CLINICAL PATHWAY FOR REFERRAL OF CLIENTS TO NEXT STEP INPATIENT WITHDRAWAL UNIT (IPWU)

June 2016 – For Review July 2018
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INTRODUCTION

Next Step’s Inpatient Withdrawal Unit (IPWU) located at East Perth provides a specialist service for people requiring inpatient medical and nursing care during alcohol or drug withdrawal. The unit has 17 beds, four of which are dedicated Aboriginal withdrawal beds.

Admissions require a referral and are categorised into 2 types.

- **Elective or Booked Admissions**

Clients are admitted for elective withdrawal from alcohol, opiates, amphetamines, benzodiazepines and cannabis. Priority groups served by the service include pregnant women, indigenous clients and people who live in rural and remote areas. Elective withdrawal clients have their admission booked from Monday to Friday in the mornings.

Elective admissions are received from a range of services such as Metro and Country Community Drug Services, drug and alcohol agencies, community pharmacotherapy prescribers, rural health services, Corrections, DCP, mental health services, Aboriginal health services and other healthcare services.

- **Hospital and Emergency Department Admissions**

Admission priority is given to clients already receiving hospital treatment who are in acute alcohol withdrawal. Where possible these clients will be offered an admission on the day of referral.

**Continuity of Care & Discharge Plans**

Prior to referral, clients should, where possible, have a post withdrawal plan in place that has been arranged in consultation with both the client and the referrer. If the client is also considering residential rehabilitation following inpatient withdrawal they should contact the rehabilitation services and start that assessment process prior to admission.
ADMISSION CONSIDERATIONS

The decision to admit a client is made following a comprehensive medical, psychosocial and risk assessment that takes into consideration:

- Client intention and motivation
- Current state of intoxication
- Evidence of dependent drug use that includes tolerance and withdrawal
- Concurrent medical and psychiatric conditions
- Previous withdrawal and treatment history
- Social and home circumstances
- Current occupancy in IPWU

Detoxification From:

- **Methadone**: Clients should reduce to 20mgs or less per day prior to admission.
- **Buprenorphine**: Clients should reduce to 8mgs or less per day prior to admission.
- **Benzodiazepine**: *Generally, clients with benzodiazepine dependence should continue a planned gradual reduction to cessation, under medical supervision in an outpatient setting.* Clients that have reduced to an equivalent of 10mgs or less per day of diazepam, with no seizure history may be considered for admission.

Length of stay

Length of stay for inpatient withdrawal will be decided on an individual basis and determined on clinical need. The average length of stay is 7 days, but may be extended depending on clinical needs.

Other Considerations

Clients from rural areas should be supported by the referrer with making travel arrangements to and from the IPWU. This may include accessing the WA Country Health Service - Patient Assisted Travel Scheme.

The IPWU is smoke free and if required Nicotine Replacement Therapy (NRT) will be provided to clients for the duration of their admission.

The IPWU has a no visiting policy. Specific exceptions to this apply to clients in the Aboriginal Withdrawal Unit (see Admission Procedure - Aboriginal Clients for more information)
INPATIENT ADMISSIONS IS NOT OFFERED TO CLIENTS

- Aged less than 18 years. These clients should be referred to the Drug and Alcohol Youth Service (DAYS) for further assessment and support. Clients under the age of 18 years, engaged at the Drug and Alcohol Youth Service (DAYS) will be assessed on an individual basis as to their withdrawal requirements.
- Requiring concurrent specialist inpatient medical, surgical or psychiatric care.
- Requesting admission with motivation other than withdrawal e.g. accommodation, respite, refuge.
- With current abusive, violent behaviour that does not respond to staff interventions to moderate the behaviour.
- With a current Behaviour Management Plan that excludes admission.

PLEASE NOTE – A client’s planned date of admission may be postponed if the client presents on the day in an acutely intoxicated state, which cannot be managed within the un
ADMISSION PROCEDURE

1. Elective Admissions

Referrer may contact the IPWU Clinical Nurse Specialist (92191819), to discuss the referral and obtain referral paperwork.

- Integrated Services

All referrers from integrated services should complete the following forms:

- NS MR 103 - INTERNAL IPWU REFERRAL
- NS MR 201 - INPATIENT WITHDRAWAL CLIENT CONTRACT

And forward a current completed copy of the following forms:

- NS MR 084 - AUTHORITY TO RELEASE AND OBTAIN INFORMATION
- NS MR 085 – PRIVACY STATEMENT

For aboriginal clients wishing to access the Aboriginal Unit complete the following forms:

- NS MR 103 - INTERNAL IPWU REFERRAL
- NS MR 203 - ABORIGINAL WITHDRAWAL UNIT CLIENT CONTRACT

And forward a current completed copy of the following forms:

- NS MR 084 - AUTHORITY TO RELEASE AND OBTAIN INFORMATION
- NS MR 085 – PRIVACY STATEMENT

Where an Integrated Services client is under care of a doctor, the medical assessment section (NS MR 103 INTERNAL IPWU REFERRAL FORM) should also be completed and any relevant additional documentation should be included with referral form.

All referrers should send the documentation to the IPWU CNS at Next Step by email: NextStep.IPWU@mhc.wa.gov.au or fax: 92191885. Admission dates cannot be confirmed without receipt and assessment of all referral documents.

Admission to the IPWU will be decided following an assessment of the referral information by the IPWU CNS and the IPWU doctor, where necessary. The client will be contacted by the IPWU CNS within two working days of receipt of documentation to discuss their referral. The outcome of this assessment will be communicated to the referring clinician/agency within three working days. If the client is assessed as not appropriate for admission the referrer will be advised and alternatives may be explored with them.

Other Considerations for admissions to the Aboriginal Unit:

- Aboriginal clients can have access to one support person during their admission.
• This support person should be a respected member of their community, over the age of 18 years that can offer the client positive support during their detox (the support person should not be a spouse or partner).

• The support person must agree to and complete the [NS_MR_018_ABO nginal WITHDRAWAL UNIT SUPPORT/VISITOR CONTRACT].
Other Services

All referrers from other services should complete the following forms:

- **NS MR 202** – EXTERNAL REFERRAL TO NEXT STEP INPATIENT UNIT
- **NS MR 201** - INPATIENT WITHDRAWAL CLIENT CONTRACT
- **NS MR 084** - AUTHORITY TO RELEASE AND OBTAIN INFORMATION
- **NS MR 085** – PRIVACY STATEMENT

For aboriginal clients wishing to access the Aboriginal Unit complete the following forms:

- **NS MR 202** – EXTERNAL REFERRAL TO NEXT STEP INPATIENT UNIT
- **NS MR 203** - ABORIGINAL WITHDRAWAL UNIT CLIENT CONTRACT
- **NS MR 084** - AUTHORITY TO RELEASE AND OBTAIN INFORMATION
- **NS MR 085** – PRIVACY STATEMENT

Referrers should send the documentation to the IPWU CNS at Next Step by email: NextStep.IPWU@mhc.wa.gov.au or fax: 92191885. Admission dates cannot be confirmed without receipt and assessment of all appropriate referral documents.

Admission to the IPWU will be decided following an assessment of the referral information by the IPWU CNS and the IPWU doctor where necessary. The client will be contacted by the IPWU CNS within two working days of receipt of documentation to discuss referral. The outcome of this assessment will be communicated to the referring clinician/agency within three working days. If the client is assessed as not appropriate for admission the referrer will be advised and alternatives may be explored with them.

**Other Considerations for admissions to the Aboriginal Unit:**

- Aboriginal clients can have access to one support person during their admission.
- This support person should be a respected member of their community, over the age of 18 years that can offer the client positive support during their detox (the support person should not be a spouse or partner).
- The support person must agree to and complete the **NS_MR_018 ABORIGINAL WITHDRAWAL UNIT SUPPORT/VISITOR CONTRACT.**
2. Emergency admissions

- Hospital and Emergency Department Admissions

Hospital and Emergency Transfers are accepted seven days per week.

Referral Criteria

- Clients must be in acute alcohol withdrawal.
- Potential admissions must have no significant acute medical or psychiatric problems that require hospital care and must be medically and/or psychiatrically cleared for referral. There should be no intravenous lines or indwelling catheters (unless permanent) as these indicate that acute medical treatment is required.
- Clients must be fully oriented, behaviourally settled and cooperative.
- Clients who are currently acutely intoxicated cannot be accepted.
- Clients must be generally capable of self-care and independently mobile. Being wheelchair bound is not a barrier to admission if this is the client’s normal level of mobility.
- Other disabilities will be considered before client is admitted to determine whether the IPWU is capable of meeting their needs.
- Client has agreed and is motivated to an admission to the IPWU.

Other Considerations

Prior to their referral clients need to be made aware that:

- The IPWU is smoke free and if required Nicotine Replacement Therapy (NRT) will be provided to clients for the duration of their admission
- The IPWU has a no visiting policy.
- No smart devices or mobile phones are allowed during admission to the IPWU.

N.B. Pregnant clients not in alcohol withdrawal but with a drug or alcohol problem may be transported to Next Step Duty or Integrated Services Duty during business hours for immediate review and priority assessment.

All other clients not in alcohol withdrawal but with a drug or alcohol problem should be encouraged to access support through their local Community Drug and Alcohol Services during business hours.

Referral Process

- Emergency Departments/Hospital should discuss referrals directly with the IPWU CNS in business hours (08:00–16:00 Monday–Friday) Ph: 92191819.
• If the referral is outside business hours Emergency Departments or Hospital should call the IPWU shift coordinator on Ph: 9219 1851 to establish bed availability and discuss referrals directly.

• Clinical notes, blood results, medication charts, withdrawal and observation charts and should be sent over in place of referral forms before the admission can be assessed and confirmed. Email: NextStep.IPWU@mhc.wa.gov.au or fax: 92191885

• The IPWU shift coordinator will discuss the admission with the on call doctor who may contact the referrer for further information if required.

• Clients must be a direct transfer from the referral source; and will be breathalysed on arrival.

• Client emergency admissions are accepted between 9am and 3pm on a daily basis. If a hospital is unable to transfer the client before 3pm arrangements can be made to accept the client for admission the next day, provided they remain as a patient within the referring hospital until transfer.

• Clients should be supplied with seven days’ supply of discharge medication as Next Step only stocks withdrawal specific medications.
Integrated Services

On the rare occasion where a client is assessed by a doctor and nurse as being in acute alcohol withdrawal, an ambulance will be organised to transfer the client to the nearest Emergency Department for stabilisation (as per policy IS Management of Acute Alcohol Withdrawal In Outpatients). Once the client is stabilised, Emergency Departments can follow the pathway for transfer to the IPWU.

East Perth

To minimise risk, only clients assessed at East Perth site, as being in acute alcohol withdrawal, may be considered for direct admission to the IPWU as no transport is required.

Referral Criteria

- Client is assessed by a doctor and nurse as being in acute alcohol withdrawal with no significant acute medical or mental health problems that would require hospital care.
- Client is fully oriented, behaviourally settled and cooperative.
- Clients must be generally capable of self-care and independently mobile (Note: being wheelchair bound is not a barrier to admission if this is the client’s normal level of mobility).

Other disabilities will be considered before client is admitted to determine whether Next Step, IPWU is capable of meeting their needs.

Referral Process

- Clarify that there is a bed available directly with the IPWU CNS on ext. 819
- Discuss referral with CNS.
- Complete the following forms:
  - NS MR 009 – ALCOHOL WITHDRAWAL ASSESSMENT – (and medicate as directed)
  - NS MR 103 - INTERNAL IPWU REFERRAL
  - NS MR 201 - INPATIENT WITHDRAWAL CLIENT CONTRACT
  - NS MR 084 - AUTHORITY TO RELEASE AND OBTAIN INFORMATION
  - NS MR 085 – PRIVACY STATEMENT

For aboriginal clients wishing to access the Aboriginal Unit complete the following forms:

- NS MR 009 – ALCOHOL WITHDRAWAL ASSESSMENT – (and medicate as directed)
- NS MR 103 - INTERNAL IPWU REFERRAL
- NS MR 203 - ABORIGINAL WITHDRAWAL UNIT CLIENT CONTRACT
- NS MR 084 - AUTHORITY TO RELEASE AND OBTAIN INFORMATION
- NS MR 085 – PRIVACY STATEMENT

Hand over client care to the IPWU CNS at Next Step who will arrange for client to be brought round and admitted.
### METRO COMMUNITY DRUG SERVICE
#### DRUG AND ALCOHOL YOUTH SERVICE

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**REFERRAL TO NEXT STEP INPATIENT UNIT**

<table>
<thead>
<tr>
<th>Client Address:</th>
<th>Suburb:</th>
<th>P/Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender:</td>
<td>Country Of Birth:</td>
<td>Preferred Language:</td>
</tr>
</tbody>
</table>

**Referring Agency/Clinician:**

**Referrer Address:**

**Tel:** | **Fax:** | **Email:**

**Reason for referral:**

<table>
<thead>
<tr>
<th>Amount Used &amp; Method of Use</th>
<th>Alcohol</th>
<th>Cannabis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opiates</td>
<td>Polysubstance use</td>
<td></td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>Ecstasy/LSD</td>
<td></td>
</tr>
<tr>
<td>Amphetamines</td>
<td>Solvents/Inhalants</td>
<td></td>
</tr>
</tbody>
</table>

**IVDU Status (tick):**

- Ever Injected
- Never Injected
- Date last injected:

**Cigarette smoker (tick):**

- Yes
- No
- How many?

**Has the IPWU Smoke Free Policy been discussed (tick):**

- Yes
- No

**Withdrawal history (seizures):**

**General medical history (previous illnesses and operations):**

**Current medications:**

**Relevant psychiatric history / Risk of self-harm:**

**Risk to others? Problem behaviour? Violence?**

**Other relevant information (legal issues):**

**Follow-up arrangements – residential rehabilitation; counselling etc (if applicable):**

**Referrer Signature:**

**Date:** / /

---

**Fax to Inpatient Withdrawal Unit CNS:** Fax: (08) 9219 1885  
Tel: (08) 9219 1819
Appendix 2

This is an agreement between Next Step Drug and Alcohol Service and you the Client for Admission to the Inpatient Withdrawal Unit (IPWU)

(print client’s name here)

This contract is intended to outline what is expected of you, during your stay at the Next Step, Inpatient Withdrawal Unit. It is a condition that you agree to and sign this contract prior to your admission. The expected duration of your stay while withdrawing from the following substance(s) will be (please tick relevant box):

The figures in brackets in the table below indicate the average length of stay.

<table>
<thead>
<tr>
<th>Substance</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opiates (7 Days)</td>
<td></td>
</tr>
<tr>
<td>Buprenorphine (10-14 Days)</td>
<td></td>
</tr>
<tr>
<td>Methadone (10-14 Days)</td>
<td></td>
</tr>
<tr>
<td>Benzodiazepines (10-14 Days)</td>
<td></td>
</tr>
<tr>
<td>Alcohol (5-7 Days)</td>
<td></td>
</tr>
<tr>
<td>Amphetamines (7 Days)</td>
<td></td>
</tr>
<tr>
<td>Cannabis (7 Days)</td>
<td></td>
</tr>
<tr>
<td>Other (7 Days)</td>
<td></td>
</tr>
</tbody>
</table>
INPATIENT WITHDRAWAL UNIT CLIENT CONTRACT

1. I agree to co-operate with all staff during my stay in the unit and to participate in all of the group activities.
2. I agree for staff to search my clothes, bags and other personal belongings, on admission or if requested.
3. I will not bring any illegal drugs, potential weapons, cigarettes or alcohol into the unit or arrange for them to be delivered during my stay. I understand that any illegal drugs or prohibited weapons found in my possession will be removed and handed over to Police. Alcohol will be removed and destroyed. Cigarettes will be stored and returned on discharge. Sharp or dangerous items that could be used to harm myself or other people will be removed and may be returned on discharge if safe to do so.
4. I am aware that Next Step is a smoke free environment. Smoking is not permitted for the duration of my admission.
5. I agree to hand in all my medication on admission this will be stored by staff and returned at time of discharge, if it is still prescribed. I agree to take all prescribed medications as directed.
6. I agree that if I have any thoughts about wanting to harm myself or others that I will inform a staff member.
7. I agree to the no visiting policy for the duration of my stay.
8. I agree to provide a urine sample for drug and health screening and pregnancy testing (if appropriate) and to be breathalysed if requested.
9. I agree not to bring my mobile phone into the unit and I understand that if I do, it will be removed by staff and I will have no access to it until it is returned on discharge.
10. I agree to focus on my own recovery and not develop relationships with clients (intimate relationships or relationships that exclude others). I agree not to exhibit sexual behaviour or bring sexually explicit or suggestive material onto the unit. I agree to respect others space and not hug/touch clients or staff or to enter others bedrooms during my stay.
11. I agree not to discuss my drug or alcohol history or have conversations that may upset others because this can trigger cravings for myself and other people staying in the unit.
12. I agree to respect all clients and staff on the unit and not demonstrate or use threatening, abusive or intimidating language or behaviour.
13. I agree to be fully dressed at all times, including wearing a top and footwear and I agree not to wear any revealing clothing.
14. I understand and agree to stay within the building and grounds of the unit at all times.
15. I understand and agree not to bring valuable items into the unit, as Next Step will not be held responsible if they get lost, stolen or damaged.

Client Signature: ________________________________ Date____________________
You may discharge yourself from the unit at any time. Staff may discharge you if withdrawal support is no longer needed or beneficial.

Not following this contract will result in a formal breach or possible discharge, whichever is deemed most appropriate by the team.

Other conditions that have been agreed between you and the staff are as follows:

- I agree that a copy of my discharge summary can be sent to my GP, referrer and/or follow up provider.
- I understand that Next Step will contact my designated next of kin if I am disciplinary discharged or if I discharge myself against medical advice.

I (insert client name) have read, understand and agree with the conditions of this contract.

Signature of Client: __________________________ Date ______________

Signature of Referrer: __________________________ Print Name __________________________

FOR IPWU USE ONLY

ON ADMISSION

I confirm that I consent to the conditions of this contract.

Signature of Client: __________________________ Date ______________

Admitting Clinician Signature: __________________________ Name: __________________________
FOR IPWU USE ONLY

Reason for discharge
- Completed Program
- Discharge Against Medical Advice
  I choose to discharge from the IPWU and understand that this is against the medical advice of the treating team. I have been informed of the dangers of discharging now and accept full responsibility of my action and any consequences that may occur.
- Disciplinary Discharge
- Hospitalised (Transferred)

PRINT HOSPITAL NAME

Signature of Client: ________________________________

Signature of Staff: ________________________________

Discharge Against Medical Advice - Client refusing to sign contract

Nurse to complete
The client discharged against medical advice and refused to sign a statement acknowledging this fact and accepting full responsibility for their actions and all consequences arising from same. I confirm that I have explained to the client that to take discharge against medical advice might endanger their health and have informed them of potential risks pertaining to recommencement of substance use.

Nurse Signature: __________________________ Date: __________

Doctor to complete (when applicable)
I confirm that I have explained to the client the dangers that may arise out of their decision to discharge against medical advice.

Doctor Signature: __________________________ Date: __________

Disciplinary Discharge - Client refusing to sign contract

Nurse to complete
The client was disciplinary discharged and refused to sign a statement acknowledging this fact and accepting full responsibility for their actions and all consequences arising from same.

Nurse Signature: __________________________ Date: __________

Discharge Time: _________ HRS Date: ____ / ____ / ____

NB: PLEASE ENTER TIME OF DISCHARGE ON HA23 FORM – MANDATORY PER HEALTH DEPT OF WA
Appendix 3

This is an agreement between Next Step Drug and Alcohol Service and you the Client for Admission to the Aboriginal Withdrawal Unit

(print client’s name here)

This contract is intended to outline what is expected of you, during your stay at the Next Step, Inpatient Withdrawal Unit. It is a condition that you agree to and sign this contract prior to your admission. The expected duration of your stay while withdrawing from the following substance(s) will be (please tick relevant box):

The figures in brackets in the table below indicate the average length of stay.

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</tr>
<tr>
<td>Benzodiazepines (10-14 Days)</td>
<td>Other (7 Days)</td>
</tr>
</tbody>
</table>
ABORIGINAL WITHDRAWAL UNIT CLIENT CONTRACT

1. I agree to co-operate with all staff during my stay in the unit and to participate in all of the group activities.

2. I agree for staff to search my clothes, bags and other personal belongings, on admission or after a delivery.

3. I will not bring any illegal drugs, potential weapons, cigarettes or alcohol into the unit or arrange for them to be delivered during my stay. I understand that any illegal drugs or prohibited weapons found in my possession will be removed and handed over to Police. Alcohol will be removed and destroyed. Cigarettes will be stored and returned on discharge. Sharp or dangerous items that could be used to harm myself or other people will be removed and may be returned on discharge if safe to do so.

4. I am aware that Next Step is a smoke free environment. Smoking is not permitted for the duration of my admission.

5. I agree to hand in all my medication on admission this will be stored by staff and returned at time of discharge, if it is still prescribed. I agree to take all prescribed medications as directed.

6. I agree that if I have any thoughts about wanting to harm myself or others that I will inform a staff member.

7. I agree to comply with the visiting arrangements made between the staff, myself and my authorised support person while I am staying in the unit.

8. I agree to provide a urine sample for drug and health screening and pregnancy testing (if appropriate) and to be breathanalysed if requested.

9. I agree not to bring my mobile phone into the unit and I understand that if I do, it will be removed by staff and I will have no access to it until it is returned on discharge.

10. I agree to focus on my own recovery and not develop relationships with clients (intimate relationships or relationships that exclude others). I agree not to exhibit sexual behaviour or bring sexually explicit or suggestive material onto the unit. I agree to respect others space and not hug/touch clients or staff or to enter others bedrooms during my stay.

11. I agree not to discuss my drug or alcohol history or have conversations that may upset others because this can trigger cravings for myself and other people staying in the unit.

12. I agree to respect all clients and staff on the unit and not demonstrate or use threatening, abusive or intimidating language or behaviour.

13. I agree to be fully dressed at all times, including wearing a top and footwear and I agree not to wear any revealing clothing.

14. I understand and agree to stay within the building and grounds of the unit at all times.

15. I understand and agree not to bring valuable items into the unit, as Next Step will not be held responsible if they get lost, stolen or damaged.

Client Signature: ___________________________ Date ____________
You may discharge yourself from the unit at any time. Staff may discharge you if withdrawal support is no longer needed or beneficial.

Not following this contract will result in a formal breach or possible discharge, whichever is deemed most appropriate by the team.

Other conditions that have been agreed between you and the staff are as follows:

- I agree that a copy of my discharge summary can be sent to my GP, referrer and/or follow up provider.
- I understand that Next Step will contact my designated next of kin if I am disciplinary discharged or if I discharge myself against medical advice.

I (insert client name) have read, understand and agree with the conditions of this contract.

| Signature of Client: ___________________________ | Date ______________ |
| Signature of Referrer: _________________________ | Print Name ______________ |

FOR IPWU USE ONLY
ON ADMISSION

I confirm that I consent to the conditions of this contract.

| Signature of Client: ___________________________ | Date ______________ |
| Admitting Clinician Signature: __________________ | Name: ______________ |
FOR IPWU USE ONLY

Reason for discharge

☐ Completed Program

☐ Discharge Against Medical Advice
  I choose to discharge from the IPWU and understand that this is against the medical
  advice of the treating team. I have been informed of the dangers of discharging now
  and accept full responsibility of my action and any consequences that may occur.

☐ Disciplinary Discharge

☐ Hospitalised (Transferred)

PRINT HOSPITAL NAME

Signature of Client: ________________________________

Signature of Staff: __________________________________

Discharge Against Medical Advice - Client refusing to sign contract

Nurse to complete
The client discharged against medical advice and refused to sign a statement acknowledging
this fact and accepting full responsibility for their actions and all consequences arising from
same. I confirm that I have explained to the client that to take discharge against medical advice
might endanger their health and have informed them of potential risks pertaining to recom-
mencement of substance use.

Nurse Signature: ____________________________ Date: __________

Doctor to complete (when applicable)
I confirm that I have explained to the client the dangers that may arise out of their decision to
discharge against medical advice.

Doctor Signature: ____________________________ Date: __________

Disciplinary Discharge - Client refusing to sign contract

Nurse to complete
The client was disciplinary discharged and refused to sign a statement acknowledging this fact
and accepting full responsibility for their actions and all consequences arising from same.

Nurse Signature: ____________________________ Date: __________

Discharge Time: _________ HRS Date: _____ / _____ / _____

NB: PLEASE ENTER TIME OF DISCHARGE ON HA23 FORM – MANDATORY PER HEALTH DEPT OF WA
Appendix 4

<table>
<thead>
<tr>
<th>METRO COMMUNITY DRUG SERVICE</th>
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<tr>
<td>DRUG AND ALCOHOL YOUTH SERVICE</td>
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**AUTHORITY TO RELEASE AND OBTAIN INFORMATION**

<table>
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<th>[please print full name]</th>
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<td>[please print current address]</td>
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</table>

hereby consent to the Metro Community Drug Service (MCDS) and Drug and Alcohol Youth Service (DAYS):

1. releasing and obtaining reports and information as necessary (such as my social and medical history, investigations, HIV antibody [AIDS] test and other relevant information) to/from:

| .......................................................... |
| .......................................................... |

COMMENT:

| .......................................................... |

2. informing family members of my attendance. I understand that what I say during counselling remains confidential.

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
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COMMENT:

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NOTE REGARDING CLIENT CONFIDENTIALITY

The MCDS and DAYS will not use or disclose any information to any parties not directly involved in your treatment or as outlined in the Privacy Statement UNLESS specifically authorised by you. This means if you would like the MCDS or DAYS to speak with family members or significant others on your behalf you MUST nominate them individually above in section 1. A list of partner agencies is available from the Privacy Statement.

☐ As a participant in a Diversion Program, I consent to the Diversion Officer

(a) obtaining reports and information as necessary from agencies involved in my treatment (such as attendance and participation), for the purpose of advising the court and/or Juvenile Justice Team Officer.

(b) releasing of information as necessary to agencies involved in my treatment (such as attendance and participation), for the purpose of advising the court and/or Juvenile Justice Team Officer.

☐ I give consent to MCDS and DAYS sending me SMS messages and voicemail messages to remind me of my future appointments. These messages to be sent to mobile number(s) provided by me.

☐ I give consent to MCDS and DAYS sending me correspondence to my home address.

SIGNATURE: ..........................................................

WITNESS: ..........................................................

Please Print Full Name of Witness: ..........................................................

DATE: ............./............./............. DATE FOR REVIEW ............./............./.............

(Valid for duration of treatment episode unless personal circumstances change – to be renewed at each new episode or annually)
Appendix 5

METRO COMMUNITY DRUG SERVICE
DRUG AND ALCOHOL YOUTH SERVICE

PRIVACY STATEMENT

The Metro Community Drug Service (MCDS) and Drug and Alcohol Youth Service (DAYS) places importance on your privacy. Whatever you discuss with your counsellor, doctor, nurse or other health service provider is confidential. However there are some situations where your personal information may be released for another purpose.

Access to Information
- Access to your records is controlled and available only to those involved in your care and for administration.
- The information provided may also be used for program and health management purposes and in conducting research on the outcomes of the program. Any information used for research will be collated and will not identify you personally.

The MCDS and DAYS is an integrated community/youth drug service that operates in partnership with Next Step Drug and Alcohol Services and its metropolitan service partners Cyrenian House, Holyoake Institute, Mission Australia and Palmerston Association. By signing this consent form, these agencies will have access to your care records for the purpose of providing treatment to you.

The service partners detailed above will have access to your records to provide a health service and to ensure that we do not inadvertently create multiple treatment records for you if you visit these services.

Release of Information
We will release your health information in the following circumstances.

Legal Obligations
We are required to provide part or the whole of your records on statutory request or legal subpoena. These are requests that cannot be ignored. Staff may also have to discuss your information subject to a court order or statutory request.

Statutory Obligation
Information is strictly controlled, and provided only to medical practitioners on specific request. Under the Health Act 1911, our medical staff are required to notify the Department of Health of your particulars if:
- you have a specific contagious disease e.g. Hepatitis C, sexually transmitted disease, tuberculosis, and HIV.
- when prescribing methadone or buprenorphine.

Once the DoH has been advised of your opiate status you are required to tell any doctor that you have an addiction when seeking strong sedatives or painkillers (Schedule 8 drugs).

As of January 1 2009, all doctors, nurses and midwives, teachers and police officers are required to report all reasonable beliefs of Child Sexual Abuse to DCP under the Children and Community Services Amendment (Reporting Abuse of Children) Act 2008. All staff have a duty of care to report any knowledge of children who are being subject to abuse and/or neglect.

Ethical
An ethical obligation to release health information arises for the health service provider where there is a clear possibility of self harm or harm to others. We have a duty of care to ensure your personal safety and the safety of others.

By Written Consent
MCDS and DAYS may otherwise release information only on your written consent.

If you want clarification on our confidentiality practices please discuss it with the staff member that you are seeing at the service.

Client Signature: ___________________________ Date: ____________

Valid From Date: ____________________________ to _______________________

Witness Signature: __________________________ Date: ____________

CONSENT

Delivering a Healthy WA