



Mercy Health
Care first

Mercy Health

Student Nurse & Student Midwife Orientation Manual 2020

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For more information, please contact: Mercy Hospitals Victoria Ltd Nursing and Midwifery Learning Team.

"Mercy Health acknowledges Aboriginal and Torres Strait Islander Peoples as the first Australians. We acknowledge the diversity of Indigenous Australia. We respectfully recognise Elders both past and present."

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Welcome to Mercy Health

Mercy Hospitals Victoria Ltd is a Catholic organisation grounded in a 2,000-year tradition of caring for others. Founded by the Sisters of Mercy, Mercy Health employs over 7,000 people who provide acute and subacute hospital care, aged care, mental health programs, maternity and specialist women's health services, early parenting services, home care services and health worker training and development. Mercy Health employs people from many cultures and backgrounds who, irrespective of their beliefs, share a common bond to care for those in need.

Werribee Mercy Hospital (WMH) is a general public hospital that cares for over 18,000 inpatients a year and services the rapidly growing western and southern areas of Melbourne. WMH offers emergency, surgical, medical, Pediatrics, sub-acute, community, mental health, palliative, maternity and newborn care, as well as renal dialysis. The hospital is currently undergoing rapid expansion and redevelopment in order to meet the increasing demand for health services within the region. This expansion will deliver an extra 64 inpatient beds, which includes eight new intensive care beds as well as six new operating theatres. The expansion will take the total number of beds at the hospital to 298.

Mercy Women Hospital (MWH) offers obstetrics, gynecology and neonatal services and has one of only four neonatal intensive care units in metropolitan Melbourne. The 56-58 bed unit is made up of neonatal intensive care and special care nurseries. Mercy Hospital for Women provides both public and private patient care through maternity services, neonatology and pediatrics, perioperative services, women's health and associated health and support services and diagnostic services. It is a major teaching hospital and specialist referral center with the medical, nursing, midwifery and allied health expertise to treat the most complex obstetric, neonatal and gynecological cases.

Mission Statement and Values

Our **Mission** is to follow Jesus Christ in His mission of mercy through the delivery of health, aged care and community services. Our **Vision** is to build an enduring capacity and passion to serve those with special needs. Our **Values** reflect the key behaviors that guide our interactions with each other and those we serve.

Compassion - We are present for others in their time of need.

Hospitality - We welcome people with warmth and offer comfort.

Respect - We respect the sacredness of the gift of life. We act with integrity and justice and value each person's dignity.

Innovation - We strive to create a dynamic environment that encourages creativity and diversity.

Stewardship - We build and strengthen the ministry and all resources entrusted to us.

Teamwork - We work together to progress the Mercy mission.

Aboriginal and Torres Strait Islander Students



Mercy Health

Aboriginal and Torres Strait Islander students are welcome to contact the Aboriginal Hospital Liaison Officer whilst on placement at Mercy Health. The Aboriginal Programs provide social and emotional wellbeing support, assistance and information to Aboriginal and Torres Strait Islander patients and their families. The program also supports staff to improve service delivery by providing cultural advice and support.

Mercy Health is committed to valuing the diversity represented in its workforce. Students will be asked if they identify as Aboriginal and/or Torres Strait Islanders. The information requested is used to gather statistical data only and is requested on a voluntary basis.

- Students are welcome to access the Aboriginal Cultural Awareness Hub via the hospital intranet: https://intranet.mercyhealth.com.au/people-learning/Pages/Aboriginal_Cultural_Awareness_Hub.aspx
Mercy Health home page: People & Learning>Equity and Inclusion>Aboriginal Cultural Awareness
- Students are also welcome to access the Aboriginal Hospital Liaison Officers webpage: <https://health-services.mercyhealth.com.au/service/aboriginal-hospital-liaison-officer-mhw/>



Aboriginal Cultural Awareness Hub

*Acknowledgement of Country
Reconciliation Action Plan
Significant Dates*

Mercy Hospital for Women	Werribee Mercy Hospital
Manager Aboriginal Programs: <ul style="list-style-type: none">- Ms. Marika Jackomos (Mon-Fri)- Phone: 8458 4398 Senior Aboriginal Hospital Liaison Officer: <ul style="list-style-type: none">- Ms. Jo Pappas- Phone: 8458 4393	Manager Aboriginal Programs: <ul style="list-style-type: none">- Ms. Marika Jackomos (Mon-Fri)- Phone: 8458 4398

Equity and Inclusion

Mercy Health is committed to diversity and provides a flexible workplace to assist you through different life stages. Our workplace policies, practices and diversity programs have been developed to support you personally and professionally. Students are welcome to access these resources whilst on placement at Mercy Health via the hospital intranet:

https://intranet.mercyhealth.com.au/people-learning/Pages/Equity_Inclusion_Hub.aspx

Mercy Health home page: People & Learning>Equity and Inclusion

Thrive @ Mercy

Thrive @ Mercy is our online employee health and wellbeing hub. It houses a wide range of resources to support employees wellbeing at all life and career stages. Students are welcome to access these resources whilst on placement at Mercy Health.

https://intranet.mercyhealth.com.au/people-learning/Pages/Thrive_at_Mercy.aspx

Mercy Health home page: People & Learning>Thrive @ Mercy



Campus Locations

Community Care Units (Mental Health)

131-135 Synnot Street, Werribee, 3030

- Public transport is available via Werribee train line, 15 minute walk from Werribee train station or Bus Route 442, stop at corner of Bridge and Synnot Street
- Free on-site parking is available

Mercy Health O'Connell Family Centre

6 Mont Albert Road, Canterbury Vic 3126 (Melway reference 45 K9)

- Located near the corner of Burke Road and Mont Albert Road, Canterbury
- Enter via Parlington Street
- There is free parking on-site

Mercy Hospital for Women

163 Studley Road Heidelberg, 3084 (Melway reference 31 K4)

- Public transport access is available via Hurstbridge train line
- Heidelberg station and is co-located next to the Austin Hospital
- On-site parking is available enter via Studley Rd
- Car park fees apply at a discounted \$16.00 per day for Mercy staff
- You need to obtain a discount voucher from the carpark office on B3
- You must have your hospital ID with you
- Pay prior to exiting

Ursula Frayne Unit

35 Mavis Street, Footscray 3011

- Public transport is via short walk from West Footscray train station, number 82 bus from Footscray train station
- Limited free street parking available
- On-site parking available (parking fees apply)

Werribee Mercy Hospital Werribee

300-310 Princes Highway Werribee, 3030 (Melway reference 206 H4)

- Public transport available via Werribee train line, Hoppers Crossing station
- On-site parking is available for \$8 a day (show student ID) or \$4 a day with a concession card

Mercy Psychiatric Unit (WMPU)

Clare Moore Unit

300 Princes Highway Werribee, 3030 (Melway reference 206 H4)

- Public transport available via Werribee train line, Hoppers Crossing station
- On-site parking is available for \$8 a day (show student ID) or \$4 a day with a concession card

Mercy Health Learning Team Contact Information

Mercy Hospital for Women (Heidelberg)	Werribee Mercy Hospital (Werribee)
Natalie Blinman - Clinical Placement Coordinator NBlinman@mercy.com.au 8458 4941	Melinda Stasiuk - Clinical Placement Coordinator MStasiuk@mercy.com.au 8754 3508
Clinical Nurse Educators/Clinical Support Midwives Midwifery 8458 4652 Nursing 8458 4859 Special Care Nursery 8458 4745 All sick leave calls to 8458 4652	Clinical Nurse Educators/Clinical Support Nurses General Support: 8754 3485 Ascom: 3525 Ascom: 3687 Emergency Educator: 8754 8345 Ascom: 3505 Theatre Educator: 8754 3487
Clinical Nurse Educators/Clinical Support Midwives BSU/ED/ANC: Lan page 4329, 4153, 4163, 4292 Postnatal: Lan page 4269, 4328, 4653, 4156 Nursing: Lan page 4151 Special Care Nursery: Lan page 4963	Clinical Midwife Educators/Clinical Support Midwives General Support: 8754 3507 Ascom; 3507 8754 3522 Ascom; 3522 Ascom; 3477 Special Care Nursery: 8754 3510 Ascom: 3697

Rosters/Attendance/Absences

It is an expectation that students will attend to 100% of their clinical placement at the time and shifts allocated. Rosters are provided by Mercy Health . **Shift swaps are not permitted.**

If you are late for a shift:

- Please notify the allocated ward and the Clinical Support Nurses/Midwives via phone
- If leaving a voicemail, please say your full name, year level, university and the area you will be late to

If you are absent from a shift:

- Please notify the allocated ward and the Clinical Support Nurses/Midwives via phone
- Email the Clinical Placement Coordinator- Natalie Blinman (MHW) or Melinda Stasiuk (WMH)
- If leaving a voicemail, please say your full name, year level, university and the area you will be absent from
- Notify the Clinical Placement Officer at your university; provide the university with the necessary evidence regarding your absence, e.g. Medical Certificate.
- The Education Provider (university) will liaise with the Clinical Placement Coordinator-Natalie Blinman (MHW) or Melinda Stasiuk (WMH), regarding make-up shifts

Support:

Please contact the Clinical Placement Coordinator- Natalie Blinman (MHW) **or** Melinda Stasiuk (WMH) should you have any concerns or issues with placement.

Shift times and Department contact numbers

Mercy Hospital Women		
Department and contact number		Shift times
Birth Services 8458 4058 Postnatal/Antenatal Wards 5A - 8458 4421 5B - 8458 4437 5C - 8458 4419 Special Care Nursery 8458 4703 Gynaecology 8458 4853 Emergency Department 8458 4000		AM: 0700-1530 hrs. PM: 1330-2200 hrs. ND: 2100-0730 hrs.
Antenatal Clinic 8458 4215 Fetal Monitoring Unit 8548 4266 Perinatal Midwives Clinic 8458 4266		L1, L3, FMU: 0800-1630 hrs. L1* (Mon & Wed): 1200-2030 hrs. PNMC: 0800-1630 hrs.
Mercy@Home 8458 4466		0800-1630 hrs.
Breast Feeding Support Services 8458 4676		0800-1630 hrs.
Perioperative Services 8458 4098		0700-1530 hrs 0800-1630 hrs 1100-2030 hrs As per the roster
Caesarean Shift 8458 4109		The starting times for these shifts may vary according to the number of caesareans planned, either 0630-1500hrs. or 0800-1630 hrs. Please phone 1 day prior to confirm your caesarean shift start time (call Friday for Monday C/S times).

Shift times and Department contact numbers

Werribee Mercy Hospital		
NURSING		
Department and contact number		Shift times
General Wards		AM - 0700 – 1530 hrs.
CMC5 (Surgical)	8754 6466	PM - 1300 – 2130 hrs.
CMC4 (Medical)	8754 6423	ND - 2100 – 0730 hrs.
C3 (Medical)	8754 3692	
D3	8754 3729	
GEM	8754 3033	
Palliative Care (GJC)	8754 3743	
Theatre CMC3	8754 6334	0800 - 1630 hrs. (Anesthetics)
Day Procedure Unit	8754 3429	0830 – 1700 hrs. (PACU)
Emergency	8754 3470	AM - 0700 - 1530 hrs. PM - 1300 - 2130 hrs.
Health Independence Program	8754 3800	0800-1630 hrs.
Renal Dialysis Unit	8754 3445	0700 – 1530 hrs.
Hospital In The Home (HITH)	8754 3538	0800-1630 hrs.
Community Palliative Care	9364 9777	0830 - 1700 hrs. (Meet at Sunshine office located at 3 Devonshire Road, Sunshine)
MIDWIFERY		
Antenatal Clinic		0830 – 1700 hrs.
Maternity Assessment Unit (MAU)	8754 3412	AM – 0700 -1530 hrs. PM – 1300 -2130hrs
Pregnancy Day Stay (PDS)	8754 3462	0830 – 1700 hrs.
Postnatal	8754 3405	AM - 0700 – 1530 hrs.
Birth Suite Unit	8754 3460	PM - 1300 – 2130 hrs.
Special Care Nursery	8754 3438	ND - 2100 – 0730 hrs.
Midwifery in the Home (MITH)	8754 3458	0830 – 1700 hrs.
Caesarean Shift	8458 4109	0830 – 1700 hrs.
Caesarean Shift	8458 3412	Caesarean shifts are pre-allocated to AM (0700 – 1530hrs) or PM (1300 – 2130hrs) shifts however it is advised to phone allocations on ext. 3412 1-2 days prior to confirm the number of booked caesarians for the day as numbers can vary each week. On caesarian shifts you will meet your preceptor in the postnatal unit at the start of your shift.

Clinical Experience at Mercy Health

Key Contact: Clinical Placement Coordinator- Natalie Blinman (MHW) or Melinda Stasiuk (WMH)

The aim of Undergraduate Nursing and Midwifery, and Post Graduate Midwifery placements at Mercy Hospitals Victoria Ltd (MHVL) is to provide a positive learning environment within an acute, sub-acute and maternity clinical setting. Clinical placement intends to integrate the theory students have learnt into practice in the clinical setting. Clinical Nurse/Midwife Educators (CNE/CME), Clinical Support Nurses/Midwives (CSNs/CSMs), and ward-based preceptors will support you whilst on placement, provide feedback and guide you in the further development of your skills and knowledge.

What to bring on your first day

- Current Working with Children Check Card (to be sighted at orientation)
- Hand Hygiene Australia certificate completed within past 12 months (to be sighted at orientation)
- Copy of Student Nurse and Student Midwife Orientation Manual
- Student Data Form (completed)
- Student Card Security Access Agreement (completed, with cash for deposit)
- Student Privacy and Confidentiality Agreement (completed)
- Placement objectives and appraisal/assessment tools
- University Uniform, name badge, fob watch and pen

Education Sessions

Education sessions take place which we encourage you to attend whenever possible. Each unit will display an Education Calendar or flyers of sessions. These include:

- Unit specific education
- Nursing and Midwifery Forums
- Workshops
- Guest Speakers

E-Learning



- **Medication Safety**
<http://www.nps.org.au/>
- **Blood**
<https://www.bloodsafelearning.org.au/>
- **Falls**
<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/nsqhs-online-learning-st10-preventing-falls>
- **Pressure Injuries**
<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/nsqhs-online-learning-st8-pressure-injuries>
- **Skin Assessment**
<https://intranet.mercyhealth.com.au/risk-quality/Pages/Pressure-Injury-Risk-Assessment.aspx>
- **Wound Care**
<http://www.globalwoundacademy.com/>
<https://www.smith-nephew.com/professional/training-and-education/wound-management/>

Student Debrief

Student **debrief** sessions will be scheduled at various times during your placement. The Clinical Support Nurses/Midwives or Clinical Educators will advise you of the scheduled times at orientation. If you require debriefing after a particular incident, please contact the Clinical Support Nurses/Midwives at any time.

Scope of Practice

Key Contact: Clinical Placement Coordinator- Natalie Blinman (MHW) or Melinda Stasiuk (WMH)

MercyNET resource on PROMPT:

- Nursing and Midwifery Supervision and Delegation Policy

Students are responsible for ensuring work is conducted within their scope of practice. A student's scope of practice is influenced by;

- The level of progress within the Undergraduate Degree/Post Graduate Diploma
- The health care requirements of the clinical learning environment
- The level of acuity of the patient/client in the health care setting

As an undergraduate student the scope of practice changes as you progress through your degree. The university will be specific about what constitutes your current scope of practice.

Student Expectations/Responsibilities

Key Contact: Clinical Placement Coordinator - Natalie Blinman (MHW) or Melinda Stasiuk (WMH)

MercyNET resources on PROMPT:

- Code of Conduct Policy
- Consumer Rights and Responsibilities Policy

Other resources

<https://www2.health.vic.gov.au/public-health/immunisation/adults/vaccination-workplace/vaccination-healthcare-workers>

Students attending Mercy Health are expected to have met all pre-requirements and must adhere to Mercy Health's expected professional conduct whilst on clinical placement.

The student responsibility:

- Wear **correct uniform**
- Bring **appraisal/assessment tools** daily
- Undertake **self-assessment** in order to identify specific learning needs
- Utilise resources adequately to **prepare** for shift (undertake the necessary reading and study to supplement their practical experiences)
- Set **objectives** in line with placement requirements (Specific, Measurable Achievable, Realistic and Time specific objectives) and communicate these to their preceptor and Clinical Support Nurse/Midwife
- Seek appropriate **learning opportunities**
- Achieve **competency units** within the required time frames
- **Interact professionally** with Clients/Patients, Preceptors, Nurse/Midwife Unit Managers, Clinical Support Nurse/Midwives, Clinical Educators, Medical Staff, Allied Health and Support Staff
- **Seek feedback** and respond professionally and positively.

Students are expected to

- Have a **Current Police Check** and **Working With Children's Card** that has been sighted by an official representative of their current learning institution
- Be up to date with **immunisations** as per the recommendations made by the Department of Human Services Victoria prior to placement. Student must maintain a personal immunisation record that documents vaccinations and results.
Recommended "Immunisation Guidelines for Health Care Workers" as per above link
- **Respect** the workplace and its environmental setting
- **Identify** themselves as students to staff, patients and visitors
- Be familiar and comply with **MHVL's Policies and Procedures**. These can be accessed through Mercy Health's intranet PROMPT.
- Understand the Education Provider's, MHVL's and the ANMF **Social Media Policies**. Students are not to include any part of their placement experience on social media
- Not carry their **mobile phone** on them whilst providing clinical care
- Keep **personal belongings** and valuables to a minimum as MHVL will not take responsibility for any lost valuables
- **Report concerns** or changes in patient conditions immediately to Nursing/Midwifery staff
- Work within **Scope of Practice**, under supervision. Seek assistance if not confident with a procedure/treatment, or lack of understanding in an area.
- Notify the Education Provider (University), ward allocated and Clinical Support Nurse/Midwives if **absent or late** for a shift
- **Not accept gifts** or benefits for services performed in connection with their perceived duties and responsibilities, which might directly, indirectly or be perceived to comprise them in their official capacity
- Present for work at all times free from the effects of alcohol and or other drugs that affect the ability to **work safely** (see Risk Management Alcohol and Drug Policy)
- Adhere to **non-smoking** policies within Mercy Health facilities

Clinical uniform

It is compulsory for all Nursing and Midwifery students to wear the correct university uniform with a name badge visible at all times whilst on clinical placement. Students must follow Mercy Health's policy in presenting in neat and professional attire ensuring that:

- Clean university uniform
- No long sleeves to be worn in clinical areas
- University name badge visible
- Long hair tied back
- Nails short and clean, without nail polish
- Jewellery not to be worn, with the exemption of a plain wedding band and stud earrings only

Patient Interaction



As a student representing Mercy Health it is an expectation that professionalism and integrity is demonstrated at all times during interaction with patients. Students are to introduce themselves and identify their qualification (student and level of involvement in care provided). It should be made clear with patients that they have the opportunity to decline the involvement of student participation.

Working with a Preceptor

When working with a Preceptor the student should:

- **Introduce** themselves
- Discuss **objectives** and **time plan** with Preceptor at commencement of shift
- Seek appropriate **learning opportunities**
- **Interact professionally**
- Work under **supervision (direct or indirect)**
- **Seek feedback** and respond professionally and positively

Unacceptable behavior / serious misconduct include, but are not restricted to:

- Breaching patient/resident or staff privacy
- Breaching Mercy Health policies/procedures
- Failure to report work related accidents/serious near miss
- Continual lateness for duty/unauthorized absence
- Careless action/neglect of professional conduct or duty
- Failure to report a criminal conviction or impending action, which in the opinion of Mercy Health, directly relates to a risk in performing your duties
- Failure to disclose a prior or current conviction when requested to do so
- Sleeping during working hours where there is a requirement to be working
- Falsification of qualifications leading to employment
- Public misrepresentation – causing damage to the reputation or image of Mercy Health or its employees
- Actions which deliberately or recklessly injure other employees, patients, clients or visitors or that place their health, safety or welfare at serious risk
- Improper use of workplace equipment, supplies and other physical resources

Failure to comply with this expected professional conduct during placement may result in the Education Provider being contacted

Occupational Health and Safety

Key Contact: Clinical Nurse/Midwife Educator- Natalie Blinman (MHW) or Melinda Stasiuk (WMH)

MercyNET resources on PROMPT:

- **Work Health & Safety Policy**

Occupational Health and Safety

Mercy Health is committed to providing an injury and risk free environment for all employees, contractors, students and visitors whilst under the jurisdiction of Mercy Health.

It is the responsibility of all staff and students to check the following:

- Bed brakes
- Bed rails
- Oxygen/suction
- Work area tidy/uncluttered
- No Lift Policy adhered to
- Faulty items are sent for repairs in a timely manner
- Regular maintenance
- If medical equipment is faulty, please request the Ward Clerk to place a BEIMS into the system for the Biomedical Engineer to review.

Manual Handling

In order to eliminate or minimise the risk of musculoskeletal disorders associated with manual handling tasks and to comply with the Occupational Health and Safety Manual Handling regulations, Mercy Health has implemented the program 'Moving @ Mercy' which is directed, promoted and supported by the Manual Handling Advisory Group for all staff.

Safe manual handling messages will be promoted across Mercy Health and include

- Equipment available for moving and lifting is always used
- Care plans should reflect the client's mobility status accurately
- Slide sheets are used to assist with moving people in beds and chairs
- Two people are required when using a lifting machine
- Equipment must be used to reposition people who cannot do it themselves
- Safe manual handling is 80% planning and 20% doing

Bullying and Harassment

MercyNET resources on PROMPT:

- **Workplace Bullying and Employee Violence Policy**

"Mercy Health is committed to creating a working environment where all employees are treated with dignity, courtesy and respect, consistent with the spirit of the Mercy Health Values and in accordance with the law. Mercy Health does not tolerate Workplace Bullying and Employee Violence."

Mercy Values extend to students on placement at Mercy Health. If you have any concerns whilst on placement, please speak to the Nurse/Midwife in Charge, Clinical Support Nurse/Midwife and notify the Clinical Placement Coordinator.

Infection control

MercyNET resources on PROMPT:

- **Standard Precautions Procedure**
- **Transmission Based Precautions Procedure**
- **Infection Prevention and Control Policy**
- **Infection Prevention and Control Procedure**

Resource:

www.hha.org.au

Infection control using standard precautions aims to reduce the risk of transmitting hospital acquired pathogens to hospital patients, visitors and staff. Standard precautions are the basic level of infection control precautions which are to be used, as a minimum, in the care of all patients (World Health Organisation, 2007).

Mercy Health's Infection Prevention and Control program will ensure that key standards and legislative requirements are met in relation to the following key areas:

- Standard Infection Control Precautions i.e. hand hygiene
- Management of infectious diseases and diseases of epidemiological significance
- Student health and safety pertaining to infection control
- Environment and Equipment
- Antimicrobial stewardship

Students must:

- Understand the relevant MHVL policies and procedures which can be accessed via PROMPT as listed above
- Implement infection prevention practices to minimise the risk of exposure to infectious disease agents for themselves and others
- Have completed the Hand Hygiene Australia package within the last 12 months prior to placement
- Provide certificate of completion of Hand Hygiene to MPHI at orientation

Immunisation

MercyNET resources on PROMPT:

- **Immunisation Guidelines for Employees Procedure**

Health Care Workers (HCWs) may be exposed to, and transmit, vaccine preventable diseases. Maintenance of immunity to such diseases helps prevent transmission of infection to and from HCWs and patients. The likelihood of contact with patients and / or blood or body substances determines vaccination recommendations.

The following **vaccines** are recommended for all students prior to the commencement of placement.

Hepatitis B	Course of three doses must be completed. Antibody levels checked after third dose.
Influenza	Annual vaccination is recommended for all students.
Measles/Mumps/Rubella (MMR) Tetanus/Diphtheria/Pertussis Varicella (Chickenpox)	Booster dose recommended for all persons age 18 – 30 years. A single booster dose is recommended for all health care workers. Pertussis should be updated every 10 years. If no history of infection then blood test check is recommended. If no immunity demonstrated then vaccination is required.

Occupational Exposures

MercyNET resources on PROMPT:

- **Occupational Exposure to Blood Borne Pathogens Procedure**

In the event of a needle stick/sharps injury or bodily fluid exposure to a mucosal area the following process is to be followed immediately:

- 1. Inform your Preceptor and AUM**
- 2. Follow these first aid steps:**

Skin

- Perform First Aid and wash area with soap and water
- Apply antiseptic solution such as 0.5% chlorhexidine in 70% alcohol or povidone iodine to skin wounds
- Do not squeeze as it may cause trauma to the area

Eyes

- Rinse gently with water or normal saline whilst eyes are open
- Contact lenses must be removed prior to eye rinsing.

Mouth

- Spit out and then rinse the mouth with water several times

- 3. Inform Occupational Exposure Nurse/Infection Control Consultant who will collect the necessary equipment and attend the relevant work area. They will:**

- Assess the incident
- Counsel the student
- Counsel the source and gain consent for blood to be collected
- Collect specimens from the student and the source
- Ensure the supervising staff complete an on-line incident report, Victorian Health Management System (VHIMS)
-

Inform the Clinical Placement Coordinator - Natalie Blinman (MHW) or Julie Thomas (WMH)

Mercy Hospital for Women	Werribee Mercy Hospital
Occupational Exposure Coordinator <ul style="list-style-type: none">- LANPAGE: 4747- Write your extension number- Write Occupational Exposure	Infection Control Consultant <ul style="list-style-type: none">- Phone: 8754 3252

Emergency Procedure Codes and Response

MercyNET resources on PROMPT:

- **MHVL Code Blue Procedure (Adult)**
- **MHVL Pediatric Code Blue Procedure**
- **Emergency Caesarean Sections WMH Procedure**
- **Code Pink Escalation of Care Procedure**
- **MHW Code White Procedure**

The emergency code for MHW and WMH is **3333**. This line is always supervised by switchboard. In the event of an emergency:

- Call 3333 and state the following information:
- Emergency type
- Level/Ward/Department
- Bed number
- Assist emergency as appropriate

The emergency number and codes are displayed on the back of the Student Security Card. Please familiarise yourself with these codes and responses.

CODE TYPE	MEANING
Code Blue (state whether Adult or Paediatric)	Medical Emergency
Code Green	Immediate C/Section
Code Pink	Obstetric Emergency
Code Red	Fire/Smoke
Code Orange	Evacuation
Code Yellow	Internal Emergency
Code Brown	External Emergency
Code Purple	Bomb/Object
Code Grey	Aggressive Unarmed
Code Black	Aggressive Armed
MET Call	Acutely unwell patient
Code White	Major Hemorrhage

Medical Emergency Team (MET) Call

MercyNET resources on PROMPT:

- **Medical Emergency Team Call Procedure**
- **Clinical Escalation of Care Policy**
- **Maternity Escalation of Care Procedure**

The procedure enables relevant staff to provide and initiate timely, appropriate care to adult patients who are exhibiting symptoms of clinical or physiological deterioration.

If any patient you are caring for falls within the MET criteria, please notify a Registered Nurse/Midwife or the Associate Nurse/Midwife Unit Manager immediately. They will follow this process:

When the patient meets the MET call criteria a mandatory MET Call must be made by:

- Calling 3333 and stating the following information:
- MET call
- Level/Ward/Department
- Bed number
- Unit or Team (Werribee only)
- Assist emergency as appropriate

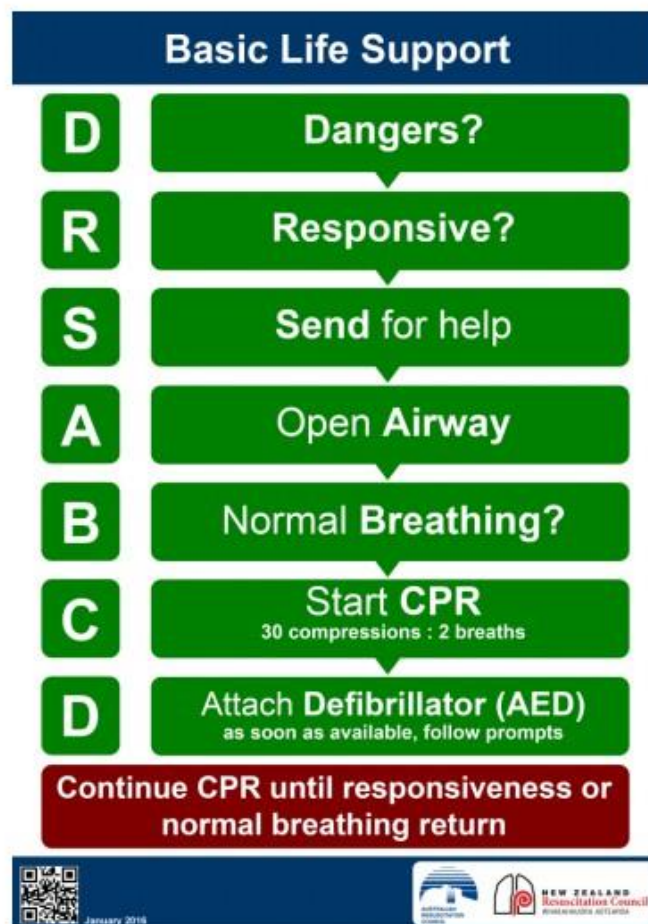
Basic Life Support

MercyNET resources on PROMPT:

- Basic Life Support (BLS) – Adult Procedure

Students are expected to revise Basic Life Support prior to Clinical Placement.

ANZCOR - Basic Life Support Flowchart January 2016



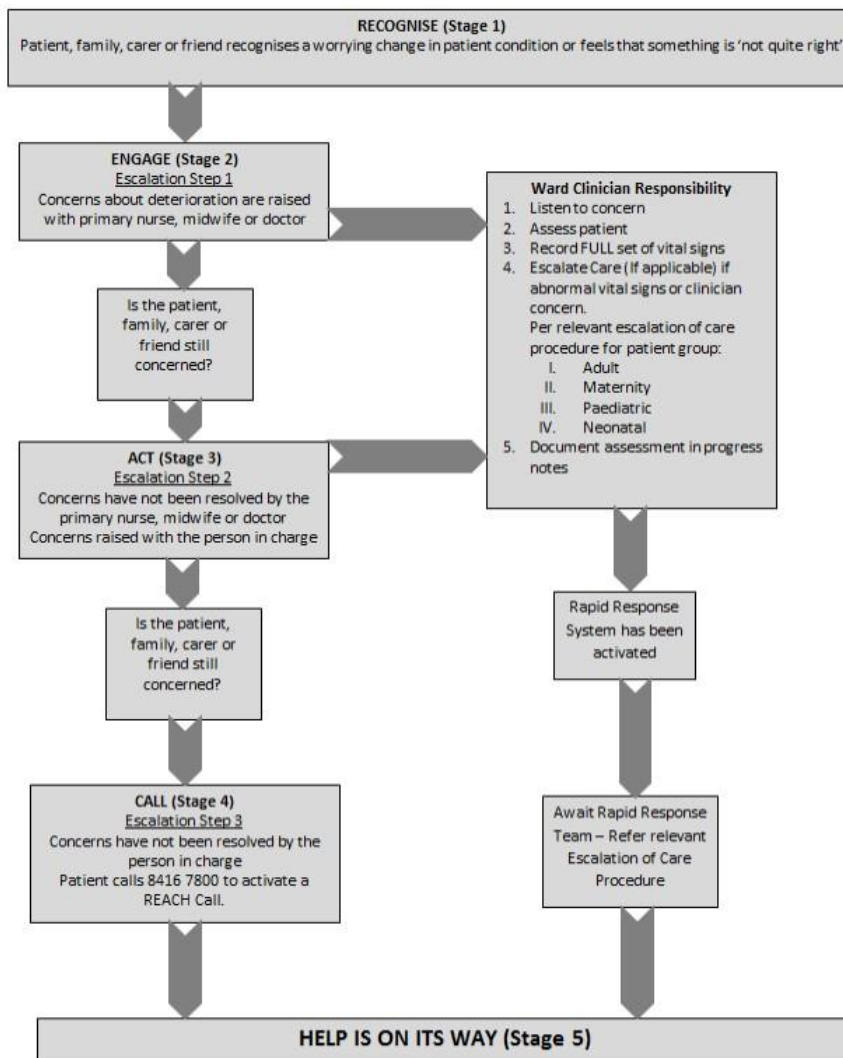
REACH



MercyNET resources on PROMPT:

- REACH – Patient, Family & Carer Activated Escalation Procedure

Evidence supports decreased mortality, and improved operational outcomes when patients, families, and/or carers, are engaged with staff in planning care. REACH (Recognise, Engage, Act, Call, Help), is a process that empowers our patients, families, and carers/ friends, to escalate care, if they recognise a worrying change in their condition or that of a loved one. Mercy Health encourages patients and/or carers to tell us if they have a worrying concern about their health whilst in hospital.



Quality Assurance

National Safety and Quality Health Service (NSQHS) Standards

The National Safety and Quality Health Service (NSQHS) Standards provide a nationally consistent statement of the level of care consumers can expect from health service organisations. <https://www.safetyandquality.gov.au/standards/nsqhs-standards>



Clinical Governance Standard



Partnering with Consumers Standard



Preventing and Controlling Healthcare-Associated Infection Standard



Medication Safety Standard



Comprehensive Care Standard



Communicating for Safety Standard



Blood Management Standard



Recognising and Responding to Acute Deterioration Standard

Clinical Administration

Presentation to a Health Service

All patients/clients presenting to Mercy Health will be requested to provide the following information:

- Name
- Address
- Marital Status
- Language spoken at home (interpreter required)
- Aboriginal and/or Torres Strait Islander status
- Religion
- Occupation

- Contact persons (including Next of Kin)
- Billing details (Public or Private Patient)
 - Medicare details
 - Private Health Insurance
 - DVA
 - Workcover
 - TAC
- General Practitioner Details
- Referring Doctor's details

Since 1983, it has been mandatory for all health services in Victoria to ask and record the Aboriginal and Torres Strait Islander status of all clients and parents of children being cared for by the health service. This information is provided on a voluntary basis. This information assists with:

- Culturally relevant information and care
- Planning, referral and support
- Early detection of illness
- Measuring equity
- Allocate health budgets

<https://youtu.be/P110TACQJZs>

<https://youtu.be/vRDiOU0Llcg>

Handover

MercyNET resources on PROMPT:

- **Clinical Handover Procedure**
- **Clinical Handover- Bedside Procedure**

The purpose of clinical handover is to ensure there is a consistent approach to the timely, relevant and a structured process that supports the delivery of safe patient care across Mercy Health sites. This includes the transition of patient care between clinicians, departments and external services inclusive of admission, referral and discharge.

Definition of Clinical handover: "The transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis".(NSW ACI 2013).

Students are to handover patient care within current scope of practice. This includes all episodes where care provider is changed. Please hand over your allocated patients to Registered Nurse/Midwife prior to going on meal breaks to ensure care provision is continued in your absence.

Bedside Handover – ISBAR

I	Identify	Identify all staff present for the shift Identify clinical lead for the handover process Identify patient and the presence or inclusion of a carer
S	Situation	Diagnosis Current clinical status – stable or unstable Current problems, evaluation and management to date Allergies
B	Background	Summary of background, history (past and present), Evaluation (physical examination findings, investigation findings) Current diagnosis Management to date
A	Assessment	Relevant history, results of investigations Current observations, infusions, IDC and drains, medications charts, wound dressings and pressure area care. Possible transfer or discharge Risks including falls assessment. Plan for care Clear accountability for actions
R	Recommendation	Discuss recommended plan of care Be clear about what is being requested Ensure accountability and responsibility is understood

Patient Identification



MercyNET resources on PROMPT:

- **Patient Identification Procedure**

Patient must have the correct wristbands on **at all times**, including a red wristband for patient alerts (always check the patient history). Please ensure the patients' details are correct and make any changes as necessary. Staff must correctly identify all patients whenever care is provided and correctly match patients to their intended treatment.

At every point of care you must ask a patient to tell you the following detail to confirm their identity:

- name
- date of birth
- address or UR number

Documentation

MercyNET resources on PROMPT:

- **Health & Clinical Documentation Procedure**

Patient medical records are held in the Nurses/Midwives Station and are accessible to all disciplines of staff. The patient's notes are kept together and must be labelled clearly with the patient's name and UR number. Students are required to read the notes of patients in their care on each shift in order to update themselves and to document the care delivered during the shift. The minimum frequency of nursing documentation should be once per shift.

Nurses/Midwives are required to document in the Progress Report in the following instances and as soon as possible after the event:

- on admission
- prior to transfer
- on discharge
- following any procedures
- any variance in patient's condition

All entries should include:

- Date and time for each entry
- Legible writing
- Objective wording
- Include changes in patient care with a plan of treatment outline
- Signed with name, designation (Student Nurse/Midwife) and signature
- All entries must be read and counter-signed by Registered Nurse/Midwife

Medication Administration

MercyNET resources on PROMPT:

- **Labelling of Injectable Medicines**
- **Fluids and Lines**
- **Medication Administration Procedure**

Undergraduate and Postgraduate students administering medications **must be supervised by a Registered Division 1 Nurse/Midwife**. Schedule 8 drugs and injectable require checking by 2 RN/RM's and the student. Both the student and the supervising Registered Nurse/Midwife must initial and sign the medication chart for the medication given. It is expected that students have a thorough knowledge of the medication prior to administration.

7 Rights of Medication Safety

- Right Patient
- Right Drug
- Right Dose
- Right Route
- Right Time
- Right Documentation
- Right Reason

Risk Assessments

Patients have a number of risk assessment charts that require careful review. These charts are there to assist with your care delivery and to prevent complications. It is imperative that these charts are reviewed every shift and the appropriate action taken. Completing these risk assessments can prompt early identification and intervention of potential problems for example falls, malnutrition and pressure injuries.



Falls Risk Assessment Tools

Equipment is available to help minimise falls, located in your ward area.

Falls, related injuries and loss of confidence due to fear of falling are common causes of morbidity in Australia. In hospital and residential care settings, the risk of falling is even greater than in the community setting, because of acute illness, increased levels of chronic disease, and different environments and routines.

Resources:

<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/nsqhs-online-learning-st10-preventing-falls>

Nutritional Risk Assessment

Malnutrition increases the risk of complications during hospitalisation and prolongs recovery (Alberda et al 2006; Covinsky et al 1999) and therefore should be treated with intensive nutritional therapy (Kruizenga et al 2005). Nutrition screening is important to help locate these patients.

Resources:

Raja et al 2003, Nurses' views and practices regarding use of validated nutrition-screening tools, Australian Journal of Advanced Nursing Volume 26 Number 1



Pressure Injury Risk Assessment

Pressure injuries have detrimental physical, social and financial consequences for individuals, health services and the community. Pressure injuries are almost always painful, can cause scarring; require surgical intervention, extended stays in hospital and in some cases leads to death

Resources:

<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/nsqhs-online-learning-st8-pressure-injuries>

Venous Thrombo-Embolism

MercyNET resources on PROMPT:

- **Prevention of Venous Thromboembolism (VTE) for Antenatal Inpatients Clinical Guideline**
- **Treatment of VTE in Pregnancy and the Puerperium Clinical Guideline**

Infection

MercyNET resources on PROMPT:

- **Exclusion Periods for Employees with Acute Infections Procedure**
- **Infection Prevention and Control Procedure**

Informational and Communications Technology

Key Contact: Clinical Placement Coordinator- Natalie Blinman (MHW) or Melinda Stasiuk (WMH)

MercyNET resources on PROMPT:

- **Information Systems and Services Policy**

Mercy Health welcomes the use of point of care access by students under supervision.

The Clinical Support Midwives will demonstrate how to access the following in the clinical environment:

- PROMPT
- Clinicians Health Channel
- MIMs Online
- LanPage
- Phone paging
- Library access

VHIMS

MercyNET resources on PROMPT:

- **Incident Management (non-WHS) Procedure**

All staff are responsible for reporting identified incidents, near misses and dangerous occurrences in the electronic incident management system (VHIMS). If students identify near misses or dangerous occurrences, they should notify the supervising RN/RM and Associate Unit Manager. The student should also report such occurrences to the **Clinical Placement Coordinator**.

Student Placement Evaluation Surveys

Your experience at Mercy Health matters. We would really appreciate your feedback via the online survey at the end of your placement. We will remind you prior to the end of your placement. Please follow this link:

<https://www.surveymonkey.com/r/MHVLstudentlearnersurvey>

Social Media Policy

MercyNET resources on PROMPT:

- Social Media Policy

‘Social media’ describes the online and mobile tools that people use to share opinions, information, experiences, images, and video or audio clips and includes websites and applications used for social networking. Common sources of social media include, but are not limited to, social networking sites such as Facebook and LinkedIn, blogs (personal, professional and those published anonymously), WOMO, True Local and microblogs such as Twitter, content-sharing websites such as YouTube and Instagram, and discussion forums and message boards.

Student obligations in relation to Social Media

In using social media, just as with all aspects of professional behavior, health practitioners should be aware of their obligations under the National Law, their Board’s *Code of conduct*, the *Advertising guidelines* and other relevant legislation, such as privacy legislation. <http://www.ahpra.gov.au/News/2014-02-13-revised-guidelines-code-and-policy.aspx>

1. Professional obligations

The *Code of Conduct* contains guidance about the required standards of professional behavior, which apply to registered health practitioners whether they are interacting in person or online. The *Code of Conduct* also articulates standards of professional conduct in relation to privacy and confidentiality of patient information, including when using social media. For example, posting unauthorised photographs of patients in any medium is a breach of the patient’s privacy and confidentiality, including on a personal Facebook site or group even if the privacy settings are set at the highest setting (such as for a closed, ‘invisible’ group).

2. Obligations in relation to advertising

Section 133 of the National Law imposes limits on how health services delivered by registered health practitioners can be advertised. These limits apply to all forms of advertising, including through social media and on the internet. For example, the National Law prohibits the use of testimonials in advertising. The *Advertising guidelines* provide guidance about how the legal restrictions on advertising under the National Law and other relevant legislation apply to social media.

General principles from **MHVL’s** Social Media policy include;

- Individuals must not publish or discuss any patient/resident/client information, conversations or information that is in breach of the Health Records Act or Privacy Policy.
- Individuals should respect copyright laws and fair use of copyrighted material and attribute work to the original author/source wherever possible.
- Individuals must not post material that is offensive, obscene, defamatory, threatening, harassing, bullying, discriminatory, hateful, racist, sexist, infringes copyright or is otherwise unlawful.
- Individuals must not imply that they are authorised to speak as a representative of Mercy Health or give the impression that their views are those of Mercy Health.
- Individuals must not use Mercy Health’s branding on non-Mercy Health sites.
- Individuals must not use or disclose any confidential information obtained in their capacity as a student.



Student Card- Security Access Agreement

On behalf of Mercy Hospitals Victoria Ltd

This agreement was made on: _____/_____/_____

Between MHVL and

Last name: _____

First Name: _____

Address: _____

Mobile Telephone Number: _____

Terms and Conditions

(Jan 2019)

1. I agree to pay a cash deposit of \$25.00 for the swipe card
2. I understand that the swipe card remains the property of Mercy Hospital for Women or Werribee Mercy Hospital
3. I agree to return the swipe card on the date specified below when my placement ends (for a refund of the \$25.00 deposit)
4. I agree that if my placement is extended I will inform the cashiers office of my new end date

If your card is not returned within two (2) days of your placement ending, your card will be cancelled and the deposit will be used to purchase a replacement card.

Students Signature: _____

Date: _____

Cashiers Use Only:

- ☐ Swipe Card Number: _____
- ☐ Deposit Date: _____
- ☐ Placement End Date: _____
- ☐ Refund Date: _____
- ☐ Cancelled Date: _____

Privacy and Confidentiality

MercyNET resources on PROMPT:

- Privacy Policy

Resource:

The Health Records Act 2001 can be accessed at <http://www.health.vic.gov.au/hsc/legislation.htm>

MHVL is committed to ensuring it complies with relevant privacy, confidentiality and security legislation to protect our patients, staff and organization. Students on clinical placement at MHVL must comply with *The Health Records Act 2001* (the Act), which is a framework developed in order to protect the privacy of individuals' health information. Students undertaking placement with MHVL should read and understand relevant policies and procedures within 7 days of commencing placement.

Examples of breaches:

Accessing information that you do not need to know to perform your role:

- Unauthorised reading of a patient's medical record or an employee or student file.
- Random searching of MHVL for familiar names and details, such as phone numbers.
- Accessing information on self, family, friends, co-workers/colleagues/classmates.
- Reading pathology results of self, family, friends or co-workers/colleagues/classmates.

Divulging personal information without the individual's consent:

- Discussing patient details in situations unrelated to direct patient care.
- Conducting a conversation relating to patient, student or staff information in a public place.
- Telling a relative or friend about a patient, student or staff member you have seen.
- Discussing confidential information in a public area such as a waiting room, public corridor or dining room.

Sharing, copying or changing information without proper authorisation:

- Making unauthorised changes to a patient's medical record.
- Making unauthorised changes to an employee or student file.
- Copying and forwarding patient, student or staff information to a third party without having verbal or written consent.

Sharing your password:

- Telling a co-worker/colleague/classmate your password so that they can access your work.
- Telling an unauthorised person the access codes for employee/student files or patient accounts.
- Using unauthorised shared passwords.

Using another person's password:

- Using a co-worker's/colleague's/classmate's password to log in to the MPHI computer system.
- Unauthorised use of a password to access employee/student files or patient accounts.
- Using a co-worker's/student's application for which you do not have rights after he/she is logged in.

Disclosing patient information without following Mercy Hospitals Victoria Ltd guidelines:

- Faxing without including an appropriate fax cover sheet that includes a disclaimer.
- Sending information to home computers via email.

Leaving a secure information system (i.e. system that is password protected) unattended while logged on:

- Being away from your desk (e.g. tea or lunch breaks) while you are logged into a secure system.



Mercy Health

Care first

Student Privacy and Confidentiality Agreement

As a student on clinical placement at Mercy Health I agree that I will abide by the privacy policy, privacy legislation and privacy procedures, which apply to Mercy Hospitals Victoria Ltd (MHVL). In particular, I agree that:

- a) I will read both the Mercy Health & Aged Care and the Entity's Privacy Policy and Procedures within seven (7) days of commencing placement.
- b) I shall not disclose, copy, release, sell alter or destroy any confidential information or medical reports obtained through my placement with MHVL other than to perform my duties as a student and detailed in my university guidelines for clinical placement.
- c) Any breach of MHVL privacy policy or privacy legislation, caused by me, whether intentional or not, will result in notification to the university and immediate removal from placement.
- d) I may be held personally liable for any compensation payable resulting from a breach of privacy which has been caused by me, whether intentional or not.
- e) The obligations contained in clauses (a) to (c) inclusive will continue even after the completion of my clinical placement with MHVL.
- f) I will report any activities to my supervisor/educator that I suspect may compromise the confidentiality of information. I understand these reports, made in good faith, will be held in confidence to the extent permitted by law.
- g) I will endeavor to wear my student identification badge at all times whilst on MHVL premises.
- h) I will not remove confidential information (e.g. medical records, photocopied patient forms or electronic data) from MHVL unless it is an authorized work practice. I understand this includes sending data via unsecured email or to my home computer.
- i) Upon termination of my clinical placement with MHVL I will immediately deliver to MHVL all patient files, medical reports or other documents which are in my possession or under my control which in any way relate to the business of MHVL or its patients past or present.

I am aware that failure to comply with this agreement may result in the termination of my clinical placement at MHVL and/or civil or criminal legal penalties.

By signing this, I agree that I have read, understood and will comply with this agreement:

Student Name: Signed:Date:/.../...

Witness Name..... Signed:.....Date:/.../...

Student Data Form

Please complete the below details. Note: These details are confidential and are used solely for placement purposes and planning.

Student details	
Last Name:	First Name:
Student ID:	AHPRA No:
Email:	WWC expiry date:
Contact Number:	WWC Number:
<p>Mercy Health is committed to valuing the diversity represented in its workforce. The information requested below is used to gather statistical data only and is requested on a voluntary basis.</p> <p>Do you identify as Aboriginal and/or Torres Strait Islander? If yes please tick: Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal & Torres Strait Islander <input type="checkbox"/></p>	
Emergency contact	
Name:	
Relationship:	
Contact Number:	

Previous clinical placement details		
Year	Venue	Placement Type

OFFICE USE ONLY	
Hospital orientation completed	<input type="checkbox"/> ✓ or X
WWC sighted	<input type="checkbox"/> ✓ or X
Hand Hygiene Australia Certificate sighted	<input type="checkbox"/> ✓ or X
Completed by:	
Signature:	
Date:	

