporting	Policy Number 151
APPROVED: Administration: Steven L. Carroll, Paramedic	Date: December 1, 2018
APPROVED: Medical Director: Daniel Shepherd, M.D.	Date: December 1, 2018
Origination Date: November 1, 2003 Date Last Reviewed: September 13, 2018 Date Revised: September 13, 2018 Review Date: September 30, 2021	Effective Date: December 1, 2018

- I. PURPOSE: To provide a mechanism for prehospital care providers to report medication errors. The information obtained may be used for education and continuous quality improvement to promote a medication error-free environment.
- II. AUTHORITY: Health and Safety Code 1797.220
- III. POLICY: Medication Errors are reported to the PCC, EMS Supervisor, VC EMS CQI Coordinator, or VC EMS Duty Officer in accordance with the following procedure. Persons reporting the error are immune from any disciplinary action by VC EMS Agency under the following conditions:
  - A. The event was unintentional
  - B. There were no major adverse outcomes
  - C. The law has not been broken
  - D. An action plan is developed and carried out
- IV. DEFINITIONS: Medication Errors include:
  - A. Wrong dosage
  - B. Variation from VC EMS 705 Policies
  - C. Calculation error
  - D. Exceeding maximum dose
  - E. Wrong route
  - F. Wrong medication
  - G. Medication omitted
  - H. Incorrect time
  - I. Wrong person
- V. STATEMENT: If a medication error is made whether or not it resulted in an adverse patient outcome, it is an Unusual Occurrence and must be reported as such per Policy 150.

- VI. PROCEDURE:
- A. Upon discovering a medication error, immediately notify treating physician.
  - B. Discovering party will complete Medication Error Reporting Form and submit it to the PCC, EMS Supervisor, VC EMS CQI Coordinator, or VC EMS Duty Officer through Ventura County Fire Communications Center (805-388-4279). Information can also be sent via email to [emsagencydutyofficer@ventura.org](mailto:emsagencydutyofficer@ventura.org).
  - C. The VC EMS Agency will be notified per VC EMS Policy 150: Unusual Occurrences.
  - D. The appropriate PCC will conduct and complete the investigation within 10 working days after being assigned the case by VC EMS Agency and shall submit a report and action plan to VC EMS Agency where it will be evaluated and tracked.
- VII. IMMUNITY: VC EMS will grant immunity from disciplinary action to personnel who report medication errors within the guidelines of this policy *and* if there is no adverse patient outcome, no criminal intent and the event was unintentional. No immunity will be granted in cases where knowledge of a medication error is intentionally omitted or not reported. If a person is unaware that they have committed a medication error until notification by VC EMS, they are still eligible for immunity as long as it is found that they did not intentionally withhold reporting.

ATTACHMENT: Medication Error Reporting

# VENTURA COUNTY EMS AGENCY Medication Error Reporting Form



Person Reporting	Agency	Date of Report	Date to EMS

Date of Event:	Fire Incident #:
Time of Event:	Person Reporting To:

AGENCY/IES INVOLVED:	Personnel Involved:
<input type="checkbox"/> AMR <input type="checkbox"/> FLM <input type="checkbox"/> GCA <input type="checkbox"/> LMT <input type="checkbox"/> VEN <input type="checkbox"/> VNC <input type="checkbox"/> VCSAR  <input type="checkbox"/> SVH <input type="checkbox"/> LRRMC <input type="checkbox"/> SJRMC <input type="checkbox"/> VCMC	<div style="border-bottom: 1px solid black; height: 20px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>

Medication Name(s):

TYPE OF ERROR:	
<input type="checkbox"/> WRONG DOSAGE <input type="checkbox"/> VARIATION FROM 705 POLICIES <input type="checkbox"/> CALCULATON ERROR <input type="checkbox"/> EXCEEDING MAX DOSE	<input type="checkbox"/> WRONG ROUTE <input type="checkbox"/> WRONG MEDICATION <input type="checkbox"/> MEDICATION OMMITED <input type="checkbox"/> INCORRECT TIME <input type="checkbox"/> WRONG PERSON

EXPLANATION: (include any patient signs/symptoms/outcomes)

Please email report to the VC EMS Agency Duty Officer [emsagencydutyofficer@ventura.org](mailto:emsagencydutyofficer@ventura.org)  
Or Fax to VC EMS Agency (805)981-5300 Attn: EMS Agency Duty Officer