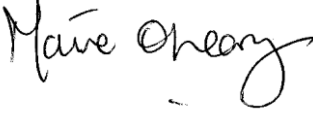




Admissions Policy

Developed By: CNM III (PIC) Respite Service	Date Developed: November 2019
Approved By: CEO 	Date Approved: January 27 th 2020 V2 – May 17 th 2021
Implementation Date: January 27 th 2020	Review Date: January 2022
Document No: STG-001-RESP Version: 2	No of Pages: 12

Responsible person for implementation:	CEO
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1.0 Introduction

The purpose of St. Gabriel's Respite admissions policy is to ensure that referrals and admissions to the service are dealt with in a professional, sensitive and timely manner with the welfare of the child as paramount. St. Gabriel's Children's Respite Service will ensure through the Respite Referrals Committee and the Admissions policy that admissions to the service are determined on the basis of fair and transparent criteria and placements are based on written agreements.

2.0 Scope

This policy refers to all referrals to St. Gabriel's Children's Respite Service.

3.0 Eligibility Criteria

St. Gabriel's has completed a purpose built six bedded respite house to cater specifically for the respite needs of children with significant physical disabilities, associated complex medical needs and some have life limiting conditions. Priority will be given to children who cannot avail of respite with other providers in CHO 3, as their needs exceed the care provision of such providers. The physical environment of St. Gabriel's respite house is specifically designed to meet such high support needs.

Children attending will have significant physical disabilities, complex medical needs and/or life limiting conditions which may include:

- Children who receive nutrition by enteral feeding
- Children who have a tracheostomy in situ
- PPAP (Proportional Positive Airway Pressure)
- CPAP (Continuous Positive Airway Pressure Therapy)
- Oxygen and suction requirements
- Complex epilepsy
- Significant motor delay

Age Range: St. Gabriel's Children's Respite Service will accept children between 4-18 years and while still attending school.

Home address: Children residing within the catchment area of CHO 3 are eligible to apply for respite.

St. Gabriel's Children's Respite Service does not provide a suitable environment and supports for individual with behaviour's that challenge, e.g. children who may physically assault peers.

4.0 Source of referrals

Referrals will be considered from any professional source with the permission of the parent(s)/guardian(s) of the child.

Ideally referrals should be completed by social workers on the CDNT with the parent(s)/guardian(s).

All referrals must be accompanied by an up to date medical report and relevant IDT assessments.

Enquiries and referrals can be made directly to CNM3 of St. Gabriel's Children's Respite Service.

All referrals will be brought to the next St. Gabriel's Respite Referral Committee meeting.

A referral form must be completed in full before the referral will be processed, see Appendix A.

Children in receipt of residential respite with another service provider are welcome to apply to St. Gabriel's children's respite via the referral process. However, children cannot receive respite from two residential respite providers within the CHO3 area.

5.0 Timing of referrals process

The St. Gabriel's Respite Referral Committee will meet monthly and parent(s)/guardian(s) will be notified of decisions by the committee in writing.

6.0 Decision Making Process

Families will be given the opportunity to visit the service before they make a decision to proceed with the referral.

Medical and Therapy reports are requested to determine if the child meets the criteria for admission.

All referrals are examined, documented and discussed by the St. Gabriel's Respite Referral Committee. This committee will make the decision as to whether the child meets the criteria for admission.

All applications will be processed using a priority rating scale, priority rating scale aims to be equitable and timely according to the demand and resources available at any given time.

In circumstances where there is a change in the health status of the child and/or family circumstances, parent(s)/guardian(s) or the referrer need to inform the St. Gabriel's Respite Admissions Committee in writing in order to have the correct up to date information available when they are making decisions.

7.0 Membership of the Admissions Committee

Members of the St. Gabriel's Respite Referral Committee will include the following:

1. HSE Representative, nominated by Business Manager Disability Service
2. Consultant Community Paediatrician or their nominee
3. CNM3, St. Gabriel's Children's Respite Manager
4. Rotating Social worker/CDNM from CDNT in CHO3
5. CEO St Gabriel's

8.0 Prior to Admission

Once it has been agreed a child is eligible for the respite service, parent(s)/guardian(s) will be furnished with copies of relevant policies.

A written agreement stating the responsibilities of the respite service and the parent(s)/guardian(s) while the child avails of respite, will be reviewed and signed by both parties.

An Individual Transition Plan will be created for each child/young person, this will be completed in conjunction with their parent(s)/guardian(s) and the staff team. This plan will be tailored to suit each child, we would like children/young people to visit the respite house at least twice prior to an overnight stay, the number of visits prior to a planned overnight stay depends on the child/young person and how they respond to being in the respite house.

Once the child has completed their transition into the respite service, they have fully completed the admissions process.

9.0 Appealing a decision

Parent(s)/guardian(s) may appeal a decision to the St. Gabriel's Respite Appeals Committee, whose membership will include two core members, the Business Manager Disability Service, HSE, CHO 3 or their nominated representative, a

senior member of the CDNT's from St Gabriel's and if required an independent person agreed by the two core appeals committee members.

This appeals process is separate to St. Gabriel's Complaints Procedure and does not affect the rights of any child or guardian to make a complaint.

Appeals may be made in writing by the parent(s)/guardian(s) of the child or a nominated professional to the St. Gabriel's Respite Appeals Committee with the reason for the appeal or by e mail, see below

St. Gabriel's Respite Appeals Committee

St. Gabriel's Children's Respite House

Moneteen

Mungret

Limerick V94 59R9

Or

Email: respite@stgabriels.ie

Upon receipt of the appeal, the St. Gabriel's Respite Appeals Committee will review the referral again and may seek further clinical information to ensure as objective a decision as possible.

The decision will be returned in writing no later than 4 weeks of receipt of appeal and decisions made by the St. Gabriel's Respite Appeals Committee will be final.

10.0 Short Term Absence

As St Gabriel's Children's Respite is not a fulltime residential service, a short absence form will be completed by the PIC/PPIM if a child/young person who attends on a regular basis, does not attend planned specific nights, i.e. an unexplained absence. (See Appendix B, Short Term Absence form).

11.0 Transfers/Discharges

Transfers/Discharges will occur as children/young people leave school and/or other reasons. The respite manager is to ensure each child/young person has an appropriate transition plan to support them moving from the St. Gabriel's Children's Respite House. The respite manager will inform the relevant disability case manager when children reach 16 years as to allow time to plan for an appropriate adult service.

12.0 Emergency Admissions

Emergency admissions can be accepted from children who have previously been accepted for admission to the respite and have completed their transition to the service, this is pending the availability of relevant staffing.

St. Gabriel's Children's Respite

Referral Form



Please attach a recent photograph of your child with this referral

Key Information	
Child's Name:	
Address: Please include Eircode	
Date of Birth:	Gender:
Nationality:	Religion:
First Language:	Medical Card Number:
Are there any Child Safeguarding concerns or contact with Tusla with this child and family?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/>
Parents/Legal Guardians	
Name:	Name:
Relationship: Legal Guardian: Yes <input type="checkbox"/> No <input type="checkbox"/>	Relationship: Legal Guardian: Yes <input type="checkbox"/> No <input type="checkbox"/>
Address: If different to above*	Address: If different to above*

Relevant Contact Information: Phone number, email address	Relevant Contact Information: Phone number, email address
------------------------------------------------------------------	------------------------------------------------------------------

Please provide contact details in the case of an emergency in the event that parents/guardians cannot be contacted

Name:
Relationship to Child:
Address:
Telephone Number:
Email/Other:

Referrers Details

Name:
Relationship to Child:
Address:
Telephone Number:
Email/Other:

Referrer's Signature:	Date:
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Parent/Guardian Consent

Parent/Guardian permission is required to make a referral to St. Gabriel's Children's Respite House:

By signing below, you consent to the following:

- That health related information regarding the child being referred, may be shared with, and given to St. Gabriel's Children's Respite Service.

- That St. Gabriel's may seek additional health related information and reports regarding the child being referred, from relevant health care professionals.
- That St. Gabriel's may share health related information with relevant health care professionals.
- That St. Gabriel's may retain health related information regarding the child being referred, in line with National Hospitals Office (NHO) Code of Practice for Healthcare Records Management, 2007.

I / We give permission for a referral for _____ to be made to St. Gabriel's Children's Respite Service.

Parent(s)/Guardian(s) Signature: _____ Date: _____

Parent(s)/Guardian(s) Signature: _____ Date: _____

Healthcare Professional Details

Paediatrician Details

Name:

Address whereby the child routinely attends his/her paediatric service:

Telephone Number:

Email Address & Fax Number:

Any other Consultants routinely involved in the child's care

Name:

Address whereby the child routinely attends his/her service:

Telephone Number:

Email Address & Fax Number:

Any other Consultants routinely involved in the child's care

Name:

Address whereby the child routinely attends his/her service:

Telephone Number:

Email Address & Fax Number:

Any other Consultants routinely involved in the child's care

Name:

Address whereby the child routinely attends his/her service:

Telephone Number:

Email Address & Fax Number:

GP

Name:

Address:

Eircode:
Telephone Number:
Fax Number:

Primary Disability Service	
Name:	
Address:	Eircode:
Telephone Number:	
Fax Number:	

Child's Information	
Diagnosis:	
Brief Summary of Child's Current Condition and Description of specific nursing care needs:	

<p>Reason for Referral</p> <p>How do you think St. Gabriel's Respite Services may best support this child and family?</p>	
<p>Family's understanding and expectations of placement (i.e. number and frequency of required respite dates, i.e. midweek/weekend/school holidays etc.)</p>	
<p>Please detail any in home supports that you are availing of currently</p>	

Please complete:	Circle as Appropriate	Further information if relevant:
<p>Independently mobile.</p> <p>If no please detail</p>	<p>Yes No</p>	
<p>Uses Hoist for all transfers</p>	<p>Yes No</p>	
<p>Diagnosis of Epilepsy: Please detail type and frequency of seizures</p>	<p>Yes No</p>	

Child receives nutrition via Enteral tube	Yes No	
Diagnosis of Additional Sensory Impairments	Yes No	
Does child require 1:1 supervision? If yes please detail.	Yes No	
Behavioural concerns	Yes No	

Please return completed forms to:

Laura Enright
 CNM III, PIC
 St. Gabriel's Children's Respite House
 Moneteen
 Mungret
 Limerick V94 59R9

Email: lenright@stgabriels.ie
 Mob 086 0759397
 Respite House 061-302642

Appendix B – Short Term absence form

St. Gabriel's Children's Respite

Short Term absence form



This form is to be completed when a child is absent from a planned respite stay at St. Gabriel's Children's Respite House.

Child's Name/HIQA ID:		
Date out of service:		Date of Return to service:
Purpose of Absence:		
Location during absence:		
Form completed by PIC:		
Name:		
Job Role:		