ACT Government | ACT Health

VACCINATION MEDICATION ERROR REPORTING FORM

Providers Name: | Phone Number:

1. Details of person reporting this vaccination error

Name: ____________________

Address: ____________________

Suburb: __________ Post code: __________ Phone: __________

Reporter type: ☐ GP ☐ Medical Specialist ☐ Medial Practitioner ☐ Nurse RN ☐ Nurse EN
☐ Vaccinated person ☐ Parent ☐ Guardian ☐ Other: __________

2. Details of person who experienced the vaccination error

Name: ____________________ DOB: ____/____/______

Address: ____________________ State: __________

Post code: __________ Home Phone: __________ Mobile: __________

Gender: ☐ M ☐ F ☐ unknown If a child, Parent/Guardian name: __________

3. Details of vaccination error

Please indicate type of error:

☐ Wrong Medication ☐ Wrong dose ☐ Wrong time ☐ Wrong route ☐ Wrong client

☐ Other: ____________________

4. Vaccine information

Vaccine Administered: ____________________

Brand/Type: ____________________ Date: ____/____/______

Time Administered: _____:_____ Batch No: __________ Route: __________

5. Details of what happened and how the error was identified

(For additional space please turn over the page)

6. Did the event impact the client negatively?

☐ Yes ☐ No Date of reaction ____/____/______ time reaction occurred _____:_____

Has an Adverse Event Following Immunisation been completed ☐ Yes ☐ No

Detailed description of the adverse event:

____

7. Outcome of the event

☐ Event has the potential to cause harm ☐ No harm ☐ Requires monitoring ☐ Harm incurred

8. Could this have been prevented?

☐ Yes ☐ No If so, explain how: ____________________

On completion, fax this form to 02 5124 9307, or email to: immunisation@act.gov.au

WHAT TO DO IF YOU HAVE A VACCINATION ERROR

Follow your practices clinic procedures for medication errors.

Notify client of mistake and make sure client has no adverse reaction following vaccination error.

If there is an adverse reaction please fill out an Adverse Event Following Immunisation.

Notify ACT Health Immunisation Unit on **5124 9800.**

Fill out the ACT Health vaccination error reporting form.

Fax this form to 02 5124 9307, or email to: immunisation@act.gov.au.

Additional information:

Office use only

ACT CASE NO: ______________________________ SAFEVAC/TGA CASE NO: ________________________

Date report received: _____/____/_________ Date sent to SAFEVAC/TGA: _____/____/_________

Is this considered a serious vaccination error? ☐ Yes ☐ No

If yes, please specify: ____

Is follow up on patient required? ☐ Yes ☐ No Is follow up with provider required? ☐ Yes ☐ No

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