

COMMUNITY CONTINENCE PRESCRIPTION FORM



Victorian
WorkCover
Authority

This form is used by community-based continence nurses to request continence equipment for Victorian WorkCover Authority (VWA) workers. The information in this form is for use by the VWA and will not otherwise be exchanged with any other party, except in accordance with law. Please see section 8 of this form for privacy information.

- Please refer to the notes for assistance in completing this form
- All questions must be answered for this request to be considered by the VWA
- Please complete this form electronically, if able
- If you are unable to complete the form electronically, please use block letters when hand-writing
- Where there is insufficient space, please attach to the back of the form.

IMPORTANT

The VWA will send a copy of this form to one of its equipment contractors to provide approved equipment. The VWA expects that this form will be completed by a continence nurse. Please fax this form to the Agent Case Officer.

1. Order Details

Specify start and end dates.

Start Date

End Date (*maximum 2 years*)

Next Review Date

Earlier reviews may be arranged with the Agent Case Officer.

Is this a minor variation to an existing order?

No

Yes A minor variation is defined as a small change to the worker's existing equipment order. For minor variations, only detail equipment variations (i.e delete/add products, amend quantities). Details of full continence routine are not required. Specify the type of variation to the existing order:

- Adding new products
- Removing products
- Increasing quantities
- Decreasing quantities

2. Worker Details

Agent

Worker Name

Claim Number

Date of Birth

Date of Injury

Worker Delivery Address

Postcode

Contact Person

Contact Telephone Number

Referring Medical Practitioner

Provider Number

3. Current Continence Routine

Outline the current continence routine. Include bladder, skin management and bowel goals (**including aperients/stimulants)

**Use of aperients/stimulants must be discussed with the worker’s treating medical practitioner as they may interfere with current medication

Has the worker’s treating medical practitioner approved the use and dosage of aperients/stimulants? Yes No

Medical Practitioner Name

Telephone Number

4. Continence Equipment Request

Please ensure that all items:

- are selected from the *Equipment List*, available at vwa.com.au, and
- comply with the *Continence Guidelines* in this form.

Stock code	Product description	Quantity/Units	Frequency <i>e.g. 3 months, 6 months, other, etc.</i>	WorkSafe approval <i>Agent Case Officer to complete</i>
<i>e.g. 12345</i>	<i>e.g Nelaton catheters</i>	<i>e.g. 30</i>	<i>e.g. Monthly</i>	

5. Items outside the Continence Guidelines and Equipment List

If you are requesting products which are outside the *Continence Guidelines* or the *Equipment List* please complete the following table:

Product name	Clinical rationale <i>Include alternatives considered, clinical rationale for recommended quantity, whether use is likely to be permanent or temporary and use for equipment, e.g. community access, home routine, etc.</i>

6. Acknowledgement

Has this order and assessment been discussed with the worker? Yes No

If 'No', provide reason

Do the worker or worker's family and/or carers require education in the continence routine? Yes No

If 'Yes', provide details of proposed education

7. Assessor Details

Provider name, address and phone number

Signature

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Discipline

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Date

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8. Personal and Health Information**Victorian WorkCover Authority (VWA)**

Personal and health information collected by the VWA on this form is used for the purpose of processing, assessing and managing claims under Victorian workers' compensation legislation. It may also be used for other related purposes including legal proceedings arising under legislation, to assist with a worker's rehabilitation and return to work and to assist the VWA and its Agents to better manage claims generally.

For the purposes of processing, assessing and managing a claim, the VWA and the Agent of the injured worker's employer may disclose personal and health information about the worker to each other and to the following types of organisations:

- employees, contractors and agents of the VWA and VWA Agents;
- employers of the injured worker;
- solicitors, medical practitioners and other health service providers, private investigators, loss adjusters and other service providers acting on behalf of the VWA or the Agent in relation to the claim;
- the Accident Compensation Conciliation Service and Medical Panels;
- a court or tribunal in the course of criminal proceedings or any proceedings under any of the legislation which the VWA administers;
- any other person, organisation or government agency authorised by you, or by law, to obtain the information.

An individual may request access to personal and health information about them collected by the VWA or an Agent by contacting the Agent.

The VWA Privacy Policy is available at the nearest VWA office or at vwa.vic.gov.au.

CONTINENCE GUIDELINES



Victorian
WorkCover
Authority

Important Notes

- You do not need to send this page back to the Agent
- All limits listed below are maximum quantities per worker. Continence products must be part of a continence routine that is both clinically justified and a direct result of the worker's work-related injury
- Additional quantities or products may be considered where clinical justification is clearly demonstrated on the *Community Continence Prescription* form
- Please refer to the *Equipment List* and manufacturer guidelines prior to submitting a *Community Continence Prescription* Form
- Independence Australia is the contracted supplier for continence equipment for the VWA.

Product Description	Limit	Duration
CATHETERS		
Indwelling (long term)	Limit 2	1 Month
Intermittent (short term)	Limit 200	1 Month
External sheaths	Limit 60	1 Month
DRAINAGE BAGS / CATHETER ACCESSORIES		
Leg bags	Limit 14	3 Months
Overnight bags	Limit 14	3 Months
Catheter packs	Limit 6	3 Months
Extended wear leg bags	Limit 1	3 Months
Extended wear connectors	Limit 1	3 Months
Little red valve	Limit 3	3 Months
Extended wear bottles - 2 or 4 litres.	Limit 1	3 Months
Catheter straps	Limit 4	3 Months
Leg bag straps/washable securing devices	Limit 4	3 Months
Short term catheter valves	Limit 14	3 Months
Urine bag hanger	Limit 1	1 Year
PADS / WASHABLE UNDERWEAR		
Continence pads (reusable/washable)	Limit 5	1 Month
Continence pads (disposable - includes disposable pull-ups)	Limit 200	1 Month
Continence briefs (long lasting/washable underwear)	Limit 2	1 Month
Mesh/stretch continence briefs Can be washed between 4-30 times before needing to be replaced. Prescribed to keep continence pads in place.	Limit 8	1 Month
CHAIR AND BED PADS / LINEN		
Chair pads (washable)	Limit 3	1 Year
Bed pads (washable)	Limit 3	1 Year
Disposable liners/underpads, i.e. blueys	Limit 200	1 Month
Waterproof pillow slips	Limit 1	1 Year
Mattress protectors	Limit 1	1 Year
- Bed sheets - Woollen underlay - Bath towels	The VWA cannot pay for these	
Doona protector	Clinical justification must be clearly demonstrated on the <i>Community Continence Prescription</i> form	

CONTINENCE GUIDELINES



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CONSUMABLES

Consumables are strictly for use in the management of a worker's continence routine. Products listed below must be required as a direct result of the worker's work-related injury.

Gloves Related to continence routine only.	12 boxes	3 Months
Lubricant - Sachets (for intermittent self-catheterisation) - Tubes (for bowel regime)	Number dependent on frequency of continence routine.	
Occlusive devices, e.g. anal plugs	100	3 Months
Hand/skin wipes - Wet (100 wipes per box) For use post-bowel regime and not as a substitute for toilet paper. - Dry (100 wipes per box) Related to continence routine only.	4 boxes	3 Months
- Travel packs Related to continence routine only.	Dependent on worker's degree of community access	
Extended wear detergent	Limit 4	3 Months
Detergent (5L)	Limit 1	3 Months
Urine test strips (100)	Limit 1	1 Year
Urinals (male/female)	Limit 2	1 Year
Hand sanitiser Related to continence routine only.	Number dependent on worker's individual continence routine.	

COMMUNITY CONTINENCE PRESCRIPTION FORM NOTES



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This form is used by community-based continence nurses to request continence equipment for VWA workers. The *Continence Prescription (Community) Form* provides a summary of the continence assessment and recommendations for the continence equipment needs of an injured worker. Completion of the form is required when a major review of the worker's continence equipment requirements is conducted (usually every two years) and/or when there has been a significant change to the worker's continence regime.

- All questions must be answered for the *Continence Prescription (Community) Form* to be considered by the Agent.
- Please complete the *Continence Prescription (Community) Form* electronically, if able
- If you are unable to complete the form electronically, please use block letters when hand-writing
- Where there is insufficient space, please attach to the back of the form.

1. Order Dates

Nominate a start and end date for the continence equipment request for a maximum of two years. Nominate a shorter duration if the worker's needs are unstable and frequent re-assessment is planned.

Nominate the next review date (maximum 2-year period).

For minor variations only detail equipment variations (i.e delete/add products, amend quantities). Details of full continence routine are not required.

2. Worker Details

Provide information about the worker. All fields must be completed.

3. Current Continence Routine

Outline the current continence routine. Include bladder, skin management and bowel goals (including aperients/stimulants).

Aperients/Stimulants - Recommendations for aperients/stimulants require you to contact the worker's treating medical practitioner to discuss the items and dosage recommended to ensure there is no adverse reaction with the medication regime and there is no ill-effect on the client's/worker's health status.

4. Continence Equipment Request

Ensure that all items:

- are selected from the *Equipment List*, and
- comply with the *Continence Guidelines* in this form.

Based on your clinical assessment of the worker's needs, list your recommendations for continence equipment as follows:

- Supplier stock code (if known)
- product description
- quantity required
- desired frequency.

Ensure that all continence items and related consumables are included in the table.

The Agent Case Officer will note their decision in the right-hand column.

You can access the *Equipment List* on the VWA website at vwa.vic.gov.au.

The Continence Guidelines are on the last pages of the *Community Continence Prescription Form*.

5. Items outside the *Continence Guidelines* and *Equipment List*

If you are requesting items outside the *Continence Guidelines* and *Equipment List*, include clinical justification to support your request, i.e. reasons the *Equipment List/Continence Guidelines* did not meet the worker's needs.

Your clinical rationale should include:

- alternatives considered
- clinical rationale for recommended quantity
- whether use is likely to be permanent or temporary
- use for the continence equipment, e.g. home routine, etc.

COMMUNITY CONTINENCE PRESCRIPTION FORM NOTES



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6. Acknowledgement

Explain if your order and assessment has been discussed with the worker.

Provide a reason if you have not discussed your order and assessment with the worker.

Explain if the worker and/or family/carers require education in the continence routine.

If required, provide details of proposed education.

7. Assessor Details

- Include assessor's name if using practice stamp
- The assessor's signature is a mandatory requirement for the VWA to accept the *Community Continence Prescription Form*.