

# Far West Local Health District

# Orientation Package - Lower Western Sector

# Balranald Multipurpose Service

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**ENDORSED BY** 

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#### Section 1 - Introduction Far West LHD

The Far West LHD was established in 2011 and has nine key facilities.

Our District serves a population of just over 30,000 people dispersed across the second largest geographic area (194,949 square kilometres) of all the LHDs in NSW. Over 10% of the people we serve are Aboriginal. This population is relatively young and reflects the lower life expectancy of Aboriginal people. Of the total LHD population, 91.1 per cent are from an English speaking background.

Map of LHD and Key Facilities
Map of FWLHD State Electorate

#### Welcome

Welcome to the Balranald Health Service, we hope that you enjoy working as a member of staff at this facility.

Starting in a new position and environment can often be an exciting but anxiety provoking experience. This orientation package has been developed to hopefully reduce your anxiety and assist you in becoming familiar with your new role and surroundings. The orientation package makes reference to relevant policies, forms and protocols and also where to locate them.

The responsibility for a comprehensive and effective orientation rests with the whole health service team and most importantly you.

As this package has been developed in consultation with the team you are also encouraged to ask questions of the different team members during the course of day-to-day duties. This will assist in consolidating and clarifying policy, procedures and protocols.

We acknowledge that orientation is a process, please do not try and remember everything or everyone on your first day, take some time to familiarise yourself with the centre, the staff and your new role.

Once again welcome and we look forward to an enjoyable and collaborative working relationship.

Throughout this package there are hyperlinks to further information and documents if you see either picture the link will:



The link will take you to relevant documents/page



The link will take you to further information

Where there are words in the document coloured blue this is a direct link that you can access.



#### **Balranald Multipurpose Service**

Balranald Health Service is situated on the banks of the Murrumbidgee River. The town was originally one of the main Murrumbidgee River Ports. Balranald is located on the Sturt Highway between Sydney and Adelaide. The Balranald Health service has partnerships with Swan Hill, Mildura and Melbourne health Services because of its close proximity to Victoria.

The Balranald Health Service is a Multi-Purpose Service (MPS) with 24 hour level 2 emergency and sub-acute inpatient services, residential aged care services and a range of primary, community and ambulatory services.

Residential aged care services are provided in an environment suitable for people with dementia. The full range of support services such as allied health is available. These services are provided by visiting clinicians from Mildura, Swan Hill or Dareton.

There is a 2 bay emergency department, 8 acute/sub-acute beds including an observation room, 15 high care residential aged care places including 4 dementia specific, one respite bed and provision for 3 renal dialysis chairs.

Medical services are provided by the town's general practitioner whose office is located at the MPS.

#### **Section 2 - Far West Vision Statement and CORE Values**

The Board's vision is to achieve "Excellence in Rural and Remote Health", which encompasses not only providing high quality clinical services, but also working with our communities to enable people to be as healthy as possible.

STUDER (Yamirri Nharatji) has adopted the phrase 'this way, this direction together'. STUDER is a new approach to how we do business which is about consistency, accountability and sustainability in service delivery and patient care. It aims to provide staff with the tools and techniques to deliver a planned, consistent and disciplined approach to conducting business and caring for patients, ultimately improving patient safety and outcomes. It reflects our CORE values which are:

- Collaboration
- Openness
- Respect
- Empowerment

The Live Your Best Life brand was launched in 2017, it communicates to our patients and their families that we want to help them live **THEIR** best life – whatever it means to them.

Live Your Best life

STUDER (Yamirri Nharatji)

Section 3 - Policy Links

**Policies** 



All Far West LHD policies, procedures and guidelines are accessible via the Far West LHD Intranet page. There is also a direct link to NSW Health Policy and Procedure search engine on the same page.

Appendix1. Outlines how to access the policy page and search both sites.



Far West LHD Policies

NSW Health Code of Conduct

NSW Health Privacy Management Plan

### **Section 4 - Community information**

Information regarding the community services and programs offered by the Balranald Shire Council can be accessed through the link below.



**Balranald Shire Council** 

#### **Section 5 - Health Councils**

The Far West Local Health District is committed to working together with consumers and community members and groups to engage and involve local communities in health service planning and delivery.

There are currently 8 Health Councils within the LHD; White Cliffs, Wilcannia, Menindee, Broken Hill, Ivanhoe, Tibooburra, Two Rivers Council and Balranald.

#### **Section 6 - District Information**

#### 6.1 Human Resources

The Human Resource (HR) section of Corporate Services supports and /or assists employees and managers in the workplace with the following:

- Recruitment
- People Management
- Resolution of workplace issues
- Team Building Sessions
- Team Management
- Validating employee requests
- Salary packaging
- Payroll



**Human Resources Information** 



#### 6.2 Work Health & Safety

The Far West LHD is committed to the safety and wellbeing of employees, contractors, clients and the public. Work Health and Safety (WH&S) is both the organisation and the employee's responsibility.

The Lower Western Sector has a WH&S committee which meets monthly and issues are distributed back to employees via facility meetings. WH&S Information and plans are available in each site.

#### Workplace Injury

Should, in the course of performing duties, you sustain an injury then this must be reported to your supervisor as soon as practicable following the injury.

- IIMS needs to be completed.
- Seek medical advice (if required).
- If time off work is required and supported by a NSW work cover certificate of capacity this is to be given to your manager who will ask you to complete an Injured Worker Recover at Work Pack.

#### **Identifying & Reporting WH&S issues**

Employees should be vigilant in observing for potential WH&S risks e.g. faulty office equipment, bald tyres on cars, unsafe practice issues.

FWLHD Risk assessment Form is be completed to report any identified risks.



Risk Management Unit Information



#### 6.3 Clinical Governance Unit

The primary focus of the Clinical Governance Unit is the risk management of patient safety and clinical quality.

The clinical governance unit supports employees and managers with:

- Incident Management
- IIMS Implementation
- Complaints Management
- Death Review
- Clinical Practice Improvement
- Education and Training
- Policy Development for Patient Safety
- Clinician Performance Review
- Reporting
- Infection Prevention and Control

#### **Incident Information Management System**

The Incident Information Management System (IIMS) provides a consistent means of notifying, managing and analysing all incidents as they occur and assists clinicians, managers and other health care workers to minimise all risks that exist within their health services.

Training on use of the IIMS system is provided on the My Health Learning portal. The link to use the IIMS system is available on the Far West Intranet site.



Clinical Governance Unit Information

#### 6.4 Employee Leave

Leave arrangements need to be discussed with the Health Service Manager.

Far West LHD provides a range of leave provisions that support employees when they are prevented from attending work due to illness/injury and for managing their work and family priorities.

Annual leave requirements may need to be negotiated to ensure service provision for clients.

Employees need to complete and supply the appropriate documentation to support some leave types.





NSW Health PD-Leave Matters for the NSW Health Service

**Leave Fact Sheet** 

#### 6.5 Uniforms

State wide uniforms were implemented in 2013 and are provided to each employee. Employees order uniforms at the NSW Health Total Apparel Management System (TAMS). You are unable to order uniforms until you have been provided with a staff link number.

#### Click here to go to the TAMS Login page

The following Far West LHD policies outline uniform and dress requirements for clinical and non-clinical staff click on the link below relevant to your position:

FW\_PD2015\_016 Uniform and Dress excluding Nursing and Midwifery Policy

FW\_PD2014\_037 Uniform Procedure and Dress Code - Nursing and Midwifery Services

Procedure

#### 6.6 Infection prevention and control

Infection control is a principle priority in this health service. Our aim is to protect patients from the injury and life-threatening consequences of cross infection. We aim to achieve this through stringent and diligent measures.

This is a professional requirement of ALL STAFF working in or visiting our facility.

Refer to the <u>Infection Prevention & Control Practice handbook</u>, available on the Clinical Excellence Commission (CEC) website, <u>NSW Health PD2017\_013 Infection Prevention and Control Policy</u>.

What does this mean to you?

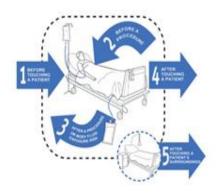
- The patient and everything in that bedspace (pumps, trolley, bins etc) are considered contaminated by the patient.
- Computers, bedside notes etc outside of the bedspace are also considered contaminated by all staff and patients.
- Wash hands BEFORE and AFTER all patient contact soap, alcohol based hand rubs and moisturisers are readily available for use.
- Put on gloves and eye protection for all direct patient interventions where there may be exposure to blood and bodily fluids e.g. cannulation and venepuncture.
- If the patient is infected or colonised with a multi resistant organism (MRO) Yellow (impervious) gowns and gloves MUST be worn. If the MRO is airborne or respiratory the appropriate mask MUST be worn in addition to the above.
- Transmission based precaution signs MUST displayed.



- EMERGENCIES ARE THE ONLY EXCEPTION, although PPE should be donned at the earliest and safest convenience.
- Remove gown and gloves, and wash hands BEFORE touching anything outside the bedspace.
- Used equipment is cleaned with Tuffie 5 wipes (eg infusion pumps, blood pressure machines) between patient use and before being returned to the correct storage area.
- Linen bags are to be filled to a maximum of ¾ full and are taken to disposal room attached to the ward.
- All visitors are to be advised to wash their hands before and after visiting their relatives.

#### **Hand Hygiene**

Must be performed before and after touching a patient, before and after performing a procedure and after touching the patients surroundings



#### **Screening Policy for Multi-Resistance Organisms (MRO)**

Increasingly, hospitalised patients colonise and are infected with MRO, in particular Methicillin-Resistant Staph. Aureus (MRSA). Less commonly encountered are Vancomycin Resistant Enterococci (VRE), Multi-Resistant Acinetobacter Baumanii (MRAB) and other miscellaneous Multi-Resistant Gram-Negative rods (MRGN).

Patients who have never been in contact with a HCF may carry community strains of MRSA, which are usually not multi-resistant. Screening protocols for MRSA and VRE are mandatory for all patients being transferred to and from other Health Care Facilities (HCF).

# Routine screening on admission to the unit, unless the person has been screen electively in the preceding two weeks, or is known to be a carrier of a MRO

- Methicillin resistant staphylococcus aureus (MRSA)
- Skin swabs from nose, axilla, groin
- Multi-resistant Acinetobacter (MRAB) or Multi-Resistant Gram Negative Organisms (MRGN)
- Using the same swabs as for MRSA



- Vancomycin resistant enterococcus (VRE)
- Screening for VRE is a rectal swab or faeces only

#### Responsibilities

- Medical officer is responsible for signing off all MRO screening request forms
- Nursing Staff are responsible for taking samples

#### Isolation

- Isolation and contact precautions to be applied for all patients transferring from another HCF. Collect swabs for MRSA and VRE as soon as possible after admission.
- All patients with a known MRSA/VRE/MRGN/MRAB.

Accommodation of MRO positive patients is in a single room. See risk assessment and placement guide below for further information.

Table 1. Risk assessment guide outlining infection prevention and control considerations for patient placement

patient placement				
RISK FACTORS TO CONSIDER	Source and modes of disease transmission	Clinical predictors of disease transmission	Clinical impact of transmission	Room availability
QUESTIONS TO ASK	Is the disease known to spread from a single source? Is the disease known to spread person to person? Is the transmission route known? Is the disease known to spread via multiple transmission routes? Has the patient recently travelled overseas and/or received medical care overseas?	Does the colonised/ infected patient present with any clinical factors that would increase the likelihood of transmission?	If transmitted, will disease cause significant clinical impact to a high risk patient?	Are single/isolation rooms required for the clinical management of other patients?      Are single rooms with designated toilet facilities available?      Are there other patients infected or colonised with the same species and strain?      Is this an extreme risk rated area*?
THINGS TO LOOK OUT FOR	Suspected or confirmed acute respiratory infection     Public health notification     Diarrhoea     Fever	Wandering     Cognitive impairment     Incontinence     Diarrhoea     Broken skin     Open wound     Invasive devices	Neutropaenic patients     Transplant recipients	Patients requiring high security or one on one observation  Patients requiring end-of-life care Existing cohorts

<sup>\*</sup>See Environmental Cleaning Policy (PD2012\_061) for functional area risk ratings



#### Table 2. Suggested prioritisation of resources based on infection risk\*

Note: Patients with significant neutropaenia and transplant recipients may require single room isolation with protective precautions - see CEC Infection Prevention and Control Practice Handbook. For patients with cystic fibrosis, see CEC Infection Prevention and Control Practice Handbook.

Priority	Disease or presentation* (in alphabetical order)	Precautions**	
	Chickenpox	Airborne + contact	
	Disseminated varicella zoster virus	Airborne + contact	
	Measles	Airborne	
FIRST	Pulmonary tuberculosis	Airborne	
	Respiratory viruses of concern e.g. Middle East respiratory syndrome coronavirus (MERS-CoV), pandemic influenza	Airborne + contact + dropler	
	Viral haemorrhagic fever	Airborne + contact + droplet	
	C. difficile infection	Contact	
	Carbapenem-resistant organisms (e.g. carbapenem-resistant Enterobacteriaceae)	Contact	
	Infectious diarrhoeaf including norovirus	Contact + droplet	
SECOND	Influenza	Contact + droplet	
	Meningococcal disease	Droplet	
	Mumps	Droplet	
	Penussis	Droplet	
	Respiratory syncytial virus (RSV)	Droplet	
	Other multi-resistant organisms as designated by your facility (e.g. MRSA, VRE)	Contact	
THIRD	Scables	Contact	
	Shingles	Contact	

Reference: INFORMATION FOR NSW HOSPITALS - INFECTION PREVENTION AND CONTROLCONSIDERATIONS FOR PATIENT PLACEMENT. (Available on the CEC website).

#### **Preparation for Inter-hospital Transfer**

Ensure VRE and MRSA screening has been completed prior to transfer. You are responsible to follow up the results and inform the patient and their family or carer the results. It is critical that you adhere to all elements of standard precautions, particularly hand hygiene and environmental cleaning, and implement measures to increase the spatial distance between patients during transport/transfer.

#### Transferring or transporting a patient with a MRO

The staff member booking the transfer must notify the receiving HCF of the patient's MRO status and type of colonising MRO prior to the patient being transferred. If screening or diagnostic results were not available before the transfer, and the presence of a MRO is identified after the transfer, you are responsible for informing the receiving HCF of this new information. The receiving facility is responsible for conveying this new information to the patient and their family or carer.

When transporting the patient within the hospital eg: radiology or theatre, wearing PPE is not recommended. If you are touching the bed or wheelchair you may wear gloves. Hand

<sup>#</sup> May not be applicable to all facilities - check with your local infection prevention and control pervice.

\* Not an exhaustive list. Contact your local infection prevention and control unit for guidance on other diseases/presentations.

\*\* For precautions recommended for other diseases/presentations, refer to the NHMRC Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010).

\*Some types of infectious diarrhoea only require contact precautions.



hygiene must be performed before and after the transfer. If the patient was transported using a wheelchair the wheelchair must be cleaned thoroughly with a Tuffie 5 wipe.

# Needle-stick and Sharp Object Injury and Occupational exposure to blood or body fluids

Urgent first aid and accurate risk assessment of the injury is imperative.

Disengage from the current task as soon as possible. Notify manager/supervisor and follow the FWLHD Occupational Exposure Management Policy located on the intranet.

#### **First Aid**

Sharps (penetrating) injury

- Allow wound to bleed freely. Squeezing the wound is not recommended.
- Wash with soap and water

#### Exposure to blood or body fluids

#### **Eyes**

- Rinse gently, while open with saline or water
- If wearing contact lenses leave them in until rinsing your eyes then remove and rinse eyes again. Clean lens before reinserting.

#### Mouth/mucous membrane (nose)

Rinse with saline or water several (at least 3) times

#### Contact

- During business hours Monday to Friday contact the Infection Control CNC Staff Health Nurse or Anita Erlandsen (Dareton Primary Health)
- After hours contact Broken Hill Health Service-After Hours Nurse Manager
- The Needle Stick Hot line 1800804823 is available for any other enquires or questions

#### After the incident

- A risk assessment is to be attended by the Infection Prevention & Control CNC, Staff Health Nurse or a designated Exposure Management Nurse.
- Pre-test counselling needs to be provided prior to baseline serology being taken. Serology is required and should be taken within 7 days of the exposure.
- Counselling/follow-up is offered. All information is strictly confidential and cannot be disclosed without your written permission
- Complete an IIMS as soon as practical

Please refer to the <u>FW\_PD2016\_050 Infection Prevention and Control-Occupational Exposure Management Policy</u> for further information.



#### 6.7 Facility Emergency and Security Procedures

All Far West facilities have individual emergency and security procedures. Emergency Procedures Flipcharts are provided for reference and outline the guidelines for a response according to the seven (7) codes of activation. A copy of this flipchart is kept at each phone location within the facility. Employees must maintain an awareness of the contents and how to use the flipcharts in case of an emergency.

Click here to see the Emergency Management Plan and Business Continuity Plan for your facility

#### 6.8 Facility Tours

Employees will undertake a facility tour on orientation to help familiarise them with the layout and services of the facility. During this tour evacuation points, fire panels and equipment and all other relevant services should be pointed out and noted.

Employees should be introduced to members of staff who may need to be accessed including fire officers, maintenance staff and administration staff

#### 6.9 NSW Health Policy, Procedures and Training Confirmation Form.

Employees will have two months from commencement to receive, read and complete the documents listed on the NSW Health Policy, Procedures and Training Confirmation Form. This form is used alongside other orientation documents and plans.



Stafflink Forms Link

#### 6.10 System Access

For you to complete your new role successfully there may be a number of electronic systems that you will require access to. The Health Service Manager will decide the access you require based on the role you are employed in. They will also need to approve the access. It can take varying lengths of time for access to systems to be organised. General systems include but are not limited to NSW Email, eMR, Toll, My Health Learning and Internet access.



#### 6.11 My Health Learning

My Health Learning is the NSW Health Service Online Training Portal.

Employees are required to complete mandatory training learning modules during orientation and the first few months of employment.

My Health Learning also offers non mandated modules which staff may completed to develop or as part of their continuing education requirements.

**Appendix 2:** outlines how to access My Health Learning on the Far West LHD intranet site.

#### 6.12 Electronic Medical Records (eMR)

Electronic medical records are in use across the Far West LHD.

**Firstnet-** automates a wide range of functions performed in the ED including registration, triage, location tracking, orders, documentation, medical records, and much more.

**Powerchart/CHOC**- the electronic patient medical record and enables access to the record including demographics and encounter history. It automates care activities including results, orders, document management and discharge summaries.

**Surginet-** used in the Broken Hill health service it provides preoperative, intraoperative, and postoperative documentation, creating an online and printed record, as well as preference card management, scheduling and comprehensive reporting.

User guides and training modules are accessed on the MY Health Learning site and also the Far West Intranet appendix 2 outlines how to access the user guides from the Far West Intranet site.

#### 6.13 Transfer Policies

Patients who present to the LWS facilities often need to be transferred to a facility that provides a higher level of care.

FW\_PD2016\_051 Extended Care and Inter-hospital transfer of patients in Lower Western Sector Health Facilities Policy outlines the requirements for patients being transferred from Balranald, Wilcannia, Tibooburra, White Cliffs, Ivanhoe and Menindee.

Wentworth Health Service has the business rule <u>FW BR2016 006 Management for interhospital transfer from Wentworth Hospital Business Rule</u> outlining transfer process from their facility.

It is an expectation that all new employees become familiar with the escalation and transfer policies that are in use for their facility.



#### 6.14 Deteriorating Patients Escalation of Care

Patients can become unwell quickly while in our care the following policies outline the clinical observations, monitoring and escalation processes in place with the LWS sites:



FW\_PD2015\_009 Between the Flags – Minimum Standards for Vital Sign Observations in the Acute/Sub-Acute Setting

<u>FW\_PD2014\_031</u> Between the Flags – Clinical Emergency Response Systems Procedure

FW\_PD2014\_006 Between the Flags: Alterations to Calling Criteria

It is an expectation that all new employees become familiar with the escalation and transfer policies that are in use for their facility.

# Section 7 - Specific Service Non Clinical – Administrative Services

#### 7.1 System Access

To fulfil your role successfully you will need access to various electronic systems.

The Health Service Manager will decide what system access you require.

General systems include but aren't limited to:

- NSW Email
- eMR
- Toll
- Pro act
- Oracle
- IPM
- Smart Pool Vehicle Booking system
- Inloaik
- FERRET (Aboriginal Transport)

#### 7.2 Required Duties List

As the duty requirements for each facility will vary the Health Service Manger will provide a list of expected duties that you are required to fulfil as part of your role.

These duties may include:

- Banking
- Ordering of stationary/supplies
- Admission/ Discharge of patients on electronic systems
- Filing medical records
- General filing



- TRIM Documents
- Meeting Minutes

#### 7.3 Medical and Corporate Records

As part of the duties for administrative staff the handling and storage of medical and corporate records maybe included in your duties. NSW Health policies and Far West policies govern the use and storage of all medical and corporate documents.



PD2012 069 Health Care Records- Documentation and Management
FW\_PD2011\_010 Corporate Records Archiving Policy
FW\_PD2011\_035 eMR Hybrid Medical Record
Corporate Records Information

The Broken Hill health service medical records department is able to be contacted for further information.

### Section 8 - Specific Service: Clinical - Medical

#### 8.1 Director Medical Services

The District Director of Medical Services (DMS) is located at Broken Hill Health Service. The DMS is responsible for strategic management of medical staffing. The DMS can be contacted through the Medical Services Division on (08) 8080 1474.

#### 8.2 Antimicrobial Stewardship (AMS)

The Far West AMS program is coordinated and facilitated by the Far West LHD

Antimicrobial Stewardship Committee under the governance of the Drugs and Therapeutics Committee.



Antimicrobial Stewardship Information
FW PD2014 033 Antimicrobial Stewardship Policy

## Section 9 - Specific Service: Clinical – Nursing

#### 9.1 Orientation Plan

During orientation you will complete a 5 day orientation plan specific to the facility where you are employed to work. The plan includes time to complete various tasks including My Health Learning modules, policy reviews, learning packages and clinical competencies.



FW\_PD2015 Orientation for Nurses and Midwifes Policy



#### 9.2 12 Week Plan

The 12 week plan has been designed to help clinicians complete the mandatory clinical compliances, and learning packages with the associated MY Health Learning Modules within a 3 month time frame from commencement of duties. Monthly meetings are recommended for new employees to meet with the Health Service Manager to discuss any issues and progress.

The <u>Clinical Competency and Learning Package Page</u> can be accessed on the Far West Intranet

#### 9.3 Admission and Discharge

Patient admission and discharge processes will vary between the LWS sites. Patients may be directly admitted from other health care facilities or through the emergency department where applicable.

Clinical handover tools for each of the LWS sites vary and you will be shown and orientated to the tools required for patient handover or transfer during your orientation.

#### Section 10 - Specific Service: Non Clinical - Domestic Services

Whatever your role is within the Hotel Services department you will receive orientation to the duties you are required to compete.

You will need to complete the <u>Patient Services Assistant/Hotel Services Professional</u> <u>Development Package</u> and any mandatory and role specific training modules on the My Health Learning site.

#### 10.1 Required Duties List

As the duty requirements for each facility will vary the Health Service Manger will provide a list of expected duties that you are required to fulfil as part of your role.

These duties may include:

- Kitchen Duties
- General Cleaning
- Infectious Cleaning
- Rubbish Removal
- Linen Removal
- Stock Ordering



## **Section 11 - Local Content Policies Specific to Service**



FW\_PD2016\_046 Mental Health Drug and Alcohol – Balranald Mental Health Drug and Alcohol Presentations

### **Section 12 - Appendix**

Appendix1. 68 Items to Locate - Balranald Emergency Department

Appendix2. How to Access E Health User Guides

Appendix3. How to Access Policies and Procedures

Appendix4. How to Access My Health Learning



# Appendix1. 68 Items to Locate Balranald Emergency Department

	ITEM	TICK WHEN LOCATED
1	Admission & Downtime Packs	
2	S4S8 Drug Cupboard	
3	Bed Pans / Urinals / Bowls	
4	BGL Monitor	
5	Biohazard Spill Kits	
6	Blood Alcohol Register / Policy for Samples	
7	Blood Culture Bottles	
8	Blood Fridge	
9	Broselow Trolley & Drawer Contents	
10	Cardiac Arrest Board	
11	Centrifuge	
12	Clinical Waste Bin	
13	CSSD Box	
14	Discharge Advice Forms / Cards	
15	ECG Machine	
16	ED Client Registration Forms	
17	Emergency Drugs	
18	Emergency Procedure Flip Chart (next to phone)	
19	Fax & Photocopy Machines	
20	FBC, Medication Charts & IV Orders	
21	Fire Blanket	
22	Fit Kit Register	
23	Fit Kits	
24	Formalin Jars	
25	Gloves	
26	Hypoglycaemic Kit	
27	ISBAR & CERS Processes / Posters	
28	IV Fluids	
29	IV Infusion Pumps	
30	Defibrillator & Pads (Adult & Paediatric)	
31	Linen Skips	
32	Local Phone Book	
33	Metalyse Information Folder / Resources	
34	Material Safety Data Sheets (MSDS)	
35	Maternity Items	
36	Mental Health Act	
37	Mental Health for Emergency Depts. Guidelines	
38	Mental Health Schedule Forms	
39	MO, NETS, AMRS, Hospital Contact Numbers	
40	Mops / Buckets	
41	Non-Rebreather Oxygen Masks	
42	NSW Drug & Alcohol Advisory Service Contact Info	
43	NSW Police Blood Alcohol Sample Box	
44	NSW Rural Adult Emergency Clinical Guidelines	



	ITEM	TICK WHEN LOCATED
15	Oxygen & Suction	
16	Oxygen Masks (Adult & Paediatric)	
7	Paediatric Urine Collection Bags	
<del>1</del> 8	Pat Slide	
19	Pathology Specimen Jars	
50	Pathology Trolley / Equipment	
51	Patient / Staff Toilet	
52	Plaster Trolley / Equipment	
53	Point of Care Testing (Troponin, Chem 4, Chem 8)	
54	Poisons Centre Telephone Number	
55	PPE (Masks, Eye Protection, Gowns)	
56	Resuscitation Trolley & Drawer Contents	
57	Sanitizer	
58	Scales	
59	Sharps Containers	
60	Spare Defibrillator Pads (Adult & Paediatric)	
61	Specimen Collection Manual	
62	STEMI / Thrombolysis Worksheets	
63	Thermometer	
64	Treatment Room	
35	Tuffie Wipes	
66	Urinalysis Sticks & Testing Equipment	
67	Vomit Bags	
68	Wheelchair	

Notes:



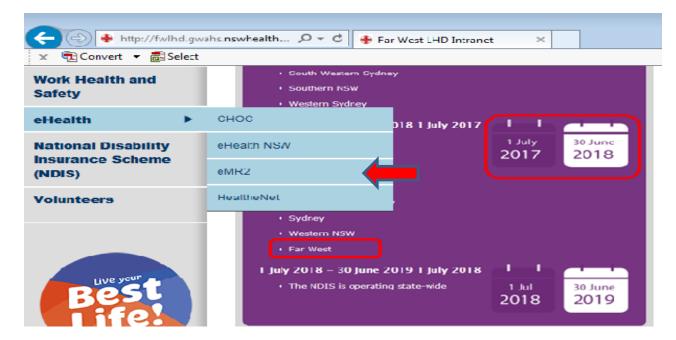
#### Appendix2. How to Access E Health User Guides

1. Access the FWLHD intranet site by clicking either of these icons from the computers home page.





2. Click on the eHealth link on the left hand side of the page and eMR2



3. You will need to scroll down the eMR 2 page and select the "User Reference Guides" Link.

#### **Useful Links**

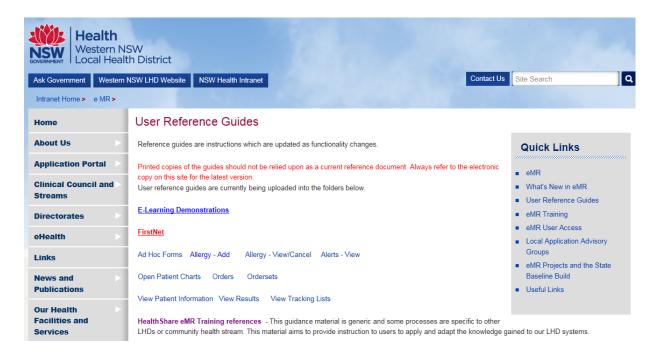
- eMR Home Page for FWLHD
- User Access
- User Reference Guides



Local Application Advisory Groups



4 When you click on the User Reference Guides you will be taken to the following page



5 You can select for the folder for the program which you require:





### Appendix3. How to Access Policies and Procedures

1. Access the FWLHD intranet site by clicking either of these icons from the computers home page.

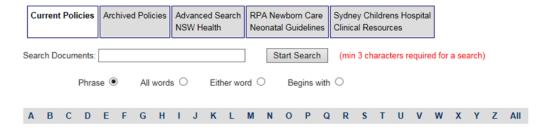




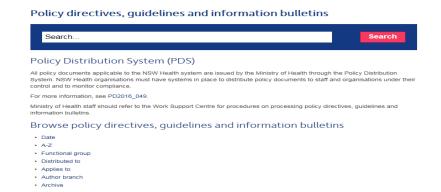
2. Click on the Policies, Procedures & Guidelines link under the **Work Centre** heading on the left hand side of the home screen.



The Policies screen will be displayed. You can search Far West Policies by typing key words straight into the search engine or searching under the letter the policy name begins with.



To search NSW Health policies click on the Advanced Search NSW Health tab. The NSW Health page will be opened.





#### Appendix4. How to Access My Health Learning

1. Access the FWLHD Intranet site by clicking either of these icons from the home page





2. Click on the HETI Link from home page

under the Applications heading on the



- 3. Log into HETI using your Staff link payroll number and password
- 4. Select module you wish to complete



5. Click on Play button



6. The computer will check system – you may need to click the continue to player icon at the bottom of the screen



7. The module will load and open follow written instruction on how to navigate the module.