Alcohol and other drug health services application requirements

| * **Documentation required**
 | * **Documentation provided**
 |
| --- | --- |
| 1. Details of Management team and staffing details:
* Chief executive officer/Manager of the facility – name and copy of current CV.
* Nurse in Charge/Director of Nursing – name, copy of current CV and current Australian Health Practitioner Regulation Agency (AHPRA) certificate of registration (if available).
* Staffing plan – list intended service providers names and (AHPRA) registration details where applicable. (medical/surgical/allied health/core services and support staff.
 |  |
| 1. Emergency transfer policy:
* medical emergency transfer procedures
* high level of care procedures.
 |  |
| 1. Patient admission criteria which reflects
* the type of patients suitable for admission
* the age range of patients accessing the service
* patients excluded from admission.
 |  |
| 1. Overview of programs to be provided
 |  |
| 1. Admission assessment–physical examination policy/procedure
 |  |
| 1. Detoxification policy/procedure
 |  |
| 1. Clinical risk assessment
 |  |
| 1. Individual care and recovery planning policy/procedure
 |  |
| 1. Medication management policy/procedure
 |  |
| 1. Recognising signs of deterioration in a patient policy/procedure
 |  |
| 1. Incident management policy/procedure including management of aggressive/abusive/high risk behaviour
 |  |
| 1. Involvement of patients and carers in the planning, operation, monitoring and evaluation of mental health services policy/procedure
 |  |
| 1. Discharge planning policy/procedure including discharge against medical advice
 |  |
| 1. Security for staff, visitors and patients’ policy/procedure
 |  |
| 1. Complaints policy/procedure
 |  |
| 1. Credentialing and clinical privileges committee terms of reference or By-Laws and agenda
 |  |
| 1. Quality/risk management committee terms of reference and agenda which include infection control and workplace health and safety
 |  |
| 1. Water risk quality management plan
 |  |
| 1. Name of quality assurance entity, date of registration and proposed date of initial certification.
 |  |
| 1. Content of staff training including basic life support (BLS) and manual lifting
 |  |