

Strategic Objective:

1. Excellence In Service Delivery



POLICY : 1.2 Client Safety

PROCEDURE: 1.2.3 **Exclusion of Client from Admission to QEC Program**

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Purpose Ensuring QEC services are directed towards those members of the community who are most vulnerable and in need of early parenting intervention. Ensuring admission of clients does not include persons who place other clients and staff at risk of illness and injury.

Target Audience All Staff

Definitions

Procedure

RESIDENTIAL SERVICES

1. ASSESSMENT & INTAKE (A&I)

A risk assessment is performed on every family having a consultation with the Assessment and Intake team.

The assessment determines families that have risk factors which negatively impact on parenting and child development outcomes.

1.1 Exclusion Due To Illness

1.1.1 Prior To Admission

Information is sent to all clients booked into a program. Clients must postpone their admission if they or anyone in the family home are unwell indicated by:

- diarrhoea and/or vomiting within 48 hours prior to the admission,
- a temperature above 38 degrees in the 24 hours prior to the admission,
- commencement of antibiotics within 24 hours prior to the admission
- diagnosis of an infectious disease.

1.1.3 During Admission

Clients who become unwell will be confined to their bedroom until Team Leader consults with QEC's Medical Officer.

RESIDENTIAL & COMMUNITY PROGRAM

1.2 Exclusion Due To Unstable/Deteriorating Mental Health

It is highly likely that clients allocated a QEC service will be experiencing some form of depression or anxiety. Clients may also present with other underlying mental health issues e.g.

1.2.3 Exclusion of Client from Admission to QEC Program

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Bi- polar or borderline personality disorder.

To be eligible for admission, a client's mental health must be stable. Clients showing signs of an emerging psychosis are not appropriate for admission to an Early Parenting Centre and may require the expertise of an acute mental health service or Mother/Baby unit.

If an admitted client's mental health deteriorates to an extent where they are unable to participate and continue with the program, QEC's Medical Officer will be notified and a decision made whether to cease the program and seek alternative care for the client.

This may involve consultation with the Crisis Assessment and Treatment (CAT) Team.

1.3 Exclusion Due To History of Violence or Sexual Offences and Inappropriate Behaviour During Admission

1.3.1 Prior to Admission

The risk assessment seeks to determine the potential for violence or offending behaviour in clients and it is the responsibility of the staff conducting the assessment to clarify any concerns prior to admission.

Referrals received from DHS Child Protection for the PASDS program outlines safety concerns. It is the role of the PASDS Administrative Officer to seek clarification regarding any history of violence or offending behaviour.

Clients with a significant history of violence may be asked to complete an anger management program prior to acceptance into a program.

Clients with a history of sexual offences will be declined admission unless they have a risk assessment to be at low risk of re-offending.

Clients with a history of drug misuse must provide urine screens prior to admission which are free of amphetamines and heroin to exclude recent drug use and possible addiction. Evidence of Marijuana use may be accepted given the length of time it can take to produce a clear screen. This must be discussed with PASD Coordinator.

1.3.2 On Admission

Clients participating in a residential or home based PASDS sign an agreement stating the program may be discontinued if they are found using illicit drugs or alcohol or if their behaviour threatens the safety or wellbeing of staff, individual family

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members or other persons.

1.3.3 During Admission/Program

Programs will be discontinued if client demonstrates violent behaviour that places staff and other clients at risk. In the event that a client demonstrates violent, anti-social or abusive behaviour, emergency action is taken as required including assisting the client to regain control or activating the duress alarm.

Once the police have arrived, they will remove the client from the premises should that be required (residential program). Staff must notify their team leader or coordinator. Discussion and plan is generated ensuring child safety and appropriate referral.

Related Links

- 1.2.13 Managing Aggressive Behaviour-Home Based
- 1.3.1 Early Parenting Services - Intake, Entry, Delivery, Exit.doc
- 5.1.1 Home Visiting: 70HB741
- 5.1.1. Home Safety Risk Assessment Checklist

Key Legislation, Acts and Standards

PLEASE PLACE A 'Y' IN THE BLANK COLUMN relating to the applicable standards below:-
e.g.

1.0	1.1	Understanding Rights & Responsibilities	Y
Empowerment	1.2	Exercising Rights & Responsibilities	

DHS STANDARDS Listing

1.0 Empowerment	1.1	Understanding Rights & Responsibilities	
	1.2	Exercising Rights & Responsibilities	
2.0 Access & Engagement	2.1	Services Are clear	
	2.2	Services are delivered	
	2.3	Access to Services	
3.0 Wellbeing	3.1	Services Adoption	
	3.2	Services Participation	
	3.3	Goals Documented & Implemented	
	3.4	Reviews, Evaluations & updates	
	3.5	Delivery is in Safe Environment	Y
4.0 Participation	4.1	Choice & Control of Service Delivery	
	4.2	Community Participation	
	4.3	Maintaining Connections with Family & Friends	
	4.4	Strengthen Culture Connection - Aboriginal/Torres	
	4.5	Strengthen Cultural, Spiritual & Language	

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	4.6	Life Skills - Develop Sustain Strengthen	
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ISO 9001:2008 Listing

4.0 Quality Management System	4.1	General	
	4.2.1	Doc Requirements General	
	4.2.2	Doc Requirements Quality Manual	
	4.2.3	Doc Requirements Control of Docs	
	4.2.4	Doc Requirements Control of records	
5.0 Management Responsibility	5.1	Management Responsibility	
	5.2	Customer Focus	
	5.3	Quality Policy	
	5.4	Planning Inc 5.4.1-5.4.2	
	5.5.1	Responsibility & Authority	Y
	5.5.2	Management Representative	
	5.5.3	Internal Communication	
6.0 Resource Management	5.6	Management Review	
	6.1	Provision of resources	
	6.2	Human resources	
	6.3	Infrastructure	
7.0 Product Realization	6.4	Work Environment	
	7.1	Planning of Product Realisation	
	7.2	Customer-related Processes	
	7.3	Design & development	
	7.4	Purchasing	
	7.5	Production and service provision	
8.0 Measurement, Analysis & Improvement	7.6	Control of monitoring & measuring devices	
	8.1	Measurement Analysis & Improvement	
	8.2	Monitoring & Measurement	
	8.3	Control of non- conforming Product	
	8.4	Analysis of Data	
	8.5	Improvement	

Other Key Legislation, Acts and Standards

Key words

Admission, illness, diarrhoea, vomiting, temperature, exclusion, mental health, crisis assessment, violence, sexual offences, assessment and intake, A & I, drug use

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BRADMA LABEL

FAMILY ADMISSION FORM

For Residential Services Use Only

Admission Date: / /

Program Type: Please Circle	Day Stay	PlaySteps	5 Day Program	10 Day Program
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Please fill in this form in block letters & initial where required.

Primary Carer		Secondary Carer	
CHILD 1		CHILD 2	
CHILD 3		CHILD 4	

1. INFORMATION PRIVACY / PATIENT'S & RESPONSIBILITIES I have viewed and am aware of the Australian Charter of Healthcare Rights in Victoria and the QEC Privacy brochure.	Initialled
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2. CLIENT ADVOCATE - Do you have an advocate (someone to support you for your care)? Do you require access to an advocate? <small>Please Circle</small> (If yes, QEC will inform the Team Leader)	YES NO	Initialled
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3. COMPLAINTS You have the right to access services in a safe environment for example, free from abuse, neglect, violence and preventable injury. If at any time you feel unsafe or vulnerable, you can tell us about it by completing the feedback form (included in your admission pack). We will follow this up to ensure that your complaint has been addressed and has enabled us to improve our service.	Initialled
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4. CONSENT OF RELEASE OF INFORMATION I consent to relevant clinical information about my care being sent to my nominated GP, referring health care provider or specialists, and/or other relevant health care professionals that will be involved in my ongoing care.	Initialled
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5. EXCLUSION DUE TO ILLNESS QEC is committed to protecting you and other families admitted to our facility from infectious diseases. We ask that you carefully read the following criteria for exclusion due to illness and let staff know immediately if you have any concerns. Diarrhoea and/or vomiting experienced by you or any family member, or close contact during the 24 hours prior to admission (Diarrhoea is normal number of bowel actions per day plus three.). Admission must be postponed until free of diarrhoea and vomiting for 48 hours.	YES / NO
<ul style="list-style-type: none"> A temperature above 38 degrees Celsius occurring during the 24 hours prior to admission. 	YES / NO
<ul style="list-style-type: none"> An infectious disease as noted in the Infection Control Guidelines including, but not limited to: Rubella <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Influenza <input type="checkbox"/> Impetigo <input type="checkbox"/> Scabies <input type="checkbox"/> Head Lice <input type="checkbox"/> Tuberculosis <input type="checkbox"/> 	YES / NO
I fully understand that my family and I are unable to be admitted or will have to leave the facility in the event of any evidence of an infectious illness or disease. If any of the above is a (yes), please notify Team Leader on Program to come and discuss with the Family.	Initialled

6. PUBLIC VS. PRIVATE PATIENT HOSPITAL STATUS The government requires that YOU ELECT to be treated as a PUBLIC (non chargeable) or PRIVATE (chargeable) patient upon admission to our hospital. QEC staff cannot direct you towards making a particular decision. Your status (public or private) is valid from the commencement of your admission (admission date) through to the end of the admission except for the following "unforeseen" circumstances.
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BRADMA LABEL

QEC CLIENT CONTRACT PASDS

Community

I/we agree to fully take part in the Parenting Assessment and Skill Development Services that the QEC will provide from (date) ___/___/_____ to ___/___/_____

The purpose of the service is for the QEC to provide to the Child Protection Program, Department of Human Services an independent, written assessment of my/our knowledge, skills and attitudes as parents and the ability to show that I/we can learn and use new skills assessed as being necessary.

During these services, I would like to learn:

Special conditions:

Accompanied for 1st outing Accompanied for outings

Unaccompanied outings

Interim accommodation order to client (IAO) Intervention Violence Order (IVO)

No orders Urine screens (refer to admission notes) Restricted visitors (refer to admission notes)

I/we understand that the services will end at any time if my/our behaviour threatens the health, safety or well-being of staff, individual family members or other persons.

I/we agree not to be affected by drugs or alcohol at arranged appointment times, and to provide a smoke free environment for staff during these visits.

I/we consent to the sharing of relevant information between persons or organisations involved in our case. At the completion of this service, QEC will provide to the Department of Human Services, a written assessment outlining the involvement in the parenting program.

I/we fully understand and agree to comply with all of the above.

Primary Care-Giver

Partner or Support Person

QEC Representative

Name _____

Name _____

Name _____

Signature _____

Signature _____

Signature _____

Date ___/___/___

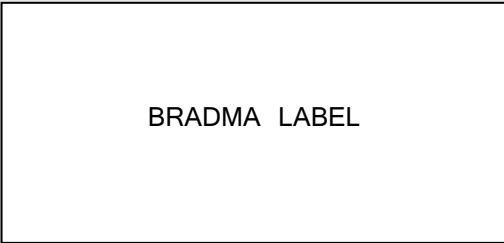
Date ___/___/___

Date ___/___/___

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QEC CLIENT CONTRACT COMMUNITY Parenting Plus

I/we agree to fully take part in the Parenting Plus Program that the QEC will provide from (date) ___/___/_____ to ___/___/_____

The purpose of the service is for the QEC to provide new skills and knowledge as parents.

During these services, I would like to learn:

I/we understand that the services will end at any time if my/our behaviour threatens the health, safety or well-being of staff, individual family members or other persons.

I/we agree not to be affected by drugs or alcohol at arranged appointment times and to provide a smoke-free environment for staff during their visits.

I/we consent to the sharing of relevant information between persons or organisations involved in our family if the need arises, such as liaising with Maternal Child Health Nurse.

I/we fully understand and agree to comply with all of the above.

Primary Care-Giver

Name _____

Signature _____

Date ___/___/___

Date ___/___/___

Partner or Support Person

Name _____

Signature _____

Date ___/___/___

QEC Representative

Name

Signature

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BRADMA LABEL

QEC CLIENT CONTRACT PASDS Residential

I/we agree to fully take part in the Parenting Assessment and Skill Development Services that the QEC will provide from (date) ___/___/_____ to ___/___/_____

The purpose of the service is for the QEC to provide to the Child Protection Program, Department of Human Services an independent, written assessment of my/our knowledge, skills and attitudes as parents and the ability to show that I/we can learn and use new skills assessed as being necessary.

During these services, I would like to learn:

Special conditions:

- Accompanied for 1st outing Accompanied for outings Unaccompanied outings
 Interim accommodation order to client (IAO) Interim accommodation order to QEC (IAO)
 No orders Urine screens (refer to admission notes) Restricted visitors (refer to admission notes)

I/we understand that the services will end at any time if my/our behaviour threatens the health, safety or well-being of staff, individual family members or other persons. I/we may be asked to leave the premises.

I/we agree not to be affected by drugs or alcohol whilst residing at QEC, and I/we may have to leave if there has been evidence of drugs of addiction or alcohol, and may be required to provide urine screen/s, if behaviour is indicative of this.

I/we consent to the sharing of relevant information between persons or organisations involved in our case. At the completion of this service, QEC will provide to the Department of Human Services, a written assessment outlining the involvement in the parenting program.

I/we understand that my child/ren will be examined by QEC's Doctor on admission *into* QEC and at any other time during the admission period, if staff has concern about my child/ren's health.

I/we fully understand and agree to comply with all of the above.

Primary Care-Giver	Partner or Support Person	QEC Representative
Name _____	Name _____	Name _____
Signature _____	Signature _____	Signature _____
Date ___/___/___	Date ___/___/___	
Date ___/___/___		

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BRADMA LABEL

QEC RESIDENTIAL AGREEMENT

Welcome to the QEC Residential Unit. During your stay you will be living alongside other families. To make the stay pleasant and safe for all families and their children we have some shared rules:

- Please always supervise your child/ren. If you need support ask a QEC staff member to help you.
- Each family has their own room and entry card. This keeps belongings safe. Please keep your door locked when you are not in the room.
- Please do not enter another family's room. We have shared living spaces.
- Please let QEC staff know when you are leaving the building and when you are returning. This is to keep everyone safe in the case of fire.
- Please keep the living and kitchen areas clean and tidy by clearing up after you have used the area.
- If you smoke please only use the designated smoking area.
- No alcohol or recreational drugs are to be bought onto QEC grounds.
- If you are thought to be under the influence of alcohol or recreational drugs you will be asked to leave QEC premises.
- Please use respectful language with no swearing. Inform QEC staff if you have not been treated with respect from another adult.
- Please keep quiet between 10.30 p.m-7 a.m to allow other family's to sleep.

I/we fully understand and agree to comply with all of the above.

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

In the presence of QEC Staff Member:

Signature: _____

Print Name: _____

Date: _____

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