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| Facility/hospital name |
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| Please attach all documents required. If an item is not attached, please detail reason (e.g. not applicable) |
|  | **Document name** | **Comment if not provided** |
| [ ]  | Emergency transfer policies for medical emergency transfer procedures  |  |
| [ ]  | Emergency transfer policies for mental health higher level of care procedures |  |
| [ ]  | Patient admission criteria which reflects:* the type of patients suitable for admission
* the age range/s of patients accessing the service
* patients excluded from admission.
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| [ ]  | Overview of individual programs to be provided (i.e., acute care, rehabilitation, including how the needs of those with comorbidities, diverse populations will be catered for etc.) |  |
| [ ]  | Admission assessment - physical examination, mental health and AOD assessment policy/procedure |  |
| [ ]  | Detoxification policy/procedure |  |
| [ ]  | Clinical risk assessment |  |
| [ ]  | Individual care and recovery planning policy/procedure |  |
| [ ]  | Recognising signs of physical and mental health deterioration in a patient policy/procedure |  |
| [ ]  | Visual observation policy/procedure |  |
| [ ]  | Incident management policy/procedure including management of aggressive/abusive/high risk behaviours |  |
| [ ]  | Involvement of patients and carers in the planning, operation, monitoring and evaluation of mental health services policy/procedure |  |
| [ ]  | Policy/procedure about sharing of information with family/carer |  |
| [ ]  | Discharge planning policy/procedure including discharge against medical advice |  |
| [ ]  | Missing patient policy/procedure |  |
| [ ]  | Patient leave overnight/day policy/procedure |  |
| [ ]  | Security for staff, visitors and patients’ policy/procedure, including searches and exclusion of visitors. |  |
| [ ]  | Sexual health and safety, including management of allegations of sexual assault |  |
| [ ]  | Environmental safety and ligature point assessments |  |