



Leading our community to better health



WELCOME TO ROCHESTER AND ELMORE DISTRICT HEALTH SERVICE

STUDENT ORIENTATION MANUAL

January 2019

PURPOSE:

This booklet aims to provide you with a general knowledge of Rochester and Elmore District Health Service (REDHS) as well as some practical, everyday information to assist you in the clinical area.

You are required to read this booklet and complete the included Confidentiality Agreement and Checklist prior to commencing your clinical placement.

In addition, you must provide the following documentation on the first day of placement:

- National police record check
- Immunisation records
- Working with Children check

Your feedback is important to us.

An online Learner Survey is available for your completion and the link will be emailed to you

Updated January 2019

The content of this manual meets the requirements of the Orientation Handbook Guide –
BPCLE Resources v02 May 2016



Contents

1. WELCOME MESSAGE FROM THE CEO	5
2. CORPORATE STATEMENT	6
OUR VALUES.....	6
STRATEGIC PRIORITIES	6
PEOPLE EXCELLENCE PROGRAM.....	6
3. ORGANISATIONAL PROFILE.....	7
4. KEY STAFF.....	10
5. FACILITIES	11
FOOD	11
ACCOMMODATION	11
PARKING.....	11
6. OCCUPATIONAL HEALTH SAFETY & WELLBEING (OHS&W)	12
EMERGENCY RESPONSE	12
EMERGENCY MANUAL.....	12
EMERGENCY CODES.....	12
FIRE AND EMERGENCY RESPONSE	12
7. INFECTION CONTROL.....	14
WASTE MANAGEMENT	14
OCCUPATIONAL EXPOSURE TO INFECTIOUS AGENTS, INCLUDING NEEDLE STICKS	14
HAND HYGIENE	14
8. STUDENT HEALTH	16
IMMUNISATIONS.....	16
SMOKING	16
DRUGS AND ALCOHOL	16
MANUAL HANDLING	16
BULLYING, HARASSMENT AND VIOLENCE IN THE WORKPLACE	17

9. HUMAN RESOURCES	18
GENERAL RESPONSIBILITIES	18
GIFTS	18
UNIFORMS	18
USE OF SOCIAL MEDIA.....	18
PROFESSIONAL CONDUCT.....	19
PUBLICITY	19
10. QUALITY OF CARE.....	19
REDHS CLINICAL GOVERNANCE FRAMEWORK.....	20
CONTINUOUS QUALITY IMPROVEMENT	20
ACCREDITATION	20
INCIDENT REPORTING	20
RISK MANAGEMENT	21
11. PRIVACY AND CONFIDENTIALITY	21
12. HUMAN RIGHTS	22
13. STUDENT EDUCATION AND SUPPORT SERVICES.....	22
SUPERVISION	22
POLICIES AND PROCEDURES	23
INTER PROFESSIONAL LEARNING AND TEAM MEETINGS.....	23
14. INFORMATION AND TECHNOLOGY	24
ANSWERING THE TELEPHONE	24
DURESS SYSTEM	24
COMPUTER ACCESS INCLUDING EMAIL	24
PERSONAL MOBILE PHONE USAGE	24
15. CLINICAL PRACTICE	24
CLINICAL HANDOVER	24
MEDICAL RECORD DOCUMENTATION	25
MEDICATION.....	26
16. CHECKLIST AND CONFIDENTIALITY AGREEMENT	29

1. Welcome message from the CEO

Welcome to Rochester and Elmore District Health Service (REDHS)

Rochester and Elmore District Health (REDHS) is a thriving small rural health service providing a range of acute, residential aged care and community based services to the communities of Rochester and Elmore and district and it is my pleasure to welcome you to the organisation.

We welcome and support the placement of students from various disciplines and education providers. Students who have the opportunity to work with our staff tell us that the contribution we make impacts positively on their skills and career development and the time they spend at REDHS is enjoyable, rewarding and invaluable.

This Orientation Manual provides you with information regarding how to navigate through our facility and find the people who can assist you. Orientation is an important part of welcoming students to REDHS and supporting your integration into your role and the workplace in order to meet expectations and standards.

We look forward to your contribution to providing excellence in healthcare at REDHS for every consumer, every time.

A handwritten signature in black ink, reading 'A McEvoy', written in a cursive style.

Anne McEvoy,
Chief Executive Officer
Rochester and Elmore District Health Service

2. Corporate Statement

Leading our community to better health

OUR VALUES

The Board, management and staff of REDHS value:

Respect

Equity

Diligence

Honesty

Service

STRATEGIC PRIORITIES

Quality Healthcare

- Enhance person centred approach to care
- Focus on wellbeing including quality ageing
- Strengthen community and consumer engagement

Collaborative Endeavours

- Develop and provide services to meet community need
- Nurture strategic partnerships and develop cluster arrangements
- Transform models and systems for efficiency and quality

People and infrastructure

- Engage in innovation driven opportunities
- Develop our people
- Strengthen our governance and quality systems
- Progress contemporary physical and technical infrastructure

PEOPLE EXCELLENCE PROGRAM

The People Excellence Program at REDHS is an evidence based leadership framework that assists us to achieve high levels of staff engagement, increased patient experience and optimal clinical outcomes.

It assists us to align behaviours of staff to REDHS' goals and values, and also "sets the bar" for the delivery of exceptional care and service to the REDHS community.

REDHS' key focus areas include:

- Implementation of a consistent way of engaging with consumers and peers by building a culture around service
- Rewarding and recognising outstanding performance
- Communication at all levels and proactive 'rounding' conversations with staff to improve staff morale and to provide the tools and equipment staff require to achieve the best from their work

3. ORGANISATIONAL PROFILE

History of the organisation

The Rochester and District War Memorial Hospital has a proud record of achievement and service to the residents of Rochester and district dating back to its establishment in 1952.

The official opening of the hospital, by the then Premier of Victoria the Hon..J.G. McDonald, was the culmination of eight years of planning and work by the building committee appointed by the Advance Rochester and District Association.

The sum of £27,000 was raised locally, with significant input coming from the local branch of the RSL. This substantial amount added to a government contribution of £63,000, enabling the hospital to be handed over to the Committee of Management totally debt free.

Over the years, a number of additions to the original hospital structure have been made including additional acute beds, medical consulting rooms, bathroom facilities, staff amenities block and a major kitchen refurbishment. Two aged care facilities providing sixty residential aged care beds have also been constructed on the campus. After much deliberation and many meetings, the Rochester and District War Memorial Hospital amalgamated with the Elmore District Hospital, effective from 1st November 1993, to become known as the Rochester and Elmore District Health Service.

In the following years the need for an updated hospital facility to meet the Health Service Accreditation and Building Certification requirements culminated in the State government agreeing to a \$21.7 million redevelopment program. The redevelopment program commenced in late 2006 and was completed in July 2010.

Range of Services

Rochester and Elmore District Health Service was established on 1 November 1993 following the amalgamation of the Rochester and District War Memorial Hospital and the Elmore District Hospital.

REDHS is an incorporated body under Section 31 of the Health Services Act 1988 providing a broad range of services including acute, residential aged and primary care services including home nursing to our catchment population of 8,700 and has:

- 60 high care residential aged care beds (including respite)
- 3 Transition Care Program beds
- 10 inpatient beds, including 1 palliative care bed
- Urgent Care Centre
- Day Procedure Unit
- Primary Care services

Our Community

Located on the banks of the Campaspe River, Rochester is the principle service centre for a diverse agricultural region in the central part of the Shire of Campaspe.

The town supplies surrounding farming communities with a well-developed retail sector and a range of community and business services. The economic base of the area is primarily agriculture with dairy farming, sheep, cattle, grain and vegetables. Manufacturing has become a major industry and employer, with one of the largest Murray Goulburn Cooperative dairy processing plants located in the centre of town. Other significant local businesses are involved in concrete production, agricultural machinery and a wide range of manufacturing including silos.

Rochester is also popular on the tourism trail, known as the home to Australian cycling legend, Sir Hubert Opperman. The town hosts the famous 'Oppy Cycling Classic', and has a bronze sculpture and museum in his honour.

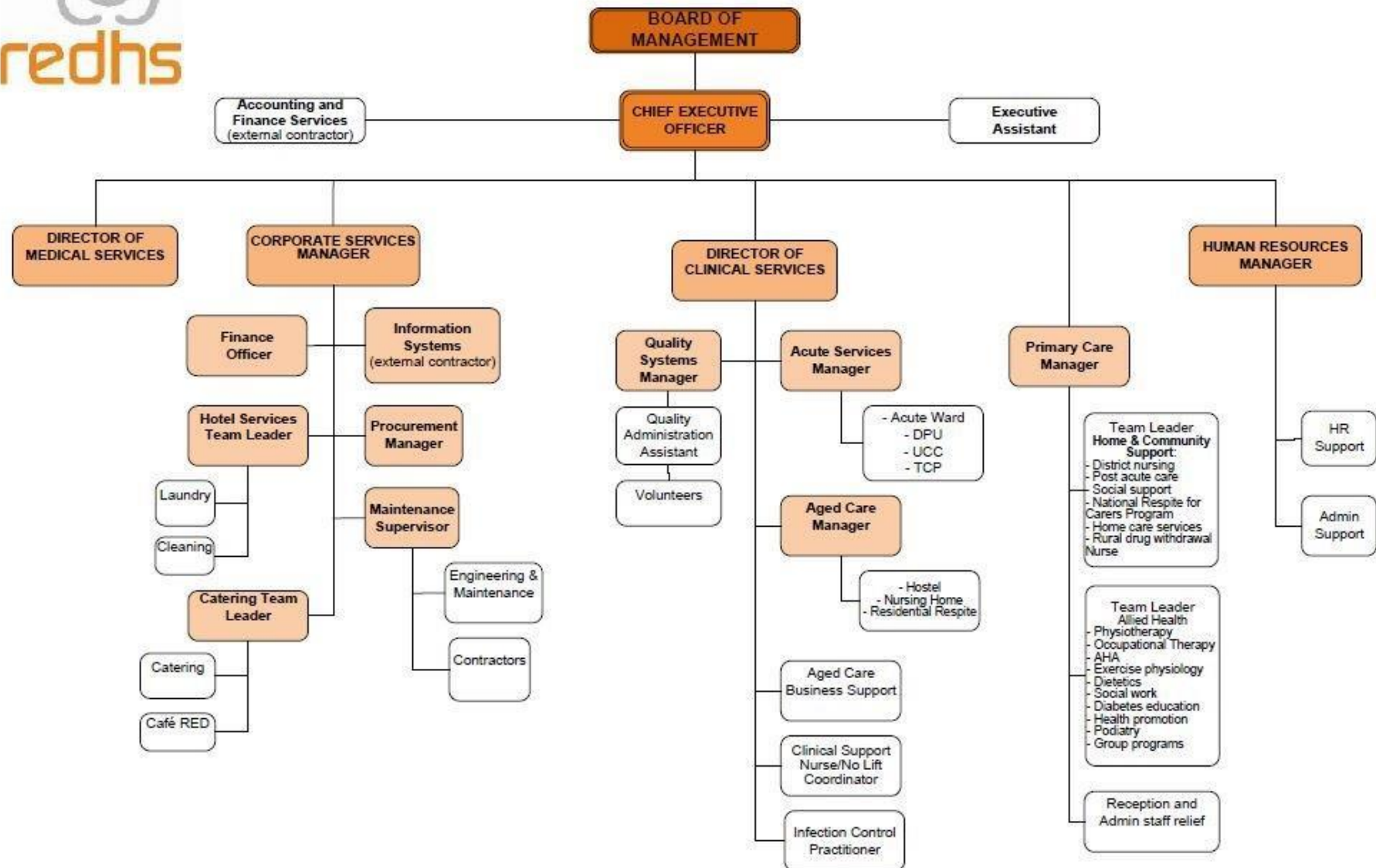
Rochester is a popular stop en route to Echuca and destinations further north, with country style pubs, cafes, and parks. Take a walk through history on one of the many walking tracks Rochester has to offer, including the Historical Plaque Trail and Cemetery Walk, or pack a picnic and enjoy the Campaspe River. *Ref: Shire of Campaspe*

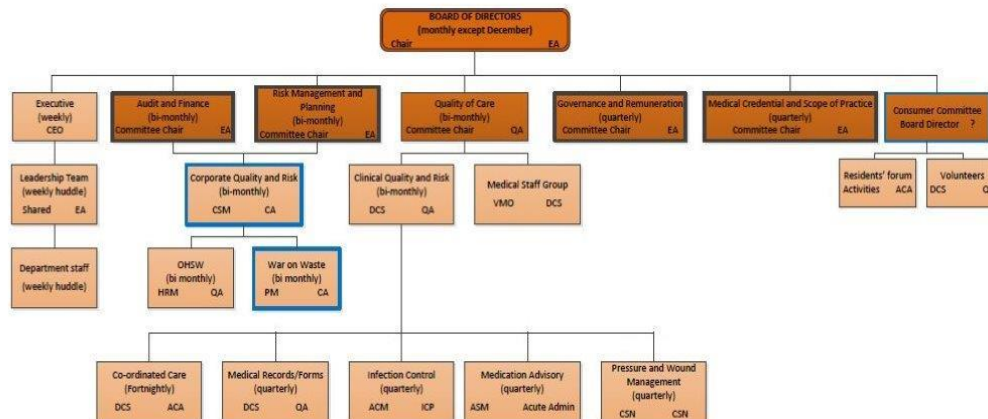
OUR LOCATION



ORGANISATIONAL CHART

REDHS Organisational Structure - Roles - January 2018





Legend:

- Board sub-committee
- Internal committee
- New committee
- Changed composition and/or increased frequency of meetings

- Board subcommittees historically met 13-14 times per year
- Proposed structure = 26 meetings per year (not including consumer committee or 11 Board meetings and one AGM)

Left side box denotes committee chair; right side box denotes minute taker

4. KEY STAFF

Chief Executive Officer	Anne McEvoy
Director of Clinical Services	Mark Nally
Director of Medical Services	Dr Glenn Howlett
Human Resources Manager	Susan Briggs
Quality Systems Manager	Lynn Wolfe
Clinical Support Nurse	Cheryl Petrini
Aged Care Manager	Mark Cresp
Clinical Care Coordinator	Tyson Gleeson
Acute Services Manager	Meredith Hodder
Primary Care Manager	Meaghan Sully
Infection Control Practitioner	Natasha Collins

5. FACILITIES

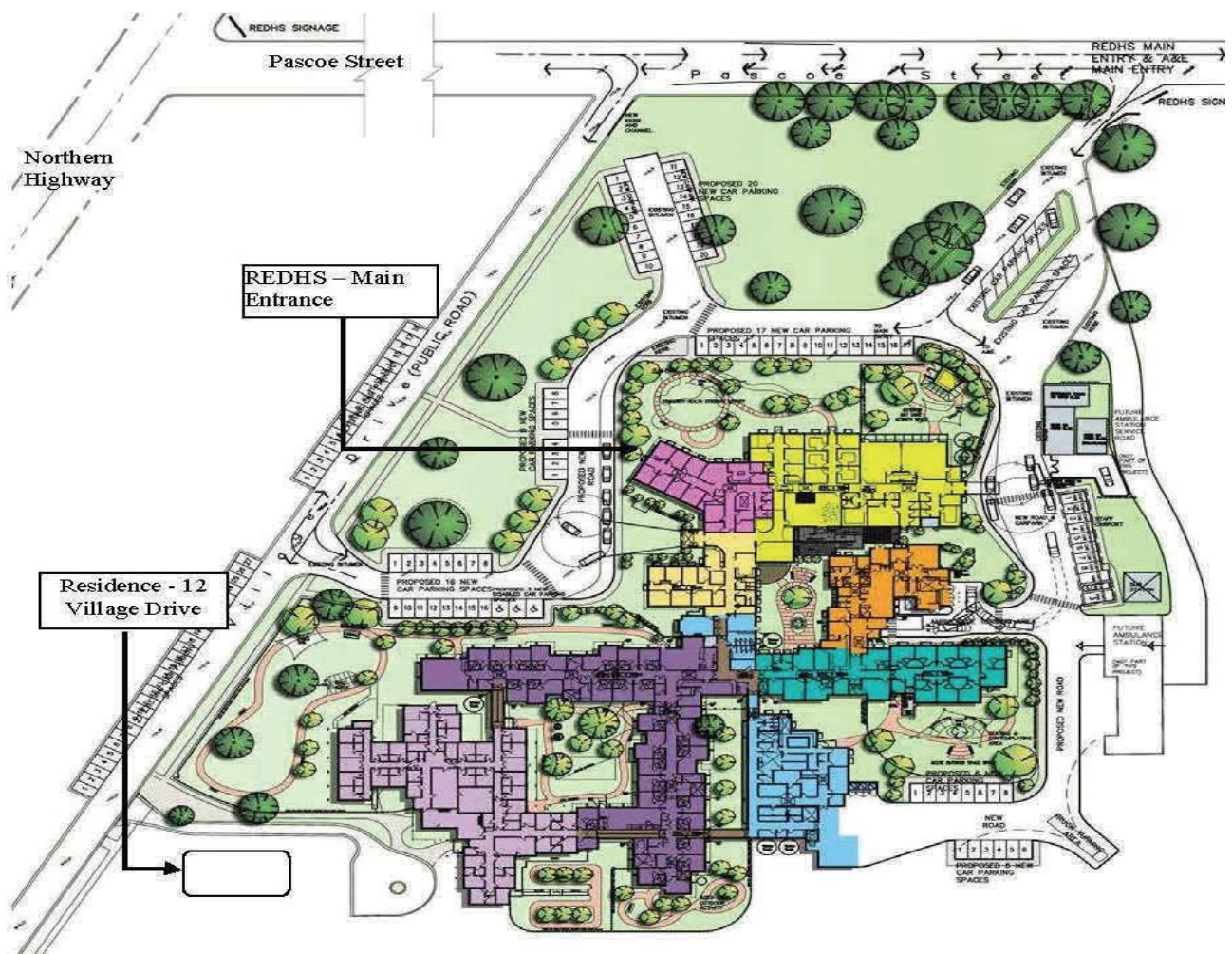
Food- REDHS Café is conveniently located opposite the Reception area in the Main Foyer. The cafe is open daily from 10am until 2.30pm and meals may be pre-ordered.

Accommodation - is available for learners on clinical placement by contacting REDHS Reception on (03) 5484 4400.

Parking - Parking is available in REDHS' grounds. Learners and staff who bring their cars to work are requested to park only in designated areas and be considerate of leaving parking spaces near to entrances for community member access, particularly the elderly or disabled.

Night staff are advised to park in a well-lit area near the hospital.

Hostel staff are to park in Village Drive throughout the day and may park near the Hostel main entrance at night.



6. OCCUPATIONAL HEALTH SAFETY & WELLBEING (OHS&W)

Emergency response

Associated REDHS Policies and Guidelines:

- Emergency Management Manual
- Emergency Management Policy
- Occupational Health and Safety & Wellbeing
- Staff Safety Policy

Emergency Manual

REDHS has an Emergency Management Manual that is designed with the specific intention of:-

- Forming part of a comprehensive safety program for REDHS staff to cope with Internal Emergencies which may arise, and
- Outlining an External Emergency/Dis-plan to ensure the best possible use of resources to manage the receipt of a number of casualties.

It should be noted that each Emergency situation has been coded with a specific colour:

Emergency Codes

Code Blue	Medical Emergency
Code Red	Fire/ Smoke
Code Orange	Evacuation
Code Purple	Telephone Threat (Bomb/Chemical)
Code Yellow	Internal Emergency
Code Brown	External Emergency
Code Grey	Unarmed Personal Threat
Code Black	Armed Personal Threat

The reason for using a colour system is so that on reporting or discussing the Emergency situation, panic is prevented amongst patients/clients and visitors. If you are called upon to report an Emergency, the respective code should be used and not the actual word, e.g. “Respond Red” – followed by the area concerned for the instance of a “fire.”

Fire and Emergency Response

To ensure adequate knowledge of REDHS Emergency Response Procedures as part of your induction to your work area/s you will be required to familiarise yourself with the following:

- Note exit signs, fire extinguishers, smoke doors, emergency assembly points etc.
- Be aware of the fire alarm sound
- Be aware of your role and responsibility in the event of an emergency

Remember IN CASE OF A FIRE:

APPLY THE R.A.C.E PRINCIPLE

**If you discover a FIRE,
keep calm, DO NOT panic**

REMOVE

**Those in immediate
danger if safe to do so**

ACTIVATE ALARM

“Break Glass Alarm”

CONTAIN

Close doors and windows

Extinguish/Evacuate

Only if safe to do so

7. Infection Control

Effective Infection Prevention and Control practices are the responsibility of every individual that works within a health care facility.

All staff and students are responsible for maintaining infection prevention and control knowledge and standards commensurate with the level of risk involved in the various activities which they undertake.

Infection prevention and control policies and procedures and practice guidelines can be found on the PROMPT system via REDHS intranet.

Associated policies and guidelines:

- Infection Control
- Healthcare Workers with Infectious Diseases
- Multi Resistant Organisms
- Standard and Transmission Based Precautions
- Gastroenteritis Outbreak Management

Waste Management

REDHS has policies in place regarding the management of wastes including biohazard waste.

Associated policies and guidelines:

- Clinical and Related Waste
- Waste Management Guidelines
- Spills Management for Clinical waste
- Waste Storage Flow Chart

Occupational exposure to infectious agents, including needle sticks

Associated policies and guidelines:

- Occupational Exposure to Blood and Body Fluid
- Needlestick- Blood Splash Flow Chart

Management of exposure to infectious agents will be followed up on an individual basis and will be predicated on risk assessment for exposure and susceptibility.

Hand Hygiene

Hand hygiene is one of the most important strategies in preventing the spread of infection within health care settings. Hand wash solution is available at all hand basins and alcohol hand rub solutions are also available.

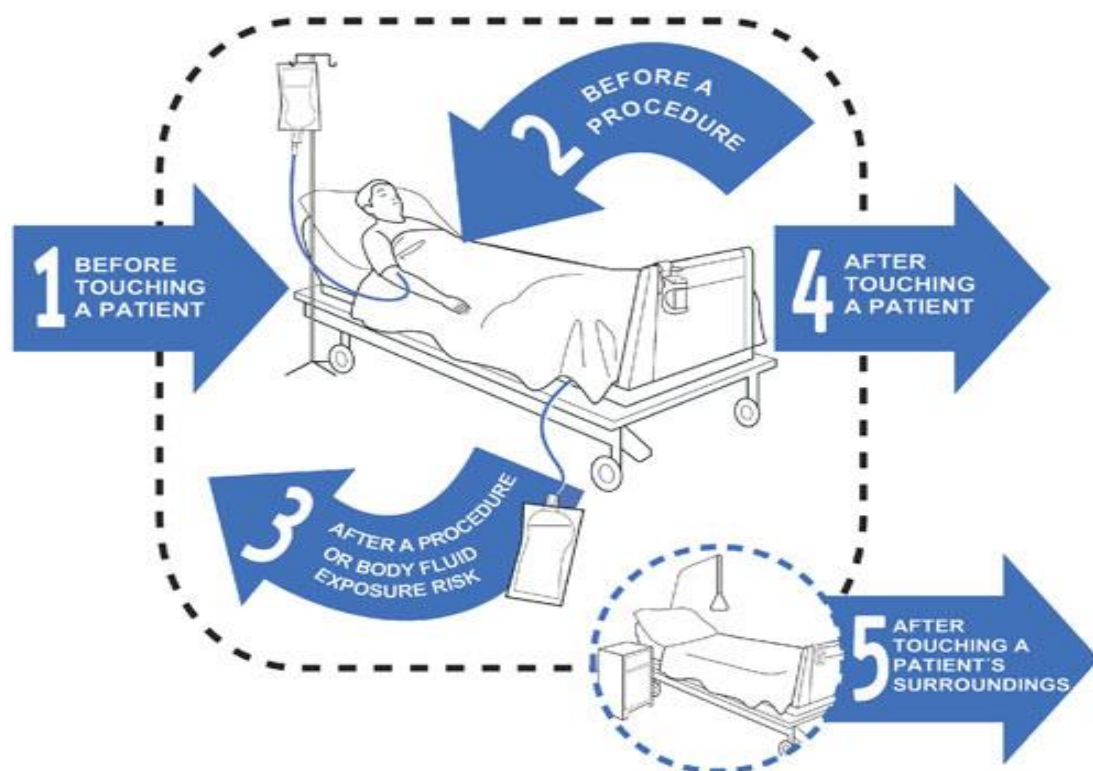
As an adjunct to traditional hand washing techniques, antimicrobial hand gel is also available in the clinical areas. **Hand gel can be used for hand hygiene when hands are not visibly soiled for all situations where hand washing is indicated.**

Associated policy:

- Hand Hygiene

REDHS is actively involved in improving compliance with hand hygiene and undertakes compliance audits. The results of these audits are reported to VICNISS as well as Hand Hygiene Australia which oversees the evaluation of hand hygiene policy and procedures throughout Australia. Hand Hygiene Australia is coordinated by the Australian Commission on Safety and Quality in Healthcare which is affiliated with the World Health Organisation's program 'Clean Care is Safer Care'.

Go to the website; <http://www.hha.org.au/learningpackage/olp-home.aspx>, select the on line learning package and complete the package relevant for your profession. When completed, print a certificate for your records.



Five Moments of Hand Hygiene

Hands should be decontaminated (washed or use of alcohol hand gel)

1. Before touching a patient
2. Before a procedure
3. After a procedure or body fluid exposure risk
4. After touching a patient
5. After touching a patient's surroundings

8. Student Health

Immunisations

Associated policies and guidelines:

- Staff Immunisations

Students are expected to take responsibility for maintaining immunisation against infectious disease in accordance with the Department of Health and Human Services guidelines – Immunisation for Health Care Workers:

<http://docs.health.vic.gov.au/docs/doc/Vaccination-for-healthcare-workers-Seventh-edition-updated-August-2014->

The Education Provider is expected to notify REDHS when immunisations for a learner do not meet this requirement so that an informed decision can be made regarding the clinical placement.

Smoking

Smoking is not allowed in any areas of the Rochester and Elmore District Health Service buildings or grounds. (There are designated areas for aged care residents).

Associated policies and guidelines:

- Smoke Free Workplace

Drugs and Alcohol

Drinking of alcohol and/or using illicit drugs whilst on duty is prohibited, as is working under their effect. Action will be taken where either occurs and the clinical placement ceased immediately.

Associated policies and guidelines:

- Managing Drugs and Alcohol in the Workplace

Manual Handling

Compliance

REDHS expects that all staff and students will comply with the principles and practices of the “No Lift” system and the organisations Manual Handling Policy & Procedures.

Students are expected to undertake risk assessments (Identify a risk, assess the risk and control the risk) and use appropriate equipment as provided in the workplace in the interests of health and safety associated with manual handling and lifting.

Equipment

Appropriate REDHS approved equipment is provided in the workplace to ensure staff and students are able to carry out patient handling and lifting techniques, according to “No Lift” guidelines. Department Heads of REDHS are responsible for the maintenance, cleaning and replacement of equipment in their area. As a student, you are expected to report any problems that you are experiencing with equipment to a staff member.

If you are unsure of how to use a piece of equipment and have not been trained in its use, you must ask a staff member for assistance before using it.

Associated policy and guidelines:

- Manual Handling/ No Lift

Bullying, harassment and violence in the workplace

All staff members, volunteers and students are entitled to work within a safe work environment, free from harassment (including bullying).

Harassment is any unwelcome conduct, verbal or physical, which has the intent or effect of creating an intimidating, hostile or offensive educational, or work environment and which happens because of a person's sex, pregnancy, race or ethno-religious background, marital status, age, sexual preference, transgender status or disability that makes a person feel belittled, intimidated, offended or apprehensive in the workplace.

See REDHS Policy - Bullying, Harassment and Discrimination

What constitutes bullying?

The following types of repeated behaviour directed towards an individual or group of individuals, or occurring as part of a pattern of behaviour, can be considered as workplace bullying:

- Demeaning language or verbal abuse
- Threats, physical or verbal intimidation
- Outbursts of anger or aggression
- Exclusion or isolation of staff
- "Ganging up" on staff
- Psychological harassment or intimidation
- Giving staff impossible tasks to do
- Deliberately changing or setting work rosters to inconvenience particular staff
- Deliberately withholding information that is vital for effective work performance
- Removing responsibility and/or imposing menial tasks.

What does not constitute bullying?

Management actions carried out in a fair and reasonable manner are not bullying. Reasonable actions include:

- Setting performance goals, standards and deadlines
- Allocating, delegating or directing work to a staff member
- Rostering and allocating work hours
- Informing a staff member about unsatisfactory work performance
- Informing a staff member about inappropriate behaviour
- Implementing organisational changes
- Differences of opinion
- Performance counselling and disciplinary processes
- Constructive feedback to a staff member.

Interpersonal conflict is part of human interaction and occurs in all workplaces on occasion. We all get on with some people better than others. Interpersonal conflict can result from personality or style differences or personal problems. Interpersonal conflict is not considered bullying, unless either party to the conflict engages in behaviours that fall within the definition of bullying.

9. Human Resources

General Responsibilities

- Always ask questions. You are here to learn.
- Be prepared. Revise notes, pharmacology, anatomy, and physiology (if relevant). Go over notes or books that relate to the clinical area you will be in for your placement. Have your objectives ready on your first day.
- A motivated student will be self-directed; show initiative and actively participate in patient care as appropriate for their year level.
- Immediately report any changes or concerns in a patient's condition to staff.
- Inform the staff member supervising you when you are leaving the area and returning.
- **If you are sick, notify the clinical area, Clinical Support Nurse and university as soon as possible.**
- Be punctual. If you are running late, notify the area and your Clinical Support Nurse as soon as possible.
- Identify yourself as a student to patients, staff and visitors.
- Access policy and procedures on the intranet as required.
- Remember to think about what you are doing and why!
- Keep personal belongings to a minimum.

Gifts

Small inexpensive gifts or benefits, such as a box of chocolates, bottle of wine or flowers from a grateful patient or client may be accepted with thanks, but must be recorded in the Gifts/ Benefits Register if such gifts are valued above the \$50 nominal threshold.

See REDHS Policy – Gifts and Benefits – Board and Staff

Uniforms

Please note that, in accordance with REDHS Corporate Uniform Policy;

- Jewellery is strictly limited to a plain wedding band. Wrist watches or jewellery should not be worn as they impede proper hand hygiene and pose a risk to the skin of clients. Earrings are restricted to single sleeper or stud type.
- Shirt sleeves must not extend below the elbows.
- Cardigans must be removed when attending to clients.
- Fingernails are to be kept short and clean. Artificial nails, nail polish and nail extenders must not be worn by clinical staff.
- Hair is to be secured if longer than shoulder length.
- Lanyards are not to be worn by clinical staff due to the risk of contamination and cross-infection.

Use of social media

- Students must follow the guidelines of REDHS' Social Media policy.

Professional Conduct

- Students attending placements at REDHS are expected to act in accordance with the **Code of Conduct for the Victorian Public Sector**. Students are required to conduct themselves in a manner that is in the best interests of the people in our care. Professional conduct is expected at all times. This includes communicating in a courteous manner to staff and clients, dressing appropriately, maintaining confidentiality, respecting the privacy of consumers, and their rights and beliefs.
- **Grievances, issues or concerns** – The Clinical Support Nurse will be available to discuss any concerns that may arise whilst on placement. (Note: Primary care placement, this would be the supervising allied health professional and/or team leader. If you feel uncomfortable in the workplace or you are just feeling unsure of something – “where do I go” or “what should I be doing”, please contact the Clinical Support Nurse by phone at any time during the day (Extension 44436) in the Education Hub. After hours you can seek support from your buddy/educator, the person In Charge of the shift, or the After Hours Manager.
- If you have any concerns that arise after hours, please discuss the matter with your Clinical Support Nurse the next day of clinical placement. They will have time to listen and assist you.
- It is expected that you wear your Educational Institution ID card at all times whilst on clinical placement.
- It is essential that high standards of hygiene and tidiness be maintained. It is expected that you are neat and professional and wear the **approved uniform of your institution and identification**.

See also REDHS Policy – Code of Conduct

Publicity

Comment may not be made directly to media representatives. REDHS' Delegation of Authority requires that all enquiries from the media be referred to the Chief Executive Officer. Similarly, no contact should be made with media representatives about any REDHS matter without prior consultation with the Chief Executive Officer.

10. Quality of Care

REDHS recognises its responsibility to ensure the provision of safe, high quality care in a safe living and working environment. At REDHS, we all share responsibility for identifying opportunities for improvement. It could be improving what we do or how we do it, or even what we use to do it (equipment or products).

REDHS Quality Plan is in place to support staff to achieve the quality of service and performance improvements for consumer care. The plan outlines the four quality goals to be met for every consumer, every time:

- Consumer centred and responsive
- Accessible, integrated and streamlined
- Effective and appropriate
- Safe and free from preventable harm

REDHS Clinical Governance Framework

The Framework outlines the responsibilities for the provision, reporting, monitoring and analysis of high quality, clinical services and can be accessed on PROMPT via REDHS intranet.

Continuous Quality Improvement

Thinking about the way our processes work or don't work, is part of your role at REDHS. When you see an opportunity to improve a process or delivery of care to our customers, speak with your preceptor/facilitator to discuss your ideas. Areas for improvement should also be raised at relevant meetings to ensure a group effort to driving improvement initiatives.

See REDHS Policy – Continuous Quality Improvement

Accreditation

REDHS successfully maintains its full accreditation status with:

- National Safety and Quality Health Service Standards
- Aged Care Standards (as per Aged Care Act 1997)
- Home Care Standards
- Diagnostic Imaging Accreditation Scheme

It is the responsibility of all staff members to contribute to the continuing accreditation status of REDHS.

Incident reporting

REDHS endeavours to improve the quality and safe delivery of healthcare by identifying events and circumstances that put patients/residents/clients/ visitors/students and staff at risk of harm. All patient/resident/client/visitor/students and staff incidents are to be reported and approved investigations undertaken to prevent and control risks.

Monitoring trends in incident types and identifying risks that require evaluation and changes to our processes minimises the potential risk.

REDHS also recognises its responsibilities under the Occupational Health & Safety Act, 2004 with regard to the reporting and investigation of work related incidents to its employees.

All incidents and near misses are reported via the online VHIMS Incident Reporting tool. A VHIMS report should be completed as soon as possible after the incident occurs. Please ask your preceptor/facilitator for assistance with lodging a report if required.

It is important for you to familiarise yourself with the policy and procedure document available via the PROMPT system titled Incident Reporting which clearly outlines the processes and procedures for incidents and VHIMS.

Dependent upon the incident the educator provider will need to be notified and appropriate paper work completed.

See also REDHS policy - Incident Reporting

Risk management

A risk is something that could happen at REDHS which will lead to a positive or negative impact on our objectives, the delivery of our services, and/or our staff.

A risk is associated with:

- A source of risk or hazard e.g. a slippery surface, a dangerous chemical,
- An event or incident e.g. a leak, new regulations, a fall,
- A consequence e.g. changes in practice, change in regulations,
- A cause e.g. funding reduction, poor design, human intervention,
- Controls e.g. detection systems, clean up systems, training,
- When could the risk occur and where could it occur

What do we need to know about each risk?

- What is the source of the risk?
- How will it affect the achievement of our objectives
- When, where, why and how is the risk likely to occur
- Who might be involved or impacted
- What controls do we presently have to treat this risk and how effective are those controls

How do we identify the risks?

- Reporting systems
- Expert advice
- Personal experience
- Team discussions
- Audits
- Checklists
- Records

Associated policies and guidelines:

- Risk Management Framework
- Risk Management Policy
- Risk Management Procedure

11. Privacy and Confidentiality

All persons working in a health service environment have a legal obligation to maintain patient and organisation confidentiality. Identifying information is not to be discussed or disclosed either within or outside REDHS.

As a student you may encounter patients who reveal personal information or you may have access to their medical file. It is important you respect the individual's privacy. You will also have a legal obligation to protect and uphold the confidentiality of this information at all times. You will be required to sign a Confidentiality Agreement (available at the end of this booklet) before commencing your clinical placement and submit this to the Clinical Support Nurse. The agreement will be retained by REDHS for a period of three (3) years.

How do I know if information is confidential?

Information that is made available to the general public is not considered to be confidential information. An example of this is information able to be accessed from the Internet, which is readily available to the public, and hence is not confidential.

Other information that exposes REDHS' commercial operations (such as the identification of our suppliers or the content of contracts) clearly is not made public knowledge and, consequently, must be viewed as confidential.

Associated REDHS policies:

- Privacy and Confidentiality
- Medical Records Management
- Social Media
- Freedom of Information

12. Human Rights

Health care providers have a prime responsibility to ensure the rights of consumers are upheld in accordance with The Australian Charter of Healthcare Rights in Victoria, especially during times of increased vulnerability such as illness or residential aged care.

REDHS recognises that the aged have additional rights in accordance with the Aged Care Act 1997, Aged Care Principles Nov 2014, Charter of Residents' Rights and Responsibilities and any signed agreements. Staff at REDHS must consider these rights when making decisions, developing policies and providing services. Please make yourself familiar with the Charter at <https://www2.health.vic.gov.au/about/participation-and-communication/australian-charter-healthcare-rights/implementing-the-charter>.

Associated REDHS policies:

- Consumer Rights and Responsibilities
- Advocacy – District Nursing Service

Introduction to patient

People in REDHS' care must be made aware of the position /qualification of all people involved in the provision of their care and given the opportunity to decline the presence of a student.

13. Student education and support services

There is a student resource folder located in each clinical area.

Supervision

Each day you will be assigned a clinical preceptor. The role of your clinical preceptor is to ensure you are orientated to the area or department at which you will be placed. They will also offer guidance, support, education and consultation if you have any queries or need to seek clarification about an issue. Allied health students will have a nominated supervisor.

Nursing students are required to be supervised drawing up and dispensing all medications. You will also be required to be supervised for undertaking all procedures until such time your preceptor deems you competent to carry out basic procedures in a safe and competent manner independently.

REDHS has a Clinical Support Nurse who can be contacted for any queries you may have prior to or during your clinical placement.

For nursing students there will be a daily debrief session in the Education Hub from 1300-1400

Allied health students will have access to email whilst on placement. The intranet page gives you access to policies and procedures.

Associated REDHS policy:

- Clinical Supervision

Policies and Procedures



All policies and procedures at REDHS are available via an online tool called PROMPT, accessed via REDHS intranet:

<http://redhsintranet/PROMPTintro/index.aspx>

The policies and procedures available via PROMPT describe the essential and fundamental reason for the document's existence. It provides directive components and sets the objectives to be achieved by the activity set out in the policy. Prior to attempting any procedure for the first time at REDHS, you should access the policy and procedure on PROMPT.

Inter professional Learning and Team Meetings

A **team meeting** is defined as any type of staff meeting, whether formally scheduled or *ad hoc*, where work-related issues – clinical or non-clinical – are discussed.

The clinical areas have:-

- Regular ward meetings to discuss ward management issues
- Shift to shift meetings to handover patient care

The Coordinated Care Committee reviews clients across all program areas and determines where there may be a need for them to access another service. For example, someone who uses District Nursing may require Respite Care in an aged care committee, or someone on the Acute Unit may need Transitional Care as a slow stream rehabilitation option for getting home. These are held fortnightly on a Monday around lunch time– please ask if you may attend.

Inter professional activities are defined as those activities involving two or more health professional disciplines, usually involving consideration of clinical cases. The activities may include (but are not limited to) a case conference, patient/client consultations, case presentations or debriefs, rounds with GPs, tutorials, seminars, or simulated activities.

Students will most likely experience the patient/ client consultations and/ or medical staff on the wards and, if there are students from different professions, they will experience debriefs and learning simulations conducted by the Clinical Support Nurse.

14. Information and Technology

Answering the telephone

When answering the phone at REDHS it will be performed in this way:

Welcome to Rochester and Elmore District Health Service, <Acute Ward Mary Smith, Student Nurse/ OT/ physiotherapist etc.> speaking, May I help you?

Associated REDHS policy:

- Telephone usage and protocol

Duress system

Nursing staff carry Wi-Fi phones that are the nurse call system and also duress system.

Associated REDHS policy:

- Personal duress alarms

Computer Access including email

The Education Hub has a computer lab that can be utilised by students.

Associated REDHS policy:

- Email and Internet Acceptable Use

Personal mobile phone usage

Use of mobile phones whilst working in clinical areas is discouraged.

Associated REDHS policy:

- Telephone usage and protocol

15. Clinical practice

Clinical Handover

This provides the nursing staff with current information about the changing condition of the patients on the ward or unit and involves patients (and/or carers) in their care. It is held at the start each incoming shift. Between day and evening shifts this is conducted at the patient's bedside.

REDHS utilises ISOBAR to assist with the handover process-

I = identify – Identify yourself, who you are speaking with and your client, (using 3 approved identifiers – name, date of birth, and place of residence)

S = Situation – Why are you calling? Briefly state the problem

O = Observation – Recent vital signs and clinical assessment

B = Background – Brief relevant history

A = Agree to a plan – Given the situation what needs to happen? What do you want?

R = Read back – Confirm shared understanding. Who is doing what and by when?

A Bedside Discharge Planning meeting is held weekly involving allied health clinicians. The focus of this meeting is patient engagement and person centred care.

Associated REDHS policy:

- Clinical Handover

Medical Record Documentation

The following documentation legal requirements must be adhered to:

- All entries must be legible
- All documentation is to be recorded using **black ink** only
- Record will be free of fluorescent highlighting
- Record will reflect the date and time of entry
- Errors are to be dealt with by drawing a line through the mistake and initialing it before continuing
- Do not use correction fluid or write over mistakes with emphasis
- Only hospital acknowledged abbreviations are permitted – refer to [Abbreviations](#) Policy
- No entries should be made on behalf of another staff member
- **Entries made by a student must be counter-signed by their direct supervisor (Registered Nurse or preceptor, or supervisor)**

All entries are to be supported by:

- Staff Member's signature
- Staff Member's name in print, e.g. J SMITH
- Staff Member's designation, e.g. Registered Nurse, Physio etc.
- Designation stickers are used prior to entry into the notes.
- A line must be drawn across the page if a final line of a report is not completely filled, to prevent additions being made by others
- All progress note entries are to be in chronological order.
- Late entries are correctly noted including date and time.
- Frequency of report writing – reports is to be written at the time any relevant incident occurs or any noticeable change in a client's condition. A report is written each shift.
- No insertions are to be made into original entry.
- If a report needs to continue over the page, the foot of each page must be signed before continuing over the page and the next page must be dated and time documented before continuing.

Content:

The following are points to consider in report writing:

- Accurate and concise
- Patient's concerns, complaints
- Patient's responses to and understanding of treatment
- Patient/carer/family involvement in care
- Clinical and professional observations and judgements
- Objective-describe events and behaviour
- Patient education regarding their condition or medications
- The administration of PRN medications and the effectiveness of same
- Contemporaneous-record events when they happen, not at the end of a shift

Medication

Associated REDHS policies include:

- Medication management – REDHS
- Medication Management – Aged Care
- Medication Management – Acute Services
- Medication Management – District Nursing

Students must be supervised at all times when preparing, checking and administering all medications. A registered nurse must check medications. The person supervising must then countersign administered medications. Students may not take phone orders.

A second Registered Nurse must check the following:

- All drugs of dependence (Schedule 8 and some Schedule 4 i.e. Ketamine)
- Intramuscular
- Intravenous
- Subcutaneous
- All medications (including oral) given to patients under 19 years of age
- All oral anticoagulants
- All cytotoxic agents

Whether you are a Registered Nurse or student it is essential that the following be checked prior to administration:

Seven Rights...

- Right Patient
- Right Drug
- Right Dose
- Right Route
- Right Time
- Right clinical scenario
- Right documentation

Additional Important Points

- Clear, legible and correct order
- Allergies
- When last administered
- Reason for administration
- Appropriate method of dilution, reconstitution and rate
- Contraindications and side effects
- Expiry date
- Correct formulation, i.e. slow release

Use resources such as MIMs (online), the pharmacist or the Injectable Handbook

Standard Administration Codes

A	Patient Absent
F	Fasting
L	On leave
N	Not Available - obtain supply or contact Doctor
R	Patient Refused, notify Doctor
S	Self-administered
V	Vomiting – notify Doctor
W	Withheld - Enter reason in Clinical Record

The above abbreviations must be **circled** or they may be mistaken for someone's signature.

Standard Prescribing Abbreviations

D:	daily
BD:	twice Daily
TDS:	three Times daily
QID:	four times daily
4/24:	four hourly
6/24:	six hourly
8/24:	eight hourly
12/24:	twelve hourly
PRN:	(pro re nata) when needed
AC:	before meals
PC:	after meals
Mane:	morning
Nocte:	night

NOTES:

16. Checklist and Confidentiality Agreement

- ☐ I have read and understand the information contained in the Orientation Booklet.
- ☐ I have signed the Privacy, Confidentiality and Security Agreement below.
- ☐ I have completed the requisite paperwork from my learning institution (if applicable).
- ☐ I have an identification badge that I will display at all times.
- ☐ I know who my clinical teacher is, or someone to contact within REDHS with any queries I may have.

Privacy, Confidentiality and Security Agreement

Rochester and Elmore District Health Service (REDHS) is committed to ensuring it complies with relevant privacy, confidentiality and security legislation – to protect our clients, our staff and our organisation. As part of this, individuals are required to understand their obligations and responsibilities, including what it means to maintain privacy, confidentiality and security of information.

All persons, including REDHS staff, contractors, volunteers and students who come into contact with, or have access to, confidential information have a responsibility to maintain the privacy, confidentiality and security of that information.

Confidential information may include information relating to:

- PATIENTS AND/OR FAMILY MEMBERS – Such as medical records, conversations and financial information
- EMPLOYEES, CONTRACTORS, VOLUNTEERS, STUDENTS – Such as salaries, employment records, disciplinary actions
- BUSINESS INFORMATION – Such as financial records, reports, memos, contracts, computer programs, technology
- THIRD PARTIES – Such as vendor contracts, computer programs, technology
- OPERATIONS IMPROVEMENT, QUALITY IMPROVEMENT, RISK MANAGEMENT, PEER REVIEW – Such as reports, presentations, survey results

To assist REDHS in complying with relevant legislation, the following policies and procedures have been implemented. These documents are available via PROMPT. All persons to whom this agreement pertains should familiarise themselves with these policies and procedures and ensure their work practices are compliant as required.

- Privacy and Confidentiality Policy
- Medical Records Management
- Social Media Policy
- Freedom of Information Policy

Examples of breaches

The following are examples only. They do not include all possible breaches of privacy, confidentiality or security covered by this agreement. Staff/students/contractors should read and understand relevant REDHS policies and procedures as specified on page 1 of this agreement.

Accessing information that you do not need to know to perform your role:

Unauthorised reading of a patient's medical record or an employee or student file.

Random searching of the patient database for familiar names and details, such as phone numbers.

Accessing information on self, family, friends, co-workers/colleagues/classmates.

Reading pathology results of self, family, friends or co-workers/colleagues/classmates.

Divulging personal information without the individual's consent:

Discussing or *gossiping* about patient details in situations unrelated to direct patient care.

Conducting a conversation relating to patient, student or staff information in a public place.

Telling a relative or friend about a patient, student or staff member you have seen.

Discussing confidential information in a public area such as a waiting room, public corridor or dining room.

Sharing, copying or changing information without proper authorisation:

Making unauthorised changes to a patient's medical record.

Making unauthorised changes to an employee or student file.

Copying and forwarding patient, student or staff information to a third party without having verbal or written consent.

Sharing your password:

Telling a co-worker/colleague/classmate your password so that they can access your work.

Telling an unauthorised person the access codes for employee/student files or patient accounts.

Using unauthorised shared passwords.

Using another person's password:

Using a co-worker's/colleague's/classmate's password to log in to the REDHS computer system.

Unauthorised use of a password to access employee/student files or patient accounts.

Using a co-worker's/student's application for which you do not have rights after he/she is logged in.

Disclosing patient information without following [health service name] guidelines:

Faxing without including an appropriate fax cover sheet that includes a disclaimer.

Sending unsecured emails.

Sending information to home computers via email.

Leaving a secure information system (i.e. system that is password protected) unattended while logged on:

Being away from your desk (e.g. tea or lunch breaks) while you are logged into a secure system.

Allowing a co-worker/colleague/classmate to use a secure system for which he/she does not have access after you have logged in.

Agreement

As part of my position/employment/clinical placement at REDHS I agree to the following:

- I WILL ONLY access information I need to do my job.
- I WILL NOT disclose copy, release, sell, alter or destroy any confidential information unless it is part of my job. If it is part of my job to do any of these tasks, I will follow the correct procedure (such as putting confidential papers in appropriate shredding bins or using appropriate procedures).
- I WILL NOT misuse or be careless with confidential information.
- I WILL NOT disclose my personal computer passwords and will only use shared passwords in authorised situations.
- I ACCEPT responsibility for all activities I have undertaken using my password, and those activities undertaken by persons to whom I have provided my password.
- I KNOW that my access to confidential information may be audited.
- I WILL NOT remove confidential information (e.g. medical records, photocopied patient forms or electronic data) from REDHS unless it is an authorised work practice. I understand that this includes sending data via unsecured email or to my home computer.
- I WILL NOT share my Security Swipe Card with unauthorised people.
- I WILL report any activities to my manager/supervisor/educator that I suspect may compromise the confidentiality of information. I understand these reports, made in good faith, will be held in confidence to the extent permitted by law.
- I WILL endeavour to wear my identification badge at all times whilst on REDHS premises.
- I WILL protect the privacy of REDHS patients and employees.
- I AM RESPONSIBLE for my use or misuse of confidential information.
- I UNDERSTAND my obligations under this Agreement will continue after cessation of my clinical placement
- I am aware that failure to comply with this agreement may result in the termination of my clinical placement at REDHS and/or civil or criminal legal penalties.

By signing this, I agree that I have read, understood and will comply with this agreement:

Signature	
Name (print)	
Date	
Department	

Ensure the above is signed and lodged with the Clinical Support Nurse at REDHS