

## Employer Assisted Referral Form

Complete this form if you are an employer requesting NMHPV intervention.

Referral Date: \_\_\_\_\_

### EMPLOYER DETAILS

Health Service (if applicable): \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_

State and Postcode: \_\_\_\_\_

### REFERRED NURSE, MIDWIFE OR STUDENT DETAILS

Nurse's Name: \_\_\_\_\_

Nurse's Position: \_\_\_\_\_

Nurse's Department: \_\_\_\_\_

Length of Service: \_\_\_\_\_

Date of Incident/s: \_\_\_\_\_

Presenting Issue: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Relevant Issues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preferred Course of Action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Documentation Provided to Nurse (attach if appropriate): \_\_\_\_\_  
\_\_\_\_\_

Release of Information Signed by Nurse (attach copy where relevant):  YES  NO

Preferred Method of Communication:  Email  Letter  Fax  Phone  Other (please specify below): \_\_\_\_\_  
\_\_\_\_\_

Preferred Frequency of Communication: \_\_\_\_\_

Email your completed form to: [admin@nmhp.org.au](mailto:admin@nmhp.org.au)

# Employer Assisted Referral Guidelines

## Partnership between Employers, the Nursing and Midwifery Health Program Victoria (NMHPV) and the Nurse or Midwife

### PURPOSE

- Identify, manage and support nurses or midwives with alcohol and other drug (AOD) related concerns or mental health issues at the earliest stage;
- Provide employers with assistance in supporting nurses and midwives with suspected or potential AOD problems or mental health concerns;
- Provide a voluntary therapeutic alternative to disciplinary action where the concern can be considered a health issue.

### PROCESS

This process requires a partnership between employers, the nurse or midwife and the NMHPV; each with their own clear responsibilities.

### THE EMPLOYER

1. Contacts the NMHPV, describes their concerns and their observations of the nurse or midwife's presenting behaviour (without identifying the individual at this stage) and receives advice or a referral to an appropriate service, including the NMHPV, for further information to assist their assessment and management of the situation.

**Note: The NMHPV does not assume responsibility for making notifications relating to impaired practice to AHPRA based on secondary information. This decision is the responsibility of the employer.**

2. Discusses their concerns with the nurse or midwife and advises them to contact the NMHPV for assessment and support.
3. Informs the NMHPV of their referral, if agreement has been reached, with the nurse or midwife regarding the referral pathway; and provides the NMHPV with a written summary of concerns which lead to the referral and current status of employment.
4. Follows their usual organisation practices of management if the nurse or midwife fails to contact

and engage the NMHPV. In some situations where the health issue is not seen as impacting on work performance it may be appropriate to observe and encourage the nurse or midwife to make contact when they feel ready, in other circumstances more structured observation may be required.

**The NMHPV is available to provide information, guidance and advice throughout this process.**

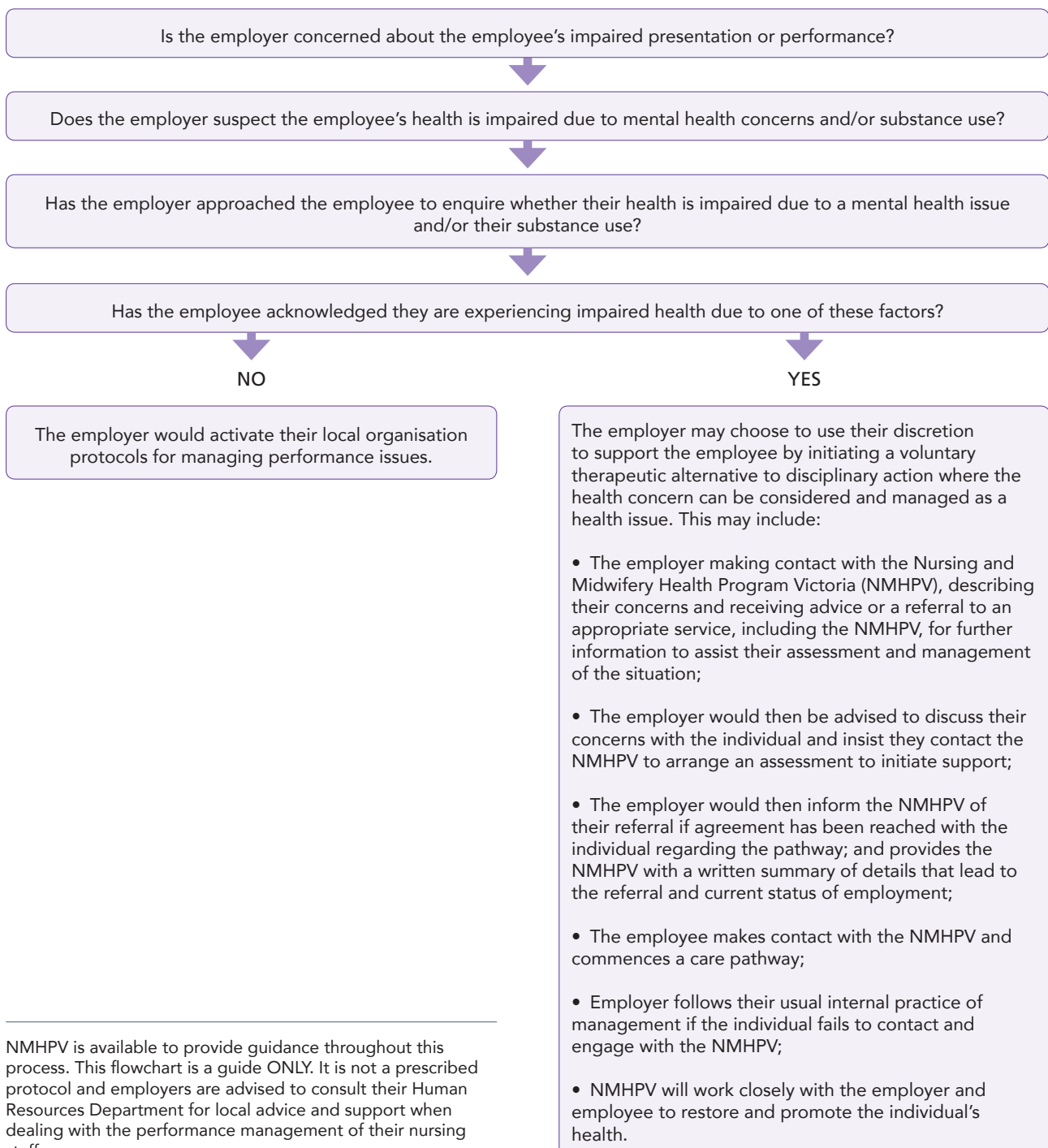
### THE NMHPV

1. In the event the nurse or midwife contacts the NMHPV, the NMHPV will support the individual to understand the process and request they sign a release of information form allowing for appropriate sharing of information between the NMHPV and their employer.
2. In the majority of occasions the NMHPV will provide an assessment appointment within three working days of contact.
3. Once the individual has agreed to participate with the NMHPV a formal care plan will be developed and appropriate referrals made where indicated.
4. The NMHPV will discuss any aspects of management of the situation with the employer including; work arrangement options, rehabilitation options, monitoring and the NMHPV, and any other treatment and support opportunities relevant to the employer.
5. The NMHPV will provide ongoing support for the individual, review the effectiveness of any intervention and monitor their ability to work with the support of the strategies included in the care plan.
6. The Senior Clinician will liaise with the employer and provide written progress summaries to the employer as negotiated. The individual, employer and NMHPV Senior Clinician will agree upon the time period required for NMHPV involvement.

**Note: the NMHPV cannot provide a formal return to work or a ready to work assessment. Such assessments must be provided by a treating Psychiatrist, Doctor or a work supervisor.**

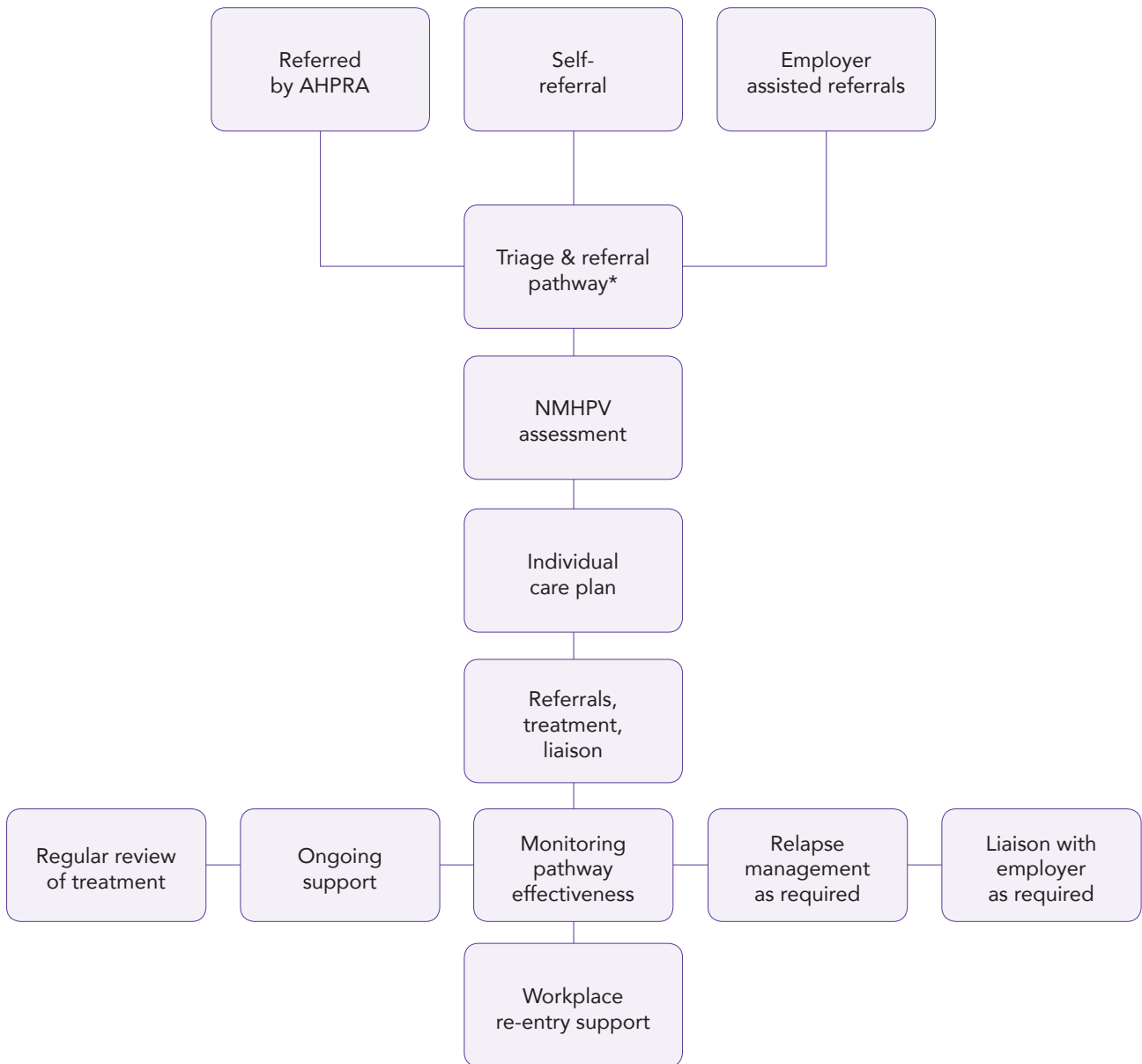
## Employer Assisted Referral Guide

The following guidelines for supporting employers of nurses and midwives with suspected impaired health has been designed to assist employers with their decision making when faced with a nurse or midwife they suspect has an impaired health status related to their substance use and/or mental health.



NMHPV is available to provide guidance throughout this process. This flowchart is a guide ONLY. It is not a prescribed protocol and employers are advised to consult their Human Resources Department for local advice and support when dealing with the performance management of their nursing staff.

## Model of Care



\*Referral pathway options

- NMHPV (assessment)
- N&MS (as required)
- Employer (EAP)
- General practitioner
- Specialist services (eg. AOD, FV)
- Community based services (eg. AA/NA, CHS)