



STUDENT ORIENTATION MANUAL

Student Orientation Manual

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Welcome

This package has been put together to assist you in your orientation to Bass Coast Health. The information provided will act as a guide to ensure your time spent with us is enjoyable and professionally rewarding. We aim to provide you with clinical experiences that will further develop your skills and aid you in achieving any objectives set. Please feel free to approach any staff member if you have any questions or concerns.

Bass Coast Health is an integrated health service consisting of numerous sites and a combination of acute, primary, community and residential care services. Acute/Inpatient services include the emergency department and short stay unit, urgent care centre, operating suite, medical and surgical unit, maternity, subacute unit, haemodialysis service, integrated cancer unit and medical day unit, and hospital in the home.

Background to the Community

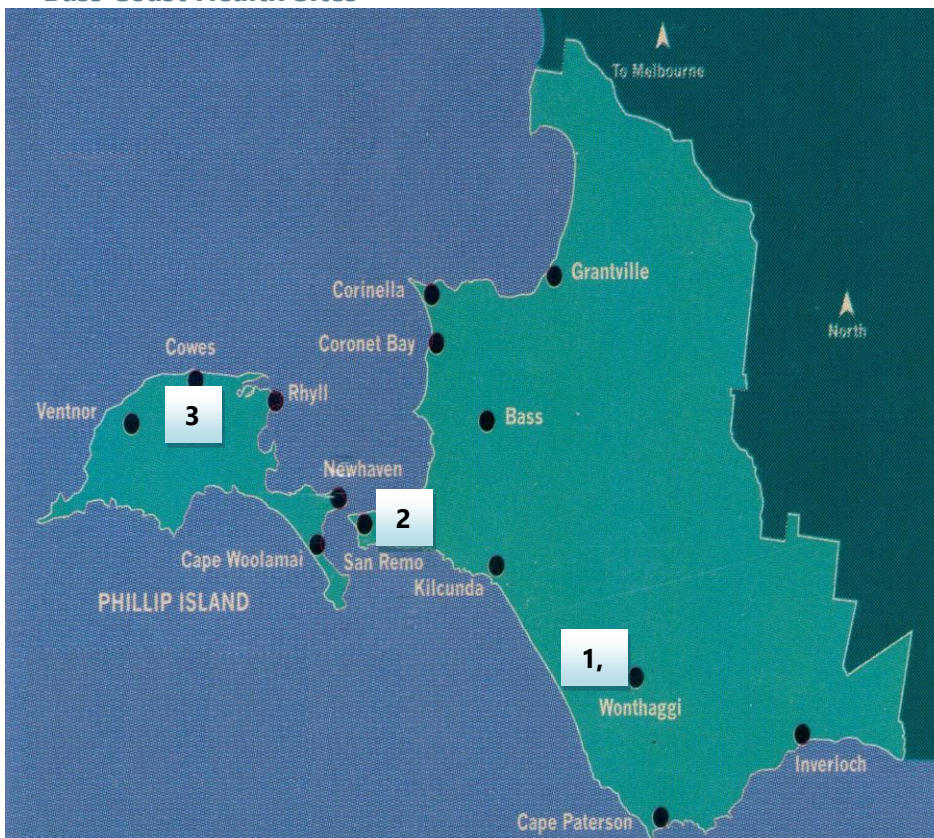
Bass Coast Health's primary catchment area is the Bass Coast Shire. The Bass Coast Shire is located approximately 120 kilometres south-east of Melbourne and covers an area of 860 sq. km. Wonthaggi, Inverloch, San Remo, Cowes and Grantville are the major towns in the Shire. The area is a major holiday and retirement area with Phillip Island a major focus. The total population of the area is around 36,000 expanding to 80,000 during busy weekends and holiday periods. The major industries of the shire are tourism and agriculture (particularly cattle and sheep grazing).



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Organisation Sites & Services

Bass Coast Health Sites



Sites

1. Bass Coast Health Kirrak House Nursing Home
2. San Remo Campus Griffiths Point Lodge District Nursing Service
3. Phillip Island Health Hub

Services and programs at BCH

Bass Coast Health admits more than 6,900 inpatients each year. Midwifery department has between 200 to 230 births and over 2,500 surgical procedures in the operating theatre. Outpatients and community services are an important aspect of our charter in which there is over 75,000 occasions of service each year provided to clients in the community service sector. Each year approximately of 13,500 emergency department presentations occur. We also organise health promotion events within the community, which are designed to raise awareness of the importance of taking care of ourselves.

Specialist Medical Services are provided in Obstetrics and Gynaecology, Nephrology, Hepatobiliary, Pancreatic and General Surgery, Gastroenterology, Anaesthetics, Paediatrics Dental & ENT, Urology, Ophthalmology, and Orthopaedics. Services include acute, long term and community programs.

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Organisational Profile

Vision and Values Statement

Vision

Excellence in Care

Delivering person centred care to improve health, wellbeing, care experience and health outcomes with our community.

Values

We embrace the following values to fulfil our vision:

- Wellbeing
- Equity
- Compassion
- Accountability
- Respect
- Excellence

Purpose

To plan and develop a sub-regional health service that meets the primary health needs of the local community in addition to providing secondary and specialist care to the extended population of the Gippsland South Coast. We are committed to work with our partners to achieve appropriate sub-regional access to specialist services for the people of the South Coast.

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Our Board



Don Paproth
Chairperson



Angelo Saridis



Ian Thompson



Ian Leong



Julia Oxley



Kate McCollough



Mary Whelan



Mim Kershaw



Simon Jemmett



Tony Gabbert



John Nevins
Independent FAR Committee Member

Our Board ensures that Bass Coast Health works in accordance with government policy

- Health Services Act
- Financial Management Act
- Board meets monthly to monitor performance of BCH

Our Community Advisory Committee



Diana Holmberg
(Chair)



Caroline Talbot



Terry Shannon



Hilary Kerrison



Paulette Burt



Faye Tuchtan



Gill Scrase



Neil Beddoe



Joyce Ball

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IMPORTANT INFORMATION FOR STUDENTS

Please find all the relevant documents listed below at the Bass Coast Health website, under 'Careers' followed by 'Learning and Development – Nursing and Allied Health' then 'Student Placement Documents | Complete Before Placement'.

Prior to Placement

What you need to complete and return one week prior to placement (all required):

Please return via email to studentcoordinator@basscoasthealth.org.au

- Undergraduate Student Registration and Declaration form
- National Hand Hygiene Initiative online competency certificate (valid within last 12 months) **Please follow instructions in the attachment to complete the module.**
- Privacy, Confidentiality and Security Agreement. (Please have an adult witness your signature on this form).
- Fit testing certificate-please advise ASAP if you have not been fit tested.
- Statutory declaration (**Aged care students only**)

- Please bring a \$20 cash deposit for a swipe card on first day. This will be collected by Learning & Development and returned to you at completion of placement. **NOTE:** This does not apply to Aged care, Urgent Care Centre and District nursing placements.

What you need to watch prior to placement (all required):

- Glen's Story: How hospital associated infections can impact on a person's life and family <https://youtu.be/RIsBB6TmZvA>
- Department of Health and Human Services Social Media Policy <https://www.youtube.com/watch?v=8iQLkt5CG8I>
- Empathy: The Human Connection to Patient Care https://www.youtube.com/watch?v=cDDWvj_q-o8
- Covid19 PPE Application and Removal <https://www.youtube.com/watch?v=tfITL694UAQ>

Please note: Some steps in the donning and doffing procedure may differ slightly to that shown on the above video. You will be required to complete practical PPE training on arrival to placement, therefore will be shown the correct way as per BCH policy.

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What you need to read prior to your placement:

- Student Accommodation (optional)
- Australian Charter of Healthcare Rights in Victoria (required)
- Social Media Policy (BCH) (required)
- Guideline for safe home visiting (required for district, community and HITH nursing placements, optional for others)

These documents are available on the BCH website

CAMPUS INFORMATION:

- **District Nursing Services** placements are located at San Remo Campus (1 Back Beach Road),
- **CNC (Clinical Nurse Consultant) community placements** may be required to work across all sites (rosters will be provided prior to placement)
- **HITH (Hospital in the Home)** placements will be at our Wonthaggi site.
- **Aged care** placements are at Kirrak House. This is at 55 Baillieu Street Wonthaggi (behind the main hospital).
- **The Urgent Care Centre (UCC)** is at the Cowes Health Hub (50-54 Church Street, Cowes).

You will need your own transport to get to the San Remo and Cowes campuses. Public transport is very limited across the Bass Coast region.

Allied health students will likely work at both our Wonthaggi and Cowes sites, as such personal transport is important, as public transport is limited.

Resources for your placement:

- Daily Feedback Forms-these MUST be completed every shift-these can be located on PROMPT via the intranet.
- Orientation checklist (to be checked off on your first day of placement if working in Acute ward, Aged Care, Emergency/Short Stay or Sub-Acute).
- *Hospital Access Card* – A BCH access card will be provided on your first day. **A \$20 cash deposit** is required for this card, which will be refunded on return of the card on your last day. Please bring exact money.

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Day One:

- During the Covid19 pandemic please present to the Learning and Development office at 8:00am if you are on a morning shift or 13:00pm if you are on an evening shift. You will be met by our Undergraduate Coordinator who will welcome you for your first day.
- If you are commencing on a ND shift, please proceed directly to your allocated department at 21:30pm.
- You may be required to undertake a Rapid Antigen Test on your first day-this will be done by either one of the L&D team or a member of the San Remo/UCC teams if commencing at another site.
- District Nursing students will need to meet at the District nursing office in San Remo. (1 back beach Road San Remo), as per the roster. You will be rostered on either 0700, 0730, 0830 or 1200 start. Please arrive at least 10 minutes before the shift.
- We value your feedback: Please complete our feedback survey/ at the end of your placement. This will be sent to you towards the end of your placement.

Clinical support

- Please contact the Learning and Development office on [5671 3280](tel:56713280) or [5671 3320](tel:56713320) for clinical support. A clinical educator will be rostered on most weekdays.
- Weekly student debriefs will be held on Thursdays at 1400hrs via zoom. This can be accessed from your PC/iPad/mobile phone as an audio or video format. The debrief zoom link will be provided each week to your provided email address – this is usually the one from your education provider.

Administration support:

- For any administration support, including any pre-placement questions please contact the Learning and Development office on 5671 3280. Please remember to provide a copy of your attendance record to the office, preferably by scanning and emailing to studentcoordinator@basscoasthealth.org.au

Student Responsibilities

- Ensure you have a current police check and Working with Children Check (WWCC if required) approved prior to day one of clinical placement (this should be done through your education provider).
- Understand and respect patient privacy.
- Maintain confidentiality at all times.
- Wear correct uniform and appropriate footwear at all times.
- Display ID at all times when within the organisation.
- Be appropriately equipped e.g. pen, scissors, watch.

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- Be appropriately prepared for clinical placement e.g. objectives.
- Take an active role in patient care – within your scope of practice.
- Participate in orientation relevant to areas in the organisation (due to current Covid19 restrictions, this may take place on your allocated ward/area).
- Inform the clinical area of any expected absences to ensure care of the patients is not compromised.
- Complete Covid19 screening questions with a member of the Learning and Development team prior to commencing placement.
- Do not attend placement if before, or during, placement you experience respiratory symptoms, fevers, are unwell, or are awaiting the outcomes of Covid19 testing.
- Ensure documentation is complete and accurate.
- Have your nursing notes counter signed by a registered nurse responsible for the patients.
- Ensure you report any changes in the patient's condition in a prompt professional manner.
- Familiarize yourself with accessing BCH policies and procedures.
- Advise the organisation and your tertiary institutes of any absences.

Nursing shifts times

- AM Shift: - 0700-1530hours
- PM Shift: - 1330-2200hours
- ND Shift: - 2130-0730hours

NOTE: These times differ for District, HITH, CNC and Theatre

Allied Health shifts times

- 0830 – 1700

NOTE: These times may vary. You will be contacted with your specific shift times.

Student Paperwork

It is the student's responsibility to ensure all paperwork is filled in and kept up to date for the duration of their placement. A good strategy to ask the preceptor /supervisor you've worked with for the day to fill out a daily feedback form on most days.

Please inform Learning and Development in a timely manner if there are any issues in regards to your paperwork.

Please DO NOT leave it to the last minute, as this can lead to challenges in meeting requirements of your clinical placement.

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Please discuss any competencies you are required to complete during your clinical placement on your first day with a member of learning and development, and update the team throughout if these are not able to be completed. Again, DO NOT leave this to the last minute!

Student Debriefing

Weekly

Weekly debrief is on Thursdays at 2pm, currently via Zoom to meet physical distancing guidelines. Please keep an eye on your student emails for the zoom link, and any alternative time. We aim to notify you in advance if there is a change.

Following Critical Incidents

Discussion relating to a critical incident assists the health care providers involved to deal with the emotional responses to the demands on physical and mental energy encountered during the incident. Debriefing is one simple stress management tool, which can be used to facilitate the resolution of critical incident stress.

Student Absence

You must notify your clinical area and the Learning and Development team if you are absent **prior** to the commencement of your shift. It is highly advised that you provide a medical certificate or statutory declaration form to support your absence.

Student Accommodation

Please see the student accommodation flyer on the BCH website for more information.

Monash University also provide accommodation for regional and rural placements. Please see the below links for more information and eligibility criteria.

<https://www.monash.edu/medicine/srh/placements/accommodation>

<https://monashruralhealth.starrezhousing.com/StarRezPortal/9BFD86D4/1/1/Home-Monash Rural Health ?UrlToken=24B21874>



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Student Documentation

Students are able to document and encouraged to do so to develop this important skill. Documentation includes such things as writing in progress notes and care plans. This is a very important legal requirement. All students are expected to read the notes of the patients that they are caring for in order to keep up-to-date with care requirements.

Please familiarise yourself with the following BCH forms (including others relevant to your department):

- Care Assessment and Discharge Planning Tool
- Fluid balance chart
- Ward observation chart
- Wound assessment and management chart
- Pre-operative patient check list
- Operation sheet
- Anaesthetic and recovery room record
- Progress notes
- Blood glucose monitoring chart
- Drug chart
- Intravenous drug therapy chart
- Clinical pathways/Care plans
- Specific assessment and care planning forms relevant to your discipline.

If you are placed in the ED/UCC all documentation occurs via EMR (electronic medical records). You will receive an introduction to this system during your first shift in ED/UCC.

Before the end of each shift documentation needs to occur for each patient/resident.

It is very important that all documents are correctly labelled with the right Bradmas. You must always check that you are writing in the right patient's notes.

Student documentation must be:

- Timely
- Accurate
- Legible
- Dated with the time of documenting
- Signed
- Countersigned

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All signatures must have name clearly printed afterwards with designation and student entries must be countersigned by a qualified Registered nurse who has been involved in the patient's care. REMEMBER: If it's not documented it did not happen!

'DOCUMENTATION SAVES OUR REGISTRATION AND PATIENT'S LIVES'

Errors

In the event of an error in the patient's records, a single line needs to draw through each line. The person needs to write "written in error" and then sign it in the normal manner.

Suggested Observation Times

Nursing observations times vary in each department.

Please see the 'Vital signs Observation Protocol' for more information relating to your clinical area. This can be found on PROMPT on BCH computers via the intranet.

Handover

Handover is the exchange of relevant factual information passed from one Clinician to the next, to ensure consistent patient care. Handover at BCH occurs:

- Shift to shift.
- Nurse to Doctor.
- Doctor to Nurse.
- Nurse with Allied Health.
- Allied Health with Nurse.
- Emergency Department staff to ward staff.
- Ward staff to Operating Suite staff.
- Operating Suite to ward staff.
- Nurse in charge to Nurse caring for patient.
- Nurse caring for patient to Nurse in charge.

Due to many potential failures in this chain, it is imperative that we are careful with the handover of information.

We have many established tools to help with this process, such as:

- Progress Notes
- Handover sheets
- Operating Suite checklists

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To further assist in this handover process, we have further developed the handover sheet to provide better information. It is imperative that the handover sheet is reviewed and updated **every** shift by the Registered Nurse in charge.

Please utilise the ISBAR framework during your handover. Ask your preceptor to discuss this with you if you are unsure.

Learning Opportunities for Students

Objectives

Please bring your relevant objectives with you to the clinical areas. They will enable you and the staff working with you to maximize your clinical opportunities. They are like sign posts. If you are unable to clearly express what you want to achieve on clinical placement it will be very hard for your clinical teacher, buddy, preceptor or other qualified staff member to help you.

Students are often asked about objectives – be prepared to answer these questions clearly and concisely. Once you become familiar with the ward environment you may be able to develop new objectives. These new objectives need to be communicated to others by you.

It is very important to understand why you are performing tasks. It is common for a student to get caught up in the technical skills that need to be practiced and consolidated. It is important not to forget the reason why you are performing the tasks and why the patient is in hospital. This will enable you to develop critical thinking skills and provide high quality holistic care.

Please find the student objectives template on the BCH website with all other documents

Writing Placement Objectives

There are different ways of writing clinical placement objectives. They can be written either as general objectives, as specific weekly behavioural objectives or as competency objectives. Here are some examples of each:

General Placement Objectives

- Overall objectives relevant to the general caseload and practices at your facility
- Can be written prior to the student arriving (see examples below)
- Can be modified or further elaborated in collaboration with student in respect of their prior experience, knowledge, interests and abilities

For example:

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Nursing: To identify four patient risk factors for pressure ulcer development and accurately conduct pressure ulcer risk assessment screening of eight residents in an aged care facility.

Occupational Therapy: To develop skills in planning, implementing and evaluating a therapy program for clients attending the outpatient rehabilitation service, with supervision.

Weekly Objectives

- Can be written as behavioural objectives, stating what skill you want the student to acquire, when they should be able to demonstrate that skill and how well and given what conditions they student will demonstrate the learning.

For example:

Nursing week one: The student will use correct aseptic technique to demonstrate the care and dressing procedure for a minor skin abrasion.

Occupational Therapy week one: The student will observe the therapist conduct a daily living skills functional assessment of a client who has recently suffered from a stroke, and identify client functional strengths and weaknesses through discussion afterwards.

Or

For example:

Nursing week four: By the end of the week the student.....

- a. Will have observed and assisted the nurse supervisor to insert at least two female catheters.
- b. Will have independently provided appropriate care for patients with in-dwelling catheters, and
- c. Will have obtained urine samples from at least five patients, conducted dipstick urinalysis, accurately recorded results in the patient observation chart and explained the results to the patient.

Occupational Therapy week four: By the end of the week the student.....

- a) Will have attended at least two client living skills group, helping with set-up, demonstrating appropriate interactions with staff and clients.
- b) Will have demonstrated independence in planning and facilitation of part of a living skills group session.
- c) Will have planned and effectively implemented and interpreted formal and informal methods of evaluation for the group session.

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Competency Objectives

- Organised into areas of competence such as 'professional behaviour', 'self-management', 'communication skills', 'clinical skills', 'documentation'.
For example:

Professional Behaviour: By the end of the placement the student will appropriately demonstrate the following professional practices and behaviours:

- Respect for values, beliefs, needs and priorities of clients and staff
- Ability to maintain confidentiality of written and reported client information.
- Appropriate representation of the profession to which the student will belong.
- Attention and adherence to workplace protocols, policies and procedures.
- Occupational Therapy week one: The student will observe the therapist conduct a daily living skills functional assessment of a client who has recently suffered from a stroke, and identify client functional strengths and weaknesses through discussion afterwards.
- Refer to the general learning objectives of the placement subjects set by the University as a basis for setting your practice-specific objectives.
- Decide on a minimal level of performance appropriate to the student's year level by reviewing the expected skill level and knowledge of students outlined by the University.
- Refer to a list of learning opportunities offered at your health service and write some objectives around them.

Medication Management Guidelines (For Nursing Students Only)

Medication may only be administered by a student **under the direct supervision of a Registered Nurse/Doctor** (remaining in your scope of practice).

According to the BCH procedure for Medication Management the following principles apply.

The 7 rights

The administration of all medication shall be approached in terms of the "7 rights".

- Right **Drug**
- Right **Dose**
- Right **Time**
- Right **Route**
- Right **Patient**
- Right to **Refuse**.
- The seventh "right" of **correct documentation** is also to be followed.

The nurse administering the medication is accountable for his/her actions.

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Checking the prescribed order on the medication chart

The following must be checked:

- The patient/residents name
- The patient/resident has no allergy to the medication
- The medication order is legible, current and valid (i.e. has been signed and dated by the medical officer)
- The drug name and form
- The expiry date of the drug and/or diluent has not passed expiry date
- The time the drug was last administered
- The time is appropriate for administration
- The medication prescribed corresponds to the medication administered
- The dosage prescribed corresponds to the route ordered on the medication chart (e.g. intravenous (IV), intramuscular (IM) /oral)
- The dose and dilution of intravenous or intramuscular administration are appropriate

If a medication order is illegible or if any doubt exists regarding its accuracy, the dose shall not be administered until the order has been confirmed with the medical officer

Recommended Administration Times

Morning	Mane	0800
Night	Nocte	1800, or 2000, or 2200
Twice a day	BD	0800 and 2000
Three times a day	TDS	0800, 1400 and 2000
Four times a day	QID	0600, 1200, 1800 and 2200
Regular 6 hours	6 hourly	0600, 1200, 1800 and 2400
Regular 8 hourly	8 hourly	0600, 1400 and 2200
Regular 4 hourly	4 hourly	0200, 0600, 1000, 1400, 1800 and 2200

Note: It is really important to read the drug order and not to rely on the times that are written, as many medication errors are a result of transcription errors.

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Where a dose calculation is required:

- Two qualified people will independently calculate the dose needed
- When both are satisfied that their calculations are correct, the dose will be prepared by one person and checked by the other

Procedures for Administration

- Verify the identity of the patient/resident using an appropriate identification process.
- Ask the patient to state their full name and date of birth.
- Simultaneously check the patient identification band to Medication Chart identification label. (UR number, name and date of birth)
- In areas where identity bands are not routinely used, patient identity shall be confirmed by:
 - Asking the patient/resident (if able) to state their name, and date of birth
 - Use of photo identity (Aged Care Settings)
- Verify allergy status/adverse drug reaction of patient (Red alert band) or on medication chart if alert band not available.
- Where two people are required to check a medication, both staff members shall confirm the patient/resident's identity at the bedside prior to administration.
- Where a Controlled Drug is to be given both persons responsible for checking, documenting and administering the medication shall check the patient's identity at the bedside and remain until the medication is administered.

If a patient/resident is unable to swallow oral medications the pharmacist should be contacted for advice prior to crushing tablets or opening capsules.

Remember:

The nurse administering the medication is accountable for his/her actions.

Important points for students administering medications

- Remember to link theory to practice. What is the medication for? Why is the patient having this medication?
- For every medication consider its purpose, the normal dosage range, possible complications and side effects. If you are unsure look it up.
- Students must be supervised when preparing medication.
- Students are not to be in "medication rooms" unsupervised.
- The person who prepared the medication must be the one administering it.
- Medications should not be prepared and left on benches or at the bedside unattended.
- Check expiry date of all medications prior to administration.
- Medications must not be administered without an order.
- For patient privacy, do not leave drug chart lying around for unnecessary people to view.

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Please review the BCH [Medication Management](#) procedure on PROMPT for further information. This is an electronic document. If you are unsure how to access it, please ask a staff member or your clinical teacher.

Management of Short-Term Intravenous Devices (For Nursing Students Only)

Health care workers undertaking the insertion and management of intravenous devices are responsible for ensuring that their knowledge base and skills meet professional standards for undertaking these activities. Short term peripheral intravenous devices can only be inserted by a Medical Officer or RN Div.1 who has successfully completed the theoretical and supervised practise components of an accredited IV Cannulation education program. Students are not permitted to undertake IV Cannulation. Students are allowed to set up for IV Cannulation and practice locating a vein, under supervision.

Consistent with current principles for the management of IV cannulas, the following standards are included in BCH IV cannulation procedure:

- Insertion undertaken using aseptic technique-use a dressing pack or IV insertion pack to create sterile field.
- Peripheral IV cannula be re-sited as per BCH policy.
- If IV cannulation is difficult due to the patient's condition or if suitable IV sites are limited, the IV cannula can be left in situ for longer than the recommended period provided no signs of phlebitis or infection develop, with confirmation from a medical officer or nurse in charge. The reason for the prolonged siting must be documented in the patient's progress notes.
- Date of insertion, site and size of cannula, must be documented on the care plan or progress notes and signed off by the RN/MO performing or assisting with cannulation.
- The review date for re-siting must be documented on the patients care plan.



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Our Services

Acute Clinical Services:

- Medical
- Maternity
- Surgical
- Operating Theatres
- Emergency
- Urgent Care Centre (UCC)
- Sub-Acute
- Dialysis
- Hospital in the Home (HITH)
- Integrated Care Unit (ITCU)

Primary and Community Services:

- Community Nursing
(Including Palliative Care and
Clinical Nurse Specialists (CNS) –
diabetes, continence, asthma,
cardiac, rehabilitation, stomal

Contracted Clinical Services include:

- Breast Screening (Gippsland Breast Screen)
- Pathology (Monash Pathology)
- Radiology and Ultrasonography including CT (I-Med Radiology)
- South West Gippsland Community Mental Health Service (Latrobe Regional Hospital)
- Acute/Aged Mental Health Service (Latrobe Regional Hospital)

- Pharmacy

therapy, wound management, and breast care.)

- Allied Health
- Planned Activity Groups
- Chronis Disease Management
- Residential in Reach (RIR)
- Health Promotion
- Disability Services
- Child, Youth and Family Services
- Counselling
- Drug and Alcohol Services
- Dental Services
- Maternal, Child and Health Services

- Residential Aged Care
- Respite Care

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Bass Coast Hospital Departments

Medical / Surgical Ward

The medical / surgical unit comprises of 26 beds providing clinical and nursing care for both general medical and surgical patients. The unit can provide higher acuity cardiac monitoring from telemetry units if required. The ward offers both shared and single room (6 rooms) accommodation types. We provide a comprehensive range of surgical, services to our community.

Theatre

Surgery undertaken includes general, orthopaedic, urological, ear, nose and throat, ophthalmological, dental, plastics, gynaecology obstetrics and endoscopy. Each day there are differing operating lists, therefore varying numbers of nursing staff are required, but generally there is one nurse for each of the peri-operative fields. We hope to provide a multi-faceted experience for students placed into the operating theatre. You will be rotated to the areas below but you may not spend time in all as it will depend on your length of placement.

- Day Surgery
- PACU
- Stage 2
- Anaesthetics
- Circulating/Instruments

Emergency Department/SSU/UCC

The Emergency Department provides 24-hour emergency care, continuing until the patient is suitable for admission to Bass Coast Health; either to the Short Stay Unit, to the ward as an inpatient, transferred to a more suitable facility, or discharged.

Medical care is provided by a Senior Medical Officer, ED Consultants, ED Registrar, HMO's, ED interns and ED physicians.

Radiology, Pathology and Mental Health are services available in hours with on call staff available.

The Urgent Care Centre, located in Cowes, operates 24 hours a day, 365 days a year, to provide safe and timely care for the health and wellbeing of our community. The UCC has one doctor and one nurse to deal with minor medical conditions. Patients with serious medical conditions will be transported to the Emergency Department in Wonthaggi, or to a tertiary hospital if required.

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District Nursing

Our District Nursing Service & Palliative Care service is located at the San Remo Campus which is a 20 min drive from Wonthaggi. They service the Bass Coast Area providing care to clients in their homes.

Hospital in The Home

Our Hospital in The Home (HITH) service is located at the Wonthaggi site. The team is made up of medical and nursing staff, providing people the opportunity to continue their hospital treatment in their home. Those admitted to the program are still considered inpatients and remain under the care of a treating hospital doctor at Wonthaggi Hospital. In some cases, the patient may be asked to return to the hospital for part of their treatment or further investigation or review.

Sub-Acute

The subacute unit is a 19-bed unit under the care of Geriatricians, GPs and a multi-disciplinary team, which includes a Nurse practitioner, nurses, and the allied health team. It aims to manage the complex conditions associated with aging, cognitive dysfunction, chronic illness and disability. This includes subacute medical management, cognitive assessment, physical rehabilitation and discharge planning. A formal assessment of functional ability both on admission and discharge is required. The Functional Independence Measure (FIM) is currently mandated by the Department for assessment of all Geriatric Evaluation and Management (GEM) episodes. All GEM patients' cognition should be assessed on admission and whenever there is evidence of a change during their admission. This service includes goal setting; outcome measures; discharge planning and support.

Social Work

Social Workers offer a range of services and support for clients across a number of programs and settings within BCH. Social Worker's work in the Hospital Social Work, Family Services and Counselling Teams.

Physiotherapy

The Physiotherapist Team provides services at both Wonthaggi Hospital and Phillip Island Health Hub, as well as our Griffiths Point Lodge and Kirrak House residential aged care facilities.

Assessment and treatment is provided to inpatients of the medical and surgical wards and short-term rehabilitation is provided for conditions including stroke, fractures and post-surgery at the Wonthaggi Hospital Campus.

We also offer a wide variety of outpatient physiotherapy services. Treatment is short term to assist acute symptoms with an emphasis on self-management and may be provided

Student Orientation Manual

individually or in groups. Conditions treated in the outpatient setting include musculoskeletal, neurological and respiratory conditions.

Group Programs include:

- Cardiac Rehabilitation
- Pulmonary rehabilitation
- Joint Replacement Group
- Strengthening Group
- Falls Prevention

Physiotherapists also provide service through the Continence clinic and the Lymphoedema clinic.

Occupational Therapy

The Occupational Therapy Team provides services at both the Wonthaggi Hospital and Phillip Island Health Hub, as well as our Griffiths Point Lodge and Kirrak House residential aged care facilities. Assessment and treatment are provided to inpatients of the medical and surgical wards and short-term rehabilitation is provided for conditions including stroke, fractures and post-surgery at the Wonthaggi Hospital Campus.

We also offer a wide variety of outpatient Occupational Therapy services including home assessments and modifications, hand therapy and paediatric services and can include individual and group therapy.

Speech Pathology

The Speech Pathology Team provides services at both the Wonthaggi Hospital and Phillip Island Health Hub, as well as our Griffiths Point Lodge and Kirrak House residential aged care facilities. Assessment and treatment is provided at the Wonthaggi Hospital Campus. We also offer a wide variety of outpatient Speech Pathology and can include individual and group therapy.

Podiatry

The podiatry department provides services primarily at the Wonthaggi Hospital and Phillip Island Health Hub sites, as well as services to our Griffiths Point Lodge and Kirrak House residential aged care facilities, outreach clinicals at Corinella and Grantville and a limited home visiting service. High risk clients are given priority and are supported with a local high-risk foot service operated 1 day per week at the Wonthaggi Hospital site. Allied health assistance supports the low risk foot care within the Podiatry service. Podiatry involves all aspects of foot care including: diabetic foot screening, wound care, general care, biomechanics, orthotics and nail surgery.

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Allied Health Assistance

The Allied Health Assistant Team work alongside the full range of Allied Health Professionals at both the Wonthaggi Hospital and Phillip Island Health Hub, as well as our Kirrak House residential aged care facility. Therapy is provided to inpatients of the medical and surgical wards and sub-acute and rehabilitation ward. Allied Health Assistants also engage in a variety of outpatient services providing individual and group therapy.

Please see further information for services at BCH via <http://www.gha2.net.au/BCH/Content/Services>

Unit Managers/Team Leaders

- **Emergency**
Samantha Nicklen
- **Acute Medical/Surgical Ward**
Catherine Montgomery/Cheryl Perry
- **Operating Suite**
Claire Mason
- **Urgent Care Centre**
Linda Goltz
- **Integrated Cancer Treatment Unit**
Anna Kenny
- **District Nurse/Palliative Care (San Remo Campus)**
Emma Grabham
- **Sub-Acute/Rehab**
Chris Burns
- **Maternity/Family Care**
Melanie Shields-Strong
- **Kirrak House**
Kerri Purkis
- **Griffiths Point Lodge**
Joel Sanchez
- **Counselling**
Kylie Pollard
- **Social Work**
Vacant
- **Occupational Therapy**
Natalie Gourley
- **Physiotherapy**
Sarah Meney
- **Podiatry**
Beck Ringrose
- **Allied Health Assistance**
Jo Howard
- **Pharmacy**
Jo Roland
- **Speech Pathology & Dietetics**
Hannah Toose
- **Allied Health Paediatric Team**
Stacey Coleman
- **Health Information**
Emilia Pezzi
- **Learning and Development**
Trina Coxon

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Quality

Partnering with Consumers

Bass Coast Health is committed to partnering with consumers in all aspects of service planning, delivery and evaluation. Consumers and their carers are seen as essential members of the healthcare team and as such should be involved in all elements of assessment, care planning and discharge planning as far as able/preferred.

Accreditation

Bass Coast Health recognises its responsibility to ensure the quality and safety of the environment and the services it provides. The corporate objectives of BCH include remaining accredited in recognition of our commitment to 'best practice' standards, supporting our skilled and motivated staff and ensuring quality health services are provided in a safe environment.

At BCH, we all share responsibility for identifying opportunities for improvement. It could be improving what we do or how we do it, or even what we use to do it (equipment or products). A quality framework is in place to support staff to achieve the quality of service and performance improvements that have resulted in our continued successful accreditation status.

This framework reflects the cyclical phases of monitoring, acting and evaluating outcomes necessary for continuous quality improvement.



Source: Adapted from the Australian Commission on Safety and Quality in Health Care 2019.

Student Orientation Manual

Incident, accident and injury reporting

Bass Coast Health endeavours to improve the quality and safe delivery of healthcare by identifying events and circumstances that put patients/residents/clients/visitors/students and staff at risk of harm. All patient/resident/client/visitor/students and staff incidents are to be reported and approved investigations undertaken to prevent and control risks.

Monitoring trends in incident types and identifying risks that require evaluation and changes to our processes minimises the potential risk.

BCH also recognises its responsibilities under the Occupational Health & Safety Act, 2004 with regard to the reporting and investigation of work-related incidents to its employees.

All incidents and near misses are reported via the online RISKMAN Incident Reporting tool. **A RISKMAN report should be completed as soon as possible after the incident occurs.** Please ask your preceptor/facilitator for assistance with lodging a report if required.

It is important for you to familiarise yourself with the policy and procedure document available via the PROMPT system titled 'Incident Management' which clearly outlines the processes and procedures for incidents and RISKMAN.

Dependent upon the incident the educator provider will need to be notified and appropriate paper work completed.

PROMPT

All policies and procedures at BCH are available via an online tool called PROMPT. PROMPT can be accessed by the intranet. The policies and procedures available via PROMPT describe the essential and fundamental reason for the documents existence. It provides directive components and sets the objectives to be achieved by the activity set out in the policy. Prior to attempting any procedure for the first time at BCH you should access the policy and procedure on PROMPT.



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We use feedback from our consumers to drive change and further improve our services. If a patient or visitor wishes to make a complaint on the service provided, please direct them to the department manager for further follow up.

Victorian Charter of Healthcare Rights

The charter describes the rights that consumers, or someone they care for, can expect when receiving healthcare. These rights apply to all people in places where health care is provided in Australia. <https://www.safetyandquality.gov.au/>

Please read the Australian Charter of Healthcare Rights in Victoria prior to placement.

Confidentiality

Remember confidentiality is an essential element of the nursing profession and a legal requirement. You need to be careful what you say and when you say it.

All handover sheets must be carefully looked after and not misplaced. They are to be placed in the shredding box at the end of each shift.

You are required to read, complete and return the Privacy, Confidentiality, and Security Agreement form sent to you prior to placement.

Occupational Health & Safety (OH&S)

Emergency Buzzers

There are staff assist buzzers located at the patient's bedside and also at the door ways of rooms. If you require urgent assistance i.e. found a patient collapsed, press the staff assist buzzer. This will alert the ward staff immediately and you don't need to leave the patient to call for help or call a code.

Emergency Manuals

Bass Coast Health has an Emergency Procedure Manual, which you must familiarise yourself with.

The manual is designed with the specific intention of:

- Forming part of a comprehensive safety program for BCH staff to cope with Internal Emergencies which may arise, and
- Outlining an External Emergency/Dis-plan to ensure the best possible use of resources to manage the receipt of a number of casualties.

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Emergency Codes

Internal Paging System

Emergency calls:

- Refer to Emergency Procedures Paging Instructions. These instructions are located by every phone in the hospital.
 - Dial 2222
 - State which emergency code and location
 - Emergency Paging instructions for BCH satellite sites (i.e. Kirrak House) are generally to Dial 000 and state the Emergency to the operator.

Student Orientation Manual

2222

Emergency Procedures Paging Instructions	
For more detail on each code refer to BCH Emergency Procedures Manual	
PICK UP HANDSET AND DIAL 2222	
CODE RED	FIRE or SMOKE
CODE ORANGE	EVACUATION
CODE YELLOW	INTERNAL EMERGENCY (EG; FAILURE OR THREAT TO ESSENTIAL SERVICES SUCH AS ELECTRICITY, GAS OR WATER, LIFT ENTRAPMENT, DANGEROUS GOODS, HAZARDOUS SUBSTANCES, ILLEGAL OCCUPANCY).
CODE BROWN	EXTERNAL EMERGENCY (MASS CASUALTY EVENTS, PANDEMICS, NATURAL HAZARDS, MASS GATHERINGS)
CODE BLUE	MEDICAL EMERGENCY CARDIAC & RESPIRATORY ARREST ADULT or NEONATAL
CODE PURPLE	BOMB THREAT
CODE BLACK	ARMED THREAT/HOLD UP OR PERSONAL THREAT BEYOND THE CONTROL OF THE CODE GREY MANAGEMENT TEAM. POLICE ASSISTANCE REQUIRED
CODE GREY	UNARMED, CLINICAL AGGRESSION PHYSICAL OR VERBAL THREAT THAT CAN BE MANAGED INTERNALLY
MET CALL	MEDICAL EMERGENCY – DETERIORATING PATIENT CONDITION
CODE GREEN	OBSTETRIC EMERGENCY

Code Red

Purpose:

To standardise the response to the discovery of fire or smoke in any given area and to minimise harm, damage and maintain safety.

General Procedure:

Authority and Indemnity: Bass Coast Health

A staff member who discovers the emergency or is alerted to it shall carry out the following:
Follow Fire Orders

Student Orientation Manual

On discovery of fire or smoke:

- R** Remove those people in immediate danger if safe to do so.
- A** Activate the 'Manual Call Point' and notify the Area Warden.
- C** Contain fire by closing doors and windows. Area Warden to call 000.
- E** Evacuate when required; extinguish the fire only if safe to do so.

All areas will automatically be notified by the Fire Alarm, EWIS and Paging System by activation of the Manual Call Point, smoke or thermal detector or sprinkler. The following is the response to this situation.

Response:

- All staff to check their Ward/Department/Area for smoke/fire. If no smoke/fire identified remain in the area on alert until contacted for assistance or advised of the Code Red 'Stand Down'.
- If fire/smoke is noticed (sight or smell) initiate the RACE principle (above Fire Orders) and advise your Department Manager (Area Warden).
- Keep entry/exit points clear to facilitate Emergency Services access.
- Assign floor monitors to all entry/exit points of the area.
- If a Code Orange (Evacuation) is instructed follow appropriate procedures.
- Do not re-enter the area until a 'Stand Down' is announced unless requested to assist with a Code Orange response.

Recovery:

Stand Down:

Once the decision has been made to end the response, the incident commander is to ensure an all clear page has been initiated, page "code red – stand down".

Operational debriefing/evaluation by the incident commander or suitable delegate to occur as soon as practical after event to review the response and make any changes as necessary.

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APPLY THE R.A.C.E PRINCIPLE TO ALL

**If you discover a
FIRE, keep calm
DO NOT panic**



R EMOVE

Those in immediate danger if
safe to do so

A CTIVATE ALARM

“Break Glass Alarm”

C ONTAIN

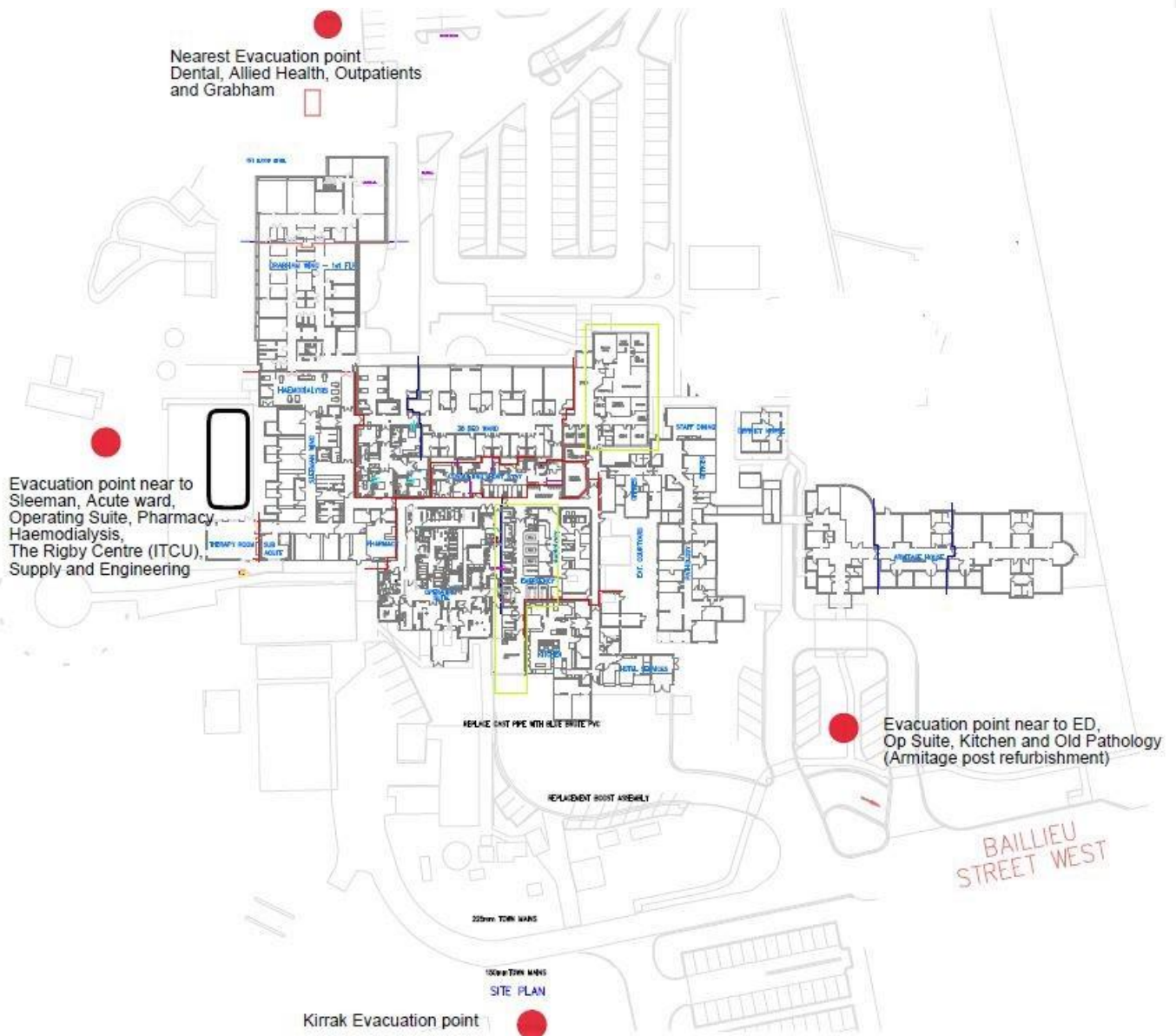
Close doors and windows

E VACUATE

Only if safe to do so

USE STAIRS TO GO TO A LOWER LEVEL

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Please take note of the above diagram detailing external evacuation points for your relevant area.

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Threat Containment and Action Guidelines

Using Fire Containment Equipment

1. Fire Blanket

This is a special fabric blanket used to smother a fire. It is useful for containing cooking related fires or where personal clothing is alight.



To use the Fire Blanket:

- Pull from container and open out.
- Hold up as a shield from fire, protecting hands by folding back top corners.
- Move up to fire and lay fire blanket over the fire (i.e. fire on a stove or persons clothing). DO NOT attempt to lift any burning container.
- Leave blanket in place to ensure fire is completely extinguished.

2. Fire Extinguishers

The types of fire extinguishers are pressured water, dry chemical, carbon dioxide, wet chemical and foam. The photographs help identify each type and provide its general use information.

To use extinguisher:

- Carry extinguisher by handle to the proximity of the fire.
- Remove the safety pin and hold outlet hose near nozzle end.
- Point nozzle at the base of the fire and squeeze the trigger handle.
- Spray nozzle stream over base area of the fire.
- One extinguisher is generally adequate to contain a small fire.



CO2

- Red Extinguisher with a black band around the middle.
- Used for electrical and flammable liquids.
- These extinguishers are noisy when operated and generate a white cloud.



Dry Chemical

- Red Extinguisher with a white band around the middle.
- Used for electrical and flammable liquids.
- This extinguisher is very messy because of white powder residue.

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Water

- Plain Red Extinguisher.
- Used for small paper and material fires.
- It can be heavy to carry, with up to 9 litres of water and compressed air.
- The most complex common type.
- Limitation is that they run out of water quickly.



Wet Chemical

- Red Extinguisher with a beige band.
- Use for animal fat and Vegetable Oil fires.
- One only in the kitchen.



Foam

- Plain Blue Extinguisher.
- Used for small wood, paper, plastic, petrol or paint fires.
- It is advised to not be used for fires involving fats and oils.
- For safety reasons it is suggested to be paired with a wet chemical fire extinguisher.

3. Fire Hose Reel

BCH has a number of these devices strategically located to enhance safety. They provide a continuous supply of high-pressure water.

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To use a Hose Reel:

- Open water supply valve below the hose reel and release the hose nozzle.
- Walk out with the hose and ensure there is water available at the nozzle before leaving the hose reel area.
- At a safe distance from the fire direct a stream of water onto the seat of the fire, adjusting the nozzle as required to give best coverage of fire.

Hose reels of this type have a number of added operational features that should be remembered:

- Continuous supply of high-pressure water.
- Adjustable jet/fan nozzle to give protective water screen.
- Ability to follow hose back to reel and be near an exit. Reels must be within 4 metres of an exit.

Note: A disadvantage of this type of hose reel is that the hose will, at the commencement of roll out, come off the reel and tangle if pulled out too quickly. The hose jumps off due to reel over run. If possible have assistance to control reel rotation speed and walk hose out rather than run with it. The hose can also impede evacuation lying across the evacuation path.

Preferred for building related fires



- They don't run out of water and are located near exits.
- You can crawl back on the hose to locate exit in the dark.
- Use caution when initially running out the hose as it can jump off the drum and jam.
- Note: Be cautious of any attempt to use large diameter canvas hoses as the effort needed to control these hoses are substantial and should only be attempted by trained personnel.

4. Fire Sprinklers

Upon reaching a pre-set temperature, the glass breaks and water sprays out under pressure. The drop-in water pressure when the head operates triggers a fire alarm situation. The sprinkler water supply can only be turned off by the fire brigade. Be aware each sprinkler head outputs in the order of 60 litres/minute. This can cause extensive flooding in the building.

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5. Fire Hydrants

This is where the fire brigade connects a pump in order to boost the pressure in the hydrant system.

6. Fire & Smoke Doors and Walls

These make evacuation shorter and easier until additional help arrives. Ensure the doors are always free to close automatically on the Fire Alarm Signal.

Building Fire Safety Features

These include items such as:

- Thermal detectors
- Smoke detectors
- Smoke alarms
- Break Glass Alarms
- Fire Indicator Panels
- Emergency Warning Indication System (LEWIS)
- Emergency Lights
- Illuminated exit lights
- Compartmentalisation by Smoke and Fire Doors and Walls

The main entrance to the hospital and the aged care facilities has a Fire Indicator Panel. These activate on a signal from a thermal or smoke detector or a break glass alarm. On activation the Fire Indicator Panel shuts down the air-conditioning and causes smoke and fire doors to close. Most importantly, it gives an audible warning signal to alert residents and staff of a fire alarm situation. The Fire Indicator Panel sends a signal to the Fire Alarm monitoring service who call the Fire Brigade.

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There are two types of manual call points installed at Bass Coast Health

Red Manual Call Point

This alarm is wired directly into the Fire Indicator Panel and bring up a Fire Alarm when operated. All the Hospital/Armitage House alarms are connected to the external Fire Alarm monitoring service.



White Manual Call Point

This alarm is an emergency door release which will trigger the fire bell, and has strobe lights flashing.

The Fire Panel indicates the location of alarm.



Thermal Detector activates the alarm by sensing temperature rise. There are also concealed thermal detectors in the roof space that only have a small red light visible on the ceiling.

Smoke Detector activates the alarm by generally sensing smoke particles in the air.

Smoke Doors are distinguished by generally having large glass inserts. Provided to create smoke barriers between sections of the building. If necessary, exit/enter through closed door but do not wedge open.

Emergency Lights are provided to show paths of egress when the mains power is off.

Fire Doors are generally solid or have small, fire-rated glass panels. They give 2-hour fire separation in conjunction with firewalls. When closed you can, if necessary go through but do not wedge open.

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Smoke and Fire Door Switch is used to manually activate closure of the smoke or fire door. Doors automatically close on activation of a fire alarm.

Illuminated Exit Lights these are provided to show exits to the outside particularly when the mains power is off. Exit lights are normally illuminated.

Infection Prevention & Control

Set out below is some general information on the hospital's infection prevention & control (IP&C) program and the key personnel to contact to follow up on IP&C issues.

The aim of the BCH infection prevention & control program is to implement and monitor infection control strategies and practices on a hospital wide basis. IP&C strategies are based on current knowledge and evidence-based practice in compliance with government guidelines and professional standards for best practice, to provide optimal outcomes for patients and safe working environments for staff. Implicit in program development are the principles of adult education, risk management, continuous quality management consistent with The Australian Commission on Safety and Quality in Health Care - National Standards and occupational health and safety.

Infection, Prevention & Control policies and procedures can be found on the intranet under PROMPT.

If you have any suggestions or queries about the policies and procedures, please contact Nicky Baker (IP & C) to discuss any issues that may arise.

An Infection Prevention & Control Committee manages the planning, implementation and evaluation of infection control strategies.

Infection Prevention and Control Practice Standards

Effective Infection prevention & control practices are the responsibility of every individual that works within a health care facility.

All staff & students are responsible for maintaining infection prevention & control knowledge and standards commensurate with the level of risk involved in the various activities which they undertake.

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Transmission Based (Additional) Precautions

Second tier of protective Infection Control practices for managing patients with infections that cannot be contained by standard precautions alone. Transmission based precautions aimed at breaking the chain of infection for diseases spread by the following means:

These precautions are in addition to Standard Precautions: -

Precaution	Colour Code of Signs
DROPLET	GREEN
AIRBORNE	BLUE
CONTACT	ORANGE

Student Health

On commencement of placement you will be requested to complete an immunisation history form. Accurate and current information must be included on your immunisation history form. You will also need to provide evidence of immunisation. Examples of evidence are pathology results, serology and baby immunisation record. It is the responsibility of all students to be aware of and maintain protective levels of immunity against communicable diseases. If you undertake direct patient care and choose not to be vaccinated, you will need to state this on the Student Immunisation History form. In the event of an injury, a booster dose may be given depending on the nature of the injury and time elapsed since vaccination or last booster. Please check with your education provider to determine whether they have provided your immunisation history to BCH.

Students are expected to take responsibility for maintaining immunisation against infectious disease in accordance with the National Health and Medical Research Council's (NHMRC) recommended guidelines for healthcare workers.

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Occupational Exposure to Blood and Other Body Fluids (i.e. Needle Stick Injury)

Procedures and protocols to be undertaken following occupation exposure to blood are available on the PROMPT system.

Flow charts are available in all clinical areas and you should also locate these for quick reference.

If an exposure occurs, you must report to your unit manager/in charge, and the Emergency Department (ED) to be triaged as per policy.

The IP&C Consultant is available for counselling and in the event of an incident you will be contacted as soon as possible to discuss the nature and the circumstances surrounding exposure.

Occupational Exposure to Other Infectious Agents

Management of exposure to infectious agents will be followed up on an individual basis and will be predicated on risk assessment for exposure and susceptibility.

SINGLE USE ITEMS

Consistent with Government, Medical Industry and Professional Nursing Standards policies on the re-use of single use medical devices, the management of Bass Coast Health recognise that this practice presents an unacceptable and avoidable risk to patients.

The organisation's policy is that no items marked 'Single Use Only' may be reprocessed for re-use with the same or another patient.

SURVEILLANCE

Surveillance for hospital acquired infections (HAI) is carried out in both Acute and Aged Care sectors.

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Reports on surveillance activities are tabled at the Infection Prevention & Control Committee meetings and summaries of those reports are disseminated to the clinical units and tabled at unit meetings.

- Targeted, Procedure Specific
- Hospital Acquired infections (HAI) - Acute
- Point Prevalence Surveillance

- completed annually and benchmarked against other similar regional facilities.
 - Multi Resistant Organisms
 - Sharps/ Splash/Accidents

Data on HAI and other Infection Prevention & Control indicators is also collected and submitted to the Victorian Nosocomial Infection Surveillance Program. All reports from the IP&C meetings should be tabled and discussed at unit meetings.

Manual Handling

Compliance

BCH expects that all staff and students will comply with the principles and practices of the "No Lift" system and the organisations Manual Handling Policy & Procedures.

Students are expected to undertake risk assessments (Identify a risk, assess the risk and control the risk) and use appropriate equipment as provided in the workplace in the interests of health and safety associated with manual handling and lifting.

Equipment

Appropriate BCH approved equipment is provided in the workplace to ensure staff and students are able to carry out patient handling and lifting techniques, according to "No Lift" guidelines. Department Heads of BCH are responsible for the maintenance, cleaning and replacement of equipment in their area. As a student, you are expected to report any problems that you are experiencing with equipment to a staff member.

If you are unsure of how to use a piece of equipment, ask someone for assistance before using it.

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Human Resources (HR)

Harassment and violence in the workplace

All staff members, volunteers and students are entitled to work within a safe work environment free from Harassment (including Bullying).

Workplace Harassment is unwelcome or unreciprocated behaviour that makes a person feel belittled, intimidated, offended or apprehensive in the workplace. Sexual Harassment, Bullying and Discrimination are all forms of Unlawful Harassment. Examples of behaviour that could constitute Harassment may include:

- Excluding someone from workplace activities
- Giving someone the majority of unpleasant tasks;
- Verbal abuse;

- Humiliating someone through sarcasm or insults; and/or
- Intimidation
- Gossiping about a fellow employee



Personal and professional behaviour

Students attending placements at BCH are expected to act in accordance with the Code of Conduct for the Victorian Public Sector. You will be required to meet this Code, together with the Code of Conduct from your professional body, while you are with BCH. <https://vpssc.vic.gov.au/html-resources/code-of-conduct-for-victorian-public-sector-employees/>

National Police Records Check

Education providers are expected to notify BCH of your current and valid Police Check. We are not required to site these.

Preceptorship

Where able, we aim to buddy students with a primary preceptor for the clinical placement. You will work the same roster as your preceptor. This will mean that you will be expected to work weekends. Our aim of providing the preceptorship model is to create a best practice clinical environment for students and maximise our ability to provide a great placement for all students. Your roster will be done in advance by the clinical facilitator and emailed to you prior to placement commencing. Preceptorships are dependent on staffing and clinical area.

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Student dress code

Students are expected to present a professional image to consumers and the public. Correct uniform must be worn, in a professional manner. You may be required to change into hospital provided scrubs as per BCH Covid policies.

BCH policies and procedures state:
Clothing must be:

- Activity appropriate
- Neat
- Clean
- In good repair



Hair must be:

- Clean and well groomed
- Long hair must be tied back in work areas where this may present a hazard
- Some work situations shall require hair to be securely covered by a hair cover
E.g. operating rooms

Footwear

- In specific areas students may be required to wear protective footwear as determined by individual departments.
- Students are required to wear– court shoe or lace up style with covered toes and low heels to meet with occupational health and safety standards
- The upper section of the foot ware should cover all of the upper foot and be made of material impervious to liquids. Sandals and shoes that allow fluids to contact with skin do not give the worker sufficient protection from spillage of body fluids or liquids if spilt.
- Any student reporting to work with unsafe footwear will not be permitted to start their placement.

Jewellery

- Minimal jewellery in line with infection control and occupational health and safety standards
- NO WRIST WATCHES AND ONE PLAIN RING when working with direct

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Hand-care and nails

- Hands shall be kept clean and nails kept short, no false nails to be worn.

Identification

- Students on placement are required to wear an identification badge when on duty.
- Hospital Access/Swipe Card – A BCH access card will be provided on your first day. A \$20 cash deposit is required for this card, which will be refunded on return of the card on your last day. Please bring exact money. These cards will need to be signed in and signed out. This does not apply to Aged care, Urgent Care Centre and District nursing placements.

Security

Lockers are provided for your personal items. If you wish to lock them you will need to bring your own padlock & key.

Reporting of illness

A student shall notify their education provider and clinical facilitator as earliest as convenient of their intended absence. The student must also contact the ward, by ringing BCH on 03 5671 3333 and asking to be put through to the area in which you are working.

If placement hours need to be made up because of the absence, then the student shall negotiate this with their Clinical facilitator. It is their discretion as to whether the program can accommodate further placement hours.

Grievance & Dispute Procedures

Issues of concerns

Your clinical facilitator or preceptor will be available to discuss any concerns that may arise whilst on placement.

If you feel uncomfortable in the workplace or you are just feeling unsure of something – “where do I go” or “what should I be doing”, please contact your clinical facilitator by phone at any time during the day, or the Education department. After hours you can seek support from your buddy/preceptor, the person In Charge of the shift, or the After-Hours Coordinator on extension 13384.

Student Orientation Manual

If you have any concerns that arise after hours, please discuss the matter with your clinical facilitator the next day of clinical. They will have time to listen and assist you.

Health and safety rules

BCH provides, as far as practical, safe working conditions and procedures and expects all students to follow these procedures at all times. If you are not sure, ask your supervisor.

1. Illegal drugs and alcohol are not to be used on site. Any student considered by the supervisor to be under the influence of drugs or alcohol will not be permitted to start work or remain on placement.
2. Good housekeeping – Do not leave any objects lying around for others to trip over. Spillage of any kind must be cleaned up immediately. Dispose of all rubbish appropriately in bins provided.
3. Designated walkways must be used wherever possible. Walkways, passages, access ways and exits are to be kept clear of obstruction at all times.
4. Faulty equipment can be dangerous. If equipment or tools are damaged in any way, they should not be used. Faulty and damaged equipment must be reported for repair. Any equipment that is in an unsafe condition or is out of service must be tagged as such.
5. No smoking is allowed in any building or hospital vehicle.
6. No unauthorised locking or unlocking of doors.
7. Students attending placements must be capable of performing assigned tasks in an alert and efficient manner.

Communication Systems

Telephone System

- To call main reception, dial 13 333 (5671 3333 if offsite)
- Each Department has a directory listing numbers for all of the internal extensions.
- Speed dialling numbers exist for external agencies.
- To obtain an outside line, dial 0 before the number you are ringing.
- Mobile phones must be turned off while you are working on the wards. If necessary, they are to be used only during meal breaks, not in the ward area.

Student Orientation Manual

Computer system

Most departments are connected to a comprehensive information technology system which provides both internal and external linkages.

Services available via this facility include:

- Internet access
- Email
- Intranet connection
- EMR
- Students are not permitted to use computers for personal use



Passwords

To be able to access many of the hospital COMPUTER PROGRAMS you will need to ask your preceptor to log you in. Passwords are not given to students to ensure that these are kept confidential.

CDs or disks

No disks are to be used in BCH PC's; students are not permitted to take work home via disks and download work back onto the organisation's system.

Email

Students are able to utilise the computers on your allocated ward to contact your education provider and utilise hospital resources. Appropriate language and expression in email correspondence should be used at all times. Attachments to an email that is clearly misdirected should never be opened. Do not open email attachments from unknown sources.

Information to Media/Press

The Chief Executive Officer is responsible for all contact with the media including press, radio and television. Any calls or correspondence must be forwarded to the CEO to deal with.

Student Orientation Manual

Smoke Free Workplace

Bass Coast Health is a smoke free workplace and no smoking is permitted within the organisation boundaries. This includes the car park and your own vehicle on BCH grounds.



Country University Centre

Bass Coast Shire is lucky to have received our own Country University Centre (CUC). Any student enrolled in any degree through an Australian University is welcome to enrol and utilise this great facility while on placement.

Please find more information at <https://www.cucbasscoast.edu.au/>



Student Orientation Manual

Suggested Ward Routine AM Shift (For Nursing Students Only)

0700 - 0730	<ul style="list-style-type: none">• Handover• Check DDA's• Check IV's, PCA's, Syringe drivers, FBC's• Plan care for allocated patients-use shift plan
0730 - 0830	<ul style="list-style-type: none">• Check if there are OT showers• Fasting Blood tests• Daily weighs• BSL's• Medications• Patients' breakfasts
0830 -0930 0930 – 1030	<ul style="list-style-type: none">• Patient hygiene/beds• Staff morning tea• Observations• Dressings/treatments• Patient Discharges• Complete patient hygiene/beds• Medications
1100 1130 - 1200	<ul style="list-style-type: none">• GEM/Rehab exercise group therapy Mon-Fri• Medications• FBC's• BSL's
1200 - 1300	<ul style="list-style-type: none">• Patients lunch – assist where necessary• Staff lunch breaks
1300 - 1330	<ul style="list-style-type: none">• Handover changes in patient care to Nurse in chargeDocumentation, pathways, progress notes, FBC's
1330 - 1400 1400 - 1430	<ul style="list-style-type: none">• PM handover by Nurse in charge• Individual handover to PM staff. Including the checking of drug charts, IV's, FBC's, PCA's, etc. checking that all care has been completed• Handover medication keys to next shift• DDA's checked

Student Orientation Manual

Suggested Ward Routine PM Shift (For Nursing Students Only)

1330 - 1400	<ul style="list-style-type: none">• Handover• Check DDA's• Check IV's, PCA's, Syringe drivers, FBC's• Plan care for allocated patients-use shift plan
1400 - 1515	<ul style="list-style-type: none">• Individual handover from AM staff• Observations
1515 – 1700	<ul style="list-style-type: none">• BSL's• Medications
1700	<ul style="list-style-type: none">• Patients dinner – assist where necessary
1700-1800	<ul style="list-style-type: none">• Staff meal breaks• Medications• Patient hygiene
1830 – 1930	<ul style="list-style-type: none">• Observations• Settle patients/hygiene
2000-2100	<ul style="list-style-type: none">• Medications• Discharge planning• Documentation, pathways, progress notes, FBC's• Check that all care is completed• Ensure patient's environment is clean• Medications• Observations• Handover changes in patient care to Nurse in charge• Complete final documentation• Discharge planning• Handover to Night Staff
2100 – 2115	<ul style="list-style-type: none">• Check DDA's• Sign in Medication keys
2115 -2200	<ul style="list-style-type: none">• Check IV's, PCAs, FBCs, Drug Charts, ND Handover

Student Orientation Manual

Common Abbreviations for Students

A

ABGs	Arterial blood gas
AC	Before meals
ADLs	Activities of daily living
AKA	Above knee amputation
AMI	Acute myocardial infarction
ANUM	Associate nurse unit manager
APO	Acute pulmonary oedema
APTT	Activated partial prothrombin time

B

BBB	Bundle branch block
BCC	Basal cell carcinoma
bd	Twice daily
BSL	Blood sugar level
BP	Blood pressure

C

c/o	Complains of
CCF	Congestive cardiac failure
CCU	Critical care unit
CEO	Chief executive officer
COPD	Chronic obstructive pulmonary disease
CPAP	Continuous positive airway pressure
CPR	Cardiopulmonary resuscitation
CSF	Cerebrospinal fluid
CT	Computed tomography
CVA	Cerebro-vascular accident (Stroke)
CVP	Central venous pressure
CWMS	Colour, warmth, movement, sensation
CXR	Chest X-ray

D

DB&C	Deep breathing and coughing
DD	Dangerous drugs
DOA	Dead on arrival
DNS	District nursing service
DON	Director of Nursing
DPU	Day procedure unit
DVT	Deep vein thrombosis
Dx	Diagnosis

Student Orientation Manual

E

ECG	Electrocardiogram
EEG	Electroencephalogram
ED	Emergency department
ENT	Ear, nose and throat

F

FBC	Fluid balance chart
FFP	Fresh frozen plasma
FUO	Fever of unknown origin
FWT	Full ward test

G

GAMP	General anaesthetic manipulation and plaster
GIT	Gastro intestinal tract
GU	Gastric ulcer

H

Hb	Haemoglobin
HITH	Hospital in the home
HMO	Hospital medical officer
HR	Heart rate
HTN	Hypertension
HMO	Hospital medical officer
Hx	History

I

IMI	Intramuscular injection
IV	Intravenous
IVT	Intravenous transfusion

J

JVP	Jugular Venous Pressure
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K

K	Potassium
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L

LBBB	Left bundle branch block
LFT	Liver function test
LMP	Last menstrual period
LOC	Loss of consciousness
LP	Lumbar puncture

M

Mane	Morning
MBA	Motor bike accident
MCA	Motor car accident

Student Orientation Manual

MC&S	Micro, sensitivity, and culture
MET	Medical emergency team
MRSA	Multi (methicillin) – resistant staphylococcus's aureus
MS	Multiple sclerosis
MSU	Mid-stream urine
MVA	Motor vehicle accident
N	
Na	Sodium
NAD	No abnormalities detected
NBM	Nil by mouth
NGT	Nasogastric tube
NKA	Nil known allergies
NOF	Neck of femur
NUM	Nurse unit manager
O	
OA	Osteoarthritis
OD	Overdose
OR	Operating room
OT	Occupational therapy
P	
PA	Per axilla
PC	After meals
PE	Pulmonary embolism or Pre-eclampsia
PEARL	Pupils equal and reactive to light
PEEP	Positive end expiratory pressure
PO	Orally
POP	Plaster of Paris
PR	Per rectum
PRN	As necessary
PUD	Peptic ulcer disease
PUO	Pyrexia of unknown origin
PVD	Peripheral vascular disease
Q	
QID	Four times per day
R	
RA	Rheumatoid arthritis
RBBB	Right bundle branch block
RIB	Rest in bed
RIF	Right iliac fossa
ROM	Range of movement

Student Orientation Manual

RPAO	Routine post anaesthetic observations
RR	Respiratory rate
S	
S/B	Seen by
SBO	Small bowel obstruction
SOB	Shortness of breath
SOBOE	Shortness of breath on exertion
SOOB	Sit out of bed
Stat	At once, immediately
T	
TAC	Traffic accident commission
TAH	Total abdominal hysterectomy
TDS	Three times per day
TFT	Thyroid function test
TIA	Trans ischaemic attack
TPN	Total parental nutrition
TPR	Temperature, pulse, and respirations
TURP	Trans urethral resection of the prostate
U	
UA	Urinalysis
URTI	Upper respiratory tract infection
US	Ultrasound
UTI	Urinary tract infection
VWXYZ	
VE	Ventricular ectopic
VMO	Visiting medical officer
WBC	White blood cell
WCC	White cell count
wt	Weight

If you do not know what an abbreviation refers to, you must find out!

Student Orientation Manual

We hope you enjoy your placement at Bass Coast
Health.

Please contact the Learning and Development team via
email at studentcoordinator@basscoasthealth.org.au, or via
phone on 56713280 or 56713320 if required.



Student Orientation Manual

SHORT HISTORY OF THE ORGANISATION

Wonthaggi Hospital was established in 1910 and incorporated 1st November 1948 under the Health Services Act 1988 (Section 7 & 31).

Brief History

- 1910 Temporary Tent Hospital erected
- 1914 Permanent Hospital constructed
- 1928 Main core buildings constructed
- 1972 District Nursing commenced
- 1974 Sleeman Wing developed
- 1978 Introduction of Speech Pathology, Podiatry services and regional Dental Clinic
- 1984 Completion of Grabham Wing and the Stirton Day Hospital building
- 1986 Pathology Service on site
- 1988 Development of Family Resource Centre
- 1990 Construction of Armitage House
- 1991 Construction of Acute ward and Administration Offices
- 1993 Establishment of the Inverloch Community Care Centre
- 1996 Acquisition of Griffiths Point Lodge
- 1997 Development of Day Surgery and Haemodialysis Units
- 2000 Redevelopment of Operating Suite, Emergency Department, Radiology, Kitchen, Laundry and Pharmacy
- 2003 Change of name from 'Wonthaggi & District Hospital' to 'Bass Coast Regional Health'. Refurbishment of Midwifery Ward and expansion of Community Health Services
- 2005 Kirrak House commissioned. Grabham Wing Consulting Suites and Education Centre developed
- 2006 Redevelopment of Family Resource Centre and Dental Clinic
- 2007 Completion of the new Haemodialysis unit and expansion of service. Development of new medical consulting suites. Development of aged mental health partnership with Latrobe Regional Hospital
- 2008 Employment of Hospital Medical Officers
- 2009 Employment of staff Senior Medical Officer. Planning for the Emergency Department expansion. Sub-regional planning commenced
- 2010 Redevelopment of the Emergency Department. Planning for redevelopment of Maternity Unit and Central Sterilising Department
- 2011 Redevelopment of Maternity Unit and Central Sterilising Department complete. Introduction of the Redesigning Care Program. Appointment of Director of Service Development and a Geriatrician. Master planning commenced.
- 2012 Redevelopment of Sleeman Wing and renovations in Grabham Wing. Commencement of the redevelopment of the Community Rehabilitation Centre (CRC) and Dental Clinic
- 2013 A 5 chair Dental Clinic was completed in November and the extension of CRC redevelopment commenced
- 2014 Extension of the CRC building completed in June 2014. On 1st July 2014 Bass Coast Regional Health integrated with Bass Coast Community Health Service to become Bass Coast Health.