

Reminder: MDC remains responsible for the care of residents until the official discharge to the community agency



Department of Families
 Manitoba Developmental Centre
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**COMMUNITY TRANSITION
 DAYPASS/LEAVE OF ABSENCE (LOA) FORM**

PART I

Date: _____ Destination (be specific) _____

This is to acknowledge that _____ is being placed on Leave of Absence from _____ until _____ in the care of _____.

Resident's Name
Date LOA begins *Date LOA ends*
Community Home/Agency Name

During this time, it is understood and agreed that _____ has had sufficient information shared with them and feel confident that they are able to provide care in a manner that ensures _____'s safety and well being during the Leave of Absence.

Community Home/Agency Name
Resident's Name

Should the Agency have any questions or concerns with respect to _____, the MDC strongly encourages them to contact the MDC.

Resident's Name

Signed: _____
Community Home/Agency Representative *Clinical Coordinator or Residential Coordinator/Designate MDC Care Provider*

Print: _____
Community Home/Agency Representative *Clinical Coordinator or Residential Coordinator/Designate MDC Care Provider*

Dated: _____

IMPORTANT: Signed Copy to Agency, Original to Health Information Services for scanning

The Substitute Decision Maker has been advised and has approved of the Discharge Planning Process and is aware of the provision of transitional visits.

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DAYPASS/LEAVE OF ABSENCE (LOA) MEDICATION ADMINISTRATION

- 1) All medication that the resident is to receive throughout the duration of the daypass/LOA will be provided by the MDC pharmacy in bubble packs for the Community Agency staff to administer. Liquids and creams etc will be dispensed separately but will contain an MDC label with administration instructions provided.
- 2) The medication will be accompanied by a Manrex Administration Record (MAR) sheet for the Community Agency staff to sign off that they have administered the medication and visually witnessed the resident swallow the medication. Upon resident return to the MDC following the transitional visit, the Community Agency staff will provide the MDC MAR sheet and a copy of the Community Agency's MAR sheet.
- 3) Prn medication will also be provided on bubble packs as indicated above.
- 4) If the resident requires the administration of a prn medication, the Agency staff **MUST** consult by telephone with the Nurse In Charge on the resident's home area before administering the medication to the resident. The Nurse In Charge may determine that the resident requires to be returned to the Manitoba Developmental Centre for assessment.

A Nurse from _____ is available from 0700 hours until 2300 hours at: 204 856- _____
Resident's Home Area *Area Phone #*

Between 2300 hours and 0700 hours contact the Night Supervisor at 204-856-6014.

- 5) Community Agency staff must not administer, apply or provide any medication to the resident unless the medication has been provided by the MDC pharmacy as per statement # 1 above. This includes all over the counter medications (e.g. oral medication such as tablets and capsules), creams, drops, liquids, lozenges etc.).
- 6) **Agency staff must contact MDC staff prior to seeking medical/psychiatric intervention except in life threatening situations.**
- 7) **Any medication errors must be reported to MDC immediately.**

Signed: _____
Community Home/Agency Representative *Clinical Coordinator or Residential Coordinator/Designate*
MDC Care Provider

Print: _____
Community Home/Agency Representative *Clinical Coordinator or Residential Coordinator/Designate*
MDC Care Provider

Dated: _____

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PART III

CHECKLIST FOR COMPLETION UPON RETURN FROM COMMUNITY VISIT:

- Bubble Packs/Medications Returned*
- MDC MAR Sheet Returned*
- Copy of Community MAR Sheet Provided*
- Medication Administration by Community Agency Staff Not Required During Transitional Visit*

Signed: _____
Community Home/Agency Representative *Clinical Coordinator or Residential Coordinator/Designate*
MDC Care Provider

Print: _____
Community Home/Agency Representative *Clinical Coordinator or Residential Coordinator/Designate*
MDC Care Provider

Dated: _____

The Substitute Decision Maker has been advised and has approved of the Discharge Planning Process and is aware of the provision of transitional visits.