

Entry to Practice

Nurse Program Orientation Handbook

Last updated December 2020



**The Royal
Melbourne
Hospital**

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The Royal Melbourne Hospital – About us

The Royal Melbourne Hospital (RMH) began in 1848 as Victoria's first public hospital. And while we only had 10 beds to our name, we had the community of Melbourne behind us, and we were ready to provide the best possible care for those in need.

Healthcare has changed a lot since then, but our desire to serve the people of Victoria with an appropriately skilled and compassionate workforce has not. We're still at the forefront of innovative research and discoveries – working hard to redefine the highest standards of care.

Excellence is something we strive for together. We're committed to working alongside our partners in care, research and education, so we can shape the next generation of leading clinicians, scientists, researchers and educators.

We're for Melbourne's health and have considered how we can best contribute to the health needs of the community, which is reflected in our purpose, values and community promise:

Our purpose

Advancing healthcare for everyone, every day

Our community promise

Always there when it matters most

Our values

People first. Lead with kindness. Excellence together.

The RMH includes our Parkville City campus, Royal Park campus, 32 mental health services across the north-western suburbs of Melbourne, and the world-renowned Peter Doherty Institute for Infection and Immunity, which is a joint venture with the University of Melbourne.

Entry to Practice Nurse Program

We aim to provide learning opportunities for Entry to Practice Nurses in acute and sub-acute clinical settings. Within a supportive environment, students will be able to consolidate theoretical knowledge and work towards clinical competency in a range of nursing skills.

First Day Information

On the first shift of placement for the year at the RMH, at either City or Royal Park, students are required to attend **Placement Check In (Orientation)**. If this applies to you, this will be indicated on your roster.

If you have attended RMH Placement Check In (Orientation) previously this year, you are required to present **directly to the ward on your first day**. This is indicated on your roster, as per your allocated shift start time. The ward team will be awaiting your arrival.

Placement Check-In (Orientation)

It is essential that evidence of the following documents is brought to Placement Check In (Orientation):

- University Student ID card – to be worn at all times (in a card holder)
- Valid National Police Check (within current year)
- Valid Work with Children's Check Card
- Valid Immunisation status – full summary page as provided by education facility
- Valid Hand Hygiene Certificate (within current year)

Students must also have printed and brought to placement:

- Preceptor logbook
- University Appraisal document (if completed in hard copy)

Placement Check-In (Orientation)

RMH Royal Park

For RMH Royal Park Placement Check-In (Orientation), please present to the Main Reception. Placement Check-In will commence at 07:30am sharp.

RMH City

RMH City Placement Check-In (Orientation) will commence at 07:30am sharp in the following locations:

Date	Room
Monday 6/1/20	Seminar Room 1, Function Centre - Ground Floor
Monday 10/2/20	Meeting Room 2, Function Centre - Ground Floor
Monday 24/2/20	Seminar Rooms, Function Centre - Ground Floor
Monday 6/4/20	Charles La Trobe Lecture Theatre, Function Centre - Ground Floor
Monday 18/5/20	Charles La Trobe Lecture Theatre, Function Centre - Ground Floor
Monday 1/6/20	Nursing & Allied Health Education and Research Centre, Meeting Room 1 - Level 5
Tuesday 9/6/20	Charles La Trobe Lecture Theatre, Function Centre - Ground Floor
Monday 15/6/20	Nursing & Allied Health Education and Research Centre, Meeting Room 1 - Level 5
Monday 22/6/20	Nursing & Allied Health Education and Research Centre, Tutorial Room 3 - Level 5
Monday 29/6/20	Nursing & Allied Health Education and Research Centre, Meeting Room 1 - Level 5
Monday 6/7/20	Nursing & Allied Health Education and Research Centre, Meeting Room 1 - Level 5
Monday 3/8/20	Charles La Trobe Lecture Theatre, Function Centre - Ground Floor
Monday 31/8/20	Seminar Room 1, Function Centre - Ground Floor
Monday 28/9/20	Charles La Trobe Lecture Theatre, Function Centre - Ground Floor
Monday 12/10/20	Charles La Trobe Lecture Theatre, Function Centre - Ground Floor
Monday 19/10/20	Charles La Trobe Lecture Theatre, Function Centre - Ground Floor
Monday 9/11/20	TBC
Monday 30/11/20	Charles La Trobe Lecture Theatre, Function Centre - Ground Floor
Monday 7/12/20	Nursing & Allied Health Education and Research Centre, Meeting Room 1 - Level 5

Student responsibilities

Code of conduct

Students are to practice within the following frameworks at all times:

- RMH values
- RMH policies and procedures
- ANMC and NMBA Standards for Practice and Code of Conduct

Punctuality, Attendance and Absenteeism

Please arrive to the ward five minutes prior to the shift commencing.

If a student is late or will not be attending placement for the allocated shift, the process outlined in the Ward Orientation Handbook should be followed.

A student should not leave their shift before their rostered completion time, unless approved by the Clinical Nurse Educator or in extenuating circumstances.

Leave for completion of university assignments will not be granted.

Uniform and dress code

Students must wear their university-approved uniform at all times, including:

- University-approved shirt or polo shirt with logo that is clean and in a good condition
- Black or navy pants or skirt
- Closed toe, non-slip, black shoes
- University student photo ID (at all times)
- Clean and short fingernails – no nail polish
- Clean, neat and secured hair
- Neat and trim facial hair
- No jewellery

Inappropriate clothing, including jeans and leggings, are not permitted.

Mobile phones are not to be used on the clinical floor.

Failure to meet these standards will result in students being sent home.

Personal Hygiene

The RMH views the personal hygiene of all its employees as being of the utmost importance. As a matter of courtesy and respect to patients, visitors and colleagues, all students are expected to maintain high standards of personal hygiene. Aftershaves, perfumes and hair sprays should be used in moderation and in consideration of colleagues and patients.

Preparation

Students are required to attend placement prepared for their shift. This includes completing the pre-placement Orientation requirements. Students are required to bring with them all necessary equipment including a pen, pen torch, stethoscope and small notebook.

Meals and Snacks

Clinical areas are fitted with staff rooms equipped with facilities to heat and cool food. If desired, food can be purchased on both campuses. Please refer to local designations for opening times and food availability.

Personal belongings

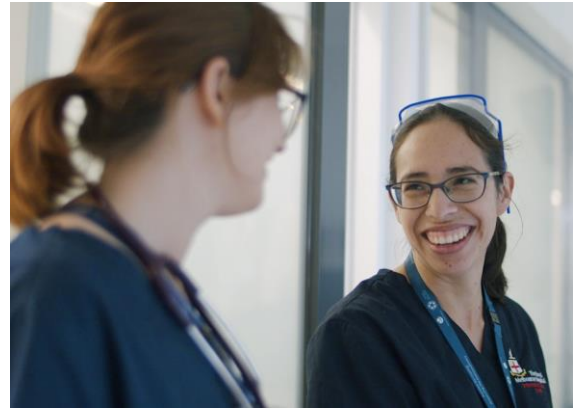
Students are asked to bring minimum belongings to placement as there is minimal storage space available. The RMH accepts no responsibility for lost, stolen or damaged belongings.

Placement guidelines

We aim to help students have a successful clinical placement and will provide the support to achieve this. However, there are circumstances that will put a student at risk of being unsuccessful in completing the clinical placement.

These include, but are not limited to:

- Practising out of the student's scope of practice and without the appropriate supervision
- Performing clinical tasks unsupervised where direct supervision is required
- Breaching patients' privacy & confidentiality
- Disclosing information on social media & public areas
- Exchanging personal information with patients and family members e.g. email addresses, phone numbers
- Unprofessional behaviours and poor attitude to patients, families, educators or staff
- Inadequate knowledge and or skill level for clinical practice
- Limited evidence of developing skills and knowledge during placement
- Risks to patient safety



Clinical supervision

Students are to work under the clinical supervision of a Registered or Enrolled Nurse. This may be within the clinical supervision model of a buddy nurse or a Preceptor.

This may be in the form of direct or indirect clinical supervision, as appropriate for the clinical skill.

- **Direct supervision** – When the supervising nurse is present and directly observes, works with, directs and assesses the person being supervised
- **Indirect supervision** – When the supervising nurse works in the same area as the supervised person, is easily contactable, available for reasonable access but does not constantly observe or direct his/her activities

Scope of practice

A student may gain experience in all available learning opportunities provided they are directly supervised by a competent Registered or Enrolled Nurse.

A student should only provide direct clinical care within their level of knowledge and experience, university scope of practice and in accordance with The Royal Melbourne Hospital's policies and guidelines.

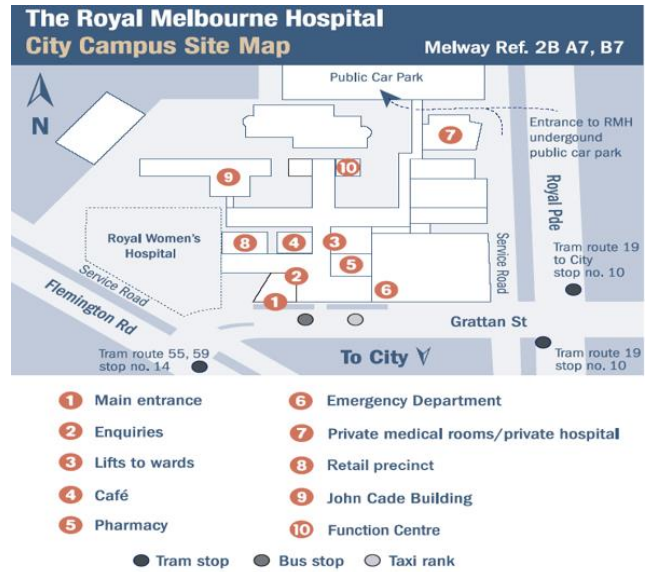
Getting here

RMH City

Grattan Street (corner Royal Parade), Parkville, 3052

- **Tram** Route 19, 58 or 59
- **Bus** 401 and 402
- **Train** via North Melbourne station, then catch the 401 bus
- **Car** Parking is available onsite for a discounted rate of \$22 per day.

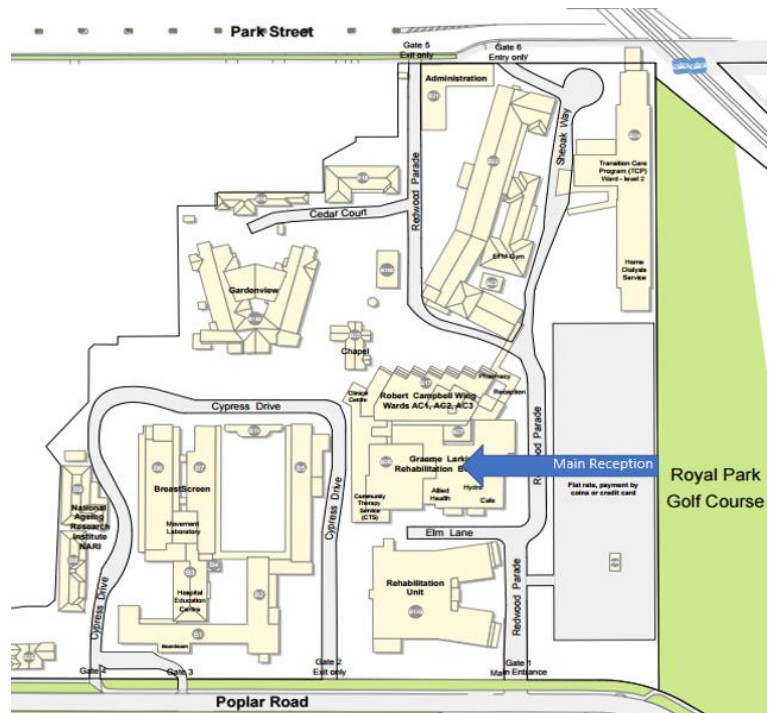
For discounted parking you are required to collect the appropriate form from your Clinical Nurse Educator. Once the form is completed, you will be required to present this to the carpark cashier. Further discounts are available for health card holders.



RMH Royal Park

Parkville, 3052

- **Tram** 58
- **Bus** 504
- **Train** via Royal Park station (Upfield line)
- **Car** Parking is available onsite for a flat rate of \$9 per day. No discount applies.



RMH Policy

The Royal Melbourne Hospital's policies, procedures and guidelines are developed and reviewed to comply with the National Standards using current evidence and best practice from national and international sources. RMH-wide and departmental policies, procedures and guidelines can be easily accessed via iPolicy on the Intranet.

Responsibilities

It is the Royal Melbourne Hospital's responsibility to:

- Provide you with guidance about the organisation's expectations.
- Provide you with current, evidence-based information to assist you to undertake your duties.

It is your responsibility to:

- Know where to access policies, procedures and guidelines.
- Know and understand policies, procedures and guidelines relevant to your role in the organisation.
- Work within the RMH values and within the scope and limitations of your role.
- Seek guidance and information as required.

Policy of the Week

Policy of the Week and high-risk policies are highlighted and available on the main page of iPolicy for your information.

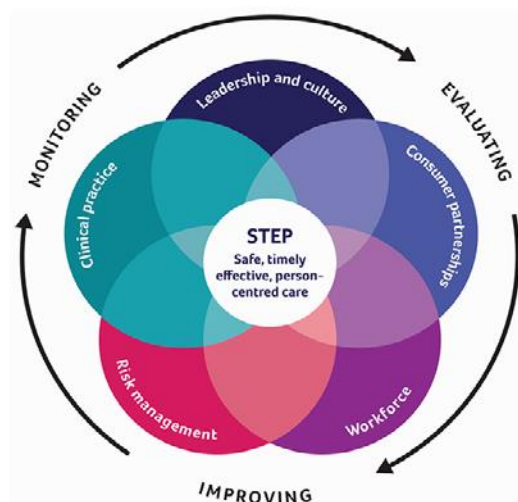
Introduction to Clinical Governance Framework -STEP

Our **Clinical Governance Framework** bring together the systems, processes, culture and leadership that we know are at the core or providing **safe, timely, effective, person-centred health care (STEP)**.

Clinical Governance ensures that everyone – from frontline clinicians to managers and members of the board – is accountable to patients and the community for assisting the delivery on health services that are safe, timely effective person-centred (STEP). It is a roadmap that will lead us to achieving our goal of making the RMH a great place to work and a great place to receive care.

Why is Clinical Governance important?

Because good clinical governance improves and prevents harm. History tells us that what happens when clinical governance fails that preventable harm can occur. Equally we know that good outcomes come from successful clinical governance.



Everyone at RMH has a role and responsibility in clinical governance

- Patients and consumers
- Clinicians and frontline staff
- Non-clinical staff
- Managers and senior clinicians
- The Executive and Board

Follow this link to review your responsibilities:

<http://mhipolicyapp/iPolicy/DocumentDownload/Index?docNum=MH16a>

Health, safety and wellbeing support services

At the RMH we are committed to ensuring the health safety and wellbeing of all employees, contractors, volunteers, patients and visitors. The Health, Safety & Wellbeing Team provide injury prevention, injury management consultation, and health and wellbeing support services for RMH employees and drive the Safety and WorkCover programs in consultation with management and staff.

All programs are implemented in compliance with the Occupational Health and Safety Act 2004 and associated Regulations, Codes of Practice and Guidelines, and the Workplace Injury Rehabilitation and Compensation Act 2013.

The RMH is committed to ensuring compliance with occupational health and safety legislation and the pursuit of excellence in the prevention and management of work related injury and illness. Information about all our OHS, Injury Support Services and Health & Wellbeing Programs can be found on the RMH Intranet site.

We care about our employees and are committed to providing a safe and positive workplace culture for everyone. The following support services are available to all employees to access for work related or personal issues. These services are available to all RMH students.

Peer Support Program

The Peer Support Program enables RMH staff and volunteers to seek support and guidance from trained co-workers. The Peer Support Program is an on-call service that is available 24 hours a day to ensure staff and volunteers have the opportunity to confidentially discuss personal or work related issues.

Please contact the RMH switchboard on 934 27000 and they will connect you with the Peer Supporter on call. You can speak with them on the phone or request to meet and talk face to face.

Employee Assistance Program

Our external partner, Converge International, has qualified and experienced psychologists and counsellors/coaches to support you. We value our employees and recognise the importance of everyone's psychological health and wellbeing. The Employee Assist Program (EAP) provides a wide range of services that ensure you can take a proactive approach to looking after your psychological health and wellbeing. We offer this so that we can proactively boost everyone's mental fitness and prevent the negative impact of personal and work related stressors you may experience.

Some of the services available include:

- Employee Assist – provides counselling and coaching support for personal and work related issues such as workload pressures, relationship concerns, mental health issues including anxiety and depression and work/life balance issues.
- Manager Assist – coaching and advice to assist with a variety of people management issues and develop leadership competencies. Access great coaching tools/ tip sheets
- Family Assist – counselling and support for families who are struggling with a variety of issues
- Conflict Assist, Legal Assist, Career Assist, Money Assist, Nutrition & Lifestyle Assist...and more.

Please contact Converge to speak directly with a consultant or make an appointment on 1300 OUR EAP (1300 687 327) or convergeinternational.com.au.

Staff Health Services (Parkville Medical Centre)

The Staff Health Service is a Medicare Bulk Billing General Practice open to all RMH employees, their family and the public. Staff Health offers a range of services including Vaccination, Health Checks, Men's Health, Women's Health, Diabetes Management, Stress Management, etc.

It is located at Entrance 2, Private Medical Centre, Royal Melbourne Hospital, Royal Parade, Parkville and is open Monday to Friday during business hours. Please call 9342 7390 to make an appointment.

Pastoral Care and Chaplaincy

The Pastoral Care and Chaplaincy Service assists staff from all cultural or faith backgrounds with emotional and/or spiritual support. Pastoral Care provides 24 hour on-call support for emergency needs. They:

- Provide staff with sacramental, spiritual and emotional support.
- Provide pastoral counselling addressing specific needs (e.g. grief, loss & bereavement). Assist staff in commemorating significant events in worship and ritual based on their faith tradition.

To contact Pastoral Care, call 934 27292.

Family Violence Contact Officers

The RMH recognises that our staff may experience family violence. Our Family Violence Contact Officers are available to help RMH staff and volunteers by providing confidential support, advice and guidance with instances of family violence. All Family Violence Contact Officers have been professionally trained to provide family violence assistance.

The RMH Family Violence Contact Officers are on-call 24 hours a day to support staff and volunteers across the organisation; including RMH City, RMH Royal Park and RMH NorthWestern Mental Health. Alternatively, you can call a HR representative or the Wellbeing Team directly for support.

Please contact Switch on 934 27000 and ask to speak with the on-call Family Violence Contact Officer.

Communications

Privacy and Confidentiality

Any information pertaining to a patient of the RMH is deemed to be private & confidential and should not be disclosed. Patient information should only be discussed with health care workers directly involved in direct patient care. Patient names or diagnoses are not to be discussed outside the RMH.

Media Enquiries

The Communications team is responsible for managing external communication, including publications, media relations, issues management, event management and government liaison. Students may not discuss the RMH with external communication outlets or the media. All requests must be directed to the Media Officer on call by phoning the RMH Switchboard on 934 27000.

Internal Communications

Clinical staff must communicate using the standardised paging guidelines when sending a page via the "Lanpage" System. Lanpage is to be used to contact medical and allied health staff, as well as the Clinical Nurse Educators. How to page using Lanpage:

- Click on Lanpage icon on any RMH computer.
- Enter the recipient's pagers number or search using their surname.
- Enter page text:
 - WHO:** Patient (name +/- Unit Record number)
 - YOU:** The identity of the clinician sending the page (name and contact details)
 - WHERE:** The location of the patient (ward, bed, number)
 - WHAT:** The nature of the problem/question/request
 - WHEN:** When a response or action is required.

Social Media

Students must be aware of the RMH social media restrictions when posting on any social media platform. It is important to remember that all comments are public and can be linked back to the student, university or the RMH. The RMH Social Media policy is available on iPolicy.

Communicating for safety

Communication is critical to the delivery of safe patient care. Communication failures and inadequate or poor documentation of clinical information results in errors, misdiagnosis, inappropriate treatment and poor care outcomes (NSQHHS, 2017).

Three high-risk areas in communication are critical to patient safety:

- When patient identification and procedure matching should occur
- When all or part of a patient's care is transferred within an organisation, between multidisciplinary teams and clinicians, across organisations and on discharge (i.e. at transitions of care)
- When critical information, or risks, emerge or change throughout the course of care.

Patient Identification and Procedure Matching

All staff have a responsibility for ensuring the correct identification processes are undertaken – **every patient, every time**. This includes:

- Patient registration, admission
- Patient transport
- Meal delivery
- All investigations
- Any treatment, including medication administration
- At handover

What you need to do:

- Always use the dedicated ID band labels for patient wristbands
- Ensure the appropriate colour band is in place in the event of an allergy or alert
- If a wristband is removed for a procedure ensure it is replaced immediately
- If wristbands are not used in your service be aware of the alternative ID checking process
- Use the new Procedural Safety Checklist and 'time out' process prior to all required/relevant procedures
- Dispose of any unused patient labels from the clinical environment prior to admission of a new patient or on discharge as the details may have changed prior to the next.

Informed Consent

Effective communication between the health care professional and the patient is essential to the informed consent process. Mandatory training via Training Space may be a requirement for clinical staff.

Clinical Handover

Clinical handover is the transfer of professional responsibility and accountability for some or all aspects of care for a patient to another person or professional group. Breakdown in the transfer of information or in 'communication' has been identified as one of the most important contributing factors in serious adverse events and is a major preventable cause of patient harm (ACSQHC).

The Royal Melbourne Hospital uses the ISBAR format to provide a standardised approach to handover across all areas.

Person-centred care bundle

The Royal Melbourne Hospital aims to improve the delivery of safe and reliable nursing care, using evidence based practice through the following initiatives.

Safety huddles

Patient safety huddles are routine structured short briefings designed to give frontline staff and bedside caregivers opportunities to stay informed, review events, make and share plans for ensuring well-coordinated safe care. Studies show that implementing huddles in health care can improve patient safety and patient flow and have a positive impact on teamwork.

Beside handover

An accurate handover of clinical information is of great importance to the continuity and safety of patient care. If clinically relevant information is not shared accurately and in a timely manner it may lead to adverse events, delays in treatment and diagnosis, inappropriate treatment and omission of care. At the RMH, handover is to be completed at the bedside. This aims to reduce the risk of miscommunication, misunderstanding and the omission of critical information.

Patient bedside whiteboards

Effective bedside communication between patients, their families, their carers and health care professionals is paramount to the delivery of high-quality care. Patient bedside whiteboards have shown to be an effective tool to support patient-centred communication and are widely recommended as standard care in inpatient health care facilities.

Nursing assessment and care planning

Assessment is a key component of nursing practice, required for the planning and provision of safe, patient and family-centred care. Competent nursing assessment is required for early initiation of specific nursing actions and referrals to appropriate health professionals to prevent adverse events and improve patient care outcomes.

Patient Safety Rounding

Patient safety rounding is a proactive, patient-centred approach to anticipate and address patient care needs. It involves a member of the care team going to the patient hourly (two hourly at night) and asking questions regarding pain, toilet needs, positioning, personal needs and their plan of care. Effective patient safety rounding can reduce patient falls, decrease hospital acquired pressure injuries and improve the overall patient experience.

Hospital Emergency Response – Respond Blue METCall

Emergency phone number

For all emergencies dial **444** and state:

- “Respond [colour]”
- Location (eg. 3S, bed 23)
- Medical unit (eg. Emergency General Surgery)
- Your name

To call for an emergency response from an external or mobile phone call 9342 4444.

Respond Blue

If one or more of the following criteria are present call respond Blue:

- Unresponsive
- Absent or abnormal breathing

Medical Emergency/Cardiac Arrest Respond Blue

- Check area for any immediate signs of danger to yourself or to the casualty
- If necessary and safe to do so, remove the casualty from immediate danger
- Dial 444 & state type of emergency, location and treating unit – the Medical Response Team will then be notified
- Commence First Aid / CPR, if competent to do so
- Remain with the casualty until Medical Response Team arrive.

MET Call

A MET Call may be called in the event of patient deterioration. Here, the Medical Emergency Team respond to review and treat the patient.

MET Call Criteria

1. Acute change in:
Conscious state OR repeated/prolonged seizures.
2. Acute change in:
Heart rate: < 40 or > 130 beats/min.
Systolic blood pressure - < 90 mm Hg.
3. Acute change in:
Respiratory status - shortness of breath/respiratory distress.
Respiratory rate - < 8 > 30 breaths/min.
Pulse oximetry /oxygen saturation: < 90 despite oxygen administration.
4. Unable to obtain prompt assistance from parent unit.
Failure to respond to treatment for acute problem.
Any person that you are seriously worried about.

Hospital Emergency Response – Codes

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: <ul style="list-style-type: none"> - Activate nearest Break Glass Alarm - 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 Emergency Controller. Do Not Use Lifts. • When instructed evacuate to the nominated area in the following order: <ol style="list-style-type: none"> 1. Ambulant patient, 2. Semi-ambulant patients 3. Non-ambulant patients via evacuation mat, blanket drag, wheelchair, chair or other means. • Search all rooms, leave lights on & collect staff rosters & patient lists. • Advise Emergency Controller 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 <u>bomb threat checklist</u>. • 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 Emergency Controller.
INTERNAL EMERGENCY RESPOND YELLOW	<ul style="list-style-type: none"> • If safe to do so, rescue anyone in danger. • 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. • Await arrival of Engineer on duty/ call and appropriate designated response group.
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 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 Emergency Controller.
ALL CLEAR	<ul style="list-style-type: none"> • At the completion of the emergency & only on the authority of the Emergency Controller will the 'Stand down - All Clear' announcement be made.

Hospital Emergency Response – Emergency procedure

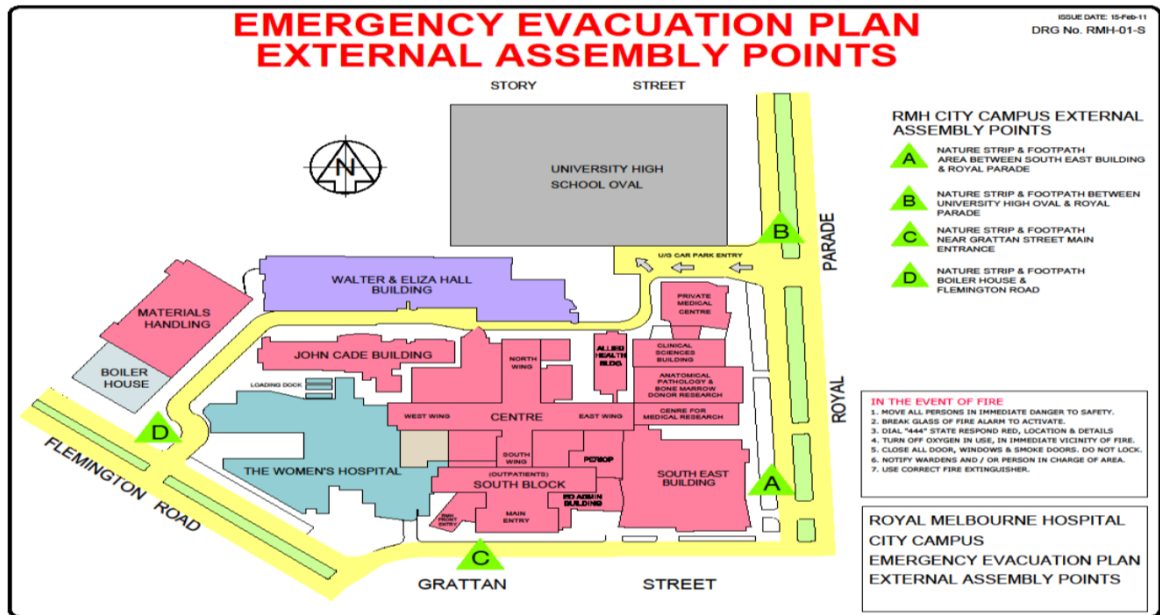
Emergency procedure manual

These are available for both Royal Park and City Campus. They can be accessed via the RMH intranet under 'Emergency Management plan.

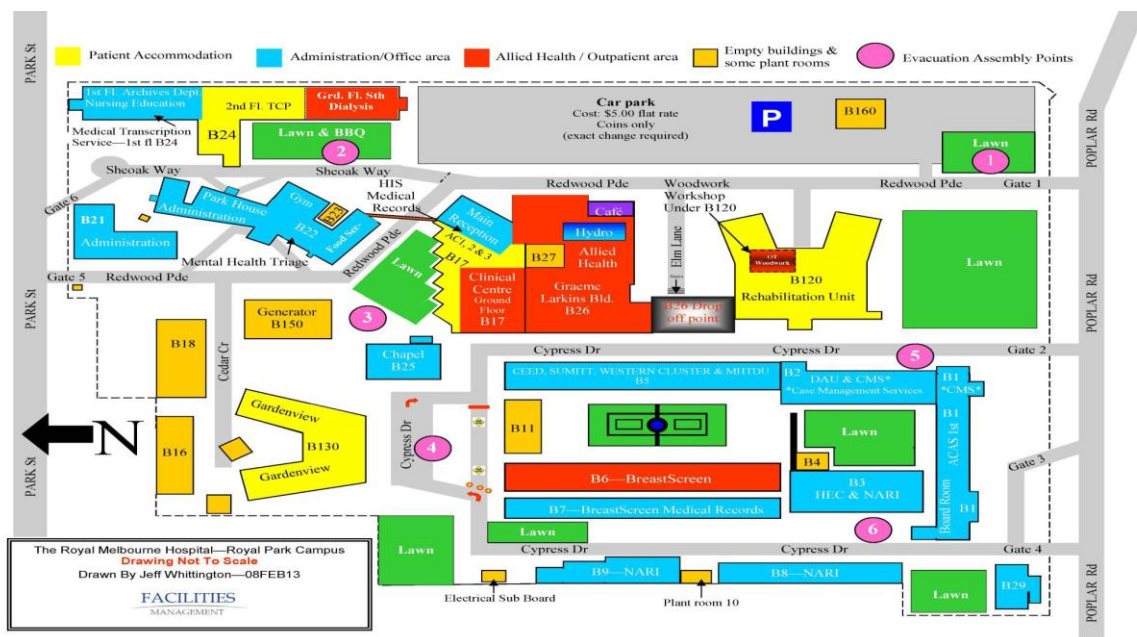
Emergency evacuation points

In the event that evacuation is required, students are required to follow the instructions of the Nurse in Charge or Warden.

RMH City:



RMH Royal Park:



Transformation and Quality

Risk management

Risk management involves the development and implementation of systems to ensure effective risk management at the RMH.

Incident Reporting – RiskMan

Incident reporting, management and investigation aims to monitor and improve patient care and staff safety, focus the attending on the causes underlying an event and identify systems changes to reduce the probability of such an event in the future.

If a clinical incident occurs, support your preceptor by completing a RiskMan report. To enter an incident, click on the RiskMan icon on the intranet homepage.

Safety Culture

As part of the broader Cultural Transformation Program the Safety Culture Program will help us make the RMH the best place to work and the best place to receive care.

The key elements are:

Quality and Reliability Improvement

Reducing unwanted variation in the delivery of care to reduce errors and preventable harm, through improvement projects at the team, ward or unit level and organisation-wide.

Speaking Up for Safety

A 'Speaking Up for Safety' education program delivered by our passionate Safety Champions designed to provide a structure and language for raising concerns about patient safety and conducting conversations.

weCare system

The weCare system (available on RMH intranet) allows you to recognise colleagues through award nominations or submit feedback about behaviours you witness that are not consistent with a safety culture or our values.

Leadership capability development

Over 250 RMH leaders have completed training in safety and reliability improvement, and professional accountability, conducted by the Cognitive Institute.

Occupational health and safety

Alcohol and drugs

While on duty it is prohibited for individuals to:

- Possess, use, manufacture or distribute illegal drugs
- Be affected by alcohol or illegal drugs
- Be adversely affected by legal drugs

Individuals have an obligation to report to their supervisor the use of prescription or non-prescription drugs which may affect normal functioning or which have specific warnings on use (i.e. impact on their duties).

Smoke-free zone

Smoking is strictly prohibited in all RMH premises and within the site boundaries of all Parkville Precinct organisations. Smoking is not permitted within 10m of the entrance to any of the RMH premises.

Bullying and harassment

The RMH will not tolerate bullying under any circumstances. Employees may deal with bullying either by resolving the issues themselves by discussing the problem with the person involved, or by seeking assistance from their supervisor. Anyone involved in a complaint of bullying, or its investigation, must ensure that the circumstances and facts of the complaint are disclosed only to those people who are directly involved. In particular, it is important that employees who either make a complaint, or may be witnesses to the circumstances giving rise to the complaint, do not discuss the matter outside the investigation and resolution processes.

Manual handling

The RMH has identified manual patient lifting and handling to be a potential risk of musculoskeletal injury to employees. Manual patient lifting shall be eliminated unless in life threatening situations. A formal assessment of a patient's ability to assist the employee must be carried out prior to any patient handling task occurring.

When handling bariatric patients, staff must use the appropriate patient handling equipment with suitable Safe Working Load (SWL) limits. Refer to the Patient Manual Handling Procedure for further information.

Prevention and management of clinical aggression

Clinical aggression can occur for many reasons. It is often triggered by a person's conditions (e.g. delirium, post traumatic amnesia, dementia, drug or alcohol addiction), and also due to strong feelings of fear, grief, frustration and powerlessness. This can cause our patients to become irritable, angry or aggressive, and at times this can lead to violence.

Preventing and managing clinical aggression involves a multifaceted approach and your actions should depend on the level of threat you perceive from the patient. We can use skills like good communication, negotiation and problem solving where it feels safe to do so. **However, if you feel your safety is threatened, you should exit immediately and seek help from your team.**

Seeking urgent assistance

If you are working at either RMH City or RMH Royal Park, a situation where you feel threatened may require an emergency response. At the RMH, this means activating a planned code grey or if the threat of violence is imminent, a code grey or black. This will trigger a joint Security and Senior Clinician response to manage the emerging or imminent threat.

For more information, please see the site specific Emergency Management Plans as they contain the roles/responsibilities of all staff who respond to incidents of planned code grey/code grey.

Security services

The Royal Melbourne Hospital Security provides the following services:

- Patrols are conducted 24 hours per day, 7 days per week with 24 hour security.
- Escorts are carried out within Hospital buildings and grounds, upon request to security.
- Facilitate lost property, and at the RMH City are custodians of patient valuables
- Investigate reports of suspicious circumstances
- If you become ill during night shift, security will open the change room and escort you to your vehicle, upon request.

Emergency response

Remember, for all emergencies at RMH City and RMH Royal Park dial extension 444 or 9342 4444 from your mobile and state the Respond Colour and location also notify your Area Warden.

Infection prevention

What is infection control?

Infection control is about preventing patients, staff and visitors from acquiring healthcare associated infections and effectively managing infections when they occur by using evidence-based strategies.

Your responsibilities

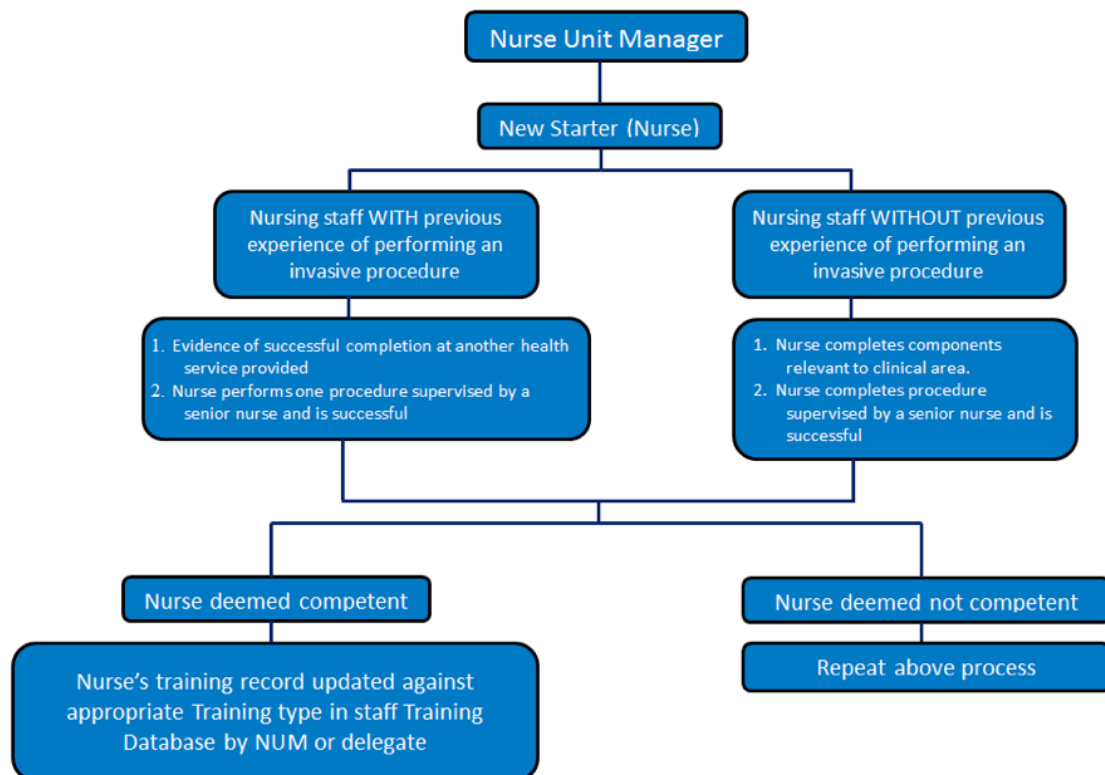
- To complete the self-assessment framework within six weeks of commencing your employment
- Don't come to work if you are sick (e.g. diarrhoea, vomiting or respiratory symptoms)
- Know why your patient is in isolation – if you don't know, ASK!
- Document your patient's infectious status on the patients' alert form, in their history, nursing risk assessment, care plan and discharge summaries
- Include in ISBAR infectious status of patient, invasive devices present and review of their ongoing requirement
- Read and follow the isolation signs on the door of the patient room/zone
- Look up the IPSS intranet page or iPolicy if you have a query about infection control – if you still don't know, ASK!
- Protect yourself and wear PPE (i.e. mask, goggles, gown and gloves) for potential blood/body fluid exposures
- Make sure you have the flu vaccine annually
- Know your immune status for vaccine-preventable infections

Hand hygiene

Effective Hand Hygiene is the single most important strategy in preventing health care associated infections. Please familiarise yourself with the five moments of hand hygiene on [the Hand Hygiene Australia website](#).

ANTT Self-Assessment Framework

ANTT and High Risk Invasive Devices Competency Framework for Nurses



Medication safety

Medicines may only be administered by a student nurse under the direct supervision of a Registered Nurse employed by Melbourne Health or the education institution the student is enrolled at.

High-risk medicines

These are medicines which have a high risk of causing significant patient harm when used in error.

Be aware & take extra care when prescribing, administering or dispensing high risk 'PINCH' medicines.

**includes warfarin, enoxaparin and the direct oral anticoagulants 'DOACs' (apixaban, dabigatran, rivaroxaban)*



Medication resources available via intranet

- Australian Medicines Handbook
- MIMs (& Don't Rush To Crush)
- Therapeutic Guidelines
- Australian Injectable Drugs Handbook
- DrugDex (MicroMedex) and more.

iPolicy

- Medication guidelines (prescribing, administration and monitoring information)
- Medication-related procedures

Reference books in medication rooms

- Injectable Drugs Handbook & Don't Rush to Crush Handbook

RMH library

- Injectable Go to <http://tiny.cc/RMHpharmacy>
- These resources have been configured to allow automatic access onsite when connected to the hospital WiFi. For offsite access, use your RMH library barcode.

IMIMS App

- Go to <https://www.clinicians.vic.gov.au/mims-app> to download the app (follow the steps provided under 'Mobile Services'). The app links to Pharmaceutical Benefits Scheme (PBS) information.

Your colleagues

- Clinical pharmacists (contact via LanPage), nurse educators and medical staff

Completion of placement

Placement Documentation

At the completion of placement it is the responsibility of the student to ensure that all university requirements have been accurately completed. This includes appraisals, competencies and timesheets.

The RMH takes no responsibility for incomplete university documentation. Students will not be able to return to placement outside of their placement dates to have documentation amended.

Evaluation

The Royal Melbourne Hospital is continually looking for ways to improve the experience for students. At the completion of placement, students will be asked to complete the Entry to Practice Placement Evaluation Survey to provide formal feedback. The link for this can be found on the Entry to Practice Internet Page.



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