

MHAIDS - Service

Rangipapa unit Orientation procedural workbook

For students

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Welcome

Welcome to Rangipapa Medium Secure Forensic Unit, Te Korowai Whariki Services (TKW), Mental Health, Addictions and Intellectual Disability Service (MHAIDS).
We are pleased to have you working with our team.

This book has been put together to ensure you are provided with a safe and comprehensive orientation in your placement. Please work your way through the competencies, policies, procedures and general requirements with your preceptor and other staff as appropriate.

Preceptor

All students are allocated a preceptor for the duration of their placement. They are experienced and have proven to be competent within their role.

All other the staff members are here to help you settle into the environment as well. If you require more information on anything, please feel free to ask anyone or speak with your preceptor.

Dedicated Educational Unit

Rangipapa has been a dedicated education unit since 2020, with the goal of providing forensic specific education to student nurses . The learning of students on a dedicated education unit is facilitated by Clinical liaison nurses.

The clinical liaison Nurses will provide you education specific to Rangipapa and provide an orientation day when you arrive at Rangipapa. The clinical liaison nurse will have weekly meetings with you to set learning objectives and provide time for you to reflect on what you have learnt during the week.

Orientation book and competencies

This book has been designed as a self-directed learning tool for you so please work through the competencies during your placement with us.

There may be some competencies or learning objectives that you will need to go over with your preceptor or other members of the multi-disciplinary team. We encourage you to approach us during your placement and ask any questions you may have.

All competencies, policies, procedures and general requirements should be completed by the end of your placement.

There is a section beside each competency for you to write notes relevant to your learning.

Reviews

You will meet weekly with either the CC/CNS throughout your time with us to review your placement and to ensure your booklet is being completed and you are not encountering any problems/issues.

Sign Off

Your preceptor will work with you through each competency for sign off. The clinical coordinator and/or clinical nurse specialist will meet with you each week for reviews of your previous week and planning for the remainder of your placement.

Rostering during placement

During your placement you will be working on the ward under the supervision of a registered nurse. Your first week will be an orientation period where you will meet the patients to establish therapeutic rapport. You may be allocated 1 or 2 patients to work with after your first week.

Uniform

Rangipapa has a dress code. We ask that you wear tidy casual clothing. Name badges can be worn but we ask that you tape over your surname to maintain confidentiality.

Sick leave notification process

Direct contact should be made with the CC/CNS/TL. If you are not able to speak to them at that time then please leave a contact number and a message for them to call you back

Rangipapa unit numbers are 04 918 2545 or 04 9182546

Shifts

Your first week with us will be 0700-1530hrs (AMs). This is to allow you to meet the team and settle into your placement.

Following the first week, shifts are usually 1330-2130hrs (PMs) with a rotation back to AMs in the third week then PMs in the fourth week. This is negotiated with the clinical nurse specialist and dependant on the number of students we have and your preceptors shift rotation.

You will have confirmation of your shifts within your first week.

You may wish to write your shifts in the table below

Roster	Mon	Tues	Weds	Thurs	Fri
Week 1					
Week 2					
Week 3					
Week 4					

Date of placement	
Your name	
Preceptor name	

Overview of Rangipapa

Te Korowai-Whāriki is a regional and national service provide within Mental Health Addiction and Intellectual Disability Services. Regional services are spread across the central region from Gisborne to Whanganui and down to Wellington.

Rangipapa is a mixed gender medium secure forensic unit and is closely aligned with the justice and corrections services. Referrals are received from the courts or prisons after someone may be considered as experiencing significant mental health concerns.

The main function of Rangipapa is to provide a safe and secure environment for people who are admitted into hospital through the criminal justice system for assessment and/or treatment.

Rangipapa applies a multi-disciplinary team approach to their work with patients. Each patient is assigned a team consisting of a Psychiatrist/Responsible Clinician, Occupational Therapist, Social Worker, Keyworker/Registered Nurse, Associate Keyworker/Register Nurse and a Mental Health Support Worker Dependant on individual needs patients may also have a Kaimanaaki, Pasifika Liaison, Spiritual Advisor and/or Psychologist. The multi-disciplinary team work closely with the House officers and Pharmacist to ensure best outcomes for the patient.

Assessments and treatment are the core focus of the multi-disciplinary team while working with the patient and their whanau. Rangipapa provides whanau inclusive services to strengthen patient recovery by restoring, establishing and/or maintaining social supports.

Everyone admitted to Rangipapa is compulsorily detained under the Mental Health (Compulsory Assessment & Treatment) Act 1992 and/or the Criminal Procedure (Mentally Impaired Persons) Act 2003.

Rangipapa Multi-disciplinary Team

Meet the team

Fill in the names of the following staff in Rangipapa team

Leadership Team			
Team Leader (TL)			
Clinical Nurse Specialist (CNS)			
Clinical Coordinator (CC)			
Doctors			
Consultant Psychiatrists			
Psychiatric Registrar (Rotates 6 monthly)			
House Surgeon (Rotates 3 monthly)			
Allied Staff			
Occupational Therapists (OT)			
Occupational Therapy Support Worker			
Psychologist			
Social Workers			
Administrator			
Security Coordinator			
Spiritual Pastoral Advisor			
Kaimanaaki			
Pasifika Liaison			
Pharmacist			
Registered Nurses (RN)		Mental Health Support Workers (MHSW)	

General/admin

You will gain a basic knowledge of general practices/housekeeping relating to the unit.

Learning Objectives	Your notes
<p>I have discussed and located the following</p> <ul style="list-style-type: none"> ▪ Duress Alarms ▪ Keys/Swipe cards Meal breaks ▪ Patient Property ▪ Personal cell phones & phone calls ▪ Reporting in sick for duty ▪ Roster ▪ Sluice room ▪ Staff parking ▪ Trendcare 	
<p>I have been shown where the following are:</p> <ul style="list-style-type: none"> ▪ Handover area ▪ Administrators office ▪ Team Leader's office ▪ Clinical Nurse Specialist office ▪ Internal mailing system ▪ Shredding bin ▪ Treatment room ▪ Staff room/staff toilets/staff base ▪ Interview rooms 	
<p>I am able to describe the location, role and function of</p> <ul style="list-style-type: none"> ▪ Forensic Liaison Teams ▪ Purehurehu ▪ Ruaumoko Services ▪ Vaka Pasifika Services ▪ Rehabilitation Services ▪ Spiritual Chaplaincy Services ▪ Rangipapa MDT ▪ Tangaroa ▪ Papatuanuku ▪ Te Papa 	
<p>Date of successful completion</p>	
<p>Your signature</p>	
<p>Signature of preceptor</p>	

Security/environment

You will understand the processes and procedures of security in Rangipapa and be able to discuss the importance of maintaining safety and security.

Learning Objectives	Your notes
I know what the security/environment forms are used for	
I have been shown how to complete a security check of the unit	
I have discussed the reasons why perimeter checks are completed each shift and what i am looking for when doing these	
I discussed the daily routines around: <ul style="list-style-type: none"> ▪ Layout/environment/Doors ▪ Safety/alarms ▪ Task Allocation ▪ Kitchen use ▪ Patient phone call protocols ▪ Patients entering the nursing station ▪ Patients use in the Courtyards ▪ Patient bedrooms and personal property ▪ Visitors to the unit 	
I understand why I need to be vigilant with doors closing behind me	
I discussed the procedures around patients accessing sharps such as shavers, scissors and knives	
I discussed the rationale behind counting cutlery and locking drawers	
I am aware of search protocols regarding patients' and their property/bedrooms	
I am aware of the process regarding patient money/food/chit shopping and who the staff member in charge of these things are	
Date of successful completion	
Your signature	
Signature of preceptor	

Health & Safety/Infection Control

You will meet with the H&S representative and learn what their role is. You will also meet the Infection Control nurse

Learning Objectives	Your notes
I have been shown where to locate the following: <ul style="list-style-type: none"> ▪ CCDHB Health & Safety Policies ▪ CCDHB Infection Control Policies 	
I met with the Health and Safety representative and understand their role.	
I have completed the H&S questionnaire and returned it to the H&S rep	
I discussed potential hazards relating to my placement.	
I described the procedure for reporting unsafe areas/hazards and broken items.	
I met with the Infection Control Representative and understand their role	
I know the procedure for needle stick injuries and where to find the BBFE information	
I know what BBFE stands for	
I know the where the sharps bins and hazardous bags are and what they are used for	
I discussed the collection process for sharps and hazardous bags	
I know where the hand sanitisers are and understand why they are in controlled areas of the unit	
Signature of H&S rep	
Signature of Infection Control nurse	
Date of successful completion	
Your signature	
Signature of preceptor	

Emergencies

You will be able to demonstrate a basic understanding of the emergency procedures in Rangipapa.

Learning Objectives	Your notes
I have identified <ul style="list-style-type: none"> ▪ The emergency phone number ▪ Information needed by the operator to engage the appropriate assistance in an emergency ▪ Location of Emergency Procedure flipchart 	
I have located and shown an understanding of <ul style="list-style-type: none"> ▪ Fire Procedures ▪ Duress alarms ▪ Location of the fixed duress alarms ▪ The location of the Emergency Trolley/equipment ▪ Location of Ligature Cutters ▪ Ambu Rescue Mask 	
I have located and described the function of the following <ul style="list-style-type: none"> ▪ Fire extinguishers ▪ Fire alarms ▪ Fire Alarm Panel ▪ Fire evacuation procedure & where patients are taken in the event of a fire/evacuation ▪ The yellow hat and Fire List ▪ What to do if I discover a fire on the unit ▪ My response to the activation of the smoke alarm and fire alarm 	
I know the location of the AED (Electronic Defibrillator)	
I understand and discussed with R.A.C.E	
I know who is responsible for the emergency phone	
Date of successful completion	
Your signature	
Signature of preceptor	

Safety/Risk

You will be able to assess, promote and maintain a safe environment

Learning Objectives	Your notes
<p>I described the following, including the reasons for, and identified the documentation for (refer CapDocs - MHAIDS Observation Policy)</p> <ul style="list-style-type: none"> ▪ L2 observations ▪ L3 observations ▪ Constant/special observation ▪ Nursing process to change level of observation ▪ What you are checking when carrying out observations? ▪ How would you respond if asked to do something else while carrying out observations? 	
<p>I been informed of the difference between, and discussed the processes involved for the following & where this information is documented</p> <ul style="list-style-type: none"> ▪ Escorted/unescorted campus and community leaves for Special Patients ▪ VNR processes and where to find this information and what it means ▪ Escorting requirements for staff ▪ What the process is when a patient requests leave? 	
<p>I discussed the purpose of the patient leaves folder, the Leave Form 2 and the whiteboard for patients</p>	
<p>I discussed the process for patient meals, menus, and kitchen use by patients</p>	
<p>I described the process for patients use of the library and TV rooms</p>	
<p>Date of successful completion</p>	
<p>Your signature</p>	
<p>Signature of preceptor</p>	

Aniwaniwa/Open-side

You will have a basic understanding of the processes and procedures in Aniwaniwa. You will be able to discuss the differences between Rangimarie, Aniwaniwa and the open-side. You will also have a basic understanding of safety and risk in Aniwaniwa and the open-side.

Learning Objectives	Your notes
I discussed the difference between: <ul style="list-style-type: none"> ▪ Rangimarie ▪ Aniwaniwa ▪ Male Side 	
I have identified the reasons why patients are in Aniwaniwa compared to the open-side	
I understand patient allocation and what this means for the RNs and MHSWs	
I have discussed gender safety and the importance of this in Rangipapa	
I understand and have discussed the role of the RN in patient care and recovery at Rangipapa.	
I discussed the importance of relational security in Rangipapa	
I discussed programme supervision levels to maintain gender safety	
I discussed various scenarios regarding monitoring for risks associated with gender safety	
Date of successful completion	
Your signature	
Signature of preceptor	

Rangimarie - RM

You will have a basic understanding of the processes and procedures in RM, be able to discuss the reasons for the safe care area and why patients would be admitted there. You will also have an understanding of safety and risk in RM.

Learning Objectives	Your notes
I have identified the reasons why patients are admitted into RM and the purpose of the environment.	
I am aware of what a low stimulus environment is and what it is used for	
I discussed potential risks and how to assess these when nursing patients who are distressed or agitated	
I discussed nursing considerations when patients are in Rangimarie	
I discussed therapeutic interventions for patients who are aggressive and/or distressed	
I discussed the layout of Rangimarie and the differences between bedroom 1 & 2	
I am aware of the environmental hazards in Rangimarie and how to assess these on a shift by shift basis	
I have discussed my personal safety when considering entering Rangimarie with an RN	
I discussed the importance of professional boundaries and what these are when nursing complex patients	
Date of successful completion	
Your signature	
Signature of preceptor	

Admission/Discharge/Transfer

You will be aware of, and have a basic understanding of the admission, discharge and transfer processes on the unit

Learning Objectives	Your notes
I discussed admission processes during my placement including <ul style="list-style-type: none"> ▪ Why patients are admitted and where they are admitted from ▪ What an acute admission to a Rangipapa involves ▪ The legislation people are under when they are admitted ▪ Notification processes for admissions 	
I discussed the discharge processes during my placement including <ul style="list-style-type: none"> ▪ Where patients may be discharged ▪ What is required for discharge planning ▪ Legislations patients may be discharged under ▪ Notification processes for discharges 	
I discussed where patients are transferred from/to and what the criteria for someone to be transferred to Rangipapa is	
I discussed what a Night Safety Order is and what this means for the patient if they are on one	
I discussed challenges in establishing a therapeutic rapport for a new admission who is very agitated or distressed	
I am aware of the protocols for an admission who may be considered a high risk of harm to themselves	
I have been informed of the different pathways for patients and possible options for discharge	
I have been shown the nursing transfer of care summary and understand why it is completed	
Date of successful completion	
Your signature	
Signature of preceptor	

Mental Health (Compulsory Assessment & Treatment) Act 1992 - MHA

You will be able to demonstrate an introductory knowledge of the MHA relevant to Rangipapa.

Learning Objectives	Your notes
I discussed the reasons why a person may be placed under the MHA	
I know where to locate the MHA and have been shown the relevant paperwork that is completed for the initial application for assessment	
I understand the role and function of the DAO	
I know which form of the MHA a Nurse can complete	
I am aware of the rights of clients who are under the MHA and have discussed these.	
I am aware of what Consent to Treatment is and had this explained to me	
I have an understanding of the Second Health Professional report and why the nurse completes this	
I have met the Duly Authorised Officer who has explained their role	
I have discussed the Family Court hearing process in Rangipapa and what this means	
I have discussed the challenges of patients being under the MHA in a secure unit and why they are in a secure unit rather than an open unit or the community	
I discussed the differences between and inpatient treatment order and a community treatment order	
Date of successful completion	
Your signature	
Signature of preceptor	

Criminal Procedure (Mentally Impaired Persons) Act 2003 – CP(MIP)

You will be able to demonstrate an introductory knowledge of the CP(MIP)

Learning Objectives	Your notes
I understand the differences between CP(MIP) & MHA	
I discussed the leave requirements/conditions for Special Patients	
I discussed the review processes for Special Patients, why these occur, how often they occur and what this means for the patient	
I discussed reasons why someone is admitted under the CP(MIP) and the basic process of becoming a Special Patient	
Date of successful completion	
Your signature	
Signature of preceptor	

Seclusion/Restraint Elimination

You will have a basic understanding of the principles of trauma informed care and how these are being used to eliminate the incidence of restraint and seclusion.

Learning Objectives	Your notes
I discussed interventions to support the reduction and elimination of restraint and seclusion.	
I understand the process of defusing/de-escalating and I described its purpose.	
I discussed <ul style="list-style-type: none"> ▪ The legal obligations regarding the use of seclusion. ▪ The indicators & contra-indicators for the use of seclusion. ▪ Safety issues after the implementation of seclusion. ▪ Patient levels of observations when in seclusion. 	
Date of successful completion	
Your signature	
Signature of preceptor	

Medication

You will have a basic knowledge and understanding of some medications used and the nursing implications for each medication.

Learning Objectives	Your notes
I discussed Clozapine, what it is and what it is used for including what the signs and symptoms of an adverse reaction to Clozapine is	
I discussed the protocols around someone starting on Clozapine and have read through the Clozapine initiating pack	
I demonstrated an understanding of some nursing implications when administering Clozapine	
I discussed what is being monitored in blood tests when someone is on Clozapine and why we monitor the bloods	
I discussed the importance of monitoring bowels for patients taking Clozapine. I am aware of where to locate bowel charts	
I have been informed of the patient consent process and what happens when a patient refuses medication under the MHA	
I have read and discussed the Protocol for Olanzapine Pamoate long-acting injection (LAI) administration guidelines and post-injection syndrome monitoring protocol (CapDocs)	
I discussed Lithium and nursing implications for the use of it as well as the monitoring requirements	
I discussed the use of Benzodiazepines and contraindications	
I discussed the processes around the controlled drug (CD) cupboard and understand why there is a CD book	
I discussed my role as a student nurse with administering medications	
Date of successful completion	
Your signature	
Signature of preceptor	

Metabolic monitoring

You will demonstrate a basic understanding of metabolic monitoring

Learning Objectives	Your notes
I have discussed the Metabolic monitoring policy (CapDocs)	
I have discussed the policy for reducing and managing inpatient falls (CapDocs)	
I have an understanding of why the admission data collected for metabolic monitoring is so important.	
I have an understanding of the EWS Protocol (CapDocs)	
Date of successful completion	
Your signature	
Signature of preceptor	

Communication

You will demonstrate an understanding of communication within the Rangipapa team

Learning Objectives	Your notes
I am aware and have discussed each disciplines role and the varying contributions they provide in patient care	
I know what the keyworker's role is	
I have attended a clinical review for a patient and understand the process of this and how it differs from a huihui	
I have attended a huihui for a patient and discussed what the goal for a huihui was and who was involved	
I am aware of communication processes and have discussed confidentiality procedures for patients	
I discussed processes for whanau participation and what communication with whanau means i.e requiring patient consent first	
Date of successful completion	
Your signature	
Signature of preceptor	

Mental state examinations (MSE)

You will complete an MSE with the support of your preceptor and the registered nurses. You will gain a beginning understanding of what you are looking for when you are assessing and how this can be carried out in the least intrusive way. Please complete the table below. Some prompts have been provided to get you started.

Learning Objectives	Your notes
Appearance <ul style="list-style-type: none"> ▪ How old they look/Their clothing ▪ Facial expressions/body build 	
Behaviour <ul style="list-style-type: none"> ▪ Rapport/posture ▪ Movements – normal/abnormal 	
Speech <ul style="list-style-type: none"> ▪ Rate/tone ▪ Volume/flow 	
Mood & Affect <ul style="list-style-type: none"> ▪ Depressed/Elated/Labile/Agitated ▪ Overall emotional tone 	
Perceptions <ul style="list-style-type: none"> ▪ Hallucinations/Ideas of reference ▪ Derealisation/depersonalisation 	
Thought Form & Content <ul style="list-style-type: none"> ▪ Clarity/Relevance ▪ Flow/logic ▪ Delusions/Obsessions 	
Cognition <ul style="list-style-type: none"> ▪ Memory/Concentration ▪ Orientation 	
Insight & Judgement <ul style="list-style-type: none"> ▪ Accepts need for treatment ▪ Understands their current situation ▪ Impulsive with decisions 	
Risk <ul style="list-style-type: none"> ▪ To self/To others/Both ▪ Low/medium/high 	
Date of successful completion	
Your signature	
Signature of preceptor	

Nursing care plan

All patients in Rangipapa have a nursing care plan. You will gain a beginning understanding of the care planning process by completing one for a patient during your placement

INPATIENT NURSING CARE PLAN			
Name:	NHI:	Date commenced:	
Domain (list of what needs to be addressed should be reflected in Comprehensive assessment)	Goals	Actions	Who
Hinengaro (mental health, emotional, therapeutic needs, trauma – assessment, education, intervention)			
Tinana (physical wellbeing: e.g. current issues, chronic issues, pain, sleep, nutrition)			
Whanau (social wellbeing e.g. family relationships, finances, interests, occupation, leisure)			
Wairua (spiritual wellbeing e.g. culture, spirituality, identity,)			
Risk (e.g. leave status, AWOL, observation level, falls risk – should not duplicate wellness planning but may reference plan in actions)			
Medications (e.g. need for education, consent, monitoring, specific observation)			
Date of successful completion			
Your signature			
Signature of preceptor			

Weekly Review

It is helpful for you to meet regularly with the clinical coordinator and/or clinical nurse specialist throughout your placement for reviews of your orientation book and progress.

You may also use this opportunity to identify your strengths/skills or to identify any areas which you may want to spend more time on.

The weekly reviews should be scheduled with your clinical coordinator and/or clinical nurse specialist. They will work with you in evaluating your objectives and discuss your placement progress.

Please complete the below templates in preparation for your weekly reviews.

1 st WEEK	DATE
Objectives:	
Your signature:	
CC/CNS signature:	

2 nd Week	DATE
Objectives:	
Your signature:	
CC/CNS signature:	

3 rd Week	DATE
Objectives:	
Your signature:	
CC/CNS signature:	

Evaluation of your clinical placement

This evaluation is intended to offer feedback to the preceptor and their clinical area.
Please complete this evaluation form and return it to the CNS or clinical coordinator

Student name:		Date of placement:			Preceptor name:	
Clinical Learning	1 Strongly Agree	2 Agree	3 Neutral	4 Disagree	5 Strongly disagree	Comments
The staff were welcoming and learned to know the students by their personal name						
The staff were easy to approach and generally interested in student supervision						
An orientation to the clinical area was provided						
My learning objectives were identified and achieved						
There were sufficient meaningful learning situations in the clinical placement						
How was the Preceptor?						
The preceptor discussed my prepared learning objectives						
The preceptor assisted with planning learning activities						
The preceptor supported me by observing and supervising my clinical practice						
The preceptor was a good role model for safe and competent clinical practice						
I felt comfortable asking my preceptor questions						
The preceptor provided me with regular constructive feedback on my practice						
How was the nursing team?						
I felt integrated into the nursing team						
The nursing team were approachable and answered my questions						
I felt the environment accommodated me with learning						
Any other comments/feedback?						