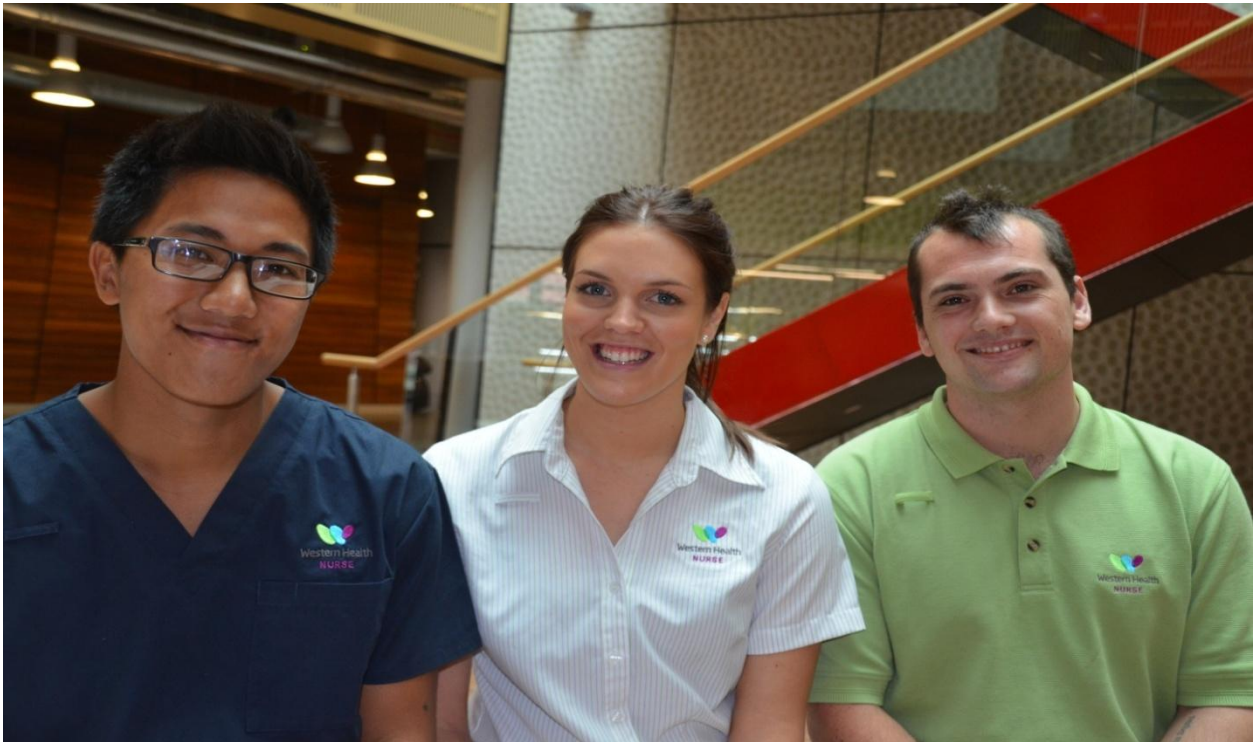




Western Health

Centre for Education



Clinical Experience at Western Health
Williamstown Hospital Campus

Information for Students and Clinical Facilitators

Contents

Welcome to Western Health	1
Aims of Clinical Experience at Western Health	1
Williamstown Hospital – Emergency Assembly Area	6
Workplace Health and Safety	7
Ward Responsibilities	9
Clinical Placements at Williamstown Hospital.....	11
Clinical Areas at Williamstown Hospital	13
Graduate Nurse Program Information.....	14
Discovery Program	15
Clinical Teacher Information/Responsibilities	16

Welcome to Western Health

We are delighted to welcome you to Western Health. Formed in July 2000, Western Health cares for its community through the combined resources of leading hospitals including Sunshine Hospital, The Williamstown Hospital and Western Hospital. It also manages two specialised health programs – an Aged Care & Rehabilitation Program and a Drug & Alcohol Program, as well as two nursing homes – Reg Geary House and Hazeldean.

Mission statement

Our Vision

Caring for the West – Patients, Staff, Community, Environment

Our Purpose

Working collaboratively to provide quality health and well being services for the people of the West

Our Approach

- Sharing responsibility for setting our strategic direction
- Steering Western Health, guided by our blueprint
- Caring for the West – our patients, staff, community and environment

Our Values

Compassion – consistently acting with empathy and integrity

Accountability – empowering our staff to serve our community

Respect – for the rights, beliefs and choice of every individual

Excellence – inspiring and motivating, innovation and achievement

Safety – working in an open, honest and safe environment

Aims of Clinical Experience at Western Health

The aim of undergraduate nursing and midwifery placement is to provide students with a positive learning environment in an acute care and maternity clinical setting.

Clinical teachers from institutions, along with a ward based “buddy” will supervise and give clinical education to nursing students. Clinical teachers will provide feedback on each student’s development of nursing skills and knowledge while on clinical placement.

Student Responsibilities

- Students must have a **current police check** that has been sighted by an official representative of their current learning institution.
- **Identification badges** from your institution must be worn at all times while on clinical placement.
- Be orientated to the hospital and the wards by the clinical teacher/preceptor.
- Students must introduce themselves to staff and visitors as a student.
- **Uniforms must be worn in a professional manner.**
- Piercing is to be kept to a minimum. For safety reasons stud earrings only to be worn.
- No open toe shoes. Shoes with rubber soles are recommended to be worn.
- Personal belongings are the student’s responsibility. Western Health accepts no responsibility for personal belongings.
- Students must consider all recommended immunisations and screening made by the Department of Human Services, Victoria, prior to their placement and to maintain any follow up vaccinations as per the recommended schedule. Students should maintain a personal immunisation record that documents vaccinations given and test results. Recommended immunisations and screening for Health Care Workers are outlined in “Immunisation Guidelines for Health Care Workers” DHS 2004.
<http://health.vic.gov.au/immunisations/resources/health-care-workers-guide.htm>
- Students are aware that the *Health Services Act* imposes on them a duty of confidentiality and they are not permitted to give to any other person, directly or indirectly, any information about any patient by reason of the participation or connection with a placement.
- Students must comply with the by-laws and regulations of Western Health whilst on Western Health premises and comply with all directions of Western Health officers.
- Students to have undertaken training in manual handling techniques.
- A student must notify the ward they are allocated to if they are going to be absent or late. The clinical teacher/preceptor for that placement must also be notified.

- Students to familiarise themselves with Western Health Policies and Procedures, available on Western Health's intranet site.

http://info.wh.org.au/Policies_and_Procedures/index.aspx

- Students to have completed the 'Hand Hygiene Package' found on the Internet site at www.hha.org.au before placement commences.

Once you access this website, look in the top right hand corner that says "online learning package". Click on this and you will enter into the hand hygiene-learning package.

Communications

Williamstown Hospital telephone number is 9393 0100.
After Hours co-ordinator 9393 0226 (5pm – 7am)

Paging

Dial 218 on the handset and follow the prompts.

- Some wards use Base Paging from the computer – please ask to be shown

Policies and Procedures

Students are to familiarise themselves with the contents of Policies and Procedures, Infection Control and the Emergency Manual. All policies are available on the Intranet site:

http://info.wh.org.au/Policies_and_Procedures/index.aspx

The policies are also available in hard copy in the executive areas and in the libraries.



WESTERN HEALTH EMERGENCY RESPONSE CHECKLIST March 2007

EMERGENCY	RESPONSE
FIRE / SMOKE RESPOND RED	<ul style="list-style-type: none"> ◆ If safe to do so, rescue anyone in immediate danger & isolate Fire/Smoke by closing doors. ◆ Raise alarm - Activate nearest Break Glass Alarm, <ul style="list-style-type: none"> - Dial 444 & state type of emergency & location, - Notify Area Warden or person in charge of area. ◆ Turn off & isolate all oxygen supplies & electrical equipment in vicinity of emergency. ◆ If safe to do so, attempt to extinguish fire, or prepare to evacuate. ◆ Follow instructions issued by Area Warden or person in charge of area.
EVACUATION RESPOND ORANGE	<ul style="list-style-type: none"> ◆ The need to evacuate, to where & via which exit, will be determined by Area Warden or person in charge of area &/or Incident Commander. Do Not Use Lifts. ◆ When instructed evacuate to the nominated area on the same floor preferably in the following order: <ul style="list-style-type: none"> - Ambulant patients, - Semi-ambulant patients, - Non-ambulant patients via bed, trolley, wheelchair, chair or other means. ◆ Search all rooms, leave lights on & collect staff rosters & patient lists. ◆ Advise Incident Commander of completed evacuation.
BOMB THREAT RESPOND PURPLE	<ul style="list-style-type: none"> ◆ On receiving phone call, keep caller talking. Do not hang up. Keep line open until Police arrive. ◆ Record information on bomb threat checklist. ◆ Alert another staff member to Dial 444, stating phone extension & area under threat. ◆ If suspect item is found – Do not touch. Remove anyone from immediate danger area. ◆ Notify Area Warden or person in charge of area. ◆ Await further instructions from the Incident Commander via WIP phone.
MEDICAL EMERGENCY / CARDIAC ARREST RESPOND BLUE	<ul style="list-style-type: none"> ◆ Check area for any immediate signs of danger to yourself or to the casualty. ◆ If necessary and safe to do so, remove the patient from immediate danger. ◆ Dial 444 & state type of emergency & location – Medical Response Team will then be notified. ◆ Commence First Aid / CPR, if competent to do so. ◆ Remain with the patient until Medical Response Team arrives.
INTERNAL EMERGENCY RESPOND YELLOW	<ul style="list-style-type: none"> ◆ If safe to do so, move anyone in danger, to safety. ◆ Dial 444 & state type of emergency & location. ◆ Notify Area Warden or person in charge of area. ◆ If necessary & safe to do so, provide medical assistance &/or isolate services. ◆ Await further instructions from the Area Warden or person in charge of area. ◆ In the event of a demonstration, refrain from confronting/speaking to demonstrators, & unless otherwise directed by the Area Warden or person in charge of area, remain in current location.
ARMED THREAT RESPOND BLACK (Discreet Response)	<ul style="list-style-type: none"> ◆ Do not jeopardise your own or others safety. ◆ Obey instructions – do not withhold drugs/money if demanded. ◆ Do only what is directed, nothing more. ◆ Talk in a non-threatening manner. ◆ If able, activate duress / silent intruder alarm if it exists, OR ◆ Dial 444 or alert another staff member to Dial 444 & state type of emergency & location – Police will then be notified ◆ Stay calm & await assistance.
UNARMED THREAT (Including Aggressive Behaviour) RESPOND GREY	<ul style="list-style-type: none"> ◆ Do not jeopardise your own or others safety. ◆ Ensure safe distance is placed between you & the aggressor. ◆ Talk in a non-threatening manner. ◆ Dial 444 or alert another staff member to Dial 444 & state type of emergency & location. ◆ Stay calm & await assistance.
EXTERNAL EMERGENCY RESPOND BROWN	<ul style="list-style-type: none"> ◆ Refer to External Emergency Response Plan. ◆ Await instructions from Incident Commander via WIP phone.
STAND DOWN (ALL CLEAR)	At the completion of the emergency & only on the authority of the Incident Commander will the 'Stand Down' announcement be made.

W.H. EMERGENCY RESPONSE COLOUR CODE DEFINITIONS March 2007

Respond Red signifies the possible detection of *fire or smoke*.

Respond Orange signifies the need to partially or fully, *evacuate*.

Evacuation involves the movement of patients, staff and other personnel.

The three stages of evacuation are:

Stage 1: Removal of people from immediate danger. eg. from a room.

Stage 2: Removal of people to a safer area. eg. to an adjoining compartment protected by fire doors on the same or lower/higher level.

Stage 3: Complete evacuation of the building. eg. to an external assembly point.

Respond Purple signifies a *bomb threat*. A bomb threat may come in one of the following forms:

- (a) written threat.
- (b) telephone threat.
- (c) suspect object.

This type of emergency requires a discreet response from everyone including the person receiving/finding the threat, the Switchboard Operator, the Area Warden, the Incident Commander, Emergency Response Team members and those receiving a paged message. **Do not use Two-Way radios or Mobile phones.**

A bomb threat checklist should be completed as soon as possible by the person receiving/finding the threat to assist the assessment process.

Following an analysis of information received, the Incident Commander shall make the decision whether to institute one of four possible actions:

- (a) To take no further action.
- (b) To search without evacuation.
- (c) To search and evacuate.
- (d) To evacuate (without search).

Respond Blue signifies a *medical emergency/cardiac arrest*. It may be used for any acute condition which is perceived as a potentially life threatening emergency requiring immediate medical attention.

Respond Yellow signifies an *internal emergency*. An internal emergency may involve:

- (a) the failure of **vital** internal services such as electricity, medical gases, water, communications and ventilation systems, OR
- (b) a hazardous substance incident such as the leakage or spillage of flammable liquids and gases, and corrosive, toxic, biological and radioactive substances, OR
- (c) structural damage, flooding, OR
- (d) illegal occupancy such as civil commotion and disruptive demonstration.

Respond Black signifies an *armed threat* where any person (patient, visitor, intruder) threatens injury to others or to themselves, (including suicide), through the use of a weapon of any description.

This type of emergency requires a discreet response from everyone, including the person reporting the threat, the Switchboard Operator, the Area Warden, the Incident Commander, Emergency Response Team members and those receiving a paged message.

The use of communication systems, which may be heard by the armed person, must be avoided.

On receiving notification of the emergency, the switchboard operator will immediately dial 000 and request Police attendance.

An armed threat checklist should be completed as soon as possible by the person receiving/witnessing the threat to assist the assessment process.

Under no circumstances should staff, patients or visitors place themselves in further danger by challenging or disobeying the offender's instructions.

Respond Grey signifies an *unarmed threat including aggressive behaviour*, where any person (patient, visitor, intruder) threatens injury to others or themselves, (including suicide).

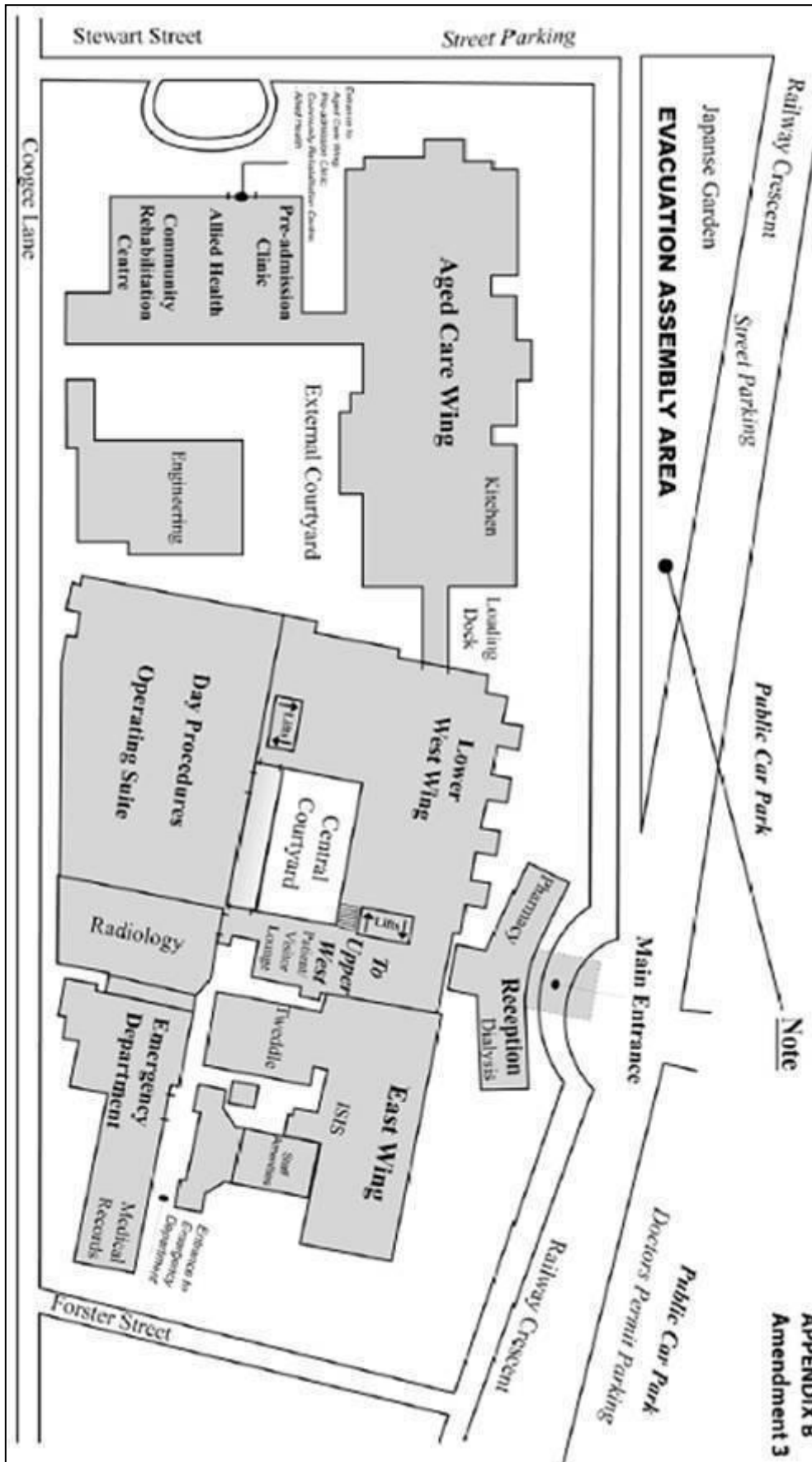
This type of emergency will be responded to initially by internal resources only, and then by others if deemed necessary by the Incident Commander.

Respond Brown signifies an *external disaster*, which in some way will affect 'normal' day-to-day activities.

Alert Caesarean signifies an imminent caesarean section is required and alerts nominated staff to prepare for this event.

HEWS Alert signifies hospital Emergency Dept. has reached capacity – Ambulance Bypass imminent.

Williamstown Hospital – Emergency Assembly Area



Workplace Health and Safety

The management of Western Health recognises and is committed to ensuring that employees, agency staff, contractors, patients and visitors are safe from injury or risk to health while under the jurisdiction of Western Health.

Occupational Health and Safety

The aim of infection control is to reduce the risk of transmitting hospital acquired infections to patients, staff and visitors – and hand washing is the single most important infection control measure.

Clinical Policies relating to Infection Control can be accessed via the intranet.

Needlestick/Sharps Injury and Exposure to Body Fluids

If you sustain a needle stick or sharps injury or a body fluid exposure to mucous membranes or non- intact skin, the following process is to be followed immediately:

- Perform First Aid and wash area with soap and water.
- Report Incident to Infection Control or After Hours Administrator (AHA).
- Complete follow up procedure as per hospital policy.

The Infection Prevention Nurse/AHA will:

- Make sure you have removed any contaminated clothing and performed first aid i.e. thorough washing of the injured area with soap and water and flushing of affected mucous membranes with large amounts of water
- Debrief you about the process and provide NSI information leaflet
- arrange for you to go to the Emergency Department.
- contact a medical officer and arrange for the patients' blood to be collected and tested, if a patient is involved.
- make sure that you have the correct paperwork and blood test request forms.
- ensure specimens are sent to Pathology promptly and follow up blood test results.

Manual Handling

To minimise the risk of musculoskeletal disorders associated with patient handling tasks, and to comply with the Occupational Health & Safety Manual Handling Regulations 1999, the Patient Handling policy applies to all Units in Western Health where a "No (Manual) Lift" strategy has been adopted. It applies to all employees, contractors and agency staff required to undertake patient handling tasks.

All Manual Handling risks associated with patient handling must be addressed proactively using the systematic process of identification, assessment and control, so as to eliminate or reduce as far as is practicable, the risk of musculoskeletal disorders.

Patients will be handled in a consistent approach that poses the least risk to employee health and safety, and maximises the patient's functional abilities. There will be no manual patient lifting, except in life threatening situations.

Infection Prevention

The Infection Prevention Program, including the application of Standard Precautions is an effective way to prevent or minimise the spread of infection, illness and disease.

'Standard Precautions' describes the assumption that all blood and bodily substances are potentially infectious and should be treated accordingly. Standard precautions include:

- Hand Hygiene
- Thorough work practices
- Use of personal protective equipment (PPE)
- Understanding and applying the principles of cleaning and disinfection
- appropriate waste disposal,

Students must:

- Understand the Hospital Infection Prevention Policy to implement appropriate infection prevention measures
- Take part in training on infection prevention
- Implement infection prevention practices to minimise the risk of exposure to infectious disease agents for themselves and others.

Ward Responsibilities

Medication Administration

A registered nurse division 1 either a Western Health staff member or a clinical teacher provided by the institution must supervise a student nurse giving medications. Both the student nurse/midwife and the supervising nurse/midwife must initial and sign the medication chart for each medication given. Further information can be found on the hospital intranet site.

http://info.wh.org.au/Policies_and_Procedures/index.aspx

Documentation

Student nursing entries in the patient progress notes must be brief and factual and it is recommended to use a systems approach.

All entries should be:

- Dated and timed
- Entry identified by NURSING heading with Student Nurse also stated
- Student nurse entry must sign and print their name.
- The entry must be counter signed by the registered division 1 who is allocated to the patient.

Handover guidelines

Handover is an integral part of communicating a patient's condition and plan of care. There is only thirty minutes allocated for handover of the entire ward, so planning is essential. Information on printed handover sheet does not need to be repeated verbally.

What to include:

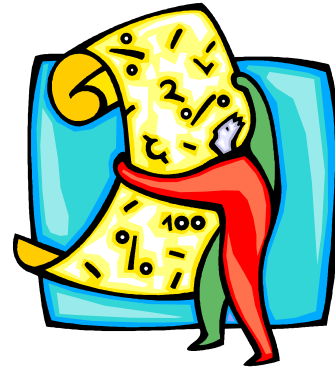
- Bed number
- Patient name
- Change in medical condition
- Change in plan of care
- Abnormal:
 - Vital signs
 - Blood sugar levels
 - Blood results
 - Oxygen saturations
- IV therapy
- Drain tubes – patency and drainage
- IDC – urine output if low or high
- NGT – drainage (colour & consistency), enteral nutrition (type, amount and water flushes)
- Recent procedures/operations undertaken or planned (any prep required)
- Wound dressings
- Incontinence/constipation
- Pain (if patient has any and how it is relieved)
- Information from ward round
- Discharge plan, ie, MOW, PACFU and if anything has been organised
- Any referrals sent



- If an interpreter has been booked for the patient
- Resuscitation status

What not to include (information already printed on handover sheet):

- Diagnosis
- Age
- Normal:
 - Vital signs
 - Blood sugar levels
 - Blood results
 - Oxygen saturations
- Routine care:
 - Frequency of vital signs
 - Weight
 - Urinalysis
 - Usual medications/treatments
 - Type, time and rate of IV additives and fluids
 - Nutrition (including fluid restriction)
 - Mobility status



Clinical Placements at Williamstown Hospital

Public transport

If you are travelling to The Williamstown Hospital by train, the nearest station is Williamstown Beach. No buses directly pass the hospital but buses do go to Williamstown. For more information, contact VicTrip on 13 1638.

Car Parking at Williamstown Hospital

There is no formal car park at the hospital but off street parking is available in the surrounding area.



Smoking

All Western Health sites are totally smoke free.

Facilities

Café Zouki located adjacent to the Emergency Department, serves a range of hot and cold food, ice cream, cold drinks, coffees/teas, cakes and snacks. It is open from **0800-1600** Monday to Friday.

Library

Open Monday-Friday 8.30am–5.00pm. The Library has 24-hour access for all Williamstown Hospital Staff. There is one computer and printer available for use.



Further information about library services can be found on the Library intranet link:

<http://info.wh.org.au/Library/index.aspx>

Clinical Areas at Williamstown Hospital

Ward	Unit Numbers
UPPER WEST WARD Surgical ward/GEM	9393 0179/30116
LOWER WEST WARD Restorative Care/Transitional Care Program	9393 0133/30187
GEM	9393 0242/30193
EMERGENCY DEPARTMENT	9393 0101
THEATRE / CSSD / DAY SURGERY	9393 0138

Graduate Nurse Program Information

Western Health offers a comprehensive Graduate Nurse Program for Division One Graduates entering the profession. The 12-month, program offers exceptional clinical experience with three clinical rotations that provide a variety of opportunities, with supernumerary days at commencement of each rotation.

Eight study days are provided with ongoing education tailored to meet the needs of the newly registered Division One Nurse. Graduate educators, clinical educators, preceptors and other clinical staff provide clinical support to the Graduate Nurses.

For more information or for a graduate information brochure please contact the graduate nurse program coordinator by phone: (03) 8345 6097

Email: <mailto:gnpinformation@wh.org.au>

http://www.wh.org.au/Nursing_and_Midwifery/Graduate_Nurse_Program/index.aspx



Discovery Program

Western Health offers registered nurses support to make the transition to working within the specialty areas by providing a comprehensive, professional development program known as Discovery.

The program offers placements in the following areas:

- ICU
- CCU
- Theatre
- Emergency Department (Western & Sunshine Hospitals)
- Special Care Nursery and Paediatrics

Discovery is a full time six- month program that incorporates supernumerary time; study leave and rotating shifts.

The Program exposes the Registered Nurse to the specialty area with additional clinical support.

Participants are expected to take responsibility for their learning needs by negotiating clinical learning objectives and completing a satisfactory result in an internal assessment.

Discovery provides nurses with a great opportunity to gain an insight into specialty areas whilst receiving ongoing support from clinical educators.

For further information contact the relevant specialty's Clinical Educator.

Clinical Teacher Information/Responsibilities

Contact to be made with the Undergraduate Clinical Placement Coordinator at least two weeks prior to commencement of the placement to arrange orientation to the hospital.

It is a requirement that the clinical teacher make phone contact with the allocated wards NUMs at least two weeks before placement commencement.

After student orientation, a student roster is to be given to the Clinical Placement Coordinator and the NUMs of each allocated ward.

Students are to remain on the allocated ward for the negotiated placement.

The Clinical teacher is required to liaise with the relevant NUM and Clinical Placement Coordinator if issues arise during the placement.

Reallocating students must be negotiated with the Clinical Placement Coordinator.

Ensure you are aware of Western Health's Policies and Procedures available on Western Health's intranet site.

http://info.wh.org.au/Policies_and_Procedures/index.aspx