Student Nurse Information booklet 2022/ 2023

Intellectual Disability services

Welcome to the Intellectual Disability Service at the Porirua and Kenepuru Campus, Porirua. We look forward to working with you.

Student Name:
Name of Preceptor:
Intellectual Disability Service (ID):
ID is a used in this document which means Intellectual Disability.

2022/ 2023

Te Whatu Ora
Health New Zealand

Version 1. Information compiled Carl Harding, Intellectual Disability Service Educator. Document updated in new format in October 2022. Next review date in October 2023.

Our service is located at:
Haumietiketike and Intellectual Disability Step down cottages physical address:
18 Upper Main Drive, Ratonga Rua-o-Porirua, Porirua, 5240.
Tel: 04 9182640
haumietiketike@mhaids.health.nz
idcottages@mhaids.health.nz

Hikitia Te Wairua Unit physical address:
Hikitia Te Wairua, Te Whare O Rangituhi building, Ambulance Drive, Kenepuru Hospital Porirua, 5240.
Tel: 049782971 extension 2954
hikitiatewairua@mhaids.health.nz

Community Mental health and Intellectual Disability Team:
Porirua Office, Rongomatane Building, 20B Upper Main Drive, Porirua.
Tel: 049182638
IDCommunityteamRIDCAS@mhaids.health.nz

A copy of this document will be given to the student upon their arrival on placement at ID Services.

What is an Intellectual Disability (ID)?
Definition/ Classification:

The World Health Organization (2017) defines intellectual disability (ID) as "a significantly reduced ability to understand new or complex information and to learn and apply new skills (impaired intelligence). Reduced ability to cope independently, and begins before adulthood with a lasting effect on development".

Reference: WHO. (2017). *Definition: Intellectual disability*. Retrieved January 5, 2019, from http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/news/news/2010/15/childrens-right-to-family-life/definition-intellectual-disabilityGoogle Scholar

Intellectual Disability (ID) refers to:
Significant sub average intellectual functioning (IQ less than 70). An average IQ is 100-110.
Manifested before the age of 18 years of age.
Existing concurrently with related limitations in two or more of the following applicable adaptive skill areas; communication, self-care, home living, social skills, use of community resources, functional academic skills, health and safety, leisure and work.

This can affect the individual in a number of ways such as:

- Difficulty in learning new skills,
- Reduced ability to understand new and complex information,
- It may affect how the person communicates.
- May be unable to live independently.
- It may affect the person's ability to plan and to problem solve.
- May have difficulty reading and writing. It may affect the person's ability to adapt to new or unfamiliar situation.

- May find it difficult to manage and self –regulate frustration, anxiety and anger.
- May have difficulties with relationships and engagement with others.

In conjunction with the definition of intellectual disability it can also be defined in terms of the severity of the disability:

Level of Disability	% of people with ID	IQ
Borderline		70-75
Mild	75%	55-70
Moderate	20%	30-55
Severe	5%	Under 30

Intellectual Disability legislation/ policy in New Zealand have been significant strides for individuals with an ID. Examples are:

- The New Zealand Disability Strategy (2001). In 2016 the New Zealand government made a new Disability Strategy 2016-2026.
- The United Nations Convention of the Rights of Persons with Disabilities (2003).
- To have an Ordinary Life (2003).

Possible causes of Intellectual disability:

Ministry of Health survey (2013) state that 24% of the New Zealand population were identified as disabled- 1.1 million people. In this report 0.7 %

Increased following 2001 survey results- due to ageing population.

The most common cause of disability for adults was disease or illness (42%). For children, common cause was a condition that existed at birth (49%).

What is our service?
Mission statement:

Our service - *who we are*
Te-Ūpoko-me-Te-Karu-o-Te-Ika
The Capital & Coast Regional Intellectual Disability Secure Service

Our vision: Keeping our community healthy and well.

Our mission - *what we are trying to achieve*
Ko te Whare Tapa-whā. He Whare kāore e turuturu te wai tawharau
Building good lives, together

Our purpose - *why our staff and clients are here*

Kia noho ko te whare Tapa-whā hei pā kai riri mōna, mo te hāpori hoki
To provide evidence-based secure care and rehabilitation that prepares people with an intellectual disability to live fulfilling, offence-free lives in the community.

Our values - *the behaviours we need to display if we are to achieve our mission*

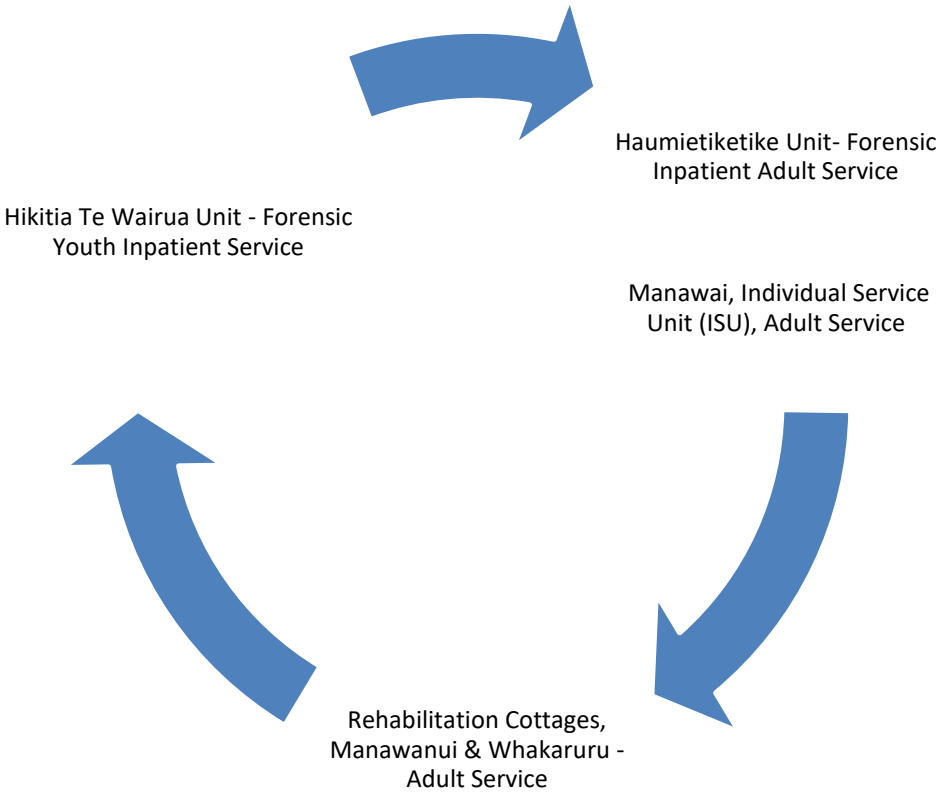
Manaakitanga
We show compassion, care and respect

Kotahitanga
We are person-centred, collaborative and work as a team
We are open, creative, curious, forgiving and non-judgemental

Rangatiratanga
We are optimistic, hopeful, determined and positive
We work in an evidence-based way and are constantly seeking to learn, grow and understand
We are reliable, honest and trustworthy

MHAIDS 3DHB Mission: "To provide quality specialist and tertiary mental health and addiction services within a collaborative network off integrated secondary and primary health systems in the Central region. "

Intellectual Disability Inpatient Services consists of:



Alongside the inpatient service there is an Intellectual Disability and Mental Health Community Team and Forensic Coordination Service.

The Primary aims of the Intellectual Disability (ID) Service are:

- To promote community adjustment and prevent readmission to psychiatric hospitals for clients who have been dependent on mental health service.
- To increase each client's effectiveness in daily living skills and interpersonal relationships.
- To establish and widen the social networks and support structures available for clients.
- To provide a residential service programme with strong liaison with the wider community.
- To provide specific rehabilitative programmes for clients in relation to their index offences.
- To provide a therapeutic environment which will promote client responsibility when making choices about their care and everyday lives.
- To work alongside and support the client utilizing a multidisciplinary approach.

Philosophy of Care

The ID services Philosophy of Care refers to how staff view the client group, themselves as clinicians, and the work they do.

Our Philosophy of Care is underpinned by Positive Behaviour Support approaches to direct care.

Intellectual Disability Services Overview

Haumietiketike (HTT), The Rehabilitation Cottages (Manawanui & Whakaruru) and Hikitia Te Wairua (HTW) Youth Service are a Forensic Service for people with an Intellectual Disability (ID). The ID Service is provided for clients whom have committed serious criminal offences and would be vulnerable if placed in the prison system. The ID Service provides intensive rehabilitation for clients with an ID, some of whom also have a co-morbid mental illness and challenging behavior. Morbid conditions may include: Substance misuse, Mental health illness i.e. schizophrenia, bipolar disorder, trauma, depression and anxiety disorders, autism spectrum disorder (ASD), Foetal Alcohol Spectrum Disorder (FASD), medical and physical conditions i.e. heart deficits, diabetes and epilepsy.

Admission criteria

For a person to be admitted to our service and for compulsory care to be applied they must be assessed as having an intellectual disability as defined under the IDCCR Act.

Legislation

There are a number of Acts and Regulations relevant to health care, mental health and underpins the Intellectual Disability service. These include (but are not limited to):

- The Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003- IDCCR Act.
- The Criminal Procedure (Mentally Impaired Persons) Act 2003.
- Mental Health (Compulsory assessment and Treatment) Act 1992.
- Privacy Act.
- Health and Disability Commissioners Act.
- Health Practitioners Competency Assurance Act.
- Human Rights Act.
- Medicines Act.
- Crimes Act.
- Health Information Code.
- Children, Young Persons, and Their Families Act 1989.

Full copies of all NZ Acts of Parliament, amendments, Bills and Regulations can be found at http://www.leglislation.co.nz/

Haumietiketike (HTT) Forensic Inpatient Unit

- Haumietiketike is an adult service -18 years of age onwards-Male and female.
- Opened in 2004.
- There are 11 beds-each client has their own bedroom located in a cluster with kitchen and amenities.
- Is a regional service covering lower half of the North Island and the entire South Island.
- The unit area includes television lounge, kitchen and dining area, creative room, Whanau room, and de-escalation area. The unit also has a large courtyard areas where clients can participate in various activities and groups.

Intellectual Disability Step down Cottages, Adult Service - Manawanui & Whakaruru

- Two purpose built homes located next door to Haumietiketike.
- Opened in 2006 and have 4 beds in each home.
- Home like environment i.e. kitchen, two bathrooms and individual bedrooms.
- The individuals who live in the cottages are expected to participate in normal living skills which will prepare them for discharge to the community.
- Individuals do not require the same level of security compared to Haumietiketike.
- Staff provide supervision, guidance and support. Both homes are staffed.
- Provides a service for clients in the process/ pathway of transitioning back into the community.

Hikitia Te Wairua, Youth Unit (HTW)

- Located at Kenepuru hospital and opened in December 2013 replacing the Te Aruhe building which opened in July 2011.
- It is the National Youth Forensic ID service.
- Provides service for adolescents with an ID and who have committed a criminal offence aged between 12 and 18 years of age.
- Consists of 6 individual bedrooms includes separate living areas, dining room, leisure and education facilities.
- Provides education and schooling opportunities via the Central Regional Health School, alongside a comprehensive and therapeutic day program specific to the needs of this particular client group.
- The building and service has been designed to promote a therapeutic milieu with a philosophy of respect, inclusion, participation and rights.
- Hikitia Te Wairua`s primary objective is that of rehabilitation within a safe and secure setting.

In the Intellectual Disability service there are over 100 staff, most of whom work rostered and rotating shifts. Staff range from nurses, consultant psychiatrist, occupational therapists, clinical psychologists, support workers, social worker, cultural advisor, clinical nurse specialist, administrators and so on.

Manawai, Individual Service Unit (ISU), Adult Service

- Manawai is a national service that consists of six individual service units (ISUs) and offers a greater quality of life for people with an intellectual disability and / or mental health condition and offending needs, who require a specialised individual living environment.

Intellectual Disability Team Community Team (RIDCAS).

- Set up in 1997.
- Primary role of the team was to cater for clients with an ID and mental illness.
- Consultation liaison team – provides assessments, recommendations and advice for clients and their care team.
- Located next to Haumietiketike at the Rongomatane building and have satellite offices in Palmerston North and Hawkes Bay. Team consists of nurses, part time psychologist and consultant psychiatrist.

Regional Service/National Service.

- Haumietiketike is a regional service covering a large part of the North Island and the entire South Island.
- Hikitia Te Wairua is a National Youth Service for 12-18 year olds covering the whole of NZ.
- The Intellectual Disability Community Team services are available to people living in the central region of the north Island and includes Kapiti, Wanganui, Porirua, Wellington, Hutt Valley, Wairarapa, Hawke's Bay and Tairawhiti regions.

Additional Service includes: <u>Te Maara</u>

- Is a centre for activities and the base of the horticulture programme.
- It was established in 2009 and new facility opened in 2018.
- Clients undertake gardening activities e.g. grow vegetables.
- Therapeutic programmes such as stepping stones and music
- Enable clients to learn and increase their knowledge/ practical skills about gardening.
- Afterhours the room at Te Maara may be used for clients to watch DVDs, play electronic games and relax.

<u>The Intellectual Disability Service Model of Care</u>

The Intellectual Disability (ID) Service Model of Care is a comprehensive approach to the provision of care and rehabilitation for offenders with an intellectual disability and high and complex behavioural needs. It explains how we go about providing care and rehabilitation from the time a client is admitted to the ID Service until the time they transition to the community. The Model draws on the strengths of clients and all staff disciplines while also recognising and being responsive to the risk that is inherent in working with this population.

<u>What is the Good Lives Model?</u>

- The model builds upon client's strengths, abilities and needs e.g. personal choice and independence relationships, communication/ social skills, emotion regulation/ management, meaning and purpose.
- The model begins by acknowledging that all of our clients have an intellectual disability and/ or a mental health condition.
- Is an approach for offenders with an ID and high behavioural needs.
- Draws on the strengths/ skills of the multidisciplinary team.
- This Model also examines and explores environmental and social factors that contribute to a person's presentation, for example, opportunities to engage with the community and family supports.
- Risk assessment is an integral component of this model and the safe delivery of care and rehabilitation for clients.

The GOOD Lives Model (illustrated in the blue area of the below diagram on page 9)

The aim of the Good Lives Model (GLM) is to build clients' internal and external strengths and abilities in such a way that they can meet the primary needs for a

good life that all people are striving to achieve (e.g., personal choice and independence, relationships, meaning and purpose).
The model starts by acknowledging that all of our clients have an intellectual disability and/or a mental illness.
The box on the left captures an individual's internal strengths and obstacles, such as their capacity for emotion regulation and their social and communication skills.
The box on the right shows an individual's external strengths and obstacles. These are the environmental and social factors that contribute to a person's presentation (e.g., quality of family support, opportunities to engage with the community).
The middle box shows a person's attainment strategies. These are the helpful (e.g., joining a sports club) and unhelpful (e.g., joining a gang) behaviours that people engage in to achieve their primary life needs.

Risk Assessment
Risk assessment is an integral component of the safe delivery of care and rehabilitation for offenders with complex offending and behavioural needs. The Model of Care recognises there are risks associated with engaging clients in rehabilitative activities, but there are also risks associated with *not* engaging clients in activities that give their lives enjoyment and help them to progress. To enable us to do those activities safely, the RIDSS has accurate formulations, robust treatment plans, and well organised risk assessment processes.

Philosophy of Care
The RIDSS' Philosophy of Care refers to how staff view the client group, themselves as clinicians, and the work they do.
Our Philosophy of Care is underpinned by Positive Behaviour Support approaches to direct care and the view that people who are busier, happier and more fulfilled are less likely to engage in undesirable behaviours.

Education and Training
The RIDSS Model of Care necessitates that all staff receive regular, on-going, education and training.
Working with people with high and complex needs can be challenging and evoke strong emotional responses. All RIDSS staff attend monthly clinical supervision, to facilitate reflection and build capacity for responding constructively to clients' actions, needs and feelings
The following diagram illustrates the ID Service Model of Care. Each of the components is described in more detail below.

ID SERVICE MODEL OF CARE

GOOD LIVES MODEL

INTELLECTUAL DISABILITY AND MENTAL ILLNESS

RISK

Global risk

Risk of reoffending

Dynamic risk (MADRID)

Activity- specific risk

Formulation-informed nursing assessment

INTERNAL STRENGTHS AND OBSTACLES
Emotion regulation
Interpersonal skills
Communication skills
Intimacy skills
Culture

ATTAINMENT STRATEGIES
Employment
Therapy
Exercise
Aggression
Offending

PRIMARY NEEDS FOR A GOOD LIFE

Physical wellbeing	Personal choice and independence
Relationships	Knowledge
Community	Peace of mind
Excellence in work	Happiness
Play	Meaning and purpose
Creativity	

PHILOSOPHY OF CARE
Positive Behaviour Support (PBS)

SUPERVISION

EDUCATION

REHABILITATION GOALS AND PLANS
Evidence-based, measured, recorded

The Good Lives Formulation and Rehabilitation Planning Process
The initial Good Lives Formulation is developed by the care team within four weeks of the client being admitted to the RIDSS. The formulation draws on the knowledge and skills of the care team members, information gathered from the client, and collateral data.
Following the formulation process, the care team identifies between four and six rehabilitation goals that will be their clinical focus for the next six months (e.g., developing the client's cultural identity, treatment of emotion regulation needs, and building capacity for self-care).

A Multidisciplinary Approach
A multidisciplinary approach is key to the success of the Model of Care and to the way the RIDSS operates. The work of direct care nurses and support workers is the foundation of our care and rehabilitation framework. In line with the concept of clinicians "being the therapy", these staff role-model effective ways of communicating, provide a template for responding to challenging situations, and work alongside our clients as they pursue their Good Lives.As well as maximizing rehabilitation and the person's chances of sustaining an independent life, respect the client's rights as citizens through the code of rights which is one example we do this.

Positive Behaviour Support (PBS)

- Positive Behaviour Support (PBS) is an evidence- based and person centred approach with a primary goal of increasing a person's quality of life
- Aims to decrease the frequency and severity of challenging behaviour that a person may exhibit.
- Provides support based on inclusion, participation, opportunity and choice.
- Positive behaviour support seeks to understand the reasons for behaviour so that unmet needs can be met.
- Considers the person as a whole- their life history/ journey, emotional needs and physical health.
- It takes a collaborative approach which combines perspectives from different professionals.

The core principles of the Capital & Coast RIDSS Model of Care These are the core principles that guide all approaches to care and rehabilitation at the RIDSS:

- The purpose of the RIDSS is to provide evidence-based secure care and rehabilitation that prepares people with an intellectual disability to live fulfilling, offence-free lives in the community.
- Care and rehabilitation delivered at the RIDSS is person-centred, well-planned, monitored and responsive to each client's psychological formulation and individual risk profile.
- Care and rehabilitation is progressive and developmental. This includes the teaching and learning of new skills through therapeutic programmes, experiential learning and staff walking alongside clients.
- The service's Philosophy of Care is Positive Behaviour Support (PBS). The evidence base for PBS shows that the RIDSS client group is less likely to engage in behaviours of concern - and more likely to engage in prosocial

behaviours and skill development activities - when their quality of life is maximised.

- Positive risk-taking is an essential component of effective rehabilitation. The RIDSS Model of Care recognises that there are risks associated with supporting clients to engage in rehabilitative and quality of life fostering activities, but there are also risks associated with not supporting clients to engage in such activities. These include disempowerment, reduced wellbeing and delayed progression towards a life in the community.
- Care and rehabilitation does not involve punishment or the use of blanket rules. Any restrictions deemed necessary are kept under continual review and the least restrictive approach is taken at all times.
- The RIDSS is a bicultural service that recognises the equal value of Māori and non-Māori approaches to understanding and fostering health and wellbeing. The RIDSS Model of Care ensures the care and rehabilitation delivered in the service is responsive to each client's cultural beliefs, values and experiences.
- A multidisciplinary approach, in which all clinicians work cohesively and at the top of their scope, is central to the design and effective delivery of the RIDSS Model of Care.
- The RIDSS Model of Care prioritises activities and interventions, such as clinical supervision and management support, which foster staff welfare and wellbeing. This approach encourages reflective practice and increases the staff team's capacity to understand and respond appropriately to clients' actions, needs and emotions.
- The RIDSS Model of Care necessitates that all staff receive regular, ongoing, education and training, irrespective of years of experience. Training includes (but is not be limited to) education about the application of the Good Lives Model, Positive Behaviour Support, autism, attachment, mental health phenomena, cultural responsiveness, and the effect of trauma.
- Clients who reside at the RIDSS are valued members of society. They are supported in the same way that RIDSS staff would like their family members to be supported if they resided in the service.
- Comprehensive understanding and consistent application of the RIDSS Model of Care ensures care and rehabilitation is developed and delivered in a manner that preserves client, staff and public safety

The Code of Rights establishes the rights of consumers and the obligations and duties of providers to comply with the Code. It is a regulation under the Health and Disability Commissioner Act.

Clause Two is often displayed on posters and in hospitals or medical clinics. This details the 10 rights of consumers and the duties of providers.

Right 1: The right to be treated with respect.

Right 2: The right to freedom from discrimination, coercion, harassment and exploitation.

Right 3: The right to dignity and independence.

Right 4: The right to services of an appropriate standard.

Right 5: The right to effective communication.

Right 6: The right to be fully informed.

Right 7: The right to make an informed choice and give informed consent.

Right 8: The right to support.

Right 9: Rights in respect of teaching or research.

Right 10: The right to complain.

Contacts

Please find below persons to contact regarding your placement. If you have any questions regarding your placement please do not hesitate to contact the below clinicians.

Intellectual Disability Service	Main contact	Email for main contact	Phone number for ward/Unit
ID Service Educator	Carl Harding	Carl.Harding@mhaids.health.nz	**04 9182640 Extension 7574**
Workforce Coordinator	Joy Peters	ID Services – Workforce Coordinator: Joy.Peters@mhaids.health.nz	**04 918 2640 Extension 7630**
Team Leader	Alan Board	Alan.Board@mhaids.health.nz	**0497829952 Extension 2952**
Clinical Liaison Nurse (DEU areas)- Hikitia Te Wairau	William Mahon	Email for DEU: ForensicYouthDEU @mhaids.health.nz	**Hikitia Te Wairau: 049182279 extension-7279.**

If you have any concerns or questions do not hesitate to contact the ID Service Educator, your placement Clinical Coordinator and/ or Team leader. If you are unable to come to work due to illness or for other reasons, please call and speak to the Workforce Coordinator, if during office hours. If they are unavailable the Team Leader for Hikitia Te Wairua- 049782995 Ext: 2952 or clinical coordinator for Haumietiketike -049182640 Ext: 7642/ Clinical Coordinator for Hikitia Te Wairua 0274051629 or preceptor should be informed or contact your designated unit- Haumietiketike, ID Step down cottages or Hikitia Te Wairua. A present there is no clinical nurse specialist at the ID service. If based at Haumietiketike contact number is 049182640 and if based at Hikitia Te Wairua contact number is 049782971. Please

also inform your tertiary education provider if unwell and will not be on your clinical placement.

Your Preceptor

You will be assigned a preceptor from the registered nurse staff who will be helping you to complete your objectives, learning goals and facilitate your experience within your designated area within the ID service. We develop a programme for each student nurse with the intention of providing you with a rich learning experience with the intellectual disability (ID) service.
We will endeavour to ensure you mainly work with this preceptor; however this may not be the case, due to the roster system. It is possible to negotiate you shifts with your preceptor to accommodate spending time with them. If you preceptor is unavailable and not on shift please work under the direction of another nurse on that particular shift.
Your preceptor will negotiate a time every week to sit and discuss your progress, worries, learning and any issues.

It is **your** responsibility to ensure the nurse you are working with is aware of your objectives for the day/week. You must provide evaluations and/or other paperwork to your preceptor in a timely fashion (i.e. not on the due date!!). You preceptor will not complete any evaluations if you give it to them on your last days in the unit. **It is our expectation that you have some initial learning objectives.**

Expectations of the Student Nurse while on placement at the Intellectual Disability Service

During your first day on your placement you will be invited to commence shift at 830am-330pm. Then you will be involved in a discussion about what shifts you are allocated to. Predominately you will be allocated either an early or late shift.

There are two types of shift you will rostered to do.
'AM' Shift = an early shift – 0700 to 1530pm
'PM' Shift = a late shift – 1430 to 2230pm/ 1300 to 2100

When you arrive on duty report at reception: stating your name and student from ……polytechnic/ university (tertiary education provider).
The security coordinator will contact the Team Leader or Clinical Coordinator to welcome you to your placement.

- It is expected that you arrive on time for your shift and if you are going to be late contact the unit that you are based- if undertaking a placement at Haumietiketike contact 049182640 and if based at HIkitia Te Wairua contact 049782971.
- You must complete the full shift that you are allocated to work-if you are unable to do so please discuss this you your nurse, preceptor or Team Leader.
- Tidy, casual dress. No jandals or open toe shoes, no low tops, no singlets, no see through clothing, no skirts or dresses to be worn. Identification badges with name and designation to be worn.

- Student nurses- You are not permitted to be responsible for client watches or escorts or become involved in personal restraint of clients. Please do not go into the de-escalation area.
- Please ensure all your documentation you need to complete for the polytechnic/ university is completed in a timely manner and not left to the last minute.
- It is important for your preceptor or the nurse you are working with that he/ she is aware of your objectives.
- Please discuss any concerns or issues with you preceptor /Team Leader/Coordinators /educator promptly.
- You are expected to respect both those you work with (colleagues) and those we care for (clients). It is extremely important to be culturally safe and act as a role model.

As a student nurse undertaking a placement in the intellectual disability sector you will be involved, observing and specializing in the care of people with ID contributing to the physical, emotional and social wellbeing. This area of nursing is unique. You will be helping the person acquire skills to increase their quality of life, choice and independence.
You will support people with other co- morbid conditions such as mental health, trauma, physical and medical issues.

It is important that you come with an open mind and a nonjudgmental attitude and utilize this opportunity to get a glimpse and insight in to the Intellectual Disability (ID) field and how to support and work with a person with an Intellectual Disability.
Be mindful that the diagnostic label- does not summarized a person, and there is a need to consider the individuals strengths, weaknesses, and to provide individualized intervention that will meet those needs when adequately assessed

You may not be interested in pursuing a career in intellectual disabilities; however by choosing a career in nursing you will, regardless of your area of practice, be working with people who has an intellectual disability and possibly co-morbid conditions. Utilizing the opportunities provided in this placement will enable you to work more effectively with clients in all health settings.

On Shift

At the commencement of all shifts there is a hand over from the nurse running the previous shift (also known as the HDA, shift co-ordinator or allocator).

The clinical co-ordinator or HDA/ shift coordinator running the shift will allocate staff (which includes nurses on shift and mental health support workers) to particular clients and will delegate duties accordingly taking into account the direction and delegation policy. They will also explain any watch/observation conditions for that client. You will work with a mix of staff including registered and enrolled nurses, mental health support workers, psychologist and occupational therapists.

It is the role of the nurse running the shift to ensure the overall running, care of clients and safety for both staff and clients.

Safety Measures in the Intellectual Disability Services

- The Security coordinator or health and safety representative will discuss and familiarize you with the various emergency procedures and show you how to use the duress alarm system. A health and safety orientation will be completed within your first day of placement.
- Entrance is locked, access is via reception at Haumietiketike unit and Hikitia Te Wairua.
- Students do not become involved in physically restraining individuals.
- Students must leave the area immediately if an incident occurs and follow the direction of the nurse/ HDA/ clinical coordinator.
- Students do not drive CCDHB vehicles.
- When exiting a room please ensure doors are closed.
- Any incident involving a student must be notified to their clinical tutor as soon as possible and clinical coordinator or HDA who will then notify relevant members of ID service leadership team/ clinicians.

- **No cell phones allowed in clinical area of the ward -** if you have a cell phone please keep this in your bag in the staff handover room. Cell phones are not to be taken into clinical areas.
- **No lighters allowed in the clinical area of the ward** – if you have a lighter you will be asked to hand this in at the security desk before entering the building. This will be returned to you when you finish your shift. The hospital is a no smoking area.
- **Always look after your keys/ Swipe card** – You will be assigned a set of keys/ swipe card which are kept in the security office at the front of the ward. You must not take these keys home or you will be asked to bring them back ASAP. Do not allow clients to use your keys.
- **Always wear a duress alarm** – Haumietiketike, Hikitia Te Wairua and the ID Step down cottages have a duress alarm system. You will be assigned an alarm when you come on duty. Do not enter clinical area of ward unless you have an alarm. If you go home with an alarm you will be asked to bring it back ASAP. Do not allow clients to hold or use your duress alarm. Keys, duress alarms and swipe cards are to be handed in at the end of each shift to reception area.
- **No metal cutlery in clinical area -** if you bring cutlery on to the ward it must always remain in the staff room. You must take it home once your shift finishes. If metal cutlery is found in the staff room it will be removed and thrown away. Plastic cutlery is provided.
- **No Smoking in hospital grounds** – CCDHB has a no smoking policy on all its hospital sites. You will need to go off campus to smoke.
- **No glass or crockery in clinical area** - you must always keep glass bottles or crockery in the staff room. If glass or crockery id found in clinical area (including staff base) it will be removed.
- **Do not prop doors open** – many of the doors on the ward are fire doors and should never be propped open. This is also a security risk. If in doubt close the door.
- **Your clothing must be appropriate for the work environment -** If you are not dressed in appropriate clothing you will be asked to go home and change (refer to Dress Code Policy).

Telephone use in an Emergency

The hospital emergency number is 777. Please familiarize yourself with the procedures around using this number.
777 is most commonly used when assistance is required during an incident. A medical emergency. Fire or Earthquake. Police.
If you make a 777 call you will be put through to the hospital operator.
You must tell the operator:

- Your Name
- Where you are (Haumietiketike, ID Step down cottages Whakaruru/Manawanui, or Hikitia Te Wairua)
- What service you require – Fire, Duress, Police, Medical Emergency)

Getting help in an Emergency

Every unit/service will have its specific procedure for Emergency Management; as part of your orientation to these units you are required to familiarize yourself with their Emergency Management plan.

You will find all procedures, such as Earthquake, Fire, Essential Services Failure, Bomb Threat and Suspicious Object, Hazardous Substances, Security – Suspicious Activity, Aggression and Hold up on CCDHB site - support services/nonclinical/emergency management.

If you are on hospital grounds and there is an emergency ring 777

When dialling 777 (CCDHB Medical Emergency Number)

- State clearly:
  The nature of the emergency - cardiac arrest or medical emergency
  - Whether the patient is a child or an adult

- - The location including the building, ward and cubicle number, where relevant

If possible meet the cardiac arrest team or ambulance crew and direct them to the patient

If you are working off site in the community dial 111
For Police, Ambulance, Fire
(Afterhours – all MH incidents that occur offsite to be reported to Te Haika 0800 745 477)

Learning Objectives/ Outcomes

Whilst on placement with the Intellectual Disability Service students can (*possible learning outcomes*);

- Learn to correctly complete patient's notes/ digital notes/ documentation with supervision/guidance.
- Administer medication under supervision, understanding medication policy and the different medications prescribed.
- Attend multidisciplinary team (MDT) meetings, clients for discussion meetings and IDCCR reviews.
- Present at MDT and/ or handover meeting.
- Learn about the Intellectual Disability (Compulsory Care & Rehabilitation) (IDCC&R) Act/ Mental Health Act.
- Learn about the complexity of nursing for clients with an ID/ mental health issues/ medical/ physical needs.
- Experience direction and delegation, whilst organising and assisting to run a shift (more for students in year 2,3)
- Learn about the Night safety orders, the policy and the legality behind them.
- Understand observation levels, observation documentation, how these are determined and what is involved.
- Understand client leave, escort conditions and legal paperwork needed.
- Understand and improve your knowledge about the duress system as a safety system.
- Risk management (complete an environmental safety check) under supervision.
- Understand the importance of engagement and building rapport with a person with an ID.
- Be involved in treatment planning, assessment and the nursing process.
- Gain an understanding of what is a forensic environment and its purpose.
- Understand models of care utilised and implemented in the ID service.
- Improve understanding and knowledge of the ID service- youth, community and adult.
- What is positive behaviour support and what are the interventions used in ID services that are associated with this support.

- What is sensory modulation and why do we use this in the Intellectual Disability field.
- Understand what an Intellectual Disability is.
- Learn about each clinician role in the ID service e.g. registered nurse clinical psychologist, social worker, care manager, team leader and so on.
- Understand the importance of communication within this client population and the different communication methods that are in place e.g. visuals, communication passport/ profiles.
- Learn about the trend care system and what this entails.
- Learn about how to read a medication chart.
- Learn about de-escalation skills.
- What is the therapeutic relationship and its relevance when supporting a person with an ID.
- Chose 3-4 medications that are used in your designated areas in the ID service to learn about, learn the therapeutic effects, possible side effects, dose and contra indications.

Role of a nurse in the Intellectual Disability Service- brief insight into the characteristics of the role.

- Guided by the Intellectual, the Good Lives Model, and the principles of Positive Behaviour Support to assist clients to experience optimum quality of life and the skill development required to lead a fulfilling life in the community.
- Lead the management of the client's physical health needs.
- Display strength for working collaboratively in a multidisciplinary team.
- Work in partnership with families, organisations and the wider community.
- Provide support, advice and guidance.
- Intellectual disability nursing is a person centred profession with the aim of supporting wellbeing, mental health and the inclusion of a person with intellectual disabilities.
- Enhanced therapeutic skills and therapeutic interventions/ processes- build
- Empower and clients – empower personal competence and skill building
- Co-ordinate services/ enhancing service delivery
- Liaise with multidisciplinary team
- Health monitoring and surveillance- complete physical observations etc.
- Teacher and educator-to client and staff-how to support people with an ID to have their health needs/ personal cares met- oral hygiene, vital signs. . Education- health promotion and health literacy.
- Assessment- behavioural, functional analysis, pre risk assessments, wellness and comprehensive plans, care and rehabilitation plans, good lives formulation plans and leave plans etc.
- Work in partnership with the person, families, other professionals, organizations and the wider community.
- Service development- contributing to knowledge around areas of ID, health issues, new ways of working and planning processes.

Examples of medication that you may come across in ID services:

A typical antipsychotics:	**Antidepressants:**
Clozapine	Citalopram
Olanzapine	Fluoxetine
Risperidone	Venlafaxine
Quetiapine	
Amisulpride	**Antianxiety medication:**
Aprpiprazole	Lorazepam
Lithium carbonate	**Anticonvulsants:**
Typical antipsychotics:	Carbmazepine
Chlorpromazine	Clonazepam
Haloperidol	Sodium Valproate (Epilim)
Zucopenthixol	Lamotrigine
Laxatives:	**Antipyretics:**
Lactulose	Paracetamol
Movicol	

Additional Information:

Boundaries

As a human we all expect to have our own personal space, however our clients can struggle with this and will often try and invade it. If this occurs it is important that you remind them of your 'bubble'. Also respect a client's space, this will also help keep you safe.

Communication

All staff and patients are expected to communicate respectfully and bad language is not encouraged. However some of our patients have been with the service for a while and developed a rapport and may have friendly banter with staff, if you are upset or unsure of anything you hear please speak to you preceptor, HAD or clinical coordinator about this.

Confidentiality

There is no reason to give out any of your personal information i.e. your address, phone number, personal circumstances. Clients may ask as due to them having an

intellectual disability they have a very poor sense of appropriate social skills, however we ask you to decline to give details.

Whilst on placement in this service, students are bound by the requirements of the Privacy Act and the Health Information Code in maintaining client confidentiality, which means information given by clients, must not be shared with anyone outside of the service at any time. Whilst discussing client-sensitive information, please be mindful of those who may potentially overhear your discussion.

From time to time you may notice information regarding a friend, family member, or someone else you know outside of this placement. It is a breach of the Privacy Act for you to access this information. If you do become aware of this information, it is best that you advise your preceptor who can then ensure that you do not access this client's information. You are asked not to read or have any contact with this person while on placement.

Telephone System

The hospital telephone system allows you contact other hospital departments internally. A list of numbers commonly used is located on the Units and Cottages staff base.

Client's use of telephone is restricted. They have a phone call plan. Clients do not have access to a telephone unless a staff member dials and connects them to their intended caller. Staff must put the call through and ask if the intended recipient will accept the call. The call than then be transferred to one of two client telephones located on the ward so the client can speak. Staff do not listen to client calls.

Clients in the cottages and HTW do not have an exclusive 'client telephone'. They must use the staff base phone but under supervision from staff. Staff must dial the number and ask if the intended recipient will accept the call.

Each area has a 'telephone listings folder'. These detail all the approved numbers a client can contact. Instructions on appropriate times to call are listed in the folder. You must document in the recording sheet the details of the call you have put through for a client.

Clients do not have access to cell phones and are restricted from using telephones when out in the community.

Considerations on how to work with a person with an ID:

- Learn about the persons disability and co-morbidity conditions.
- Include the person in decisions about their service/treatment.
- Be person centred- see the person not the long term condition or the ID label- get to know the person.

- Be patient and respectful. Each person is unique. Treat the person with dignity and has an individual.
- Build trust. Listen to the person. Make them feel safe.
- Communication- Understand and learn how the persons communicate
- Understand their behaviour, presentation/ symptoms.
- Utilize their strengths.
- Be consistent in approach- do not make promises that cannot be kept.
- Review clinical reports/records before meeting the person-background information and histories.
- What are the person's communication needs- each person will have a unique way of communicating.
- Do they have a communication passport- they give key information to staff about people's needs- enables better understanding of the person.
- Speak clearly, calmly and slow, do not use jargon. Short sentences and words. Give the person time to respond. Appear calm, relaxed and confident. Use simple everyday language.
- Check someone's ability to provide and understand information.
- Know the persons likes and dislikes e.g. noise, crowds, how the person eats and drinks.
- Talk with the person, and not just their carer, listen to families (if involved with the person).
- Try to make a situation as predictable as possible- always let the person know what is happening.

Policies and Procedures to read (whilst on placement):

Seclusion

Direction and delegation

Observation and engagement

Safe medication administration

Controlled drugs- storage, security and documentation

CCDHB Cold Chain- the Management of Vaccines and Refrigerated Medicines- Document number 1.8849

Restraint minimization and safe practice

Night safety procedure

Conducting searches within the MHAIDS Service

Professional Dress code and uniform standard – nurses, midwives and health care assistants

Trend Care: Operational Use of Trend care-Document number 1.103044.

Team Orientation Programme:
You will have the opportunity to meet the various members of the ID team to discuss their role during your placement. The below information highlights the positions of such clinicians. An appointment may be arranged with you and the clinician to meet.

Clinicians position:	Appointment arranged- date and time	Completed- met the clinician
ID Service educator		
Social Worker		
ID/ MH Community Team Leader		
Care Manager (s)		
Forensic Coordination service		
Psychology		
Occupational therapist		
Cultural Advisor		
Team Leaders		
Administrator		
Security Coordinator		
Clinical Coordinators		

Additional Information:

Role of the consultant psychiatrist in intellectual disabilities

The consultant psychiatrist has responsibility to develop and deliver mental health services to people with learning disabilities. They work in Haumietiketike, Hikitea, Manawai and provide specialist consultation and liaison to other inpatient services, outpatient and tertiary services in who offer care to people with Intellectual disability.

There are currently two consultant psychiatrists and one trainee psychiatrist working in our service, they have a range of responsibilities including:

- Consultant psychiatrists take responsibility for accepting referrals, assessing, diagnosing and treating the mental health problems of their patients. This includes: monitoring of restrictive practices such as seclusion and restraint in addition to the use of psychotropic medication and ensuring all aspects off client care are aligned with current best practice.
- The consultant works collaboratively with in a larger multidisciplinary team. This involves seeing clients, often jointly with members of the MDT. Collecting information from MDT members about their observations about clients' needs, preferences and behaviours and collaborating with the wider team to devise, review and modify treatment plans for clients.
- Consultants share information about diagnosis and prognosis to patients, relatives and carers and ensure the client is supported to participate in decisions about their care as far as possible.

- The consultant Psychiatrists in Intellectual disabilities have additional specialist skills in neuropsychiatry, epilepsy, neurodevelopmental disorders (Autism, Attention Defect Hyperactivity Disorder) , genetic disorders, talking therapies
- The consultant has additional responsibilities in Service Development, Clinical Governance and Quality, Research and Education.

Please do take some time to introduce yourself to the consultant psychiatrist while you are here. There are lots of opportunities to join the psychiatrist to observe clinical activities during your placement at Haumietiketike. If this is of interest to you please contact Diana.andreabarron@mhaids.health.nz

Dedicated Education Unit Area.

Dedicated Educational Unit- designated at Hikitia Te Wairua.

The Dedicated Education Unit (DEU) model of clinical teaching and learning in Wellington and is a partnership between organisations, the education provider Massey University (Massey), Victoria University and Whitireia New Zealand (Whitireia), and Capital and Coast District Health Board. Collaboration allows practice areas to provide a more supportive clinical learning and teaching environment for students. DEU's are dedicated to supporting nursing students on clinical placement encouraging incidental and intentional learning modes, and peer teaching. The DEU is based on an Australian model and replaces the Preceptorship model to focus on student learning and curriculum integration.

Preceptor

Your Preceptor will work alongside you to support your practice and learning during your placement. You will work with your preceptor in a shared care model for your orientation period. This means you will be allocated your own workload and be supported by your preceptor for this time.

Clinical Liaison Nurse

William Mahon is the Dedicated Education Unit Clinical liaison nurse (CLN) for Hikitia Te Wairau and your main clinical contact. William Mahon will provide you with some structured clinical learning during your clinical placement. William Mahon has an excellent understanding of your programme and academic study and will work alongside your academic tutors and yourself to support your learning needs and complete formative and summative assessments during your placement.

In addition the CLN will compete all assessments and references relating to ACE for third year students.

If you have any concerns or questions do not hesitate to contact Hikitia Te Wairau.

Hikitia Te Wairua contact number is 049182279 extension- 7279.

DEU Email address is : **ForensicYouthDEU @mhaids.health.nz**

Treasure Hunt

This list is designed to help you become familiar with the environment, but is by no means exhaustive of all the things you will be required to locate.

☐	Controlled Drug cupboard	☐	Clinical policies & procedures
☐	Linen supplies and Laundry room	☐	Roster
☐	Clinical Nurse Manager Office	☐	Manual BP machine
☐	ID Service Educator and Team Leader Office	☐	Store room/ Bio-hazard bags
☐	Staff room	☐	Stationery supplies
☐	Resuscitation trolley	☐	Photocopier
☐	Incident reporting	☐	Client medication charts
☐	Where to store your bags	☐	Drug Fridge
☐	Kaimanaaki	☐	Care team lists
☐	Occupational Department	☐	Clinic and medication room
☐	Roster and sign on sheet	☐	Duress alarms
☐	Fire assembly point	☐	Car parking areas

Pre-reading / Resources

Useful link- more information about CCDHB ID services:
http://www.mhaids.health.nz/our-services/intellectual-disability-services/#who-our-service-is-for

For access to the NZ Disability Strategy go to:
https://www.odi.govt.nz/nz-disability-strategy/

https://www.health.govt.nz/publication/new-zealand-disability-strategy-making-world-difference

https://www.hdc.org.nz/disability/the-nz-disability-strategy-and-united-nations-convention/

This report from the National Health Committee (NHC) examines the barriers New Zealand adults with an intellectual disability face in trying to participate in society.
http://nhc.health.govt.nz/publications/nhc-publications-pre-2011/have-ordinary-life-kia-whai-oranga-noa

For more information about the IDCCR Act:
http://www.health.govt.nz/our-work/disability-services/intellectual-disability-compulsory-care-and-rehabilitation-act-2003

For more information about the Mental Health Act:
http://www.legislation.govt.nz/act/public/1992/0046/latest/DLM262176.html

https://www.health.govt.nz/system/files/documents/publications/guide-to-mental-health-act.pdf

Donald Beasley institute- promoting research and education in the field of Intellectual Disability:
http://donaldbeasley.org.nz/publications.htm

Information about health passports can be found here:
https://www.health.govt.nz/your-health/services-and-support/health-care-services/health-passport

Te Pou works to support and develop the mental health, addiction and disability workforces in New Zealand.
http://www.tepou.co.nz/

https://www.tepou.co.nz/initiatives/lets-get-real/107

Standards of Practice for Mental Health Nursing in Aotearoa New Zealand.

http://www.nzcmhn.org.nz/Publications/Standards-of-Practice-for-Mental-Health-Nursing

Working with Maori:
The Takarangi competency framework: Outlines steps to understanding and integrating Maori values and beliefs into therapeutic practice.
http: //www.matuaraki.org.nz

He rongoa kei te korero Talking Therapies for Maori:
Te Pou document that identifies processes of engagement and therapies to consider when working with Maori people.
https://www.tepou.co.nz

Working with Pasifika peoples:
Real Skills plus Seitapu. Working with Pacific people:
Cultural competency framework that people working with Pacific service users and their families/whanau can aspire to.
http://www.leva.co.nz

For more information about HONOS-LD:
https://www.tepou.co.nz/uploads/files/resource-assets/honos-ld-ebook-final.pdf

For more information about Autism Spectrum Disorder (ASD):
https://www.health.govt.nz/your-health/conditions-and-treatments/disabilities/autism-spectrum-disorder

Foetal Alcohol Spectrum Disorder:
https://www.health.govt.nz/our-work/diseases-and-conditions/fetal-alcohol-spectrum-disorder

Ministry of Health Guidelines- Engaging with people with intellectual disabilities
https://www.health.govt.nz/our-work/making-services-better-users/community-engagement-people-disabilities/engaging-people-particular-impairments/engaging-people-learning-intellectual-disabilities
Statistics New Zealand. Disability Survey: 2013. Retrieved 10 January, 2019, from http://www.stats.govt.nz.

Substance Misuse and People with Learning Disabilities: Making reasonable adjustments to services
Public Health England, February 2017

This guidance is to help professionals in drug and alcohol teams or intellectual disability/ learning disability teams support people with intellectual disabilities who have substance misuse problems. It summarizes what the research tells us about the particular problems faced by this group of people and what approaches work best.
To read in full:
https://www.ndti.org.uk/uploads/files/Substance_Misuse_RA_Report.pdf

Framework for Supporting people on the Autism Spectrum:

https://www.tepou.co.nz/resources/te-tau-titoki-a-framework-for-supporting-people-on-the-autism-spectrum/915

FASD Essential Strategies:
https://www.matuaraki.org.nz/uploads/files/resource-assets/FASD%20Essential%20Strategies%20Framework.pdf

Positive Behaviour support (PBS):

http://www.disability.wa.gov.au/Global/Publications/For%20disability%20service%20providers/Guidelines%20and%20policies/Behaviour%20Support/Positive%20Behaviour%20Support%20Information%20Sheet%20for%20Disability%20Sector%20Organisations.pdf

British Institute of Learning Disabilities, United Kingdom:

http://www.bild.org.uk/capbs/pbsinformation/

Health Navigator: Resource sire for medicine fact sheets, self-care tips, health topics, multiple language resources:

Healthnavigator.org.nz

Covid-19 resource:
https://3dhb.sharepoint.com/sites/ccdhbintranet/Pages/How%20Do%20I/Cov-19-What-you-need-to-know.aspx
Personal Protective Equipment (PPE)- Donning and Doffing:

https://3dhb.sharepoint.com/sites/ccdhbintranet/Pages/How%20Do%20I/Personal-Protective-Equipment.aspx

PPE at CCDHB:

https://3dhb.sharepoint.com/sites/ccdhbintranet/Pages/How%20Do%20I/COVID-19-PPE.aspx

Evaluation of Clinical Experience

Nurse: _____ Date of placement _____

Date of Evaluation: _____ Preceptor: _____

This evaluation is intended to offer feedback to the preceptor and their clinical area.

Clinical Learning	1 Strongly Agree	2 Agree	3 Neither agree or disagree	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						
A preceptor(s) was identified/introduced to me on arrival to area						
One preceptor had an overview of my experience and completed my assessment						
An orientation to the clinical area was provided						
My learning objectives were achieved						
I felt integrated into the nursing team						
I formally met with the "named preceptor" at least fortnightly						
There were sufficient meaningful learning situations in the clinical placement						
How was the Preceptor?						
The preceptor assessed and acknowledged my previous skills and knowledge						
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						

Additional comments:

Please return this form to Charge Nurse Manager or Clinical Nurse Educator