



TOOWONG PRIVATE HOSPITAL MEDICAL COUNCIL INFORMATION PACKAGE

Dear valued member of the Toowong Private Hospital Medical Council

We are pleased to provide you with this information pack; we thought it would be helpful to distribute copies of a number of our clinically focused policies and procedures to assist you in the management of your patients when they are admitted to Toowong Private Hospital. Whilst this is not the comprehensive set of documents, the ones included were identified with the assistance of the Medical Advisory Committee as those that relate to the more common areas of patient care.

We aim to provide you with a full update of this information pack annually, each July. We will of course continue to provide regular advice throughout the year, including any new policies and procedures, any revisions as well as any other information to assist in keeping you informed about operations at Toowong Private Hospital.

The Hospital's policies and procedures can be accessed in hard copy or electronically with the assistance of a staff member at any time you need to. A copy of this information pack will also be maintained on the Toowong Private Hospital website located at <http://toowongprivatehospital.com.au/secure.html>

If any issue arises where exceptions may be required to any of the Hospital's policies and procedures, these should be discussed with the Nurse in Charge, Inpatient Services Manager and/or the Director of Clinical Services on a case by case basis.

As this is a new communication initiative, we would welcome any feedback or suggestions you may have as to how future productions may be improved.

Best regards

Dr Michael Beech
Director of Medical Services

Ms Christine A. Gee
Chief Executive Officer

10 July 2015

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Key Staff Contacts

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<p><u>Director of Administration & Finance (DOAF)</u> David Sallows davids@toowongprivatehospital.com.au Phone – (07) 3721 8010</p>	<p><u>Inpatient Services Manager</u> Montez Haretuku-Tahana montezt@toowongprivatehospital.com.au Phone – (07) 3721 8038</p>
<p><u>Day Program Manager</u> Karen Young kareny@toowongprivatehospital.com.au Phone – (07) 3721 8060</p>	<p><u>Community Services Manager</u> Andrew Butwell andrewb@toowongprivatehospital.com.au Phone – (07) 3721 8084 / 0419 677 321</p>
<p><u>Executive Assistant to CEO</u> Lisa Baranyi lisab@toowongprivatehospital.com.au Phone – (07) 3721 8056</p>	<p><u>Admissions Service</u> admissions2@toowongprivatehospital.com.au Phone – 1300 131 243</p>

Medical Advisory Committee

The Medical Advisory Committee (MAC) of TPH, chaired by the Director of Medical Services (DOMS) - Dr Beech, represents the Medical Council on all issues relating to Medical Practice and facilitates interaction between the Medical Council and the Hospital Management Committee (HMC). The MAC is the committee through which Medical Council applications are tabled.

Following MAC Meetings the DOMS will distribute a letter to the Medical Council outlining matters discussed and inform the Council of any relevant changes to TPH policies or procedures.

Toowong Private Hospital Treatment Programs and Referral Process

Inpatient Admission

For Inpatient Admissions, please contact the admissions service on Ph. 1300 131 243, or complete a Request for Admission Form available on the TPH Website at <http://toowongprivatehospital.com.au/secure.html>.

As an admitting doctor you are required to visit all your patients as frequently as clinically required. You (or your on-call/locum) must also be available to be contacted to discuss your patient in a timely manner. It is encouraged that if visiting patients it is done so within hours that are considered appropriate.

Tailored Therapy

The TPH Tailored Therapy Program is available to inpatients and as a day treatment program for patients transitioning from inpatient care back into the community.

The Tailored Therapy Program is designed to address specific mental health needs through psychoeducation and behaviourally focussed groups.

Examples of possible topics include:

- Managing Stress and Anxiety;
- Relapse Prevention;
- Goal Setting.

To refer a patient to Tailored Therapy Day Treatment, the Tailored Therapy Allied Health Referral Form is to be completed, it can be accessed at <http://toowongprivatehospital.com.au/secure.html>.

Day Programs

The Day Treatment Programs offered at Toowong Private Hospital include:

- Military Service Trauma Recovery Program
- Military Service Alcohol Day Treatment Program
- Employment-Related Trauma Recovery Program
- CBT Anxiety Program
- CBT Depression Program
- Veterans' Physical Health and Lifestyle Program

For Day Program referrals, please complete the Day Program Referral Form (available on the TPH Website at <http://toowongprivatehospital.com.au/secure.html>) or contact the Day Programs Team on (07) 3721 8055.

Community Programs

TPH offers two community programs delivered by experienced mental health staff.

Our Community Programs include:

- **Mental Health Nurse Incentive Program (MHNIP)**
 - o The Mental Health Nurse Incentive Program is federally-funded and enables mental health nurses to assist private psychiatrists in providing community treatment and care of their private practice patients.

- **Assertive Community Treatment Program (ACT)**

- ACT is a 'hospital in the home' service incorporating no less than two face-to-face visits every week with their treating health professionals.

For referral to the MHNIP and ACT programs please complete the relevant referral form available on the TPH Website at <http://toowongprivatehospital.com.au/secure.html> or contact the Community Services Manager on (07) 3721 8084.

Information sheets for the community programs are also available at <http://toowongprivatehospital.com.au/secure.html>.

ECT

ECT patient lists are performed 3 times per week. If you would like to apply for ECT credentialling at TPH, you can do so through the TPH Credentialling and Scope of Practice Process. Applications can be requested through the Medical Council Officer – phone (07) 3721 8000.

Alternatively, you can refer your patient to a TPH credentialled ECT doctor by completing the relevant ECT referral form found at <http://toowongprivatehospital.com.au/secure.html>.

Authorised Mental Health Service

Toowong Private Hospital is an Authorised Mental Health Service. It is mandatory for all psychiatrists with admitting rights to the hospital to be an Authorised Doctor at TPH. For a new or renewal Authorised Doctor application, please contact the EA to the CEO on (07) 3721 8056.

Medical Information including Procedures and Forms

The TPH website contains general information that psychiatrists may find relevant for themselves or their patients. The Doctors' section contains forms and information specifically collated for credentialled psychiatrists e.g. an Electronic Discharge Summary Template, Referral Forms, and Request for Collateral Medical Information Form.

Policies, Procedures and Forms

PRO367 Dexamphetamine and Methylphenidate Prescribing Procedure



Toowong Private Hospital 496 Milton Rd Toowong Q 4066
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PRO367 DEXAMPHETAMINE AND METHYLPHENIDATE PRESCRIBING PROCEDURE

PROCEDURE

Toowong Private Hospital (TPH) endorses The Royal Australian and New Zealand College of Psychiatrists:

- Practice Guideline 6: Guidelines for the use of dexamphetamine and methylphenidate in adults, and
- Practice Guideline 4: The use of medication in dosages and indications outside normal clinical practice.


In line with these guidelines:

- Members of TPH's Medical Council are to seek a second opinion from an experienced colleague regarding the decision to prescribe dexamphetamine or methylphenidate to an inpatient of the hospital. This second opinion is required:
 - whether or not the medication is being used for mainstream treatment or off label prescribing, and
 - prior to the inpatient being dispensed the medication for all new prescriptions, or
 - so as to not limit a patient's access to an ongoing medication, as soon as possible following the patient's admission for ongoing prescriptions.
- The second opinion of the experienced colleague must be documented either:
 - in the progress notes within the patient's medical record, or
 - on a written letter that is filed within the patient's medical record.
- If the second opinion supports the prescribing of dexamphetamine or methylphenidate, the member of the Medical Council should:
 - identify clear endpoints and discuss a proposed duration of treatment with the patient prior to commencement of stimulant treatment
 - assess and monitor the risks associated with prescribing the patient this medication and document a clear treatment plan for nursing staff to follow to assist in managing any identified risks
 - complete FM346 to clearly document that the requirements of this procedure have been met.
- The second opinion supporting the prescribing of dexamphetamine or methylphenidate to an inpatient will remain current for a period of twelve months. If the patient is to continue being prescribed this medication after a twelve month period, a new second opinion must be sought.


REFERENCES/LINKS

Toowong Private Hospital will function in accordance with all relevant Legislation, Regulations, Industry Standards and Codes of Practice. TPH utilises the external Private Hospitals Association of Queensland (PHAQ) Matrix.

Access to related policies, procedures, forms, or other documents may be found by undergoing a Radix DM search by ID, Title, Library Group, document content or saving criteria.

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FM346 Dexamphetamine and Methylphenidate Prescribing Confirmation Form

	(Affix patient identification label here)
	URN:
	Family Name:
	Given Names:
Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F

FM346 DEXAMPHETAMINE AND METHYLPHENIDATE PRESCRIBING CONFIRMATION FORM

I am aware of the Royal Australian and New Zealand College of Psychiatrists Practice Guideline 6: Guidelines for the use of dexamphetamine and methylphenidate in adults, and Practice Guideline 4: The use of medication in dosages and indications outside normal clinical practice and Toowong Private Hospital's PRO367 Dexamphetamine and Methylphenidate Procedure.

I have received a second opinion from (psychiatrist's name) _____
supporting the prescribing of dexamphetamine / methylphenidate to (patient's name)

The second opinion is current from _____ to _____ (12 months)

Psychiatrist Print Name

Psychiatrist Signature

Date

DEXAMPHETAMINE & METHYLPHENIDATE PRESCRIBING MR / XXX

PRO004 Falls Management Procedure


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PRO004 FALLS MANAGEMENT PROCEDURE
PROCEDURE**THE RISK ASSESSMENT TOOL**


- The validated screening tool in use at Toowong Private Hospital is the FM030 / MR210 Falls Risk Assessment Tool (FRAT) developed by Peninsula Health Falls Prevention Service.
- The FRAT is to be used to initially screen, assess and review patients for falls risk
 - On admission
 - Upon changes in treatment (e.g. medication review, electroconvulsive treatment (ECT))
 - Upon changes in physical or mental condition
 - As part of discharge planning (for high risk patients)

ON ADMISSION

- Part 1 of the FRAT is to be completed for all patients by nursing staff on initial screening to determine the level of falls risk.
- The falls risk status may be determined as either a 'LOW', 'MEDIUM' or 'HIGH' risk of falls.
- If determined as a 'MEDIUM' or 'HIGH' Falls Risk, nursing staff are to use Part 2 of the FRAT to complete a more in depth falls risk assessment.

IF DETERMINED AS A MEDIUM OR HIGH FALLS RISK OR THE PATIENT HAS A FALL

- Alert form (front of medical record) to be completed with falls risk status.
- Falls risk status to be added to the notes section of the electronic inpatient whiteboard.
- An individualised falls reduction strategies plan should be developed preferably by the treating psychiatrist and admitting staff member and discussed with the patient. This care plan may include one or more of the following: This list is not conclusive,
 - Medical review
 - Measuring of postural blood pressure
 - Medication review
 - Ensure patient wears fitted, non-slip footwear
 - Referral to in-house Physiotherapist and/or Occupational Therapist for mobility and/or transfers assessment whilst in hospital & prior to discharge home (where required)
 - Falls injury prevention equipment (including bedrails) is accessible from the hospital store room.
 - Appropriate training of how to use the equipment should be provided to the patient before the equipment is made available to them to use.
- Clinical staff are encouraged to engage patients with significant risk of falling, at the beginning of, and periodically during each shift to monitor their current risk.

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PRO004 Falls Management Procedure continued

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POST FALL MANAGEMENT

- Assessing the patient immediately after the fall
 - Check whether the patient is responsive (responds to verbal or physical stimulus)
 - Check patients airway, breathing and circulation
 - Reassure and comfort the patient
- Take baseline measurements
 - Pulse, blood pressure, respiration rate, blood sugar levels
 - If the patient hit their head or if the fall was not witnessed, record neurological observations using FM367 Glasgow Coma Scale Neurological Chart
- Check for injuries
 - Signs of injury including abrasion, contusion, laceration, fracture, head injury
 - Observe changes in level of consciousness, headache, or vomiting
 - If any of the above is compromised staff to organise for the patient to be transferred for emergency medical assessment/treatment.
- Move the patient
 - Assess whether it is safe to move the patient from their position
- Alert others
 - Report all falls to the treating psychiatrist, even if injuries are not apparent
 - Alert other staff members that the person has fallen and is at increased risk of falling again
 - Document all details in the patients medical record including the Patient Alert Form
 - Complete an incident and accident reporting form
- Monitor the patient
 - Arrange for ongoing monitoring – patients with a history of alcohol abuse may be prone to bleeding and some injuries may not be apparent at the time of the fall
- Review
 - Clinical staff are to review the falls incident to determine how and why a fall occurred, and implement falls prevention strategies to reduce the risk of another fall occurring.
 - Riskman falls Incident data will be reviewed by HMC and remediation implemented where required

REFERENCES/LINKS

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PRO033 Inpatient Medication Administration Procedure

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PRO033 INPATIENT MEDICATION ADMINISTRATION PROCEDURE

Toowong Private Hospital has adopted the use of the Australian Commission on Safety and Quality in Health Care Medication charts that include:

National Inpatient Medication Chart (NIMC)


<http://www.safetyandquality.gov.au/wp-content/uploads/2012/02/NIMC-long-stay-PDF-90KB.pdf>

National Inpatient Medication Chart – Clozapine Titration NIMC (clozapine titration)

<http://www.safetyandquality.gov.au/wp-content/uploads/2013/01/NIMC-clozapine-titration.pdf>

PROCEDURE**GENERAL REQUIREMENTS**

- All prescribers must order medicines for inpatients in accordance with legislative requirements as required by the Queensland (Drugs & Poisons) Regulations.
- Immediately prior to and after administering all medications, hands are to be washed in accordance with hand hygiene principles.
- The multi use of medication vials is not endorsed. The contents of any one ampule are to be administered to only one patient.
- Inpatients are not to self administer medication.
- The treating psychiatrist will write up a medication chart and / or scripts for all medications that the inpatient is to be administered. This includes nicotine replacement therapy.
- The NIMC is to be completed for all admitted patients.
- The NIMC (clozapine titration) is to be used for all patients commencing on Clozapine.
- All medications should be reviewed regularly to identify potential drug interactions and to discontinue medicines that are no longer required.
- Nursing staff are only to administer medication prescribed by a medical officer. An exception exists for nurse initiated medication, refer to PRO035 Medication - Nurse Initiated procedure.
- All prescribed medication is to be documented on the medication chart. In the event of a telephone order, the medical officer is required to sign the telephone order within 24 hours.
- All telephone orders are to be taken by two members of nursing staff, one of which must be a Registered Nurse.
- All nurses are responsible for ensuring that their patient's medication charts have labels on BOTH sides of the medication chart.

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PRO033 Inpatient Medication Administration Procedure continued


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- All medication boxes must be CLEARLY labeled and a picture of the patient attached. The picture is to have a patient ID label placed on the back of the photo.
- All nursing staff are responsible for ensuring patients have a minimum of seven days supply of medication.
- Confidentiality must be a priority for nursing staff when discussing medication with their patients.
- Nurses must ensure that the medication room door is closed and locked at all times.
- All prescription medications are to be ordered by writing them up in the Pharmacy Order book.
- The hospital provides patients with all medication prescribed as part of their inpatient mental health treatment.
 - The pharmacy maintains a stock supply (imprest) of medications at the hospital. Patients prescribed these medications are to receive them from the imprest stock during their inpatient admission. Where a patient brings in their own supply, these medications are to be stored in a sealed bag and returned to the patient on discharge if appropriate.
 - If a patient is prescribed a medication that is not imprest stock, this medication is to be ordered separately from the pharmacy via the Pharmacy Order Book. This non imprest stock item is covered by the hospital if it is related to the patient's mental health treatment versus another condition eg a cardiac condition.
- Check the expiry date prior to administration of all medications.
- If the drug has expired or is discontinued, place into the returns to pharmacy box for collection by Wesley Pharmacy.

ORAL MEDICATION

- Nursing staff are responsible for checking that their patient has received their prescribed medication.
- Webster Packs are not to be used for inpatients. Nursing staff are to administer medication from CLEARLY labelled containers.
- Webster packs can be sent home with the patients' nominated person if appropriate. Alternatively, the pharmacist can repack medication from the Webster pack into CLEARLY labelled containers to enable nursing staff to administer this medication during the patient's hospitalisation.

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PRO033 Inpatient Medication Administration Procedure continued


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- When administering medication:
 - Correctly identify patient by photograph and the ID label on the back of the photograph
 - Check the time of last administration
 - Give right **drug** and **dose**
 - Give to right **patient**
 - Give at the right **time**
 - Give by the right **route**
- Stay with the patient until you are sure they have swallowed each oral medication.
- Nursing staff are to sign the medication chart in the appropriate column at the time of administration to each individual patient.
- The nurse who prepares the medication is to be the nurse who actually administers the medication to the patient.
- Pre dispensing of medication is not appropriate or permitted.
- Record any medication not administered (for example declined or fasting). Codes are noted on the inside cover of the medication chart.
- If stock of a patient's prescribed medication is running low, the assigned nurse needs to collect a prescription and write it in the Pharmacy Order book. If there is no prescription then the nurse needs to place the script request sticker in the patients' medical record.
- Non compliance of medication orders must be reported to the doctor and noted in the progress notes and the medication chart.
- Incidents, including errors and accidental omission must be documented on an incident report form and forwarded to the Nurse in Charge of the Shift and the treating psychiatrist notified. The patient will be closely monitored for any adverse effects from the incident.
- Observe and document the effects on the patient of any medication administration.

PRN MEDICATION

- When PRN medication is administered, this is to be noted in the patient's medical record detailing the date, time and medication, the reason for its use and the effect.
- PRN medication is to be administered by the patient's assigned nurse whenever possible and signed for in the PRN section of the medication chart after ascertaining patient need for same.

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- PRN medication is NEVER to be given to a patient going on leave to 'take later.' They may take it before going on leave or when they return if the nurse deems it necessary.
- PRN medication can be ordered as part of leave by the psychiatrist.

CONTROLLED DRUGS

- Controlled drugs, commonly called Schedule 8 Dangerous Drugs, DDs or Drugs of Addiction are always kept locked in the Controlled Drugs safes in the medication room and in the ECT Suite.
- The storage and recording of a controlled drug to a patient must comply with PRO032 Storage and Recording of Controlled Drugs procedure.
- When administering a controlled drug, two nurses or a nurse plus an anaesthetist must check:
 - time of last administration
 - right **patient**
 - right **drug** and **dose**
 - right **time**
 - right **route**
- Administration of a controlled drug is to be recorded in the Controlled Drug Register at the time of administering to the patient.
- Two nurses or, within the ECT suite, a nurse and an anaesthetist, must also count and check the amount of the drug remaining in stock and sign the Controlled Drug Register.
- The nurse administering the controlled drug is to sign the patient's medication chart.
- Within the ECT suite, the Anaesthetist administering the controlled drug is to document and sign the patient's ECT Treatment Record.
- Contaminated, broken, refused or the excess quantity of a controlled drug must be discarded safely in the presence of two nurses or, within the ECT suite, a nurse and an anaesthetist.
- Any excess controlled drug that is contained in an ampoule or vial must be withdrawn with a needle and syringe and expelled out of syringe directly into the sharps container.
- The contaminated, broken or refused controlled drug is to be disposed into a sharps container only.
- The disposal is also to be recorded and signed in the Controlled Drugs Register.
- An incident report form regarding the disposal of contaminated, broken or refused controlled drugs should be completed and forwarded to the Director of Clinical Services via the Inpatient Services Manager.

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MEDICATION BY INTRAMUSCULAR INJECTION (IMI)

- Using aseptic technique, draw up and give the prescribed injection to the right patient using the right drug and the right dose at the right time.
- It is not permitted for any injections to be given in the waiting area of the medication room.
- The injection should be transported to the patient's room in an appropriate container.
- Do not re sheath the needle.
- The needle should be disposed of immediately in a sharps container.

MEDICATION BY INTRAVENOUS THERAPY (IV)

- The IV cannula is to be inserted by a medical officer.
- To prepare for the insertion of an intravenous cannula, nursing staff should ensure the following items are available from the ECT suite:
 - sterile giving set suited to type, purpose and rate of infusion
 - prescribed solution
 - tourniquet
 - sterile cannula, type and size ordered by the medical practitioner
 - alco wipes
 - adhesive tape
 - site dressing
 - local anaesthetic, if ordered and a 2ml syringe with 25G needle
- Prepare the patient:
 - Ensure the limb used for insertion is free of restrictive clothing
 - Prepare the site so that it is free of superfluous hair.
- Prepare the additive:
 - Solution to be prepared by two nurses, one of whom must be a Registered Nurse
 - Prepare solution with ordered additives and label in accordance with the Australian Commission on Safety and Quality in Health Care's National Recommendations for user-applied labelling of injectable medicines, fluids and lines:
<http://www.safetyandquality.gov.au/our-work/medication-safety/safer-naming-labelling-and-packaging-of-medicines/user-applied-labelling/>
- Assist with securing the venipuncture site once in place, dress the site and regulate the flow rate.
- The order for IV therapy is to be written and signed for by the medical officer in the patient's medication chart.

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PRO033 Inpatient Medication Administration Procedure continued


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- The medication chart to be used for ordering and recording IV fluids can be found by following the link <http://www.safetyandquality.gov.au/our-work/medication-safety/medication-chart/day-surgery-national-inpatient-medication-charts/>
- The order needs to include:
 - type of solution
 - rate
 - volume to be given over what time period
 - dose
 - frequency of additives
- Nursing staff are to write the start and finish times of the IV fluids on the medication chart.
- If the patient is on a fluid balance chart, the IV fluids are to be documented on this chart.
- All intravenous medications or additives must be checked and signed for by two (2) Registered Nurses.
- Nursing staff are **NOT** to syringe blocked IV tubing.

CALCULATION OF RATES FOR INTRAVENOUS INFUSION

- Check the number of drops/ml for the giving set you are using.
- Apply the following formula:
 - $\text{Drip Rates (drops/min)} = \text{Volume (ml)} \times \text{drops/ml} \div \text{Time (min)}$
- Monitor the process:
 - check hourly, drip rate, absorbed volume and patient's general condition
 - ensure that flask does not run dry, or air is entering the tubing. If this occurs the tubing should be changed aseptically
 - check insertion site four hourly for redness or swelling etc
 - change insertion site dressing daily and PRN
 - change IV tubing every 24hours
- No IV fluids should remain in use for more than 24 hours after the seal has been broken.

MEDICATION BY TOPICAL OINTMENT

- Select medication to be used and apply only to affected area as directed.
- Medications to be removed from container by applying to clean spatula or gauze.
- Medication must not to be applied directly from tube to skin.

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PRO033 Inpatient Medication Administration Procedure continued

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MEDICATION BY PESSARIES OR VAGINAL CREAM

- Collect the following requirements:
 - Kidney Dish
 - Pessary with prescribed vaginal cream
 - Applicator, if provided
 - Disposable gloves
 - Covering for patient's legs and chest
- Place patient in dorsal position
- Wash and dry hands, don gloves
- Place pessary or cream in applicator
 - Separate the labia
 - Insert the introducer into the vaginal canal and depress plunger or insert pessary with gloved hand and direct with index finger as high as possible
 - Remove the introducer
 - Remove and discard the gloves
- Where possible the patient may carry out the procedure herself
- If vaginal discharge is present, a vulval swabbing using aseptic technique may be necessary
- Dispose of the applicator in a contaminated waste bin
- Sign for giving of the drug/s on the Medication Sheet

MEDICATIONS BY SUPPOSITORIES

- In preparation for administering medications by suppository collect the following requirements and place in a covered kidney dish:
 - suppository (drug)
 - disposable gloves
 - lubricant.
- Place patient in left lateral position
- Remove any covering from drug or suppository
- Part the buttocks and, with the gloved hand, gently insert the suppository beyond the anal sphincter
- Leave the patient comfortable

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PRO033 Inpatient Medication Administration Procedure continued


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- Sign for giving of the drug/s on the Medication Sheet

MEDICATION BY INHALATION VIA NEBULISER

- To prepare for giving nebulised medication collect the following requirements:
 - Disposable oxygen mask
 - Nebulizer
 - Length of oxygen tubing
 - Prescribed medication
 - Aerosol therapy compressor
- Administer in patients' room, take equipment to the bedside
- Patient should sit comfortably in an upright position
- Check the prescribed medication with the ampoule
- Add medication to the nebuliser tank, screw closed
- Fit mask comfortably over patients face
- Turn the compressor on
- Sign for the administration of the medication on the patient's Medication Sheet
 - Nebulisers may only be reused by the one patient and should be stored in a sealed labelled plastic bag between each use
 - Mask, tubing and nebuliser are to be discarded when treatment is discontinued

ADMINISTERING OXYGEN THERAPY

- The Hospital has piped and oxygen cylinders available. At the site of the oxygen outlets staff should :
 - void oil and grease near connections
 - keep the cylinder secured away from heat
 - use the cylinder key to turn cylinder off whenever not in use
- Oxygen therapy is to be prescribed by a medical officer and documented on the medication chart.
- Oxygen may be administered by nasal prongs, face mask or nasopharyngeal catheter (medium concentration).
- In preparing to administer oxygen, the following equipment is required:
 - Oxygen cylinder with volume gauge and flow meter attached
 - Oxygen tubing and connection
 - Face mask, catheter or nasal prongs
 - Strapping, scissors, safety pin

Original: 07/2002	Last Reviewed: 01/2015	Version No 11	For Review 01/2019
Authorised By:		Chief Executive Officer	Date : 02/02/2015
00000116-011			

PRO033 Inpatient Medication Administration Procedure continued


Toowong Private Hospital 496 Milton Rd Toowong Q 4066
Procedure


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- Filter
 - Connect the tubing to wall outlet or cylinder
 - Attach filter if the procedure is for ECT anaesthesia
 - Turn oxygen cylinder key on
 - Set and leave at prescribed rate of flow
 - Gently fit nasal prongs or mask, or measure catheter tip from nose tip to tragus of ear and insert into the nose to this level
 - Tape catheter comfortably or adjust mask or prongs' head band
 - Secure tubing to patient's clothing with tape and safety pin
 - Dispose of mask and tubing once procedure is finished

REFERENCES/LINKS

Toowong Private Hospital will function in accordance with all relevant Legislation, Regulations, Industry Standards and Codes of Practice. TPH utilises the external Private Hospitals Association of Queensland (PHAQ) Matrix.

Access to related policies, forms, or other documents may be found by undergoing a Radix DM search by ID, Title, Library Group, document content or saving criteria.

Original: 07/2002	Last Reviewed: 01/2015	Version No 11	For Review 01/2019
Authorised By:		Chief Executive Officer	Date : 02/02/2015
00000116-011			

PRO127 Motor Vehicles and Keys - Patient Procedure & FM027 Patient Fitness to Drive Form

Toowong Private Hospital 496 Milton Rd Toowong Q 4066
Procedure


Page 1 of 2

PRO127 MOTOR VEHICLES AND KEYS - PATIENT PROCEDURE

This procedure is to be read in conjunction with POL054 Motor Vehicle and Keys – Patient Policy

PROCEDURE

- All patients admitted to the inpatient unit are considered to be unfit to drive a motor vehicle unless otherwise determined by the patient's treating psychiatrist.
- On admission, the admitting nurse will request that the patient hand over all copies of their car keys that they currently have on them.
- The admitting nurse will put the keys into a plastic bag and seal the bag with a patient label
- The admitting nurse will store the plastic bag containing the patient's car keys in the patient's medication box in the Medication Room.
- If the patient's treating psychiatrist believes the patient is fit to drive, the patient's treating psychiatrist must assess the patient's fitness to drive in accordance with the medical standards contained in Assessing Fitness to Drive (2013) published by the National Transport Commission.
- The patient's psychiatrist must document the outcome of this assessment on the "Fitness to Drive" Form filed in the patient's medical record.
- The fitness to drive assessment will remain current throughout the patient's admission or until the patient's psychiatrist re-assesses the patient's fitness to drive and documents this assessment on the Fitness to Drive form.
- Once approved by the treating psychiatrist, nursing staff are able to return the car keys to the patient at the time of their departure from the Hospital. Prior to handing over the keys, nursing staff are to undertake an assessment of the patient to verify that it is safe to hand the keys back to the patient.
- Patients are required to 'sign out' their keys in the leave book prior to departure from Hospital and 'sign in' their keys upon return.
- On the patient's return from leave, nursing staff are to ensure that the patient hands in their car keys.
- Patients are to return their car keys to nursing staff on all occasions following the use of their vehicle.

Original: 08/2013	Last Reviewed: 02/2015	Version No. 2	For Review 02/2019
Authorised By:		Chief Executive Officer	Date : 23/02/2015
00004394-002			

PRO127 Motor Vehicles and Keys - Patient Procedure & FM027 Patient Fitness to Drive Form continued



Toowong Private Hospital 496 Milton Rd Toowong Q 4066
Form

FM027 PATIENT FITNESS TO DRIVE FORM

I am aware of my obligations under the medical standards contained in Assessing Fitness to Drive (2013) published by the National Transport Commission

I have assessed _____, and I consider he/she is fit/unfit to drive.

Psychiatrist Print Name

Signed

Date

I am aware of my obligations under the medical standards contained in Assessing Fitness to Drive (2013) published by the National Transport Commission

I have assessed _____, and I consider he/she is fit/unfit to drive.

Psychiatrist Print Name

Signed

Date

I am aware of my obligations under the medical standards contained in Assessing Fitness to Drive (2013) published by the National Transport Commission

I have assessed _____, and I consider he/she is fit/unfit to drive.

Psychiatrist Print Name

Signed

Date

FM027 PATIENT FITNESS TO DRIVE
M/R 106


PRO039 Patient Aggression Management Procedure

Toowong Private Hospital 496 Milton Rd Toowong Q 4066
Procedure

Page 1 of 2

PRO039 PATIENT AGGRESSION MANAGEMENT PROCEDURE**PROCEDURE**

- Self protection is a concern when the clinical staff member is working with a potentially verbally or physically aggressive patient. The staff member should minimise the risk of being hurt by taking adequate precautions for their own safety.
- Staff members should always provide for the care, welfare, safety and security of all those who are involved in a crisis situation.
- Carry out an initial assessment of the situation, followed by a plan for intervention.
- In all crisis situations, verbal de-escalation should be utilised as a first response.
- Staff should never see a potentially violent person alone. Always utilise a team approach.
- Staff should keep a comfortable distance from the patient by employing the CPI protective stance. This respects personal space and provides safety for the staff member as it allows them to be ready to move in-case the patient strikes out suddenly.
- A clear exit route should be maintained at all times for all staff members. All staff members should be aware of the location of all emergency buzzers.
- Be supportive of the patient by employing an empathetic, non-judgemental approach, i.e. utilise empathetic listening skills.
- Utilise PRN psychotropic medication when necessary.
- Ensure that the patient has no concealed weapons in their possession before approaching them.
- If a patient is becoming verbally or physically aggressive, remove all other patients from the immediate area. Ensure clinical staff are assigned to stay with them.
- If necessary, the patient may need to be escorted to a low-stimulus safe area, utilising the non-violent crisis intervention transport hold.
- When a patient does become violent, immediate assistance should be sought. An emergency CODE BLACK should be called, stating the location.
- Prior to utilising the non-violent crisis intervention techniques, ensure that there are an adequate number of clinical staff to maintain the safety of the patient and all staff members involved.
- The role of each clinical staff member should be assigned prior to the intervention by the team leader.

Original: 07/1997	Last Reviewed: 11/2013	Version No. 5	For Review 11/2017
Authorised By:		Chief Executive Officer	Date : 11/11/2013
00000139-005			

PRO039 Patient Aggression Management Procedure continued

Toowong Private Hospital 496 Milton Rd Toowong Q 4066
Procedure


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- If it is necessary to restrain a patient, do so by using the non-violent crisis intervention team control position. The team-leader should be co-ordinating the intervention and ensure that CPI control positions and correct mechanics are being utilised to prevent injury and maintain safety.
- All staff are to follow the team leaders instructions.
- The team leader is the person responsible for communicating with the patient and explaining to them what is happening and the reason for the intervention.
- Always remember that restraint is utilised as a LAST RESORT.
- Call the police if further assistance is required.
- If any non-violent crisis intervention techniques are utilised, the postvention is to occur. Postvention follows the CPI COPING Model guidelines, a process used to guide staff through re-establishing therapeutic rapport with the patient and as a way to structure staff debriefing.
- Document the incident in the patient's medical record, note the incident on the Patient Alert Form and inform the patient's treating psychiatrist.
- Record the incident on an incident/accident report form.
- Complete a workers compensation form for any staff member that was injured and inform the workplace rehabilitation officer.
- At the appropriate time, the incident should be reviewed with the patient. Alternate strategies for coping should be discussed and the patient's care plan should be updated accordingly.


REFERENCES/LINKS

Toowong Private Hospital will function in accordance with all relevant Legislation, Regulations, Industry Standards and Codes of Practice. TPH utilises the external Private Hospitals Association of Queensland (PHAQ) Matrix.

Access to related policies, procedures, forms, or other documents may be found by undergoing a Radix DM search by ID, Title, Library Group, document content or saving criteria.

Original: 07/1997	Last Reviewed: 11/2013	Version No. 5	For Review 11/2017
Authorised By:		Chief Executive Officer	Date : 11/11/2013
00000139-005			

FM096 Patient Alerts Form

		Patient I.D. Photo		Patient I.D. Label	
PATIENT ALERTS					
SOCIAL ALERTS			MEDICAL ALERTS		
Violence / Aggression	Date	Initials	Medical Condition	Date	Initials
			Adverse Drug Reactions/ Allergies	Date	Initials
			Substance:		
Absconding / Wandering	Date	Initials	Reaction:		
			Substance:		
			Reaction:		
			Substance:		
			Reaction:		
			Propensity to Falls	Date	Initials
Self Harm / Harmful Activities	Date	Initials			
			OTHER		
			Specify	Date	Initials
The above categories are not exclusive and do not preclude documentation of other alerts based on clinical judgement of relevant risks					
ALERT GUIDELINES (To be read in conjunction with the Patient Alerts Procedure)					
Please record Social and Medical Alerts which may incur a risk to staff or patient safety. Please print clearly and initial & date all entries. Alert Status is to be reviewed and updated each patient admission and throughout each episode of care. It is to be identified if the alert is still active or ceased. Once an alert is documented and is active, measures must be put in place to control or reduce the risk and documented in the plan of care and patient record. If ceased, a diagonal line is to be written across the relevant alert box, dated and initialled, with a notation made in the patient record.					

PATIENT ALERTS

MR001

Reorder code 05/13

FM096 Patient Alerts Form continued

ALERT GUIDELINES

This legend is to be used as a guide for information that should be documented under an alert category.
Please Note: the categories below are not exclusive and do not preclude documentation of other alerts based on clinical judgement. These may be included within relevant categories or identified in "OTHER."

MEDICAL ALERTS	SOCIAL ALERTS
<p>Adverse Drug Reactions</p> <ul style="list-style-type: none"> ■ Document generic name ■ Specify type of reaction eg. anaphylactic, cutaneous/generalised or symptoms of reaction. ■ Date including year of last reaction. ■ Sign & date 	<p>Violence / Aggression</p> <ul style="list-style-type: none"> ■ Document relevant details related to behaviours of the patient that are actual or potential risks to staff. Eg. physical/verbal assault. ■ Aggressive under influence of drugs or alcohol. ■ History of lighting fires - no lighters or matches. ■ Sign & date. <p><i>* Where relevant, document details/factors that influence or precipitated the episode of the above behaviour in the patient record.</i></p>
<p>Allergies</p> <ul style="list-style-type: none"> ■ Specify type of reaction eg. anaphylactic, cutaneous/generalised or symptoms of reaction. ■ To include relevant: <ul style="list-style-type: none"> ■ Food eg. eggs, iodine, nuts, seafood, dairy foods, glutamate/salicylate/amines, colourings/flavourings. ■ Topical substances eg. plaster, lotions, metals. ■ Any other significant reactions. ■ Sign & date. 	<p>Absconding / Wandering</p> <ul style="list-style-type: none"> ■ Document patient-related behaviour eg. specific stimuli that provokes need to wander/abscond. ■ Sign & date.
	<p>Self Harm / Harmful Activities</p> <ul style="list-style-type: none"> ■ Document details of self harm behaviours and/or harmful activities eg. fire lighting, damage to property. ■ Suicidal, suicidal intent.
<p>Falls</p> <ul style="list-style-type: none"> ■ Patient at risk. ■ History of previous falls. <p><i>*Confirm that fall prevention protocols are in place or are to be initiated in patient record.</i></p>	<p>Environmental / Home Visits</p> <ul style="list-style-type: none"> ■ Home visiting eg. beware of animals, flatmates, weapons, home environment etc.
	<p>Mental Health Act</p> <ul style="list-style-type: none"> ■ Forensic history - note name of case manager. ■ History of arson/serious assault. ■ Check Mental Health Act status. ■ Mental Health Review Tribunal Hearing pending. ■ Assessment advice-pending court case. ■ History of absconding.
<p>Other</p> <ul style="list-style-type: none"> ■ To include any significant risk identified through clinical judgement eg. unstable medical condition, impulsive non-compliant behaviour. ■ ADL that may increase risk eg. impaired swallowing, urinary incontinence. 	<p>Communication</p> <ul style="list-style-type: none"> ■ Document details of type of difficulty eg. speech, hearing, non-english speaking, inability to comprehend.

PLEASE NOTE:

- The same "Alert" may be applicable in more than one category.
- In accordance with the principles of the "Anti-Discrimination Act", it is illegal to write HIV+, Hep B, or Hep C+. Please write, "See Pathology results dated" in Medical Alerts Section.



POL059 PATIENT LEAVE POLICY

EXPECTED OUTCOME
THE APPROPRIATE USE OF PERIODS OF LEAVE FOR PATIENTS WILL CONTRIBUTE TO AND ASSIST IN THE DISCHARGE PLANNING PROCESS.

POLICY

Patient leave (day or overnight) will only be granted by the treating psychiatrist or delegate, in writing in the patient's medical record. The following criteria are to be included in determining suitability for leave and commented on in the patient's medical record as necessary:

- suicidality
- risk of self harm
- risk of violence
- need for escort/supervision when on leave
- allowed or not allowed to drive a vehicle
- leave discussed and agreed to by family / carer, where appropriate
- duration of leave

Approval for leave is to be directly linked to discharge planning. Patients will not be granted overnight leave within the first ten (10) days of admission unless discharge is anticipated within this period. Overnight leave will be limited to one night leave at any one time, unless there are exceptional circumstances. Generally patients requiring longer leave will be discharged and then, if necessary, readmitted. A maximum of three overnight leaves may be granted in each admission.

Day leave to attend work will be granted only under exceptional circumstances and fully documented in the patient's medical record.

The granting of leave to enable a patient to smoke outside the hospital's smoke free zone is not recommended. Alternatively, patients should be informed of the options available whilst in hospital to support them to adjust to the hospital's smoke free environment. Refer to PRO372 Smoke Free Environment Procedure.

THREE LEVELS OF LEAVE EXIST AS FOLLOWS:

- **Unaccompanied leave** – patient can go out alone
- **Accompanied leave** – in the company of a responsible adult (family member or friend)
- **Escorted** – with a member of staff only

Where a treating psychiatrist believes there are exceptional circumstances requiring leave that varies from the above instances, this must be discussed in advance with the Director of Clinical Services or the Inpatient Services Manager.

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Authorised By:			Date : <u>02/02/2015</u>
00000126-008			

POL059 Patient Leave Policy continued

Toowong Private Hospital 496 Milton Rd Toowong Q 4066
Policy

Page 2 of 2

Approval for overnight leave is to be directly linked to discharge planning. Patients will not be granted overnight leave within the first ten (10) days of admission, unless discharge is anticipated within this period. Overnight leave will be limited to one night leave at any one time, unless there are exceptional circumstances. Generally patients requiring longer leave will be discharged and then, if necessary, readmitted. A maximum of three overnight leaves may be granted in each admission.

It is recommended that inpatients are not granted leave:

- to attend work unless there are exceptional circumstances and this is fully documented in the patient's medical record by the treating psychiatrist.
- during the hours of 9am to 2pm on week days. This is in line with group program schedules and visiting hours.
- to enable a patient to smoke outside the hospital's smoke free zone. Alternatively, patients should be informed of the options available whilst in hospital to support them to adjust to the hospital's smoke free environment (Please refer to PRO372 Smoke Free Environment Procedure).


Where a treating psychiatrist believes there are exceptional circumstances requiring leave that varies from the above instances, this must be discussed in advance with the Director of Clinical Services or Inpatient Services Manager

IHMS patients may only be granted day leave from the hospital by the treating psychiatrist, and whilst on leave, must be accompanied by one of the hospital's Directed Persons or an external person or agency authorized by the Department of Immigration and Border Protection (DIBP) in accordance with the Migration Act 1958 (Cth).

REFERENCES/LINKS

Toowong Private Hospital will function in accordance with all relevant Legislation, Regulations, Industry Standards and Codes of Practice. TPH utilise the external Private Hospitals Association of Queensland (PHAQ) Matrix.

Access to related policies, forms, or other documents may be found by undergoing a Radix DM search by ID, Title, Library Group, document content or saving criteria.

Original: 07/1997	Last Reviewed: 06/2015	Version No. 10	For Review 06/2019
Authorised By:		Chief Executive Officer	Date : 12/06/2015
00000126-010			

PRO062 Search of Patient Room Procedure

Toowong Private Hospital 496 Milton Rd Toowong Q 4066
Procedure

Page 1 of 1

PRO062 SEARCH OF PATIENT ROOM PROCEDURE**PROCEDURE**

Room searches will only be carried out with the authorisation of the treating consultant and unless exceptional circumstances exist, with the authorisation of the patient.

The treating consultant will document his/her order for the room search in the patient's medical record within 24 (twenty four) hours.

When a patient is on an Involuntary Treatment Order under the Mental Health Act, a room search may be carried out following the authorisation of the treating consultant only, as the patient's consent may not be required in this case, although it is preferable.

A room search may be carried out on the expressed order of the treating consultant. Should this occur then the room search is to be carried out by two clinical staff members ideally with the patient present. During the search the dignity of, and respect for, the patient is maintained.

If the patient chooses not to be present during a room search then the two clinical staff members under the direction of the treating consultant will and must continue the room search.

Where there is concern for a patient's safety (Example: storage of alcohol, weapons, prescription, non prescription and / or illicit substances) a search of the patient's room will be conducted.


Should the patient refuse to authorise a room search then the treating consultant must be notified immediately to provide direction.

Consequence for finding contraband will result in action being taken according to the guidance from the treating consultant.

REFERENCES/LINKS

Toowong Private Hospital will function in accordance with all relevant Legislation, Regulations, Industry Standards and Codes of Practice. TPH utilises the external Private Hospitals Association of Queensland (PHAQ) Matrix.

Access to related policies, forms, or other documents may be found by undergoing a Radix DM search by ID, Title, Library Group, document content or saving criteria.

Original: 03/2003	Last Reviewed: 11/2013	Version No. 4	For Review 11/2017
Authorised By:		Chief Executive Officer	Date : 11/11/2013
00000374-004			



POL063 SELF HARM POLICY

EXPECTED OUTCOME
SCREENING OF ALL PATIENTS FOR THEIR LEVEL OF RISK OF SELF HARMING
BEHAVIOURS ENABLES SUITABLE TREATMENT PLANS TO BE PUT IN PLACE FOR
MODERATE AND HIGH RISK PATIENTS

POLICY

Toowong Private Hospital acknowledge that finding more helpful ways of dealing with strong emotion other than self-harm is important. Also that engaging in self harm behavior (SHB) increases the likelihood that someone will die by suicide either by accident (cut deeper than expected) or intentionally due to feeling unable to cope.

All patients are screened for their level of risk relating to suicide and self harm on admission, and depending on assessments results or changes to the patient's condition, throughout their admission.

The level of risk relating to suicide and self harm informs clinical management strategies.

All patient care, including the management of self-harming behavior, is provided in accordance with the treatment approach defined by the patient's treating psychiatrist.


DEFINITION OF SUICIDAL AND SELF HARMING BEHAVIORS

- Suicidal behavior refers to the range of actions related to suicide including:
 - Suicidal ideation – thoughts of engaging in suicidal behavior with or without a specific plan
 - Suicide attempt – potentially self injurious act intended to end one's life but which does not result in death
- Suicide – self – injurious act intended to end one's life which results in death.
- Self Harming Behavior refers to the direct, deliberate act of harming one's body without the conscious intention to die. Self harm may result in death and is a risk factor for suicide.

REFERENCES/LINKS

Toowong Private Hospital will function in accordance with all relevant Legislation, Regulations, Industry Standards and Codes of Practice. TPH utilise the external Private Hospitals Association of Queensland (PHAQ) Matrix.

Access to related policies, forms, or other documents may be found by undergoing a Radix DM search by ID, Title, Library Group, document content or saving criteria.

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Authorised By:		Chief Executive Officer	Date : 11/11/2013
00003044-001			

PRO053 Self-Harming Behaviour Procedure

Toowong Private Hospital 496 Milton Rd Toowong Q 4066
Procedure

Page 1 of 3

PRO053 SELF-HARMING BEHAVIOUR PROCEDURE**PROCEDURE**


Processes are to be developed and implemented in collaboration with the treating psychiatrist and the patient. If the patient is in the adolescent or young adult category, parent involvement in this process is optional.

ON ADMISSION:

- Each patient is screened for their level of risk relating to suicide and self harm on admission by the admitting nurse.
- Based on the results of this assessment, an individualized suicide management plan should be developed for every patient tailored to their level of suicide risk. For example, people identified as having a high risk of suicide need to be monitored closely, with frequent observations.
- If the patient is assessed as being a moderate or high risk of self harm, this should be documented in the patient's medical record, on the Patient Alert Form and the treating psychiatrist informed if they are not already aware.
- Patients with a history of self-harm or recurrent thoughts of self-harm should be assessed regarding their current risk, along with triggers and management of self-harming behavior.
- The first step in treating self-harm is to understand how the behavior is helping the person to cope currently, what events trigger the behavior and how the person might be able to cope using other strategies
- Within the first 24 hours behavioral and cognitive strategies that may help manage self-harming behavior should be discussed with the patient, preferably by the treating psychiatrist and admitting staff member. This information will form part of the treatment plan.
- Tools to assist in this assessment include:
 - The patient's history.
 - The Clinical Admission Risk Screening Questions.
 - The HoNOS and various scales of depression.

DURING THE INPATIENT ADMISSION:

- Nursing staff are to engage patients with significant risk of self-harm, at the beginning of each shift to monitor their current risk. In some cases it may be appropriate to engage the patient in a 'no self-harming behaviour' agreement.
- It is each patient's responsibility to inform their allocated nurse of any incident of self-harming behaviour.

Original: 04/1997	Last Reviewed: 11/2013	Version No. 4	For Review 11/2017
Authorised By:		Chief Executive Officer	Date : 11/11/2013
00000172-004			

PRO053 Self-Harming Behaviour Procedure continued

Toowong Private Hospital 496 Milton Rd Toowong Q 4066
Procedure

Page 2 of 3

PERIODS OF LEAVE:

- Suitability for leave should be documented in the patients medical record by the treating Psychiatrist .

IN THE EVENT OF SELF-HARM:

- Patients will be encouraged to attend to the care of their own wounds, where appropriate.
- If medical intervention is required, the patient will be directed to a general practitioner or emergency department as appropriate. The level of escort required, will depend on factors including risk assessment, current mental state and the patient's age.
- Risk assessment should be updated, along with documentation of the self-harming incident in the patient's medical record and on the Patient Alert Sheet, and completion of an Incident and Accident Report form.
- The treating psychiatrist is to be informed.

AFTER AN INITIAL INCIDENT OF SELF-HARM:

- A review is undertaken in collaboration with the patient using a cognitive behavioural approach. Triggers such as emotional dys-regulation, distress intolerance, or unhelpful cognitions are addressed with the patient whilst completing the chain analysis.
- This review would ideally occur within 24 hours of the incident
- Include a review of the contract and a focus on areas of difficulty.

AFTER A SECOND EPISODE OF SELF-HARM:


- The previous strategies/plans would be reviewed and modified as appropriate.
- In the event that patient's self-harming behaviour has been significantly disruptive to the ward milieu, attendance at group therapy should be reviewed.
- The patient is required to agree not to discuss the self-harm episode.
- The patient is required to cover any evidence of self-harm with appropriate clothing.

AFTER THIRD OR FURTHER INCIDENTS OF SELF-HARM:

- It is suggested that a multidisciplinary team meeting occurs to discuss further strategies and management. If appropriate this may be with the patient, along with their parents if they are a minor.

DISCHARGE PLANNING:

- Discharge planning is to begin at the point of patient's admission to Toowong Private Hospital and should be developed in close collaboration with all key stakeholders in the persons care. For example: The person themselves, relevant community based services, and family members / carers.
- A relapse prevention and crisis contingency plan should be discussed, and may include the following elements.

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00000172-004			

PRO053 Self-Harming Behaviour Procedure continued

Toowong Private Hospital 496 Milton Rd Toowong Q 4066
Procedure

Page 3 of 3

- Crisis contact details,
 - Warning signs and relapse indicators,
 - Self care plan which details appointments, medical regimes, information on community support services and social activities.
- Consider and make where appropriate referrals to community services for immediate follow up support .For example. Assertive Community Treatment Team , Mental Health Nurse Incentive Program, a local Personal Helpers and Mentors “Buddy” program , local “clubhouse” or Lifeline (telephone support service)

IN THE CASE OF A SENTINEL EVENT:

- Refer to the related TPH policy and procedure


ON READMISSION:

- Of patients with a history of recurrent self-harming behaviour, previous strategies used to manage their self-harm will be reviewed and if appropriate, utilized.

REFERENCES/LINKS

Toowong Private Hospital will function in accordance with all relevant Legislation, Regulations, Industry Standards and Codes of Practice. TPH utilise the external Private Hospitals Association of Queensland (PHAQ) Matrix.

Access to related polices, forms, or other documents may by found by undergoing a Radix DM search by ID, Title, Library Group, document content or saving criteria.

Original: 04/1997	Last Reviewed: 11/2013	Version No. 4	For Review 11/2017
Authorised By:		Chief Executive Officer	Date : 11/11/2013
00000172-004			



POL055 SMOKE FREE ENVIRONMENT POLICY

EXPECTED OUTCOME

STAFF, PATIENTS AND VISITORS WILL NOT BE EXPOSED TO SMOKING WITHIN THE HOSPITAL'S FACILITIES OR GROUNDS.

BACKGROUND INFORMATION


From 1 January 2015, smoking is banned at all Queensland public and private hospitals and health facilities, and for five metres beyond their boundaries. The legislation which was introduced on 1 January 2015 is the Health Legislation Amendment Bill 2014 to Part 8 of the Amendment of Tobacco and Other Smoking Products Act 1998. These no smoking laws apply at all times, and to all staff and patient residential areas on healthcare facility land, and include the use of all smoking products, including regular cigarettes and devices commonly known as electronic cigarettes (e-cigarettes).

POLICY

In the interest of health and safety and pursuant to Queensland Government's tobacco laws, smoking is not permitted within Toowong Private Hospital's facilities and grounds, and for five metres beyond the hospital's boundaries. This requirement applies to staff, patients, Medical Council members and visitors and to the use of all smoking products including regular cigarettes and devices commonly known as electronic cigarettes (e-cigarettes).

To support the health and wellbeing of staff, patients, Medical Council members and visitors of Toowong Private Hospital and enable people to have the right to work and receive care in a smoke free environment in line with legislative requirements, Toowong Private Hospital has adopted the following strategies:

- Developing clinician skills and confidence to support patients managing nicotine withdrawal or contemplating quitting smoking. This includes providing training and information on:
 - Smoking cessation support such as brief intervention therapy and the 5As framework (Ask, Assess, Advise, Assist and Arrange)
 - Nicotine replacement therapy
 - The possible effects of smoking on medication
 - The effects of smoking cessation on mental health conditions such as depression and anxiety
- Informing patients of the no smoking requirements prior to being admitted to the Hospital
- Displaying signage and posters outlining Queensland Health's new tobacco laws and the Hospital's smoke free environment requirements
- Removing all outdoor designated smoking areas and ash trays
- Discouraging patients from bringing tobacco and other smoking products to the hospital
- Providing patients with access to nicotine replacement therapy whilst an inpatient
- Providing patients with individual and group support from nursing and allied health to help patients adjust to the smoke free environment of the hospital

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Authorised By:		Chief Executive Officer	Date : <u>02/02/2015</u>
00001387-004			

POL055 Smoke Free Environment Policy continued

Toowong Private Hospital 496 Milton Rd Toowong Q 4066
Policy

Page 2 of 2

- Ensuring any patient leave from the hospital has been granted with consideration of identified and documented risks to the individual and in accordance with the hospital's POL059 Patient Leave Policy, and requirements of the Queensland Mental Health Act (2000) and Department of Immigration and Border Protection legislation
- Raising patient's awareness of community supports such as the Quitline (13 QUIT) service and various computer apps
- Encouraging all staff and members of the Medical Council to play a role in promoting and encouraging compliance with the smoking bans by informing others that the hospital and five metre buffer are smoke free and directing them to areas where smoking is permitted if necessary
- Encouraging staff who smoke to seek support to quit from their general practitioner, local pharmacist or trained counsellors at the Quitline 13 QUIT (13 7848)

For processes that support these strategies, refer to the PRO372 Smoke Free Environment Procedure available via Confluence.

REFERENCES/LINKS

Toowong Private Hospital will function in accordance with all relevant Legislation, Regulations, Industry Standards and Codes of Practice. TPH utilise the external Private Hospitals Association of Queensland (PHAQ) Matrix.

Access to related policies, forms, or other documents may be found by undergoing a Radix DM search by ID, Title, Library Group, document content or saving criteria.

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Authorised By:	_____ Chief Executive Officer		Date : 02/02/2015
00001387-004			



POL060 VISUAL OBSERVATIONS POLICY

EXPECTED OUTCOME
THE LEVEL OF VISUAL OBSERVATION WILL BE CONGRUENT WITH PATIENT NEEDS
AND THE LEVEL OF IDENTIFIED RISK.

POLICY

Patient observations are determined by clinical presentation, assessment and risk behaviour.

Patient observations will be set at the time of admission, and will be assessed on an ongoing basis in accordance with the level of risk.

All patients are to be placed on 15 minute visual observations on admission until reviewed and ceased by the admitting psychiatrists.

The category and frequency of observations are to be instigated by the treating psychiatrist. However, nursing staff may increase the frequency of observations if deemed clinically appropriate.

Visual observations can only be decreased in frequency or ceased by the treating psychiatrist.

If a patient's clinical condition requires constant observation, this must be authorized by the Director of Clinical Services.

In determining the level of observation there is an obligation to provide the least restrictive environment, which must be balanced against the requirement of patient safety and safety to others.

When allocated to visual observations, nursing staff will only have the responsibility of visual observations and no other patients during the period of allocated observation.


If a nursing staff member is assigned to undertake continuous observations, they must be relieved within a two (2) hour period.

Risk assessments, visual observations and instructions, and any changes to this, are to be documented in the medical record and observation sheet.

Significant changes to a patient's clinical condition must be communicated to the treating psychiatrist and all relevant staff.

Where a person on visual observations is not sighted at the stipulated time, the Nurse-in-Charge must be informed immediately and a search instigated.

If a patient is not sighted within 30 minutes or if there is concern for the patient, the Nurse-in-Charge is to inform the treating psychiatrist, Inpatient Services Manager (or after hours RN on call) and Director of Clinical Services. The Nurse-in-Charge is also to complete an Incident and Accident Report form.

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