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Welcome

Welcome to the Northern NSW Local Health District Nursing and Midwifery Service.

The NNSW LHD includes a range of hospitals and services including The Tweed Hospitals group which includes The Tweed Hospital, Richmond Hospitals group including Lismore Base Hospital, Clarence Hospitals Group including Grafton Base Hospital, Community Nursing, Mental Health and Drug and Alcohol services.

With these hospitals and services come an exciting diversity of clinical specialties and a range of opportunities for Nurses and Midwives working across the district. We employ just over three thousand Nurses and Midwives including registered Nurses/Midwives, Enrolled Nurses, Nurse Practitioners, Clinical Nurse Consultants and Assistants in Nursing.

The NNSW LHD Nursing and Midwifery Service is committed to the care of our patients and the improvement of the health of our community.

We value our workforce and are committed to creating opportunities for staff development and career progression. We celebrate successes both large and small; we invest in research and clinical innovation and celebrate clinical excellence and our clinical leaders.

The Nurses and Midwives across our district are focused on the provision of excellence in person-centred care and are involved in a range of programs that give them the tools to create change in the way they work and evaluate their practice.

The NNSW LHD recognises and values the Nursing and Midwifery workforce for the contribution that each and every nurse or midwife makes to the healthcare of our community.

Our Directors of Nursing and Nursing/Midwifery Unit Managers and other Nursing and Midwifery leaders are key people who are charged with the responsibility of overseeing the highest standard of care and professional conduct, they are there to support you in your practice and in your professional development.

I know you will enjoy working with us and look forward to welcoming you to our team!

Adjunct Professor Katharine Duffy
Director of Nursing, Midwifery & Aboriginal Health
Northern NSW Local Health District
Organisational Structure

The Northern NSW Local Health District (NNSWLHD) is divided into Hospital groups responsible to the Director of Clinical Operation. They include:

- Tweed/Byron Hospitals which include The Tweed Hospital, Murwillumbah Hospital and Byron Central Hospital
- Richmond Hospitals which include Lismore Base, Ballina Hospital, Casino Hospital, Nimbin MPS, Kyogle MPS, Bonalbo MPS and Urbenville MPS
- Clarence Hospitals which include Grafton Base and Maclean Hospital

Mental Health and Drug & Alcohol are separate clinical programs managed by the District Mental Health service through the General Manager.
NEW STAFF ORIENTATION
New Staff orientation involves a 2-day face to face training where you will commence your mandatory training requirements. During these two days you will complete practical manual handling training, fire extinguisher practical training, basic life support, aseptic technique practical assessment & medication calculations test. In addition, community nurses will be required to complete training in Management of Anaphylaxis in the Community Setting.

Electronic Medical Record (eMR2) & Community Health & Outpatient Care record (CHOC) training will be organized by your manager and usually occurs on day 3 or 4 of your orientation.

Department/ Unit/ Community based Orientation
This will be specific to your clinical area and organized through your line manager/ NUM.

IDENTIFICATION / SWIPE ACCESS
Identification badges / swipe access will be completed by Security during corporate orientation or in consultation with your Manager. Your ID badge is individualized to allow access to the identified departments relevant to your position. All members of staff in the LHD must wear a name badge at chest height on the right side of the body at all times. For staff working in Emergency Departments it has been determined that displaying a first name and initial will be sufficient for identification purposes.

Any loss of a Photo-ID Badge must be reported to Security immediately, allowing the ID Badge to be cancelled and a replacement ID Badge issued.

COMPUTER ACCESS
This should have been arranged prior to commencement by your line manager/ NUM. If not, to obtain an email account and computer access, you will need to complete the appropriate forms which are available on the Intranet and through your Manager.

IT SUPPORT/ TECHNICAL ISSUES
You can call the Help Desk on 1300 28 55 33 or log a call electronically.

EMAIL
It is important that you have an LHD email address to keep up to date with what is happening in the hospital. Certain email providers are “blocked” by NSW Health IT so it is best to ensure you have a LHD e mail address.

To apply for an email account, complete an e-form available in StaffLink and ask your manager to sign and submit the form. Your manager will receive confirmation and details for initial login and password approximately two weeks after the application is submitted.
NURSING & MIDWIFERY SERVICES
Nursing and Midwifery offer a variety of services including education, research and support for evidence based practice. Education services include clinical skills programs, mandatory skills, evaluation, needs analysis and orientation. Research and evidence based practices service include assistance with literature reviews and searches, project design and implementation, data management and analysis (quantitative and qualitative), research presentation strategies and nursing protocol and standards development are provided through the Collaborative Practice Unit with Southern Cross University.

The NNSW LHD Nursing and Midwifery service encourages and supports career pathways for staff from student to Registered nurse to Nurse Practitioner and Midwife. The service embraces opportunities that are innovative and meet gaps in services and strives for the best possible outcome for the patients we care for.

PERFORMANCE APPRAISALS
You will be offered a performance appraisal after 3 months in the position and then annually. This includes completing the NNSW LHD Performance Appraisal tool and bringing this along with your professional development portfolio and mandatory training record to the meeting. It is the responsibility of each employee to organise their yearly appraisal. You should also arrange to meet with your Manager regularly to discuss your progress towards goals and expected outcomes.

STAFFLINK
StaffLink is your gateway to the Oracle Human Resources Information System (HRIS). StaffLink brings with it many benefits for NSW Health staff including:
- Manager Self Service (MSS) and Employee Self Service (ESS) available online, anytime from work or home allowing you to modify your personal details, banking details and many more features
- ePayslips – view your pay slip online or have it emailed to you – the choice is yours
- eForms, replacing the need to print and manually submit most of the commonly used payroll and human resources forms.

For all technical issues, including password resets please contact the State-wide Service Desk (SWSD) on 1300 285 533

ROSTER REQUESTS/ INFORMATION
Each clinical area will have rules for roster requests based around the NNSW LHD Rostering Guidelines. Speak to your manager and check your local orientation guide for this information. No requests are guaranteed as skill mix and patient safety will always take priority.
The following are resource documents you should be familiar with as part of your commitment to your own professional standards:
- National Competency Standards for the Enrolled Nurse
- National Competency Standards for the Registered Nurse
- National Competency Standards for the Registered Midwife
- National Competency Standards for Nurse Practitioners
- Health Practitioner Regulation National Law (NSW) No 86a
- Health Practitioner Regulation (New South Wales) Regulation 2010
- Health Care Complaints Act 1993
- Health Records and Information Privacy Regulations 2012
- Civil and Administrative Tribunal Act 2013 No 2

Nursing and Midwifery Board of Australia - Home

The National Safety and Quality Health Service (NSQHS) Standards were developed by the Commission to drive the implementation of safety and quality systems and improve the quality of health care in Australia. The 10 NSQHS Standards provide a nationally consistent statement about the level of care consumers can expect from health service organisations. You may be asked to participate in a NSQHS Working party or group.

For more information, see the following link:

The Essentials of Care Program is a framework to support the development and ongoing evaluation of nursing and midwifery practice and patient care. It is underpinned by the principles of transformational practice development. This approach to practice requires that all stakeholders – patients, carers, staff and families – have opportunities to participate and are included in decisions about effective care using approaches that respect individual and collective values. Nurses and midwives have been enthused by this opportunity to refocus on the basic values of caring and the reason why many of us came into the profession.

For more information, please see the following link:
SCOPE OF PRACTICE

All nurses and midwives must care for their patients within their scope of practice. For example: If you have not completed an Epidural learning package and accreditation, management of an epidural is outside your scope of practice.

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles. (ICN 2010).

In Australia, nursing is also defined through the enrolled nurse, registered nurse and nurse practitioner competencies, and the code of conduct and code of ethics for nurses in Australia.

The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the post-partum period, to conduct birth on the midwife’s own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women’s health, sexual or reproductive health and child care.

A midwife may practice in any setting including the home, community, hospitals, clinics or health units. (ICM2011)

In Australia, midwifery is also defined through the registered midwife competencies and the code of conduct and code of ethics for midwives in Australia.
Resources & Services

LIBRARY SERVICES
The Library services are located at Tweed, Lismore and Grafton. The library service supports staff with their clinical and academic information needs. There are many journals and books available through the hospital library, principally in the fields of Nursing, Allied Health and Medicine.

The journals are indexed in databases while the books are listed in the library catalogue.

Core databases such as MEDLINE, CINAHL and ProQuest are purchased by the LHD and are available through CIAP on most PCs in the work areas. Passwords and searching advice can be obtained through the link for use on mobile devices.

Any articles you need that are available by these means can be obtained by emailing an online request and submitting it to the library.

Literature searches can be performed by Library staff. Contact the local librarian via email with your request. You can also arrange a free literature searching tutorial, group or individual, from the librarian, either in your workplace or at the library rooms. Education is also available on the use of CIAP and other search engines.

To make use of the library you will need to complete a library registration form. Please contact the library for further details.
Uniforms & Jewellery

NSW Health has a state wide uniform policy PD2012_057 to provide NSW Health employees with uniforms through an online ordering system called TAMS (the Total Apparel Management System). The TAMS ordering system is linked to payroll data. Until you are active in the payroll system you will not be able to order a uniform. Further information will be provided at core orientation. The Uniform catalogue and other information are available on the intranet on the following link: http://intranet.hss.health.nsw.gov.au/hss_uniforms

Community nursing staff should speak with their Manager regarding the requirements to wear a uniform as some services do not require this.

FOOTWEAR
Footwear should be complementary to professional dress. Shoes should be sturdy, low heeled and protect the foot as per Work Health & Safety Standards. Nursing staff are to wear black closed footwear (i.e. not open toed or backless) with non-slip soles at all times. Footwear should be leather/vinyl and impervious to hazards in the workplace.

HAIR
Hair below collar length should be tied back at all times. Head/ hair protection is mandatory in certain areas including kitchens and operating theatres. Facial hair should be neat and trimmed.

JEWELLERY
Clinical staff are advised that jewellery should be removed wherever possible prior to patient contact. Fashion jewellery (long necklaces and earrings) are a WHS risk and are considered unacceptable. Hand and wrist jewellery, including watches, are to be removed as they present an infection risk. Simple/ plain wedding bands are the only acceptable piece of jewellery to be worn below the elbow by clinical staff, except when performing an aseptic procedure, in which case all jewellery should be removed.

In clinical areas, for the safety of the staff member as well as the patient, anything that can come into contact with the patient should be secured. Neck ties, scarves, long hair, stethoscopes, ID badges or other items that may scratch, catch or irritate a patient should be removed when moving, lifting or transferring a patient.

NAILS
All staff that have direct contact with patients are advised that artificial fingernails or fingernail extensions present an infection risk and are therefore should never be worn during work hours. Natural fingernails should be no longer than 0.5cm in length beyond the end of the finger, and should be free of nail polish to reduce the risk of infection to patients.
RELIGIOUS/ CULTURAL ITEMS
Articles of clothing/ jewellery considered to have cultural/religious significance are acceptable if they comply with the acceptable standards set out above.

MOBILE PHONE USE
Personal mobile phones should only be used during staff allocated breaks, this includes text messaging. Mobile phones should not be carried with you during your clinical shift unless it is deemed part of your role to be contactable via mobile phone.

If you are expecting an urgent message or in case of an emergency, you should direct the person delivering the message to call the ward/department direct number and ask to speak with you. If you have any questions regarding this speak to your Manager.

Pay Issues

LEAVE MATTERS
Everything you need to know about all types of leave is in the following policy:
PD2014_029: Leave Matters for the NSW Health Service

- Employees should submit an application for leave for appropriate formal approval at least one month prior to the commencement of the leave.
- Generally, annual leave accrues at the end of each year of employment. If the relevant manager and employee agree, the annual leave may be taken wholly or partly in advance.
- Leave application forms are available on the intranet in StaffLink. Scroll down on the login screen page to Customer Support - Service Centre Westmead, click on Forms Index this takes you to StaffLink Forms where you will find leave application forms.

HEALTH ROSTER - EMPLOYEE ONLINE (EOL)
For most staff members, payroll is done by a NUM or Nurse Manager within your facility. You will need to inform this person of any ADO’s or other leave you intend to take so that it can be entered onto the system.

Pay slips are delivered electronically through Stafflink- you can nominate to have your pay slips sent to a person email address if preferred.

Group Certificates Group certificates are delivered electronically through Stafflink.
ADO’S
ADO’s are accrued for fulltime employees. To accrue an ADO, you must work 19 shifts after which you accrue an ADO on the 20th shift worked. You should notify your line manager and the person entering your data on HealthRoster (the LHD rostering system) of when you would like to take your ADO. You are able to accumulate up to 3 ADO’s.

ANNUAL LEAVE
Application forms for annual leave are available through Stafflink: https://envz.cit.health.nsw.gov.au/OA_HTML/help/state/content/group.FND%3ALIBRARY%3AUS/locale.en_US/navId.2/navSetId.iHelp/vtTopicFile.iHelp%7CHelpServlet%7CUS%7CPER%7CREFOINDX~htm/

Completed annual leave forms should be forwarded to your direct line manager/ NUM for authorisation at least four weeks prior to your leave. As succession planning is being developed within each service throughout the LHD it is important to notify your NUM/ Manager of your intention to take leave as early as possible so the process of replacing you can begin.

SICK LEAVE
When calling in sick it is important to notify the Nursing Supervisor or your line manager/NUM as soon as possible to ensure your shift is filled appropriately. Periods of more than 2 days absence require a medical certificate.

STUDY LEAVE
Application forms for study leave are available on the hospital Intranet through Stafflink. There are different forms for tertiary study leave (for university courses) and conferences, short courses or seminars. If the conference/seminar you wish to attend involves travel (e.g. interstate or overseas), an online travel request must be completed. The travel package is available on the hospital intranet under Travel.
Nursing & Midwifery Education

RECORDS OF ATTENDANCE AT EDUCATION EVENTS
All education sessions provided within the NNSW LHD require a record of attendance. These records are regularly entered into My Health Learning and form the basis for evidence of education provision during accreditation. You should also keep a record of the education you complete.

SICILY STATEMENT
All health care professionals need to understand the principles of Evidence-Based Practice (EBP), recognise EBP in action, implement evidence-based policies, and have a critical attitude to their own practice and to evidence. Without these skills, professionals and organisations will find it difficult to provide 'best practice'.

POLICIES, PROCEDURES & GUIDELINES
Whether you’re a new graduate RN, Midwife or EN or a staff member from another country, state or hospital, you will need to familiarize yourself with NSW Health policy directives and NNSW LHD and local clinical practice guidelines. Look for the RED Library documents icon on the intranet page and it will lead you to the LHD clinical policy documents.

During your orientation period and within the first 0-3 months you will be required to complete various competencies, learning packages and attend practical training. If you have previously completed a competency for IV medication, CVAD or any of the following you will need to show evidence of this competency. It may be determined that you only need to complete a fast track competency assessment.

The learning packages that should be completed by general RN’s are discussed in detail on page 11. Completing the learning packages and skills assessments will assist you to understand the hospital’s policies and procedures, thereby developing a safe environment for our patients. Speak to your NUM and CNE to see what your ward or department’s priorities are.

Mandatory Training means training and/or education in a defined subject matter that must be undertaken by all nursing staff.
**NSW MoH My Health Learning e-Learning modules**, ward based in services and self-directed learning packages form the minimum requirements of your ongoing professional development. Please see the following introduction and list of mandatory training that you will need to complete and get signed off in your education and mandatory training passport.

**MY HEALTH LEARNING**

My Health Learning (MHL) is the platform delivering education and training to NSW Health staff, and can be accessed at any time or any place. Accessing the platform is easy; all you need to do is enter your StaffLink number and password. Inside MHL you will see the courses relevant to you, including modules that are mandatory (from NSW Health) or have been assigned by your manager. You can identify the courses of most value to you from the latest learning catalogue within MHL. If you need assistance, ask your friendly Educator!

**Ongoing Clinical Skills Development & Support**

**Nursing Education Departments** across the LHD are made up of Nurse Educators/Clinical Nurse Educators/Clinical Midwifery Educators (NE’s, CNE’s & CNM’s) who will assist you to complete your competencies, mandatory training requirements and provide clinical support. They also arrange on going in service education. This service is provided between 08.00-16.30hrs Mon-Fri only. **Clinical Nurse Specialist 1’s (CNS1s)** on each ward/Dept. will also be a resource for you as well as your senior RN’s

Always inform your Nurse in Charge (NIC) if you are concerned about your patient and what clinical resources you are calling. Remember your NIC should complete a clinical review and A-G assessment for all patients that fall into the yellow zone on the SAGO/SMOC/SPOC/SNOC charts.

**Clinical Risk Resource Nurse (CRRN)** The CRN/ CRRN is mostly available seven days a week evening and night shifts to provide clinical support for management of the deteriorating patient. They will assist you with Nurse in Charge (NIC) clinical reviews if you ask them and attend rapid responses (RR) after hours. The role of the CRN/ CRRN at the RR is to support the ward nurse to implement the recommendations of the RR team. The CRN/ CRRN can also assist you with any other clinical issues.

**After Hours Nurse Manager (AHNM)** The AHNM runs the hospital after hours. They will also act as a resource and provide guidance for management of any situation. They also have direct access to the Executive on Call for the Hospital for serious situations.
Mandatory Training Modules

*Please note: Specific clinical areas will have additional modules for completion*

<table>
<thead>
<tr>
<th>Module</th>
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<tr>
<td>Aboriginal Culture– Respecting the difference (Once only)</td>
<td>Waste Management</td>
</tr>
<tr>
<td>Child Protection (Once only)</td>
<td>Management of the Deteriorating Patient-DETECT (Once only) / DETECT Junior</td>
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<tr>
<td>Fire &amp; Evacuation (Yearly)</td>
<td>Invasive Device Protocols (Once only)</td>
</tr>
<tr>
<td>Hand Hygiene</td>
<td>Aseptic Technique online (5 yearly)</td>
</tr>
<tr>
<td>Hazardous Manual Tasks (Once only)</td>
<td>Basic Life Support online (5 yearly)</td>
</tr>
<tr>
<td>Incident Information Systems: IIMs: Notifier Training</td>
<td>BloodSafe Clinical Transfusion Practice (5 yearly)</td>
</tr>
<tr>
<td>Infection Prevention &amp; Control Practices (Clinical Staff) (Once only)</td>
<td>BloodSafe Transporting Blood (Annually)</td>
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<tr>
<td>Introduction to Work Health and Safety (Once only)</td>
<td>Open Disclosure (Once only)</td>
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<tr>
<td>Privacy Module 1- Know Your Boundaries (Once only)</td>
<td>Care Coordination (Once only)</td>
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<tr>
<td>Violence Prevention and Management- Awareness</td>
<td>Introduction to Safety &amp; Quality (5 yearly)</td>
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<tr>
<td>Violence Prevention &amp; Management- Promoting Acceptable Behaviour in the Workplace</td>
<td>Sharps Injury (5 yearly)</td>
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<tr>
<td>Obstetric Emergency and Neonatal Resuscitation Training (Midwives) (3 yearly)</td>
<td>K2 Perinatal Training Modules (Including 2 simulations within 3 months -then 2 annually)</td>
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<tr>
<td>Prevention, early Recognition and Management of Postpartum Hemorrhage (5 yearly)</td>
<td>Resus4Kids (Yearly requirement for staff working with Paediatrics)</td>
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**MANDATORY PRACTICAL TRAINING REQUIREMENTS**

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<th>TRAINING/ COMPETENCY ASSESSMENT</th>
<th>TIMEFRAME FOR COMPLETION</th>
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<tbody>
<tr>
<td>Basic Life Support Practical (Life Support Assessment Tool)</td>
<td>Yearly- provided by Nursing Education at each individual site</td>
</tr>
<tr>
<td>Fire &amp; Evacuation Practical training</td>
<td>Yearly- provided at each individual site</td>
</tr>
<tr>
<td>Manual Handling Practical competency assessment &amp; training</td>
<td>Yearly- provided at each individual site</td>
</tr>
<tr>
<td>Aseptic Technique</td>
<td>Provided through Nursing Education at each site-time frame for completion may vary based on clinical location (3-5 yearly)</td>
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13
SELF DIRECTED LEARNING PACKAGES/ COMPETENCIES

Mandatory competency for all RN/RM and EN with medication endorsement

If you have evidence of any skills accreditation from another Australian hospital this can be produced as evidence of accreditation and a fast track package can be completed in order for you to practice these skills. The completed package and issued certificate is your evidence of competence in this skill.

The following skills should be completed by all Nurses and Midwives within 1-3 months of commencement.

- IV Medication Administration accreditation
- DETECT practical and My Health Learning online modules
- Aseptic Technique competency

The following skills are expected within 3 months depending on your clinical area or where you regularly work:

- Central Venous Access Device (General wards) dressing competency
- ECG recognition of life threatening rhythms
- Patient Controlled Analgesia (PCA) / Epidural Management
- Regional blocks
- Continuous Subcutaneous analgesia (NIKI T34 syringe driver)
- IV Cannulation and Venipuncture (General wards)
- Wound Management Packages (General wards)
- Paediatric PCA/ NCA Package (Paediatric staff)
- ABPI Doppler Use (Community)
- Compression Bandaging (Community)
- Catheter Care and changes – SPC & IDC (Community)
- Wound assessment and Wound Products (Community)

These packages are available through your Nursing Education department or on your local computer drives (see your Clinical Nurse Educator for more information).

How to complete a self-directed learning activity package:

1. Do the theory component of the printed or online package
2. Send to CNE/ CME or Nursing Education department via internal mail, or online where applicable
3. Get feedback from CNE/ CME
4. Commence supervised practice
5. Complete competencies
6. Get certificate from CNE/ CME/ NE and keep package and certificate in your professional portfolio

POST GRADUATE OPPORTUNITIES WITHIN THE NNSW LHD

There are a number of avenues nursing staff can access for post graduate study (both funded and non-funded). Some of these include:

1. **NSW Health funded**: Graduate Certificates offered through the College of Nursing are available for 2 intakes (Jan & June) - applications and information is distributed by email by the Nursing & Midwifery Directorate. Speak with Education/ Staff Development team for more information

2. **LHD specific**: Within the LHD the CNC Critical Care coordinates two professional certificate courses (Acute Care and Critical Care courses). These courses run over 6-8 months and involve face to face and online teaching and learning. For more information, contact the CNC Critical Care. These programs are currently articulated to post graduate courses with Griffith University. The Critical Care course is offered across the NNSW LHD

3. **Other opportunities**: The University of Tasmania (UTAS) currently offer fully funded graduate certificate and Master programs for NSW health employees. For more information, please contact your Education/ Staff Development team

NNSW LHD PRECEPTORSHIP MODEL

The NNSW LHD supports a preceptorship approach to education and teaching that enables smooth transition for all new nurse/midwives (temporary or permanent), at both student or in more experienced nurse/midwife positions on any ward/unit within the LHD. Preceptorship is an experiential approach to clinical nursing and midwifery education, and in turn establishes a supportive and safe relationship between the new nurse/midwife and the clinical role model, a Nurse/midwife /Midwife (known as a preceptor) with whom the new staff member is partnered. Preceptorship assists the staff member in developing clinical competence and confidence in making the transition to their new role.

Preceptorship is a long term strategy to improve recruitment and retention, where staff feel supported in a safe working environment, are more likely to enjoy their workplace and are enabled to grow and develop both as an individual and professionally. For more information, please refer to the NNSW LHD Preceptorship Framework

Person Centred Care

*Person-centred care puts the individual at the heart of all that we do in terms of caring for patients, health service design, policy and service delivery*

**Benefits of Person Centred Care**
- Decreased mortality
- Reduced length of stay
- Decreased rates of healthcare acquired infections
- Improved adherence to treatment regimens
- Improved functional status
- Decreased readmission rates
- Lower cost per case & improved patient satisfaction
- Increased workforce satisfaction and retention rates

**You can support patient centred care by ........**
- Being a leader to champion patient based care
- Taking into account the person’s preference e.g. visiting hours
- Involving our patients and patients’ family or carers to provide real time feedback
- Listening to and learning from patient stories
- Working in a multidisciplinary team
- Communicating timely information to the patient/family/carer and the health care team
- Educating patients how to protect their health and prevent occurrence or recurrence of disease
- Engaging patients and family in medication reconciliation to avoid errors
- Promoting engagement in open disclosure when adverse events occur
- Communicating to patients and family members about the My Hospital website

*Reference: Australian Commission on Safety and Quality in Health Care 2011*

**MINIMUM STANDARDS OF PATIENT CARE FOR ADULT INPATIENTS**
- Each staff member caring for patients has the responsibility to act on all abnormal screening, rescreening and assessment findings
- NB: Staff should seek direct clinical supervision or advice from senior staff for clinical procedures or situations where they are unaccredited or lack experience/competence

**Documentation and Clinical Handover**
- Within 24 hours of admission, all patients will have comprehensive screening and assessments completed and documented i.e. substance use history, malnutrition screening tool, falls risk, Water low assessment, BTF observations, VTE screening, manual handling, delirium, mental health etc.
- Patients must be rescreened and strategies implemented (e.g. after a fall) where there is a change in their clinical condition at any stage during an admission.
- All documentation should be attended contemporaneously where possible
Definitions:
BMI: Body Mass Index
MST: Malnutrition Screening Tool
BTF: Between the Flags refers to observations (heart rate, blood pressure etc.) to be recorded on age appropriate observation charts
FRAMP: Falls Risk Assessment Management Plan
VTE: Venous Thromboembolism

Figure 1 Screening and Assessment Standard Timeframes for hospital patients

<table>
<thead>
<tr>
<th>Immediately on arrival of admission/TF</th>
<th>Within 8 hours of admission/TF</th>
<th>Within 24 hours of admission/TF</th>
<th>Weekly &amp; During Admission</th>
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<tr>
<td>- Bedside clinical handover</td>
<td>- Pressure injury prevention assessments = MST + Waterlow</td>
<td>- Delirium risk</td>
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<td>- Clinical observations in eMR2</td>
<td>- Valuables management</td>
<td>- Falls risk</td>
<td>- Urinalysis</td>
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<td>- Assess infectious risk</td>
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<td>- VTE risk</td>
<td>- MST</td>
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<td>- Mental Health risk</td>
<td>- Waterlow score &lt;15 = weekly assessment</td>
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<td>- Cognition Screen</td>
<td>- Waterlow score &gt; 15 = daily assessment</td>
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<td></td>
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<td>- Cognition Screen</td>
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</table>

- Expected date of discharge (EDD) will be documented
- All discharges and transfers will be planned from the time the EDD or transfer is known.
- Focused patient education is to commence on admission
- All patients will have a nurse responsible and accountable for their care at all times. If the patient’s primary nurse leaves the ward, a patient handover must be provided to a nurse remaining on the ward who will provide ongoing care for the patient.
- A clinical handover will be conducted and documented between each changeover of shift and whenever the patient is transferred using ISBAR as a communication
- Document hourly rounding in individual progress notes (hospital patients).
Privacy and Dignity
- All patients will be treated with dignity and respect and all patient’s information will be treated with confidentiality (sensitive clinical handover details will be done away from the bedside)
- When performing nursing care of personal or invasive nature, the presence of a second staff member is strongly advised
- Requests by patients to have family/carers involved in the delivery of care should be considered
- Same gender rooms will be offered if available

Clinical Monitoring and Management
- Actions will be initiated to escalate care for deteriorating patients by either performing a clinical review or calling a rapid response following local Clinical Emergency Response Protocols (CERs)
- Increase the frequency of observations and act on findings/assessments if you are worried about a patient (i.e. call clinical review or rapid response)
- All patients will be observed by a nursing/midwifery staff member a minimum of once every 60 minutes i.e. hourly rounding 24 hours a day.

MINIMUM STANDARD OBSERVATIONS POST CLINICAL REVIEW AND RAPID RESPONSE

- **OBS IN RED = MANDATORY RAPID REVIEW/ RESPONSE CALL**
- **OBS IN YELLOW = NURSE IN CHARGE / MEDICAL CLINICAL REVIEW**
- **OBSERVATIONS ARE DOCUMENTED AS A MINIMUM:**
  - **OBS POST RAPID REVIEW/ RESPONSE 10 MINUTELY...**
  - **OBS POST CLINICAL REVIEW 30 MINUTELY...**
...UNTIL OBSERVATIONS WITHIN NORMAL PARAMETERS
- **THEN HOURLY FOR 4 HOURS AND FOURTH HOURLY FOR 24HRS**
CLINICAL HANDOVER

Clinical handover (safe clinical handover) is the effective transfer of professional responsibility and accountability from some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis.

Key principles for safe and effective handover

1. **Leadership:** Nominate a leader at each clinical handover
2. **Valuing Handover:** Set the expectation that clinical handover is valued and an essential part daily work. Ensure staff are available to attend for the handover of all patients relevant to them.
3. **Handover Participants:** Identify and orientate handover participants. Involve them in regular review of clinical handover process. Wherever possible, patients and carers should be recognized and included as handover participants.
4. **Handover time:** Set an agreed time, duration and frequency for clinical handover to occur. It is highly recommended that, where possible strategies are in place to reinforce punctuality.
5. **Handover place:** Set a specific location for clinical handover to occur. Preferably clinical handover should be face to face, in the patient’s presence, where appropriate (bedside handover)
6. **Handover process:** Standardized protocol for the NNSW LHD is: **ISBAR**

Where the condition of a patient is deteriorating escalate the management of these patients as soon as a deterioration in condition is detected, remember a Nurse in Charge clinical review is the first stage of escalation for a patient in clinical review calling criteria and Rapid Response if the patient is in rapid response calling criteria. Reference: PD 2009_060 Clinical Handover.
BEDSIDE/POINT OF CARE HANDOVER

PREPARATION
- Handover occurs at bedside/point of care unless inappropriate or risks are identified, for example infection control risk. If the patient is showing signs of sepsis, the patient must be checked by incoming & outgoing nursing staff & identification checked, but not walked unless appropriate tests are to be attended on return.
- Patients/careers provided with explanation & written information about handover as part of admission.
- Prior to commencing handover, incoming nurse/midwife provides patient with a simple explanation of the process. Privacy is respected; visitors should be asked to leave the room unless patient requests visitor inclusion.
- The most senior clinician is identified as the leader; hand hygiene occurs, handover commences on time.

LOGISTICS
- Nurse/midwife taking over care logs on & computer is taken to the bedside/point of care & placed in a position that fosters patient engagement (as close to the patient as practical).
- The nurse/midwife giving handover is in a position (as close as possible to the patient’s head) to enable the patient to hear & to be included in the discussion.
- The patient summary page should be utilized as an ISBAR prompt; eMR2 & paper medical record must be used as a reference, however, every effort should be made to maintain eye contact with patient &/or carer.

ISBAR HANDOVER
- Communication must be concise and systematic; distractions must be minimized; staff must actively listen & not be distracted by multitasking checks at this time.

Introduction
- Introduce the patient to incoming staff (if they are awake).
- Identify patient’s name, DOB, MIN, allergies, check ID band & confirm details with patient.
- Patient is included in discussion & encouraged to participate, for example ask, “How has your day been so far?” “How are you feeling?”
- Speak clearly using respectful & appropriate language (avoid use of medical jargon).
- With patients consent nurses & family are encouraged to be active participants in the handover process.

Situation
- Provide clinical information on current medical status, for example, state reasons for presentation/admission/transfer/escalation/alterations to calling criteria.
- Sensitivity information (for example S1T, mental health concerns, intoxication plans, family conflict) is provided away from the bedside.
- Include current or proposed treatments.

Background
- Provide concise relevant information on patient’s past medical history.
- Relevant background information on current admission - duration of current problems/other significant information.
- Best possible medication history.

Assessment
- Provide concise, clear, factual assessment information following the ISBAR process (state if patient is stable, unstable or deteriorating).
- Include patient response to any treatment/care initiated.
- IFR status communicated and NSW Health Standard Observation Chart chart checked.
- Medications: any changes, any unusual/high risk medicines/own medications stored? Has patient been provided with discharge medication management plan?
- Intervening and outgoing staff should check the medication chart.
- Relevant test results (provide sensitive information away from bedside in multiple occupancy rooms)
- IVC sites/wounds/drain/IVs checked/fluid balance & status.

Recommendations
- Make clear recommendations for ongoing patient care including outstanding treatments, tests & risks (for example falls, infection prevention, VTE, nutrition or pressure area).
- Discuss SED, discharge or transfer planning (have referrals/consultations been completed?)
- Plan for incoming shift is clear (including management plan for significant risks or concerns).
- Patient is acknowledged, patient understands & is satisfied with plan.
- Ask patient if they have any questions or comments.

CHECKS & DOCUMENTATION
- Outgoing nursing/midwifery team checks electronic & paper charts, IFR, FBC, medication, wound charts & appropriately documents the handover of care on eMR2 checklist.
- Any required escalation of care is documented in electronic clinical notes.
- Safety & other bedside/point of care equipment is checked & functioning.
- Hand rub available at bedside/point of care & other ward appropriate checks are completed.
- Ensure call bell within reach & patient whiteboard (if applicable) is updated.

Aug-18

Health
Northern NSW
Local Health District

NSW GOVERNMENT

NSW LHD N&M ORIENTATION HANDBOOK

BEDSIDE/ POINT OF CARE HANDBOOK
HOURLY Rounding

- √ Assess Patient breathing (mandatory)
- √ Assess pain levels
- √ Offer toilet assistance
- √ Assess patient position, reposition if necessary
- √ Check call bell within reach
- √ Bedside table next to bed (tissues and water within reach)
- √ If patient is awake ask “is there anything I can do for you before I leave?”

CLINICAL INTERVENTION

- All therapeutic interventions will be evidenced based
- Patient care will be delivered by nurses/midwives according to their level of competence and scope of practice
- Any patient requiring a fluid balance chart record must have all intake and output recorded i.e. IV, oral intake, urine output, wound drains, NG aspirate
- All admitted patients must wear a white patient identification band (not on a fistula limb) with patient’s name, date of birth and unique identification number
- Patient identification will be verified prior to any intervention and on any transfer of care (ward procedures complete level 1 & 2 “time out” procedures
- 5 moments of hand hygiene apply to all patient interactions including procedures

MEDICATION SAFETY

- Medication charts will be regularly checked and medications will be administered according to the five rights of medication administration (checking against the order) i.e. right patient, right medication, right route, right frequency, right dose plus allergies and expiry of medication
- Two staff must attend all checking and administration of S8 medications & all injectable medications (exceptions exist for community settings). Patients own medication must not be left unlocked in bedside drawers or bags. Patients own S8 medications must be recorded in the “Patient’s own” S8 register, locked in the S8 cupboard and returned to them when they are discharged
- One complete check of medication charts should be attended by staff during each end of shift bedside clinical handover to check for missed and non-signed medication administration
PERSONAL CARE – Hospital setting

As part of hygiene care, the following will be offered/attended during each 24-hour period

- Shower or bed bath, eye care, mouth/teeth/denture care, skin/nail care, hair grooming/washing, facial shaving, perineal care (all episodes of incontinence to be attended to promptly to avoid perineal breakdown and patient discomfort). NB air mattresses do not replace the need for patient repositioning by nursing staff
- Patients usual elimination habits are to be maintained and/or supported during their episode of care
- Beds should be remade daily with fresh linen as a minimum
- Incontinent patients will have a continence management plan
- All nursing staff to be available during patient meal times to assist patients with positioning, opening of packaging and feeding as necessary

PREVENTING RISK AND PROMOTING SAFETY

- All patients will have manual handling risk assessment attended on admission and each mobility changes
- Pressure area care will be attended a minimum of every 2 hours for patients who cannot change position independently (may not apply to patients on end of life pathway) unless other successful PIP strategies have been implemented
- All patients with sensory aids (eye glasses and hearing aids) will have them fitted during periods of activity
- Low level lighting will be utilized during the night according to patient’s needs
- Patient’s environment will be tidied/cleaned each shift and made devoid of clutter
- All patient’s will have a call bell within easy reach at all times
- Non slip footwear will be placed on the patient prior to mobilizing
Example of how to write up a nurse in charge clinical review using A-G assessment:

Ensure Date and time entered

**A**: Patient talking to me therefore airway clear

**B**: Resp. rate 18, Sao2 96% on RA, Bilateral air entry on auscultation no audible wheeze

**C**: BP 95/60, HR 110, Cool peripherally, capillary refill time 3 secs, cannula insitu, NBM with IV fluids running at 60mls/hr., patient thirsty and tongue dry

**D**: Patient alert to time, place and person

**E**: Wound dressing intact no ooze through primary layer, X2 vac drains insitu with 100mls haemoserous fluid in each. No other wounds/issues

**F**: As above in C

**G**: BGL 5.5mmols/l

**Plan**: Patient appears dry. Discussion with RMO to give patient 250ml bolus IV fluid and increase infusion to 125mls/hr. Reassess patient using minimum standard observations protocol. If no improvement in 30 mins please escalate to medical clinical review.

RN Smith
Important Things to know

For All Emergencies Phone _______

Give the following information:
¨ Description of emergency e.g. Rapid Response /Cardiac Arrest
¨ Location of emergency, ward and bed number

Duress Alarm Phone _______ Security Phone/ Contact number: _________

Give the following information:
¨ Location of duress incident
¨ Brief description of the duress
¨ Level of severity of the incident (e.g. number of people involved, any weapons)

All staff are responsible for:
¨ Complying with policies and procedures for personal and property security.
¨ Using the security equipment provided, appropriately and correctly e.g. duress alarms.
¨ Reporting all incidents and potential security risks to management in accordance with procedures.
¨ Participating in consultation and training on personal and property security matters.
¨ Not knowingly placing themselves or others at unnecessary risk.

Please familiarize yourself with your ward/department emergency/duress system.
NNSWLHD Emergency Management

Health Service Functional Area Coordinator (HSFAC) – Katharine Duffy

Contactable 24 hours / day via Disaster Phone Number: 0418 118 679

The LHD HSFAC is responsible for prevention, preparation response and recovery activities in association with operational control and resources coordination of the Local Health District during activation of HEALTHPLAN or in response to local incidents where a coordinated response is required.

Link to Emergency Management Website -
REFLECTIVE PRACTICE

Reflective practice is a way of studying your own experiences to improve the way you work. It is very useful for health professionals who want to carry on learning throughout their lives. The act of reflection is a great way to increase confidence and become a more proactive and qualified professional.

Engaging in reflective practice should help to improve the quality of care you give and close the gap between theory and practice.

There are many different reflective practice methods. Some of these include the following:

GIBBS MODEL

- **What** ...is the problem? ...was my role? ...happened? ...were the consequences?
- **So what** ...was going through my mind? ...should I have done? ...do I know about what happened now?
- **Now what** ...do I need to do? ...broader issues have been raised? ...might happen now?

For information and resources on reflective practice see the following links:

http://www.businessballs.com/reflective-practice.htm
http://www2.hull.ac.uk/lli/skillshub/ReflectiveWriting/reflection3.html
Education related resources & links


Australian Resuscitation Council (ARC): http://resus.org.au/
Australian College of Critical Care Nurses: https://www.acccn.com.au/


Dementia Care Competency & Training Network: http://dementiacare.health.nsw.gov.au

Appendix 1- NNSW LHD Nursing & Midwifery Services

<table>
<thead>
<tr>
<th>Role/ Designation</th>
<th>Name</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate Director, Workforce Development &amp; Leadership</td>
<td>Rae Rafferty</td>
<td>02 6620 7232 / 0438217681</td>
</tr>
<tr>
<td>Nurse Manager, Professional Development &amp; Education</td>
<td>Jon Magill</td>
<td>02 6620 2486 / 0477334421</td>
</tr>
<tr>
<td>Nurse Manager, Workforce</td>
<td>Narelle Al Manro</td>
<td>02 66418418 / 0427646124</td>
</tr>
<tr>
<td>Nurse Manager, Community and Patient Care Initiatives</td>
<td>Peta Crawford</td>
<td>02 6620 2285 / 0422005094</td>
</tr>
<tr>
<td>Nurse Manager- Disaster</td>
<td>Maryanne Sewell</td>
<td>0413 335127</td>
</tr>
<tr>
<td>Practice Development Consultant</td>
<td>Lily Jones</td>
<td>07 55067843 / 0407905818</td>
</tr>
<tr>
<td>Practice Development Consultant</td>
<td>Suzie Kuper</td>
<td>02 66202116</td>
</tr>
</tbody>
</table>

NNSWLHD Staff Development Education Contacts

<table>
<thead>
<tr>
<th>Role/ Designation</th>
<th>Name</th>
<th>Contact Details</th>
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</thead>
<tbody>
<tr>
<td>Tweed Byron Health Service Group Staff Development Manager</td>
<td>Casey McCarron</td>
<td>07 5506 7306</td>
</tr>
<tr>
<td>Lismore Base Staff Development Manager</td>
<td>Charmaine Crispin Nicola Scanlon</td>
<td>02 6620 2254</td>
</tr>
<tr>
<td>Grafton Base Staff Development Manager</td>
<td>Sue Coombes</td>
<td>02 6641 8796</td>
</tr>
</tbody>
</table>
Appendix 2 - ANMC Decision Making Framework

Information relating to the use of this framework can be found at:
Appendix 3 - In-Service Attendance Record

In-service Attendance

Please ensure you sign an attendance sheet for all in-services attended as well as complete this page

<table>
<thead>
<tr>
<th>Date</th>
<th>Duration of In-service</th>
<th>Location</th>
<th>In-service Title</th>
<th>Presenter</th>
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## Appendix 4 - Minimum Requirements for NIC clinical review

**Nurse/Midwife-in-Charge (N/MIC) Adult Clinical Review – Minimum Standard**

<table>
<thead>
<tr>
<th>Document or review a complete set of observations – recheck any abnormal observations</th>
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<tbody>
<tr>
<td><strong>A</strong> Airway</td>
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<tr>
<td>B Breathing</td>
</tr>
<tr>
<td>C Circulation</td>
</tr>
<tr>
<td>D Disability</td>
</tr>
<tr>
<td>E Exposure</td>
</tr>
<tr>
<td>F Fluids</td>
</tr>
<tr>
<td>G Glucose</td>
</tr>
<tr>
<td>H History</td>
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</tbody>
</table>

### Give oxygen
- Based on your assessment (above) decide an appropriate oxygen flow rate or percentage. If in doubt commence on ≥ 5 L/min on a simple face mask and increase as indicated by oxygen saturation or patient condition.

### Position your patient
- Position your patient to optimise their breathing – usually this is an upright position as possible and as tolerated by the patient.
- Place the patient in the left lateral position if they are unconscious but have adequate breathing and circulation and where there is no evidence of spinal injury.

### Call for help if you can't manage
- Consider IV if not present, if fluids.

### Never leave a deteriorating patient without a priority management and review plan
- Document and communicate clearly
  - all treatment provided
  - outcomes of treatment implemented
  - what care is still required and whether Medical Clinical Review is required
  - The plan should include expected outcomes and when the patient will be reviewed again.

**NNSW LHD between the Flags Clinical Handover/Septic Kill Committee**

**November 2015**
References & Articles of Interest


Orientation Booklet Completion

Please complete the following dates and signatures for each section of the orientation you have completed and return it to your NUM/ MUM in the 1st month of employment.

<table>
<thead>
<tr>
<th>I have completed/am aware of:</th>
<th>Initial &amp; date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction to Department/ Hospital lay out</td>
<td>☐ Yes ..........</td>
</tr>
<tr>
<td>2. My Department Orientation manual</td>
<td>☐ Yes ..........</td>
</tr>
<tr>
<td>3. Roster &amp; annual leave requests procedures</td>
<td>☐ Yes ..........</td>
</tr>
<tr>
<td>4. Procedure for sick/FACs/other leave</td>
<td>☐ Yes ..........</td>
</tr>
<tr>
<td>5. How to locate a policy/ procedure on the intranet</td>
<td>☐ Yes ..........</td>
</tr>
<tr>
<td>6. How to contact a Clinical Nurse/ Midwifery Educator</td>
<td>☐ Yes ..........</td>
</tr>
<tr>
<td>7. How to call a Rapid Response when required</td>
<td>☐ Yes ..........</td>
</tr>
<tr>
<td>8. How to locate self-directed learning packages</td>
<td>☐ Yes ..........</td>
</tr>
<tr>
<td>9. How to locate WHS documents</td>
<td>☐ Yes ..........</td>
</tr>
<tr>
<td>10. How to raise WHS issues</td>
<td>☐ Yes ..........</td>
</tr>
<tr>
<td>11. Location of duress alarms (if relevant)</td>
<td>☐ Yes ..........</td>
</tr>
<tr>
<td>12. My responsibilities regarding minimum standards of patient care</td>
<td>☐ Yes ..........</td>
</tr>
<tr>
<td>13. My role and responsibilities in current position</td>
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<tr>
<td>14. Signed ward/unit based policy sign on sheets (if relevant)</td>
<td>☐ Yes ..........</td>
</tr>
<tr>
<td>15. Location and contents of resuscitation trolley (if relevant)</td>
<td>☐ Yes ..........</td>
</tr>
<tr>
<td>16. Location of ECG machine &amp; defibrillator (if relevant)</td>
<td>☐ Yes ..........</td>
</tr>
<tr>
<td>17. Location of fire safety &amp; escape routes</td>
<td>☐ Yes ..........</td>
</tr>
<tr>
<td>18. Location and use of fire equipment (blankets, extinguishers, hose reels)</td>
<td>☐ Yes ..........</td>
</tr>
<tr>
<td>19. Location and use of manual handling equipment</td>
<td>☐ Yes ..........</td>
</tr>
<tr>
<td>20. eMR2 / CHOC training (if relevant)</td>
<td>☐ Yes ..........</td>
</tr>
<tr>
<td>21. Collection of Identification card (staff ID)</td>
<td>☐ Yes ..........</td>
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</tbody>
</table>

Please list your current learning needs:

..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
Orientation Booklet Feedback

Please complete this evaluation & return to Staff Development on completion

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tbody>
<tr>
<td>This booklet was easy to understand</td>
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<tr>
<td>This booklet was easy to navigate</td>
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<tr>
<td>This booklet provided me with useful information</td>
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<tr>
<td>Information provided was relevant and informative</td>
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<td>The content was appropriate to my learning needs</td>
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<tr>
<td>This booklet was a valuable resource</td>
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How can this booklet be improved in the future?

Are there additional resources, information or activities you think could improve this booklet?

Please provide any further comments

Name          Date
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