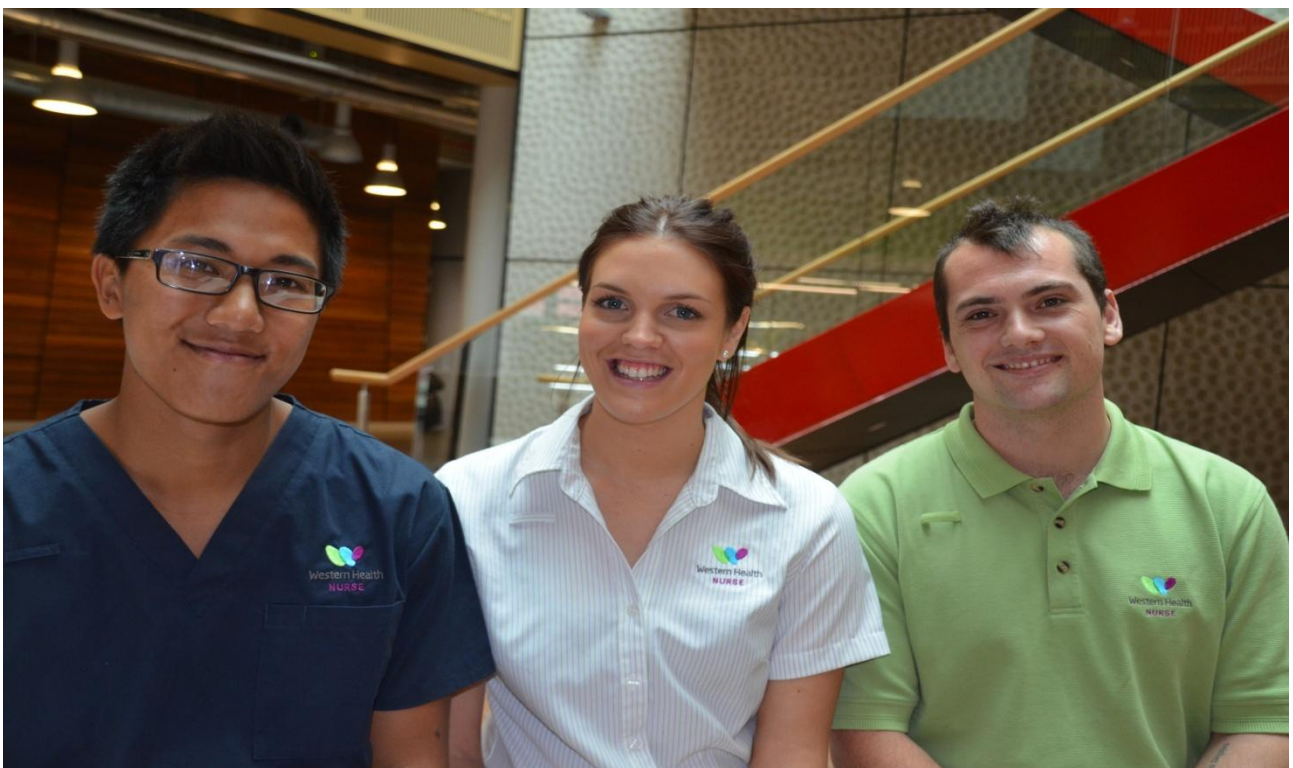




Western Health

Centre for Education



Clinical Experience at Western Health

Western Hospital Campus

Information for Students and Clinical Facilitators

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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 a Transitional Care Facility at Hazeldean.

Mission statement

Our Vision

Together caring for the West – our patients, staff, community and 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
- Together caring for the West – our patients, staff, community and environment

Our Values

Compassion – consistently acting with empathy and integrity

Accountability – taking responsibility for our decisions and actions

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

Excellence – inspiring and motivating, innovation and achievement

Safety – prioritising safety as an essential part of everyday practice

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 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 opened 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, as per the recommendations 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 revised 2007. <http://www.health.vic.gov.au/immunisation/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

Western Hospital telephone number is **8345 6666**.

Should you need to contact your ward you should call the main number and asked to be transferred to the relevant ward.

Paging

Dial 62 on the handset and follow the prompts.

LAN paging

Click on the LAN page icon on the wards computer desktop.



Lanpage 32

Enter pager number and the person that you are searching will appear.

Holder Name Search

Pager

Send Message

Book Message

Quit Paging

Message

Status: Valid Pager! (Alphanumeric) >>

1. Who you are, with extension number
2. Who the patient is include UR number, bed number, and ward
3. What you want / need
4. Prioritise your page according to urgency (see below)

P1	Please come within 15 min. Note: NOT to replace CODE BLUE
P2	Call back within 15 min
P3	Call back within 30 min
P4	No need to call back

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)	<p>At the completion of the emergency & only on the authority of the Incident Commander will the 'Stand Down' announcement be made.</p>

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.

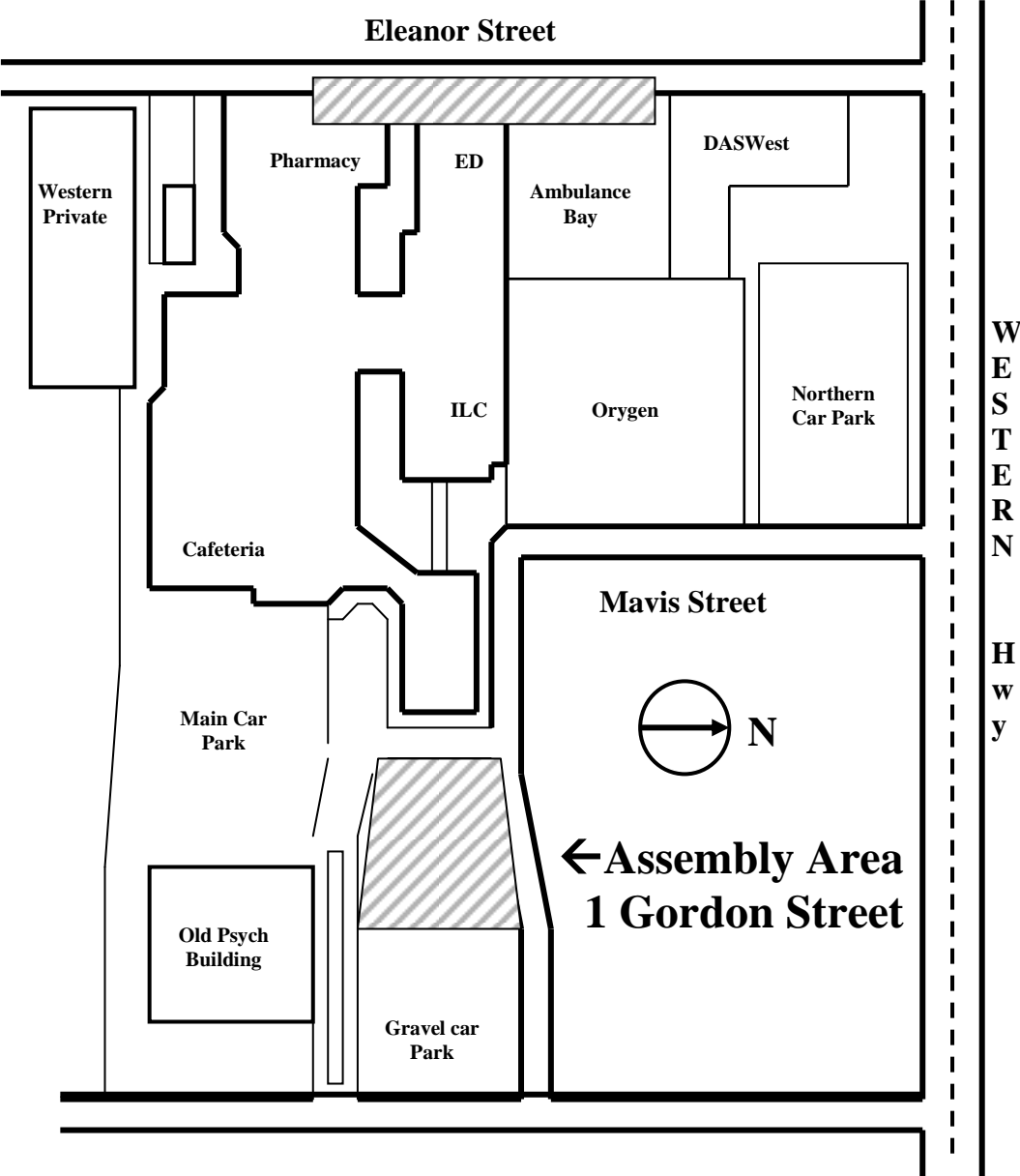
Respond Brown signifies an *external disaster*, which in some way will affect 'normal' day-to-day activities.

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.

Western Hospital Footscray – Emergency Assembly Area

Assembly Area 2 Eleanor Street



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

Clinical Procedures relating to Infection Prevention can be accessed via the intranet.

Needlestick/Sharps Injury and Exposure to Body Fluids

If you sustain a needlestick 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 Prevention or After Hours Administrator (AHA).
- Complete follow up procedure as per hospital procedure.

The Infection Prevention Nurse will:

- Make sure that the 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 pamphlet
- Ask you for details of the source and brief description of the type of sharp and injury on the provided form in the red NSI folder, e.g. Percutaneous injury with needle and syringe used for venepuncture
- Organise for you to have your blood testing, Hepatitis B antibody.
- Counsel and consent the source for testing
- Follow up with all test results when available and organise any follow-up appointments if required

The AHA will:

- Make sure that the 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
- organise for you to go to the Emergency Department within 30 minutes of injury
- 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.

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.

Contact details

Hours of work **Mon – Fri 07.30 – 16.00**

Western hospital **Page # 506 or ext 56113**

After hours Infection Prevention advice

Call Western Hospital switchboard – 834 56666 and ask them to page the Infections Diseases Physician on-call

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.

Ward Responsibilities

Medication Administration

A registered nurse division 1/midwife, 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://inside.wh.org.au/policies-procedures-forms/Pages/PoliciesProceduresSearch.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

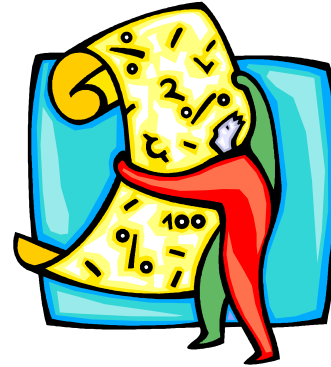


What NOT to include (information already printed on handover sheet):

- 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



Transport, parking & facilities

Public transport

If you are travelling to Western Hospital by train, the nearest station is Footscray. Get on tram No 82 or bus No 410 (in Paisley Street) and get off at the corner of Gordon Street and Ballarat Road.

We are also a short walk from West Footscray Station

Car Parking available near Western Hospital

- Car parking is available at the council car park, entry via Eleanor Street near the Hospital.
- The cost per day is \$8.90.
- Please ensure that you pay at the pay station in the car park and display your ticket on the dash. It is important to have the correct money as the machine does not give change. Fines do apply if your paid ticket is not displayed.
- There is a walk way to the Hospital from the car park.



Smoking

All Western Health sites are totally smoke free for staff and students.

There is a designated smoking area for visitors and patients near the front entrance from Gordon Street.

Library

The Library is located on the ground floor, Pathology Building, Gordon Street, Footscray, (follow signs from main entrance).

Library hours are from Monday-Friday 8.30am–5.00pm. The Library is closed on awarded public holidays.

Students from our affiliated institutions may borrow books for onsite use only.

Photocopying and printing facilities are available for a small charge.

Computers are available for staff and student use.



Further information about library services can be found on the Library intranet link:
<http://info.wh.org.au/Library/index.aspx>

The Centre for Education

Western Health aims to provide work based education and training for Western Health staff and students which will support excellence in practice and career progression opportunity. Our approach to education seeks to promote the engagement of students and staff and the empowerment of patients. We are pursuing multi-disciplinary approaches, patient-centred care and lifelong learning.

The Centre for Education provides training to Western Health staff and external applicants.

Facilities

CAFE O'VESTA

Situated on the Ground Floor of the Western Hospital (Gordon Street entrance). They provide a varied menu covering everything from finger food to full breakfasts, lunches, dinners, coffee, tea and a large array of cakes.

<http://www.cafeovesta.com.au>



Clinical Teacher Information/Responsibilities

Contact to be made with the Clinical Placement Coordinator at least one week 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 NUM at least one week 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.

Reallocating students must be negotiated with the NUM and the Clinical Placement Coordinator be kept informed of any changes.

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

Ensure you are aware of Western Health's Policies and Procedures available on Western Health's Intranet Site.

<http://inside.wh.org.au/policies-procedures-forms/Pages/PoliciesProceduresSearch.aspx>

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.

Six study days are provided with ongoing education tailored to meet the needs of the newly registered Division One Nurse. Clinical Education Resource Nurses, 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: gnpinformation@wh.org.au



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 on the Discovery Program contact the relevant specialty's Clinical Educator.