

## Checklist for when admitting a person to secure Dementia or Psychogeriatric care (secure care) in an Aged Residential Care (ARC) facility

For use in Aged Residential Care (ARC) facilities and by Health New Zealand /Te Whatu Ora (Health NZ) staff

### Purpose

This Checklist is designed to ensure there is a **valid legal basis** for admission of a person into a secure dementia or psychogeriatric care (**secure care**) setting. A copy of the checklist and supporting documentation should be stored on the person's clinical record.

### Section 1: Resident Details

Resident Name: \_\_\_\_\_

Resident NHI: \_\_\_\_\_

### Section 2: Assessment for secure care

Person assessed by Health NZ as requiring secure care.

Permanent / Long term care: Yes / No

Short-term care: Yes / No

Date of assessment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If no, state why assessment has not been completed:

### Section 3: Confirmation of legal authority for admission

- ☒ Choose one process only
- ☒ Confirm the following documents are stored on the person's clinical record (where applicable):

<b>1.</b>	<b>Activated EPOA</b>	
a)	A completed registered health practitioners' certificate of mental incapacity	
b)	Copy of EPOA for Personal Care and Welfare Signed admission form, signed by EPOA	
c)	Signed admission form, signed by EPOA	
<b>2.</b>	<b>Consent of the person's welfare guardian</b>	
a)	Signed admission form, signed by Welfare Guardian	
b)	Current Interim or Final Welfare Guardian Order	
c)	Expiry date for Welfare Guardian Order: ____ / ____ / ____	

<b>3.</b>	<b>Personal Order for placement under PPPR Act</b>	
a)	Current Interim or Final Personal Order for Placement	
b)	Expiry date for Personal Order: ____ / ____ / ____	
<b>4.</b>	<b>Right 7(4) of the HDC Code</b>	
a)	Evidence that Application for a Welfare Guardian / Personal Order has been filed in Court	
b)	Date Court documents submitted: ____ / ____ / ____ FAM Order Number(s):	
c)	If no application for Court orders has been filed, explain circumstances in which Right 7(4) is being used:	
d)	<b>Confirm that Right 7(4) criteria have been met and are documented on patient file (Note: these may have been confirmed by Health NZ on discharge from hospital/placement in care)</b> <ol style="list-style-type: none"> <li>1. Person is not competent to consent or refuse the provisions of services</li> <li>2. No one lawfully entitled to consent on their behalf</li> <li>3. Placement is in the person's best interests</li> <li>4. Reasonable steps taken to obtain person's views</li> <li>5. Placement aligns with what they would have decided (if known)</li> <li>6. Views of others interested in their care have been considered</li> </ol> <b>NOTE: Right 7(4) criteria to be reconsidered at 3 monthly intervals</b>	
<b>5.</b>	<b>Section 31 Leave - Mental Health Act</b>	
a)	Section 31 Leave form signed by person's Responsible Clinician	
b)	<b>Note:</b> If Personal Order for placement or Welfare Guardian Order are issued during period of leave, that order will become the legal basis for placement (appropriate part of this checklist should then be completed)	
c)	Leave expiry date: ____ / ____ / ____	
<b>Additional Comments:</b>		

#### **Section 4: Review and Final Sign-Off** **Aged Residential Care (ARC) Secure Care Facility**

Has the legal basis for lawful admission to secure care been confirmed by a manager or other authorized person? (Yes / No)

**Completed by:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Organisation:** \_\_\_\_\_

**Date:** \_\_\_\_\_