

1. BACKGROUND

Many of the clients Leveda supports have much higher health needs than the general community and as a result in the past their care and support was dominated by institutional services and a medical model. This model segregated individuals from the community, perceived clients as being sick and did not address clients many other needs such as education, individual choices and friendships and family relationships.

In supporting individuals in the community it is imperative that we meet clients' health support needs and acknowledge the care and support required in this area as to ignore this need would be placing clients at great risk and be both irresponsible and dangerous.

2. POLICY STATEMENT

Leveda is committed to supporting client's health support needs in the community and providing support in a way that maximises client choice, independence and control whilst at the same ensuring clients are safe.

Leveda is committed to implementing the policies and procedures set by the Office of Disability and Client Services such as ***Direct Health Support of People with a Disability Guideline***. Appendix 1 outlines the three levels of health support provided to people with a disability from the document.

2.1 Trained Staff

Leveda is committed to ensuring clients' health care needs are met by the provision of a trained workforce, to provide "hands on" support. Please refer to Appendix 2 which outlines the basic health training that Leveda Staff will undertake in order to meet client health care needs. In addition to the training outlined in Appendix 2 Leveda will train staff on specific health care issues dictated by client need such as management of diabetes and the training will be provided by a skilled health professional such as a Diabetes Educator.

Leveda will train all staff to meet the needs of clients with Level 2 health care needs regardless of whether or not the staff member is supporting a person with this level of need. Leveda will ensure that there are sufficient numbers of staff trained to support clients with Level 3 health support needs to provide a safe and flexible service.

2.2 Assessment of client health care needs and determination of level of health support as defined in *Direct Health Support of People with a Disability Guideline*

Leveda is responsible for undertaking the appropriate planning and delivery of health support for clients receiving a service. Following confirmation of a client's eligibility for services Leveda will need to make a determination of the client's health support level and have a system in place to ensure that changing health care needs of clients are responded to in a timely and safe manner.

Most clients are likely to fit into the Level 1 or 2 areas of health support. For example, a person may have epilepsy, asthma or require support with medication. Leveda will be able to support such individuals with the development of a Health Care Plan, developed by their GP/Medical Specialist and having Support Workers trained in key health related areas.

A small number of clients will have health needs which determine that they require additional support at Level 3 which includes the development of a Health Plan by a Registered Nurse in order to safely meet the client's health support needs. Example Case Studies are outlined in ***Direct Health Support of People with a Disability Guideline***

To determine the level of health support Leveda will conduct the Health Support Risk Assessment (Appendix 3) for each client. Each Health Support Risk Assessment will be actioned as determined by the outcome of the assessment. Appendix 4 is a flow chart outlining the steps to follow to meet client's health care needs.

3 POLICY

3.3 Development of Health Support Plans

Health Care Plans provide information on the detailed management of specific health issues; for example epilepsy or asthma, and are developed by medical and allied health professionals for use in a range of settings.

3.3.1 Level 2 Health Support Plans are generally developed by the clients GP/Medical Specialist and this may include for example an Epilepsy and Seizure Management Plan. Health Support Plan Proformas are available on the CHES Website.

<http://www.decs.sa.gov.au/speced2/pages/health/chessPathways>

- The designated Manager is to ensure a health care plan is developed for clients with Level 2 health support requirements.
- Proforma's to assist health professionals develop the plan will be provided by Leveda
- If a client has an existing support plan the Manager will conduct an environmental check to ascertain if the plan can be used in settings that Leveda will be providing support. When possible Leveda will utilise existing plans.
- The designated Manager is to ensure Level 2 Health Support Plans are reviewed if there is a change in client health support need or as a minimum every 12 months in the case of children (0-18 years), and every 2 years for adults.
- If a Leveda client requires medication only they are considered to have Level 2 support needs but may not require a Health Plan and in such situations the Leveda
- Medication Procedures will be followed, please see Medication Procedure

3.3.2 Level 3 Health Plans are developed by a registered nurse.

- The designated Manager is to communicate with the designated registered nurse the need to develop a Health Plan
- Leveda will not provide support unless a plan is developed and Support Workers are trained to meet the needs of the client
- The registered nurse will develop the plan
- The Health Plan must be reviewed at intervals established by the Registered Nurse or where any change in healthcare status is noted by the Support Workers and as a minimum every 12 months in the case of children (0-18 years), and every 2 years for adults.

3.4 Support for Level 3 clients

Leveda Executive Managers will ensure that Leveda clients and their Support Workers have access to a registered nurse who:

- conducts a health assessment for clients whose needs fall within the parameters of Level 3 or there is uncertainty regarding the level of health support need and develops a health plan
- trains and assess a Support Worker to enable him/her to provide health support to the client based on the clients individual needs
- provides **ongoing** support and health advice to the client and Support Workers

3.5 Notification of Client Health Support/Medication Issue/Incident

The coordination and management of health care support is the role of support staff as they are in the best position to monitor the person's needs on a daily basis.

Leveda is responsible and retains accountability for the overall care provided to clients and therefore requires a mechanism of reporting and managing all client related health support / medication issues and incidents.

The *Notification of Client Health Support / Medication Issues/ Incidents Form* (Appendix 5) is a quality tool which enables staff to maintain an accurate record of any significant event when providing support to clients.

The *Notification of Client Health Support/Medication Issues/Incidents Form* is to be completed in the event that a staff member makes, discovers or is involved in a client health support, medication issue or incident,

Section A (CLIENT HEALTH SUPPORT ISSUE) & Section B (COMPETENCY RELATED MEDICATION ISSUE/INCIDENT)

Section A and/or **Section B** is to be completed by the staff member, with as much detail as possible and as soon as practicable after the health support, medication issue/incident is realised.

The health support, medication issue/incident should be categorised and a written description given.

An overview of the immediate action undertaken must also be recorded noting who the health support, medication issue/incident was reported to and when.

The staff member should also record in **Section A / Section B** any actions or follow up that they were advised to do by the person that the issue/incident was reported to.

Reporting of medication issues/incidents must be undertaken as per the *Medication Error Procedure*.

- **Section C of the Form**

Section C is to be completed by the relevant manager of the service usually the Service Manager. It is the responsibility of the manager to investigate the reported incident/issue and to ensure that **Section A / Section B** has been completed in full.

The outcome of the investigation should be documented in **Section C**, which may involve an interview with the staff member who made the report. The Service Manager's role is to assess if appropriate health support actions were implemented at the time, address any deviations from policy or procedure and outline the actions taken to minimise/prevent any recurrence of the event.

The Service Manager is to document if any referrals to a Health Professional are required, for example the RDNS Disability Nurse, speech pathologist or neurologist. Areas that a Health Professional may be required include; training, competency assessment or review of client Health Support Plan(s)

The date that the referral is provided to the Health Professional must also be documented on the *Notification of Client Health Support / Medication Issues / Incidents Form*.

The Action / Solution Plan is to be completed by the Service Manager outlining the actions taken or planned to minimise any recurrence of the event. The Service Manager's full name and signature must appear on the plan which then needs to be forwarded to their Executive Manager.

Throughout the course of the investigation, the Service Manager may identify other issues such as hazards, a near miss, potential problems, system deficiency or a service improvement that must be documented using a *Leveda Staff Response Form*.

Processing of Client Health Support / Medication Issues / Incidents Forms

Service Managers are to ensure that completed incident forms are forwarded to the Leveda office. Completed forms are to be logged by reception and a copy taken by service staff for service records. Originals are to be placed in the Administrative Officer's pigeon hole for recording on incident data base.

Administrative staff are to assign a logged number to each incident report and record on client incident data base, including outline of details provided in report.

- **Section D of the Form**

The Executive Manager should ensure that **Section C** has been completed and that the incident outcome has been managed appropriately. This may include resource management issues. The Executive Manager will review the incident form and corresponding database record and provide a written response if appropriate via email to the relevant Service Manager. Completed *Notification of Consumer Health Support / Medication Issues/Incidents Form* are then to be filed for records.

3.6 Access to Appropriate Health/Medical Supports

As Leveda is primarily an accommodation support service it has a responsibility to support clients and their families to access relevant health care and medical support. Such supports may include:

- General Practitioners
- Neurologist
- Therapists e.g. Physiotherapists
- Dietician

Support for clients receiving an accommodation support service may include:

- Practical support to attend appointments e.g. transport and staff support
- Keeping relevant information which may assist Health Care Professionals
- Lobbying for clients to access health services
- Supporting clients to live a healthy lifestyle

3.7 Open Communication

Leveda believes that open communication between all parties is an essential element of meeting client need including client health care needs.

Leveda will encourage open communication and consult and negotiate with clients, the key people in their life e.g. family and health care professionals. Examples include inviting family members to health appointments and keeping them informed of progress and inviting health professionals to staff/family meetings to discuss the best way to meet an individual's need.

3.8 Client Support in Hospital

When a client of Leveda's accommodation support service is hospitalised Leveda will:

- provide support (as required) for the person during the assessment of his/her health issue in accident and emergency or out-patient departments prior to admission. Please note that the Leveda may not be able to provide a support worker immediately as a worker may be working alone and a staff person will need to be called in.
- if the person is to be admitted, the need for ongoing carer support will be negotiated between the health service, client, carer, family and Leveda.
- support will continue to be provided until admission (short or long term) is finalised and a handover to the health service staff has occurred.
- once a decision is made to admit on a short or long term basis the patient's care is deemed the responsibility of the health service.
- ensure that a Hospital Admission Form is completed and its contents used to assist in handover. Please see Appendix 6.
- if requested by the Health Service, a Support Worker arranged through negotiation with the delegated officers from the health service will be provided by Leveda on a cost recovery basis. The Leveda Support Worker will remain the employee of Leveda
- provide Support Workers with a copy of the "Specialling Guidelines" for supporting the person in the hospital setting (Appendix 7).

When a client supported by Leveda services other than accommodation support is hospitalised Leveda will negotiate as appropriate with the client, their family and case manager the role of Leveda in supporting the person.

From Disability Services Policy-15, Health Support Training and Competency Based Assessment of Care Workers (2005).

There are generally three levels of support provided to people with a disability as follows:

Support Level	Level 1	Level 2	Level 3
Client Need:	Client has no health support needs	Client has health support needs that require the use of Health Care Plans developed by the client's health professional, e.g. GP, medical specialist, etc.	Client has health support needs that require a comprehensive Health Plan (developed by a Registered Nurse). The care worker and the client require ongoing access to support from a health professional
Care Worker Qualifications:	Qualifications/competencies as prescribed by the Office for Disability and Client Services	Qualifications/competencies as prescribed by the Office for Disability and Client Services	As Level 1 & 2 plus: Training and competency based assessment by a Registered Nurse
Educator Qualifications:	Educator Accredited RTO or Qualified Health Professional	Educator Accredited RTO or Qualified Health Professional	RN (with Cert. IV TAA or equivalent demonstrated vocational competencies to this level)
Risk Assessment:	Low	Low-Moderate	Moderate-High

These guidelines relate to clients that have health support needs that require a **comprehensive Health Plan** and where the care worker and the client require **ongoing access to support from a health professional or Registered Nurse, i.e. Level 3 support.**

From Direct Health Support of People with a Disability Guideline

There are generally three levels of support provided to people with a disability as follows:

Support Level	Client Need	Support Worker Qualifications	Educator Qualifications
Level 1:	Client has no health support needs	General support worker competencies.	Educator accredited Registered Training Organisation or qualified health professional.
Level 2:	<p>Client has health support needs that require the use of <i>Health Care Plans</i> developed by the client's health professional, e.g. General Practitioner (GP), medical specialist, etc.</p> <p>Level 2 health support is when it is safe for a support worker to follow existing <i>Health Care Plans</i>, without the need for client or support worker assessment by an RN. In general, these are situations when:</p> <ul style="list-style-type: none"> • Medical documentation obtained enables the support needs to be clearly understood • Medical documentation obtained indicates that the condition is stable and outcomes predictable • The Support Worker is required to exercise judgment only within their standard trained competency • The task is straightforward 	General support worker competencies and competencies dictated by client health care need.	Educator accredited Registered Training Organisation or qualified health professional.

Support Level	Client Need	Support Worker Qualifications	Educator Qualifications
Level 3:	<p>Client has health support needs that require a comprehensive individualised <i>Health Plan</i> (developed by a RN).</p> <p>The support worker and the client require ongoing access to support from a health professional.</p> <p>This level of support indicates that involvement of an RN is required as it is necessary to provide the support worker with additional competencies outside the standard training competencies. The role of the RN is not only to train and competency assess a support worker to enable them to provide health support, but also to provide ongoing updates to the health plan. Generally this level of support is required in situations where a client has:</p> <ul style="list-style-type: none"> • support needs that are unclear to the provider agency • episodic illness or is recovering from hospitalisation • health support needs that require comprehensive health planning • acquired additional health support needs over and above support levels 1 and 2 • a change in, or multiple support environment(s) • anniversary or pre-determined date for re-assessment of support needs. <p>Support of this nature will be in accordance with a documented <i>Health Plan</i> specific to the individual's needs. A support worker will require training and assessment of their competency by an RN to perform the health support tasks required. Level 3 health supports to meet individual needs will be underpinned by an RN assessment that will be documented in the <i>Health Plan</i> to be followed by the support worker.</p>	<p>Training and competency based assessment by an RN.</p>	<p>RN preferably with Certificate IV in Training and Assessment or equivalent.</p>

Training to meet client health care need

Training of staff supporting clients will include:

- A current Senior First Aid or Disability BELS or DECS BELS (Basic Emergency Life Support) or Accredited First Aid which includes:
 - Cardio Pulmonary Resuscitation
 - Routine Asthma Management (including puffers, spacers, nebulisers)
 - Management of choking
 - Basic Seizure Management
- Medication and its side effects including a competency based assessment or successful completion of module CHCCS303A Provide Physical Assistance with Medication or CHCCS304A: Assist with self-medication **or** equivalent.**
- Competency based assessment of administration of medication by a Registered Nurse with Cert. IV TAA or equivalent demonstrated vocational competencies to this level. This usually occurs on site in the workplace***
- Causes of disabilities and how they may impact on clients' health and lifestyle **
- Specific health care training to meet a clients' individual needs e.g. asthma or supporting a client with swallowing difficulties to eat ****
- Universal Precautions **
- Management of Epilepsy **

* = Required before employment

** = Required before the completion of orientation

*** = Required before administration of medication or within two weeks of orientation which ever comes first

**** = As required and dictated by client need usually as part of a health support plan.

All staff must be re-assessed as competent in the defined skills at least every two (2) years with the exception of the following events which **may** require immediate or more regular reassessment:

- A new incident occurs in relation to a client's health support
- The complexity of the task dictates that re-assessment should occur more regularly, e.g. tracheotomy management. This is usually dictated by the Health Professional such as the Registered Nurse
- There is a change in the support environment
- The client becomes ill or recovering from hospitalisation
- The client's health needs change
- An incident or error occurs in relation to the client's health support
- Any party requests re-assessment

The training will be provided by appropriately trained professionals e.g. Registered Nurse, Speech Pathologist and Leveda will ensure that regular training updates are undertaken.

There may be instances where 'special circumstances' warrant exemption from the qualification/competency requirements outlined above. The Chief Executive Officer or their nominated delegate only are able to approve exceptions in exceptional circumstances after due consideration of all the risks. There will be **no discretion for exemption in the First Aid current minimum requirement.**

In addition to the above Leveda has deemed that all staff supporting clients must hold a Certificate III in Community Services Disability or begin undertaking the Certificate within 4 months of employment and complete within two years. Leveda has a system in place to ensure all staff that do not hold this qualification have the opportunity to undertake the training. Please note agreement to undertake and complete the Certificate III in Community Services Disability is a prerequisite to employment. Failure to undertake and complete the training will result in disciplinary action which may include dismissal.

Guidelines

Health Support Risk Assessment

Attached are a Medication & Health Information Form and a Health Support Risk Assessment Form to be used to assist in determining the health support needs of individual clients. It may also be valuable to read and refer to the Example Case Studies outlined in *Disability Services Policy DSP 15 Health Support Training and Competency Based Assessment of Care Workers*.

When determining the level of support it is important to collect as much information as possible for example:

- Does the person have health care plans in other environments such as school or at their day service/work? This information is very valuable as it gives a very clear indication of the person's needs and a good starting point.
- What do such plans tell you and are they applicable across the environments Leveda will be supporting the person. A health care plan from school may not have adequate information for a service that operates overnight.
- Does the person have seizures, suffers from asthma or is a diabetic
- Does the person have a condition which indicates they may require a plan such as Osteogenesis Imperfecta
- Does the client have any known first aid needs
- What are staff observations of the persons needs

Answers to the above questions may require further investigation. For instance if the person has seizures and takes anticonvulsant medication for their epilepsy then they could fit into a Level 2 or 3 depending on the complexity and stability. For example they may only have seizure a few times per year and they are of short duration and the person is sleepy afterwards but otherwise recovers well. This fits in Level 2 and staff will require First Training and some extra information on epilepsy plus a Health Support Plan from the health professional who manages the person's epilepsy. On the other hand the person may have very complex seizures, with three different types each with a unique management strategy and the need to administer a specific medication at a critical stage of this person's seizure. This person is likely to have Level 3 support needs

Health Support Plan Proformas are available in the booklet *"Health Support Planning in schools, preschools and childcare services -Partnerships for health and education"* follow the link below to the booklet

<http://www.decs.sa.gov.au/speced2/pages/health/chessPathways>

If there is any doubt regarding the level of support contact the services allocated RDNS Registered Nurse for advice and guidance. If you are unsure which nurse is assigned to the service please ring the Leveda Office for clarification. Some situations may need phone clarification only whilst others will require a comprehensive assessment by the registered nurse.

Remember

Just as Leveda staff are required to call an ambulance if in doubt if you are unsure if the level of health care need is a Level 2 or Level 3 you must call the registered nurse.

Medication & Health Information Form

Client Name _____

Do you take regular medication?

Yes No

Will you need to take medication whilst being supported by Leveda?

Yes No

Will you need assistance with taking medication?

Yes No

If yes, what assistance is required?

For respite support it is essential that medication is provided in a pharmacy labelled bottle detailing the type of medication, dose, time it is required and name of person requiring it.
This needs to be accompanied by a Medication Authority/Administration Record.
For accommodation support service clients Leveda will discuss with you options for medication support which is likely to be the Medi-Sachet system.

Please list and give details of all medical conditions Leveda staff need to be aware of.

Do you have health care plan(s) in other environments such as school or day service/work? Yes No

If yes what are the plans for? _____

- Epilepsy Yes No _____
- Diabetes Yes No _____
- Asthma Yes No _____
- Allergies (please list) Yes No _____
- Restricted Diet Yes No _____
- Hearing Impairment Yes No _____
- Speech Impairment Yes No _____
- Visual Impairment Yes No _____
- Physical Disability Yes No _____

Any Other Medical Information _____

If you answered yes to any of the questions above Leveda will forward you the relevant Health Plan Proforma for you and your Health Professional to complete.

Health Support Risk Assessment Form

The chart below will assist in determining if a client's health support needs are Level 3 or the advice of a Registered Nurse is needed to assist in determining the level.

Name of Client _____

INDICATORS	YES	NO	UNSURE
Support needs are clear			
Medical condition is stable and predictable			
Support required can be undertaken by a care worker with basic training			
When undertaking the procedure, care worker is required to exercise judgment only within their competency & responsibility			
The supervisor confirms the care worker is competent and able to undertake the task			
The task is straightforward and non-invasive			
Medical documentation enables the support needs to be clearly understood			
Documentation to support decision making is relevant/current			
There is adequate time available to plan the level of support required.			

All ticks in Yes boxes Yes No

If yes proceed with development of Health Care Plan by GP/Medical Specialist and having care workers trained in key health related areas if required.

Actioned Yes No

Tick(s) in No or Unsure Box Yes No

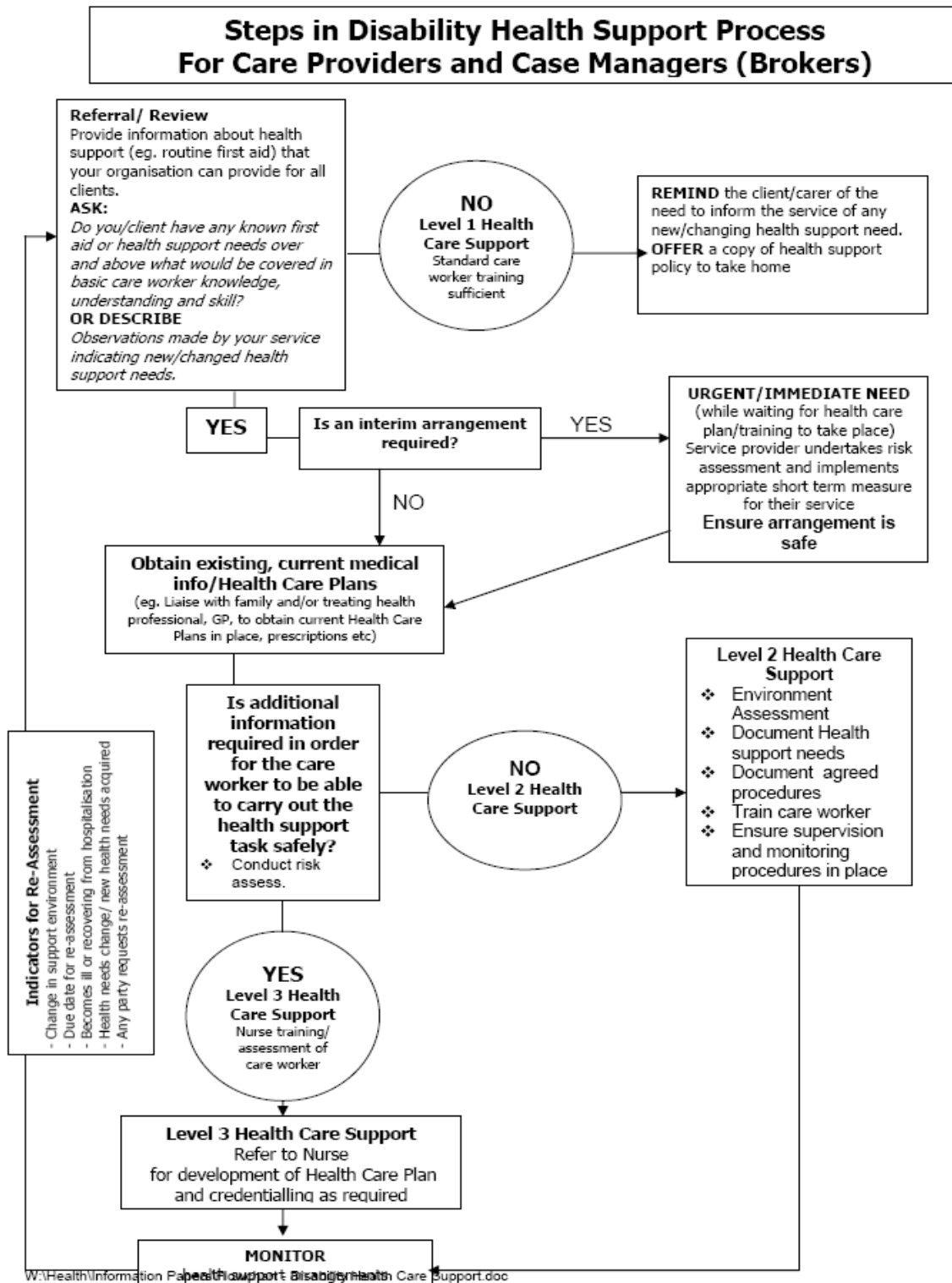
If yes such ticks indicate that the health support needs may be Level 3, please contact the services allocated RDNS Disability Nurse during office hours to determine the level of health care need. If the CNC determines the needs are Level 3 then a comprehensive plan will be developed by the registered nurse and support staff trained and supported to meet the client special needs.

Actioned Yes No

Signed: Date / /

Print Name:..... Position:.....

Flowchart Steps in Disability Health Support Process





	SECTION : 12
STANDARD PROCEDURE	PAGE : 1 OF 4
SUBJECT: MEDICATION ERROR REPORTING	DATE : 1 st July 2007

1. COMMUNITY SUPPORT WORKERS (CSW) RESPONSIBILITY

If a medication incident / error occurs, the Leveda staff member will:

- 1.1. Follow the stepped process as detailed within this procedure. (Refer pg 3)

2. ADMINISTRATION RESPONSIBILITY

Once contacted by the staff person making the report, Leveda administration will:

- 2.1. Issue a medication incident report number from the database, which the staff person is to record on the top right hand side of the **NOTIFICATION OF CLIENT HEALTH SUPPORT / MEDICATION ISSUES / INCIDENTS FORM.**
- 2.2. Record all other relevant information on the database.
- 2.3. Refer to the appropriate Manager as necessary.

3. ON – CALL RESPONSIBILITY

If contacted by a Leveda staff person regarding a medication error, the On – Call person will:

- 3.1. Provide general advice (**however cannot provide clinical advice**)
- 3.2. Issue a medication incident report number from the database, which the staff person is to record on the top right hand side of the **NOTIFICATION OF CLIENT HEALTH SUPPORT / MEDICATION ISSUES / INCIDENTS FORM.**
- 3.3. Record all other relevant information on the database.

4. SERVICE MANAGER RESPONSIBILITY

The Service Manager will:

- 4.1. Read incident report, complete relevant section and review corresponding entry on database.
- 4.2. Review electronic medication error report on a regular basis, and follow up with relevant staff.
- 4.3. Undertake appropriate follow up with staff person concerned, including making a referral to the RDNS CNC if deemed appropriate.

4.4. Update database accordingly once issue is resolved

4.5. Notify Senior Management of any concerns related to the incident

5. RDNS CNC RESPONSIBILITY

The RDNS CNC will:

5.1. Review electronic medication error report on a regular basis, and reassess staff as appropriate. The clinical decision of determining a worker to be competent to administer medication and the process used will be determined by the CNC.

5.2. Update the Leveda database accordingly

5.3. Reflect the re-assessment on the Fast – Track database and provide Leveda with an electronic update.


5.4. Notify Leveda management of any concerns or issues with regard to any staff person's ability to administer medication.

6. EXECUTIVE MANAGER RESPONSIBILITY

The Executive Manager will:

6.1. Review electronic medication error report on a regular basis

6.2. Action any recommendations or issues arising out of the incident as necessary.

 Version	RECORD OF REVIEW					
	Created/Revised Date	Next Review Date	Sections Changed	Created/Amended by	Approved by	Sign
1	31/01/06	31/01/07		Craig Dahlgren	D. Wharldall	
2	27/02/06	27/02/07	3 On Call –point 3.4	Craig Dahlgren	D. Wharldall	
3	01/07/07	01/07/09	Various	Craig Dahlgren	D. Wharldall	



MEDICATION ERROR PROCEDURE

(NON REPORTING OF MEDICATION ERRORS MAY RESULT IN DISCIPLINARY ACTION BEING TAKEN)

STEPS YOU MUST TAKE IF YOU MAKE A MEDICATION ERROR

STEP 1

Ring the Poison Information Centre –Ph 13 1126, unless the medication is on the attached list, if it is on the list go to step 4

STEP 2

Give details of the incident.

STEP 3

Act upon the advice or directions immediately, if an ambulance is required dial 000 immediately and then stay with the person and observe, accompany the person where possible and provide relevant details to ambulance personnel and hospital emergency department personnel

STEP 4

Contact the Leveda office (8396 5699) within office hours (i.e. Mon – Fri 9am – 5pm) or On-Call (0418 841 760) if incident occurs outside of office hours, or Service Manager if immediately available.

STEP 5

Record error number given to you by Leveda administration on *NOTIFICATION OF CLIENT HEALTH SUPPORT / MEDICATION ISSUES / INCIDENTS FORM*, follow any advice given and complete all other relevant sections of form.

STEP 6

Forward form to Service Manager



IT IS NOT NECESSARY TO CALL POISONS INFORMATION IF AN ERROR OCCURS INVOLVING THE FOLLOWING MEDICATIONS,

HOWEVER

THE ERROR MUST STILL BE REPORTED AS PER PROCEDURE AND DETAILS DOCUMENTED ON A *NOTIFICATION OF CLIENT HEALTH SUPPORT / MEDICATION ISSUES / INCIDENTS FORM*

- Actilax
- Aspirin
- Astra – Forte
- Benadryl Cough Syrup
- Betnovate Cream
- Celestone M Cream
- Charcoal tabs.
- Claratyne
- Clonea Antifungal Skin Cream
- Coloxyl with Senna
- Demazin tablets and liquid
- Duphalac Syrup
- Duralax Suppositories
- Elocon Cream
- Herbalax
- Imodium
- Lomotil
- Mag. Pellegrino
- Mega Acidophilus
- Microlax Enema
- Mylanta
- Nilstat
- Nucolox
- Nulax
- Panamax (depending on quantity clients allergy)
- Paracetamol
- Ponstan
- Proanthinols
- Pro-banthine
- Rhinocort Ageous Nasal spray
- Sofradex Ear Drops
- Sudafed

- Supradyn
- Telfast
- Ural Sachet
- Vit. B
- Zadine



HOSPITAL ADMISSION FORM

LEVEDA CLIENT INFORMATION

CLIENT NAME: _____

PRIMARY CONTACTS

NAME	TELEPHONE NO.	CONTACT PRIORITY
RDNS CNC	
LEVEDA	(08) 8396 5699
LEVEDA ON CALL	041 884 1760
SERVICE MANAGER

**Critical Information
To Support Clients from Leveda**

IMPORTANT INFORMATION

WHY HAVE A SPECIAL FORM

Some Leveda clients have very high support needs and to assist in planning to meet client need and ensure a safe and comfortable hospital stay Leveda staff and families and senior Hospital staff met to discuss protocols.

ABOUT LEVEDA

Leveda is a community based non-government accommodation and community support service for people with a disability and complex support needs. The majority of Leveda's services are group homes with 3-5 people with a disability sharing a home together and receiving staff support. An attached pamphlet provides more information.

Leveda's staff are ***not*** nurses but are trained to meet client individual needs. Many of the families of the clients Leveda supports continue to be very active in the client's life and are likely to be visiting and or providing direct support.

Leveda receives support from a Clinical Nurse Consultant (Disabilities) from RDNS. The designated nurse for this service is _____ who can be contacted during office hours on their mobile _____. Please feel free to contact the Nurse regarding patient care and discharge planning. The Nurse is responsible for ensuring Leveda staff are able to meet client health care needs and is an excellent resource and support.

Leveda's Office is at 2 Peaton Avenue, Ingle Farm Telephone (08) 8396 5699 Fax (08) 839 5677 email leveda@leveda.org.au . If there are any queries please contact the office.

The Service Manager at the service which supports.....
is.....and can be contacted on telephone
..... The Service Manager works on roster and therefore is not necessarily on duty during office hours. The service can contact the Leveda on-call service out of hours.

When a client of Leveda's accommodation support service is hospitalised Leveda will:

- Provide support (as required) for the person during the assessment of his/her health issue in accident and emergency or out-patient departments prior to admission. Please note that the Leveda may not be able to provide a support worker immediately as a worker may be working alone and a staff person will need to be called in.
- If the person is to be admitted, the need for ongoing carer support will be negotiated between the health service, client, carer, family and Leveda.
- Support will continue to be provided until admission (short or long term) is finalised and a handover to the health service staff has occurred.
- Once a decision is made to admit on a short or long term basis the patient's care is deemed the responsibility of the health service.
- Ensure that a Hospital Admission Form is completed and its contents used to assist in handover.
- If requested by the Health Service, a support worker arranged through negotiation with the delegated officers from the health service will be provided by Leveda on a cost recovery basis. The Leveda support worker will remain the employee of Leveda
- Provided support workers with a copy of the "specialising guidelines" for supporting the person in the hospital setting (Appendix 6).

If the hospital staff believe the person's situation is critical please contact Leveda and we will ensure there is someone available to sit with the person.



CLIENT INFORMATION

NAME.....D.O.B. /... /.... DATE /... /....

ADDRESS.....
.....

TELEPHONE.....MEDICARE NO:

EPILEPSY: YES / NO

NEXT OF KIN / GUARDIAN/ADVOCATE (NAME).....

RELATIONSHIP.....

ADDRESS:.....
.....

TELEPHONE :.....

LEVEDA CONTACT PERSON :.....

TELEPHONE :.....

MEDICATION (DOSAGE AND FREQUENCY) AT TIME OF ADMISSION:

.....
.....
.....
.....
.....

ALLERGIES:.....

COMMUNICATION:.....
.....

EATING AND DRINKING REQUIREMENTS:

.....
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DIET.....
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GUIDELINES TO SUPPORT A CLIENT IN HOSPITAL

What is specialling?

When a client is admitted to hospital they may require a level of individual support that the hospital is unable to provide. For example a client may be very distressed and confused and without the support of someone who knows them well they may be at risk of harming themselves or others.

In such situations it may be negotiated that Leveda provide a staff person and this is called specialling.

Please Note:

- In most instances specialling of clients, who are in-patients, is at the expense of the hospital. Approval from an authorised hospital person is required prior to arranging for a Leveda worker to work at the hospital.
- All requests for specialling must then be advised/approved through the Executive Manager during office hours or On-Call after hours.
- Leveda staff who are specialling clients in public hospitals are still required to follow Leveda Policies and Procedures.

Staff are advised to adhere to the following:

DO

Always refer hospital staff to the Hospital Referral Form as an aid to supporting the client
Offer advice and suggest strategies as to the best ways for the person to take medication, eat meals, and participate in other activities of personal care (this should be document in the Hospital Referral Form).

Provide hands-on support in conjunction with the hospital staff member to deliver personal care, if requested, but note that the responsibility for this role sits with the hospital staff.

Provide the client with emotional and psychological support as required minimising any stress the person may experience as a result of being admitted to hospital.

Be aware of how the client expresses pain and advise hospital staff of this if it is not apparent to them.

Provide suitable activities so as to provide additional comfort to the client but not cause disruption in the hospital setting e.g. books etc.

Liaise with relevant manager as to any changes in the level of support required.

Refer all matters that require consent to treatment to the relevant manager.

Take your normal meal break(s) but advise the hospital staff you are leaving the ward as a matter of courtesy.

DO NOT

Administer medication whilst in the hospital.

Take on the role of health service provider within the public hospital setting.

Make treatment assessments in consultation with the hospital staff.

Consent to treatment changes.