

[insert organisation name/logo]

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## Health & Medical Policy

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**Document Status:** Draft or Final

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**Lead Author:** [name and position]

**Approved by:** [insert organisation name] Board of Directors on [date]

**Scheduled Review Date:** [date]

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### Record of Policy Review

Review Date	Person Initiating/Leading Review	Other People Consulted

### Triggers for Policy Review (tick all that apply)

- Standard review is timetabled.
- A gap has been identified
- Additional knowledge or information has become available to supplement the policy.
- External factors
  - Policy is no longer relevant/current due to changes in external operating environment.
  - There are changes to laws, regulations, terminology and/or government policy.
  - Changes to funding environment, including requirements of funding bod(y)ies
- Other (please specify).
- Internal / organisational factors
  - A stakeholder has identified a need, eg by email, telephone etc
  - A serious or critical incident has occurred, requiring an urgent review.
  - Need for consistency in service delivery across programs and organisations.
  - Separate, stand-alone policy is now warranted
  - A near miss has occurred, requiring a review to prevent a serious/critical incident in the future

**Additional Comments**

*[for example, policy now covers details related to new legislation].*

# Health & Medical Policy

## 1. Purpose and Scope

This policy provides direction to **[insert organisation name]** staff to support consumers to identify health needs and improve their physical health care.

**[insert organisation name]** staff will assist consumers to access available health resources and services in order for consumers to better manage their own health.

## 2. Definitions

Allied health may include:

- Dentistry
- Psychology
- Occupational therapy
- Podiatry
- Social work
- Nursing

Complementary health and self-care services include allied health and primary health care providers as well as complementary services.

Complementary services may include (but are not limited to):

- Peer Support
- Physical Trainer
- Yoga
- Meditation
- Tai chi
- Reiki
- Massage
- Aroma therapy

Comprehensive and/or specialist health checks include (but are not limited to):

- Preventative health screening e.g. cancer investigation, stroke vulnerability
- Physical examination
- Blood screening
- Cardiovascular assessment
- Respiratory assessment
- Substance use, sexually transmitted illness screening
- Access to allied health services and prevention programs e.g. oral health care

Consumer, in this policy, refers to the person with lived experience of mental illness and/or recovery being supported by **[insert organisation name]**

Iatrogenic effects are unintended consequences of medication, or of other health treatments and systems. Iatrogenic effects include:

- Metabolic syndrome
- Diabetes
- Weight Gain, Obesity
- Endocrine disorders
- Cardio pulmonary
- Circulation
- Respiratory
- Being subject to seclusion and restraint
- Coercion in mental health settings

Natural supports include (but are not limited to):

- Acquaintances
- Colleagues
- Family
- Friends
- Mainstream Services (e.g. nail bars, hairdressers, cafés)
- Neighbours
- Social groups (leisure, spiritual, sporting, clubs/hotels etc)

Primary care may include:

- GP
- Interdisciplinary health care team e.g., private and public
- Aboriginal health services
- Multicultural health services
- State and/or territory primary health care centres
- Medicare locals
- Specialised clinics e.g. sexual health, diabetes clinic, sleep apnoea

A self-care approach relates to those activities that an individual decides will contribute to their overall health and wellbeing, including a sense of personal control, and may include choices about diet, smoking, exercise, substance use, and personal care.

Social determinants of health have long been recognised by the World Health Organisation (WHO) to include the socio-economic and cultural factors that affect the living circumstances, quality of life, health literacy and in turn the health and wellbeing of individuals and communities. Examples include employment/education, housing, income and social inclusion.

Wellbeing choices may include (but are not limited to):

- Healthy eating

- Physical activity
- Restful sleep
- Stress management
- Service to others
- Support network
- Optimism based on positive expectations
- Cognitive skills to avoid negative thinking
- Meaning and purpose
- Spirituality
- Intimate relationships

### 3. Principles

People with lived experience of recovery/mental illness have rights to:

- the same standards of health and medical care as other members of the community
- education and information relating to health and lifestyle options.

Supporting the development of a healthy environment will assist people with lived experience of recovery and/or mental illness to make healthy lifestyle choices.

Early identification of health risks, early intervention and active participation in self-care significantly enhance physical health.

Physical health care needs should be met, in the least restrictive manner, through a sustainable, comprehensive, culturally aware, staged, integrated program of support.

**[insert organisation name]** recognises its role in promoting the physical health care of consumers, **[if applicable]** including advocacy

**[insert organisation name]** uses the principles Trauma Informed Care and Practice to contextualize the consumer's use of high-risk behaviours which may result in poor physical health.

### 4. Outcomes

Improved physical health of mental health consumers.

**[insert organisation name]** has linkages with key stakeholders, including **[other]** health care providers, including GPs, consumers, families and carers with the aim of enabling improved physical health outcomes for consumers.

### 5. Functions and Delegations

Position	Task/Delegation
Board of Directors	<p>Endorse Health &amp; Medical Policy.</p> <p>Compliance with Health &amp; Medical Policy.</p>
Management	<p><u>CEO</u> Ensure this policy is reflected in organizations activities, infrastructure and practice</p> <p><u>Managers</u> Drive the implementation of this policy and ensure quality practice and compliance</p> <p>Ensure staff are trained, supported and resourced to provide physical health support to consumers</p> <p>Ensure organisation complies with Health &amp; Medical Policy.</p>
Staff	<ul style="list-style-type: none"> <li>• Comply with Health &amp; Medical Policy.</li> <li>• Provide information, referral, treatment, care and support to assist an individual to make informed decisions about physical and sexual health, iatrogenic effects, and wellbeing</li> <li>• Work collaboratively with the individual and service providers to enhance physical health and wellbeing</li> <li>• Model behaviours, which promote physical health and wellbeing, when in the presence of consumers</li> </ul>

## 6. Risk Management

All staff, Board members, students and volunteers and are made aware of this policy during orientation.

## 7. Policy Implementation

Board members, staff, students and volunteers are aware of **[insert organisation name]** procedures for this policy through orientation and induction processes.

This policy and supporting documents is reviewed as part of the organisations quality improvement program.

## 8. Policy Detail

**[insert organisation name]** encourages consumers to lead healthy lifestyles and practice preventative health care.

Consumers are provided with information, opportunities and support to understand and participate in a healthy lifestyle.

**[insert organisation name]** respects an consumer's informed choice not to participate in a healthy lifestyle, and at the same time ensures its duty of care to provide opportunities for a basic level of good health and well-being when supporting that decision.

Staff ensure that all personal information is treated in a way that respects the person's right to confidentiality and dignity.

### 8.1 Access to health services

**[insert organisation name]** supports people with lived experience of recovery and/or mental illness to access services which optimise their health without compromising their quality of life.

**[insert organisation name]** staff respect the consumer's, and their carer's, right to choose from the same range of health services as other members of the community, and do not seek to influence a consumer or family's choices as a result of their own health care beliefs.

**[insert organisation name]** staff support consumer access to, and participation in:

- A range of complementary services as desired
- Comprehensive and/or specialist health checks
- Referral to appropriate health and other services providers for additional information and support

### 8.2 Health promotion

Consumers are supported and encouraged to make informed decisions and exercise choices in relation to health and lifestyle.

Consumers are given information, support and encouragement to develop eating habits that promote their health and well-being, and may be supported to shop independently for healthy and nutritious foods.

Consumers are encouraged to identify issues which affect their health and well-being, and may be supported to develop a health checklist which they can review

regularly. When it is identified that a consumer is not participating in important health checks (eg a pap smear), they may be supported to investigate alternatives

Staff members assist consumers to plan a healthy lifestyle and routine that includes personal hygiene, healthy eating, regular sleep and exercise patterns.

### **8.3 Identification of health risks**

Consumers are encouraged to have a regular comprehensive and/or specialist health check completed by a general or specialist medical practitioner.

If a consumer appears to be physically ill or in pain, or when there is an observable change in the consumer's health or wellbeing, staff assist the consumer to access appropriate health care services as soon as possible.

### **8.4 Responding to identified health risks**

Staff members ensure that consumers have information about and access to appropriate health and medical services.

Consumers are supported to have their health care needs met in the least restrictive manner, with the aim being to ensure the consumer's ongoing wellbeing and dignity.

Consumers are encouraged and supported to:

- utilise services that promote and support general health, as well as those for specific conditions associated with their experience of mental illness.
- Plan for, and participate in, physical health care supports which recognise the consumer's right to dignity, confidentiality, privacy and safety.

### **8.5 Duty of care**

**[if applicable]** **[insert organisation name]** has a duty of care to convey accurate information and routine observations of the consumer's health to the treating medical practitioner. With this in mind, the information is best conveyed by the **[insert position]** or regular staff members who know the consumer well. Where it is not possible for a staff member to attend an appointment, there will be phone contact prior to or at the time of the appointment.

**[insert organisation name]** supports consumers to identify an after-hours general practitioner for emergencies.

### **8.6 Participation and communication**

**[insert organisation name]** ensures that consumers are supported to make decisions and choices about things that affect them, to a level that is appropriate to

their decision-making capacity. This includes decisions about their physical health and well-being.

Consumers are supported to meaningfully participate in the development of their personal recovery plan, which may include goals relating to physical health.

**[insert organisation name]** staff identify and respond to individual rights, choices and approach to self-care

To assist consumers to communicate their values and aspirations, and to meaningfully participate in decision-making processes, staff and other significant people need to facilitate opportunities for communication.

### **8.7 Support reflects the person's identity, cultural links, language and religion**

Actions and decisions relating to the provision of healthy lifestyle support will take account of the consumer's culture, language and religion if and when this is relevant. A consumer's name, identity, language, cultural and religious ties will be preserved as far as possible.

**[insert organisation name]** gathers information about the consumer's cultural and linguistic background, including any specific traditions or customs. This information will be reflected in the planning and provision of healthy lifestyle support with the consumer.

Should a consumer become ill, **[insert organisation name]** informs the consumer's family and/or advocate and/or guardian (unless the consumer has provided informed consent to with-hold the information).

### **8.8 Support from appropriately trained staff**

**[insert organisation name]** staff receive training to ensure they are aware of the:

- correlation between physical and mental health to individual wellbeing
- importance of physical and sexual health and general wellbeing
- social determinants of health
- factors that can negatively impact on physical and sexual health and general wellbeing
- importance and impact of iatrogenic effects as they relate to consumers

**[insert organisation name]** staff will model behaviours, which promote physical health and wellbeing, when in the presence of consumers. For example, staff will not smoke on the job when in the presence of consumers.

## 8.9 Iatrogenic effects

**[insert organisation name]** staff

- Identify and respond to the presentation of iatrogenic effects in the delivery of services
- Source and provide resources that will enable the individual to make informed choices regarding physical and sexual health, iatrogenic effects and wellbeing
- Support consumers to be self-determining regarding their physical and sexual health's iatrogenic effects and wellbeing
- Support consumers to develop strategies to facilitate their identified wellbeing choices and manage any iatrogenic effects

## 8.10 Supporting healthy lifestyle choices

**[insert organisation name staff]** assist consumers to:

- identify and address potential barriers to physical health and wellbeing activities
- identify activities and services of choice to enhance or maintain physical and sexual health, wellbeing and natural supports
- access and participate in physical health and wellbeing activities on an ongoing basis, such as local mainstream exercise classes and/or sporting or recreation activities.
- monitor, review, adjust, and consider their physical health and wellbeing requirements on an ongoing basis

**[insert organisation name]** has information about health and community providers in order to support consumers to approach an allied health, primary health or complementary service.

## 8.11 Consent to medical and dental treatment

A valid consent to medical or dental treatment is sought from the consumer prior to medical treatment taking place.

If the consumer is unable to provide a valid consent and is over the age of 16 years, then consent will be sought from the 'person responsible, guardian or Guardianship Tribunal. If the consumer is under the age of 16 years, then consent will be sought from the parent.

**[insert organisation name]** staff are aware of the guidelines for who can provide a substitute medical consent for an individual consumer who cannot consent for themselves, according to the type of medical treatment.

- Minor medical treatment can be consented to by the 'person responsible' or can be provided without a consent if appropriate documentation is completed.

- Major medical treatment can be consented to by the ‘person responsible’ or the Guardianship Tribunal.
- Special medical treatment can only be consented to by the Guardianship Tribunal.

**[insert organisation name]** follows the Guardianship Tribunal guidelines to determine when treatment can proceed without a consumer’s valid consent, such as when treatment is required to save the person’s life or to prevent significant harm to the person’s health.

Consent to use sedatives or general anaesthetic for dental checks is obtained from the consumer by the doctor or dentist before they administer the medication. If the consumer is unable to provide consent, the consent must be obtained from the ‘person responsible’, guardian or Guardianship Tribunal before the treatment is administered.

## 8.12 Medical Records

**[depending on degree of organisational responsibility], [insert organisation name]** ensures that any significant health conditions (including allergies) of consumers are recorded, and that all staff are made aware of this information.

**[insert organisation name]** keeps the following medical information about people it supports and makes consumers aware of their right to access this information:

- ***[eg medication – see medication policy]***
- ***[insert type of information]***
- ***[insert type of information]***

## 8.13 Nutrition

**[to the degree applicable for your CMO] [insert organisation name]** will ensure and appropriately record that:

- Consumers are encouraged to experience different foods.
- Consumers receive appropriate information about the relationship between their health and their food choices.
- Consumers are involved in menu planning and decision making about mealtime arrangements.
- Families are involved in identifying consumers’ food likes and dislikes.
- Where consumers are involved in food preparation, they receive education about hygiene, food storage and appropriate preparation.

**[if the organisation is responsible for providing meals]**

### 8.13.1 Nutritionally Adequate Food

Food provision is planned so that consumers obtain a nutritionally adequate and healthy diet. In menu planning, **[insert organisation name]** considers individual needs according to factors such as: Age, Gender, Culture and religion, Level of activity, Health issues and Therapeutic requirements

### **8.13.2 Providing meals**

**[if the organisation is responsible for providing meals, [insert organisation name]]:**

- Ensures that consumers have access to a good quality, balanced, and adequate diet at all times.
- Develops and reviews menu plans in consultation with a dietician, as required.
- Ensures that all food is handled safely, including during shopping, preparation, cooking and storage.
- Ensures that special diets are developed for consumers who need them in consultation with a qualified dietitian and others as required, and that this information is recorded.
- Where specific feeding procedures are required (eg in the case of physical disability), **[insert organisation name]** ensures that staff are well trained and confident in carrying them out.
- Has clear policies and procedures for minimising and managing infectious diseases

### **8.14 Monitoring health and nutrition**

**[to the degree applicable for your CMO] [insert organisation name]** supports consumers to:

- Regularly monitor their own health (such as a health checklist developed in consultation with consumers and appropriate practitioners) and to take appropriate action.
- Manage their medical records
- Monitor their weight, and to seek medical and/or dietetic advice where significant changes in weight (up or down) are noted.
- Periodically review their diet and medication prescriptions, the relationship between diet and medication, and any possible drug-nutrient reactions.
- Have regular and 'as needed' comprehensive and/or specialist health checks with, as far as possible, a practitioner of their choice.
- Access specialist health clinicians as needed.

### **8.15 Transition to another service due to increasing health needs.**

In the event that support is required from another service (eg disability support or aged care) to better meet a consumer's health needs, **[insert organisation name]** will, where possible:

- support consumers / carers with the referral process

- continue to support the consumer during and after transition into the service, if required
  - where specific feeding procedures are required (eg in the case of physical disability), **[insert organisation name]** ensures that staff are well trained and confident in carrying them out.
  - has clear policies and procedures for minimising and managing infectious diseases – see Infection Control Policy

See Service Exit & Re-Entry Policy.

## 9. References

### 9.1 Internal

Professional and Personal Development Policy  
 Diversity Policy  
 Individual Supports Policy  
 Infection Control Policy  
 Informed Decision Making Policy  
 Medication Policy  
 Service Exit and Re-Entry Policy

### 9.2 External

Accommodation Policy and Development Directorate: Ageing, Disability and Home Care, Department of Human Services NSW (2010). *Health care policy and procedures*. [http://www.adhc.nsw.gov.au/data/assets/file/0007/228094/Health\\_Care\\_Policy\\_Sept\\_2010.pdf](http://www.adhc.nsw.gov.au/data/assets/file/0007/228094/Health_Care_Policy_Sept_2010.pdf) Accessed 2nd June, 2011.

Accommodation Policy and Development Directorate: Ageing, Disability and Home Care, Department of Human Services NSW (2010). *Nutrition and swallowing policy and procedures*. [http://www.adhc.nsw.gov.au/data/assets/file/0015/228120/Nutrition\\_and\\_Swallowing\\_Policy\\_Sept\\_2010.pdf](http://www.adhc.nsw.gov.au/data/assets/file/0015/228120/Nutrition_and_Swallowing_Policy_Sept_2010.pdf) Accessed 2nd June, 2011.

Department of Human Services NSW (2011). *Standards in action*. Ageing, Disability and Home Care.

NSW Health Mental Health and Drug and Alcohol Office (2009). *Physical Health Care of Mental Health Consumers*. [http://www.health.nsw.gov.au/policies/gl/2009/pdf/GL2009\\_007.pdf](http://www.health.nsw.gov.au/policies/gl/2009/pdf/GL2009_007.pdf) Accessed 15th November, 2011.

## **Legislation**

Guardianship Act 1987 (NSW)  
Work Health and Safety Act 2011 (NSW)  
Crimes Act 1900 (NSW) section 66F  
Privacy Act 1988 (NSW)

## **Other**

### **9.3 Quality and Accreditation Standards**

#### **EQuIP4**

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 2.4: The organisation promotes the health of the population.

Criterion 2.4.1: Better health and wellbeing for consumers / patients, staff and the broader community are promoted by the organisation.

Standard 3.1: The governing body leads the organisation's strategic direction to ensure the provision of quality, safe services.

Criterion 3.1.3: Processes for credentialling and defining the scope of clinical practice support safe, quality health care.

#### **EQuIP5**

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 2.4: The organisation promotes the health of the population.

Criterion 2.4.1: Better health and wellbeing is promoted by the organisation for consumers / patients, staff, carers and the wider community.

Standard 3.1: The governing body leads the organisation's strategic direction to ensure the provision of quality, safe services.

Criterion 3.1.3: Processes for credentialling and defining the scope of clinical practice support safe, quality health care.

### **Health and Community Service Standards (6<sup>th</sup> edition)**

Provided by Quality Improvement Council (QIC)

### Standard 2.2: Focusing on positive outcomes

Evidence Questions: What is the evidence that:

- information about the rationale, risks and effect of services and programs is routinely provided to participants and communities?
- consumers and communities participate in decision-making about services and programs they receive?

### Standard 2.4: Confirming consumer rights

Evidence Questions: What is the evidence that:

- services are delivered in a respectful way that recognizes each consumer's personal worth and individuality?

## **9.4 National Mental Health Standards (Revised 2010)**

Criterion 1.9: The organisation upholds the right of the consumer to be treated in the least restrictive environment to the extent that it does not impose serious risk to the consumer or others.

## **9.5 Recovery Oriented Service Self-Assessment Tool (ROSSAT)**

Evidence items are:

Item 1.2f: Policy and procedures are accessible and applied in practice and describe the support, treatment, recovery plans and advance directives which are:

- Developed by the person, in partnership with workers and family and carers (with consent), based on the consumer's strengths, needs, desires and goals
- Reviewed collaboratively on a regular basis
- Owned and approved by the person and are available to them and others (with consent).

Item 1.4: A complaint process is in place and is promoted and easily accessible. Each complaint is respected, taken seriously and acted upon, and consumers and carers are protected from reprisals.

Item 2.3: Supervision, both formal and informal, is available and used to discuss:

- Relationship development and maintenance
- Respectful recovery oriented practice
- Providing holistic support that is responsive to diversity
- Supporting self-directed care by providing information and choice, fostering engagement and maximising personal responsibility
- Incorporating and maintaining a belief in recovery in service provision

- Obtaining relevant and up to date information, share information in appropriate formats, and educate people on how to access information
- Enhancing a person's participation and social inclusion.

Item 2.5: Leaders advocate, champion and model:

- Human rights informing service delivery
- The consumers' voice as central to care and service provision
- The belief that recovery is possible and probable for every person
- Hopeful and optimistic attitudes in dealing with workers, consumers and carers.

Item 2.6: Management:

- Is aware of Commonwealth and State policy directions around recovery orientation and integrates these into practice
- Identifies information relevant to the organisation to increase the knowledge base on recovery and recovery oriented practice, including information for consumers, carers and their families.

Item 3.4: In ongoing relationship development:

- a. A person identifies their goals, hopes and dreams
- b. Workers support the person to develop their own sense of self and to identify what is personally meaningful to them.
- c. Workers support the person to develop methods to self-manage their illness and encourage them to take personal responsibility for their recovery journey.
- d. Workers encourage the person to re-build and/or maintain relationships with family and social connections.
- e. Workers are aware of how a relationship may hinder recovery in their interaction with consumers.
- f. Workers are aware of their own mental health and of self-help strategies and ways to seek support.
- g. Workers acknowledge and explore power differences, and steps are taken to ensure consumers are empowered in the relationship.

Item 3.5: Workers are aware of and responsive to diversity (e.g. gender, age, culture, ethnicity, language, sexual preference and religious beliefs / spirituality).

Item 3.6: When workers engage with people they:

- Respect them as equals and as experts by experience
- Value their voice and vision in informing their support
- Use strengths based language and everyday language (not clinical jargon).

Item 3.7: Workers recognise that self-direction and self-responsibility are important in a person's recovery journey, and that providing them with choice and information inspires recovery and enhances control over decision-making.

Item 3.8: Workers make information available in different formats to ensure that it is accessible to all people using the services.

Item 3.9: Where required, interpreters and workers are made available to consumers, carers and families to communicate in their preferred language.

Item 3.10: Workers respect a person's decision whether to involve carers and family, and acknowledge and respect carer and family participation and input.

Item 3.11: Support / treatment, recovery plans and advance directives:

- a. Are developed by the person, in partnership with workers and family and carers (with consent), based on the consumer's strengths, needs, desires and goals
- b. Are reviewed collaboratively on a regular basis
- c. Are owned and approved by the person and are available to them and others (with consent).

Item 3.17: Workers support the person, their family and carers to make informed decisions by sharing information on services, activities in the community that support their participation, social interactivity and recovery, including peer networks and support groups, therapies and supports, and supporting consumers to find information from other sources.

Item 3.20: Workers seek to exchange information with other organisations and agencies to ensure continuity of care (with consent).

Item 3.22: Workers are aware of a person's physical health and are able to provide referrals to appropriate health care professionals.

Item 3.23: Workers consider the whole context of a person, and support the person to develop and enhance links in their community (e.g. social networks, peer support groups, education/training, employment, community and rehabilitation services, physical activities, a person's hobbies).

Item 4.2a: Policies and procedures are in place that relate to privacy and confidentiality, the obtaining of consumer consent to share their information and communication techniques available.

Item 4.3: The organisation provides the opportunity for ongoing training, including respectful practice, culturally responsive practices acknowledging different understandings and sensitivities relating to mental health, including Aboriginal and Torres Strait Islander meanings, the processes for workers to address stigmatising and discriminatory language they have observed, and the debilitating impacts of stigma and discrimination towards consumers, particularly in the language used by service workers.

Item 4.3a: The organisation provides the opportunity for ongoing training including understanding recovery:

- That each person will be able to embark on their recovery when they are ready
- That relapse is common and normal in recovery and is seen as an opportunity for developing resilience
- How to support recovery through positive risk-taking

- How to sustain hope for a person's recovery
- The importance of people's lived experience in informing service delivery and informing training.

Item 4.5: Consumers, their families and carers are supported to access education and training on mental health, recovery and wellness.

Item 5.3: Consumers are provided with the regular opportunity to evaluate relationships, respectful practice, perceptions of stigma and discrimination experienced from workers within the organisation, the consumer self-directed focus, the belief in consumer's recovery, the obtaining and sharing of knowledge and information, the quality and relevance of information provided and participation and social inclusion.

## **9.6 NSW Disability Services Standards (DSS)**

N/A