ORIENTATION BOOKLET
FOR AGENCY STAFF
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WELCOME

Thank you for coming to work with our clinical team today. This booklet is designed to provide you with some information about the Burnside Hospital to facilitate your orientation and make it easier for you to perform your work confidently and competently.

Our Vision:
Achieving excellent clinical outcomes for its patients and being the first choice private hospital in South Australia.

Our Mission:
To attain the Vision by providing premier, personalized care for customers and staff in contemporary facilities equipped with state of the art technology.

Our Values:
The key values of respect for the individual, teamwork and high quality service are fundamental to the Hospital achieving its primary goal of excellence in patient care and associated services.

We value:
- Observing the rights of our patients, focusing on respect for their privacy, dignity and individual needs
- The professional relationship with our visiting clinicians
- Providing high quality care and services
- Delivering service excellence through a collegial approach
- Managing available resources effectively and efficiently
- The continuing education and development of individuals.

ABOUT US

The Burnside Hospital is a 74 beds acute care private, not for profit hospital. Our core specialties include: obstetrics, orthopaedics, gynaecology, general surgery, breast surgery, plastic and reconstructive surgery, ear, nose and throat surgery, ophthalmology, oral and maxillofacial surgery, oncology and sleep disorders.

Ground Floor:
- Administration / Reception
- Bookings office / After Hours Hospital Coordinator
- Café Otto
- CSSD
- Human Resources
- Maternity Service including Labour and Delivery Suite and Special Care Nursery
- Medical Records
- Sleep Centre (South Wing)
- Staff Dining Room
- Supply Department
First Floor:
- Brian Fricker Oncology Unit
- High Dependency Unit
- Perioperative Service including five theatres, Recovery Unit and Short Stay Procedure Unit
- von Rieben North - Surgical Ward
- von Rieben South - Surgical/Medical Ward

Co-located Services
- Clinpath Laboratories (Ground floor)
- Dr Jones and Partners Radiology (Attunga Medical Centre)
- Maternity Outpatient Clinic (Godfree House, 2 Moore Street)
- Respiratory Centre (South Wing)

On-Site Specialists
- Attunga Medical Centre - Suites 1-6 and The Breast Centre
- Burnside Specialist Centre - Attunga Obstetrics & Gynaecology and Adelaide Orthopaedics & Trauma Specialists

IMPORTANT INFORMATION

CONFIDENTIALITY AND PRIVACY
Confidentiality and patient privacy MUST be respected at all times. In particular, no patient information is to be released or given to any person/organisation without the consent of the patient (persons/organisation involved in the current care of the patient can be given patient information to facilitate the current care and treatment).

No information is to be released or given concerning the Hospital, its employees, or Visiting Medical Officers.

INFECTION CONTROL
Burnside Hospital is committed to ensuring the health and safety of all patients and visitors and in providing a safe and healthy working environment for all staff. This goal is achieved through an evidence based infection control program within Burnside Hospital.

As a health care provider you are required to:
- practice hand hygiene and aseptic non-touch technique
- correctly dispose of sharps and other wastes
- use personal protective equipment
- ensure a high standard of personal hygiene
- not attend work when suffering from an infectious illness.

MODEL OF CARE

Visiting Medical Officers (VMO)
Every patient is managed by a Visiting Medical Officer (VMO) who in most cases is a Specialist. There are no duty or salaried medical officers on site at any time. Many VMO’s have their own
specific clinical pathway (nursing care guide) and standing orders that are useful if you have queries about what is required.

If there are any concerns regarding your patient’s clinical condition/status it is an expectation that you promptly seek advice from the nominated Team Leader. You may then need to contact the VMO to provide an update, seek advice and instructions. Before doing so it is prudent to check the VMO’s progress notes and any orders contained within the medical record.

Scope of Practice

The Registered Nurse/Midwife must be aware of the role and skills of the nursing staff that they are supervising, i.e. Enrolled Nurses, Personal Care Attendants, Assistants in Nursing/Midwifery, Student Nurses, and not direct them to perform activities beyond their scope of practice. All Enrolled Nurses and above noted designations must be allocated a supervising Registered Nurse/Midwife.

Documentation

It is the policy of Burnside Hospital (BH) that all patients have a health record that contains accurate, objective, complete and up-to-date clinical documentation that reflects their management, progress and outcomes of care during their hospitalisation.

- Nursing Care Guide to be checked and signed at beginning of each shift
- Progress report in case notes to be written including date and time signed and name printed legibly
- A return to ward signature is required on the anaesthetic record
- A discharge summary must be completed and signed the day of discharge.

Nursing and Midwifery Care Guides

Nursing and Midwifery Care Guides are designed in collaboration with the respective Visiting Surgeon/Obstetrician and these form the plan of care for each admission. There are also standing orders for the majority of visiting medical officers and these must be used in planning and delivering care.

Clinical Risk Management

The hospital has a range of policies, procedures and clinical assessment tools to minimise clinical risk including:

- Management of Blood and Blood Components Policy (POL-104)
- Medication Management Policy (POL-107)
- Venous Thromboembolism Prophylaxis (POL-111)
- Braden Scale (ATTAC-071)
- Continuous Observation for Behaviours of Concern Flowchart (PRO-032)
- Malnutrition Screening Tool
- Morse Fall Risk Assessment (ATTAC-070)
- VIP Score (ATTAC-072)

Staff must follow a Clinical Risk Incident Reporting Process (PRO-004) which includes a web-based on-line RiskMan Incident Reporting System for the reporting of all clinical and work
health safety incidents. Please report any clinical incidents immediately to the Team Leader/Shift Coordinator.

Recognising and Responding to Clinical Deterioration
If you have any concerns about a patient, please speak with the Team Leader, or the respective VMO. To limit the number of telephone calls to a particular VMO, please ensure that you are aware of the condition of that VMO’s other patients in the ward prior to contacting them.

If the Team Leader is unavailable to assist a VMO, you will be required to assist the VMO with the review of patients.

In the event of a medical emergency, you will be required to instigate a MET call (Appendix 1).

Discharge Planning
Discharge planning commences on a patient’s admission. The Team Leader must be notified of any issues which may impact on a patient’s discharge planning. If further discharge planning is required for rehabilitation/nursing home placement please inform the Team Leader who will involve the Discharge Coordinator.

The discharge letter must be completed and signed the day of discharge, please include who will be caring for patient on discharge, time of D/C, medications and X-Rays to be given to patient.

Check if follow up appointment with VMO is required.

PERSONAL APPEARANCE
It is a policy of the Burnside Hospital that all staff including agency staff will comply with the uniform standards established by the hospital including the wearing of a name badge at all times when on duty.

The image presented to patients, visitors and other staff reflects the view people have of Burnside Hospital. Professional appearance is fundamental to a service culture and can assist staff to acquire the confidence of our patients/consumers.

The principal purposes of wearing a uniform include:

• Minimise cross infection
• Maintain professional appearance
• Enable easy identification of staff
• Protect staff and patients from trauma/injury and promote health and safety
• Maintain an established corporate image.

Plain wedding bands, small stud earrings and a standard fob or wrist watch can be worn.
False nails must not be worn under any circumstances.
PERSONAL PROPERTY

It is recommended that you do not bring any valuables with you on your shift. Locked cupboards are provided for staff in all ward areas, however space is limited and the hospital cannot be held responsible for the loss or theft of staff belongings.

POLICIES AND PROCEDURES

Please refer to the area specific orientation checklist for important policies, procedures and other information relevant to your clinical area and the hospital in general.

The Team Leader will be able to orientate you to these documents which are kept on the hospital’s document management system FastTrack.

SMOKING

The Burnside Hospital is a non-smoking hospital and nurses are not permitted to escort patients outside to smoke.

TELEPHONE CALLS

In order to ensure that all channels of communication remain open, you are requested not to make or receive personal calls except in an emergency. Mobile phones are not permitted to be used whilst on duty.

WORK HEALTH SAFETY

Burnside Hospital is committed to providing a safe and healthy work environment so far as practicable for staff, volunteers, contractors, patients and visitors and to ensuring that they are not exposed to health and safety risks whilst at work. Burnside Hospital acknowledges its responsibilities under the Work Health and Safety Act 2011, Workers’ Rehabilitation & Compensation Act 1986 and associated Regulations, Standards and Codes of Practice.

The Hospital will provide staff with appropriate guidance and training in the identification, assessment and control of hazards in the workplace and expects that staff, volunteers and contractors will cooperate with established WHS policies, procedures and guidelines, take responsibility for their own actions and not put themselves and others at risk.

You will be provided with a complete orientation by your Team Leader/Shift Coordinator prior to the commencement of your shift. It is your responsibility to ensure that you have understood this orientation fully including your responsibilities regarding work health safety. Please clarify anything you are unsure of with your Team Leader/Shift Coordinator, Clinical Manager or the After Hours Hospital Coordinator.

The hospital has a web-based on-line RiskMan Incident Reporting System which is used to report all clinical and work health safety incidents. Please report any work health safety incidents immediately to the Team Leader/Shift Coordinator.
YOUR SHIFT

Please present to the front reception and you will be directed to the relevant clinical area. On arrival to the clinical area you should introduce yourself to the Team Leader/Shift Coordinator and ask to be provided with an orientation. You will be required to ensure that you have completed an Orientation Checklist and provided this to the Clinical Manager or the After Hours Hospital Coordinator at the end of your shift.

It is your responsibility to ensure that you have understood this orientation fully. Please seek clarification if required.

AT THE COMMENCEMENT OF YOUR SHIFT

- obtain allocation and handover sheet
- participate in clinical handover
- check the following: patient health records and blue charts for nursing/midwifery care guides, preoperative admission form, observation charts, medication and fluid balance charts.

CAR PARKING

Car parking is available around the hospital but please be aware of signage as Burnside Council does enforce parking restrictions. Afternoon and night shift staff may park in the front car park subject to availability.

CLINICAL HANDOVER (VON RIEBEN WARDS, HIGH DEPENDENCY UNIT, MATERNITY SERVICE)

Clinical handover is undertaken promptly at the commencement of each shift and comprises the following:

- Critical Handover (ISOBAR) (RES-085) by Team Leader (15 minutes)
- Bedside Information Exchange (ISOBAR) (RES-086), including patient safety scan by all nursing staff (15 minutes)

NB: Please note that the Bedside Information Exchange is NOT undertaken during the 0700 hours handover.

DECT TELEPHONES

You will be allocated a DECT telephone at the beginning of your shift. These need to be placed on chargers when not in use. Please remember to return these at the end of the shift.

MEAL BREAKS

Meal breaks are assigned by the Team Leader and must be taken when requested unless an alternative time is negotiated with the Team Leader.
MEDICATION IMPREST KEY(S)

You will be required to accept responsibility for this key(s) which must be returned to the Team Leader at the end of your shift.

SHIFT TIMES

The shift times vary according to the particular service or unit but in general they are as follows:

- Early shift: 0700 hours to 1500 hours
- Late shift: 1430 hours to 2230 hours
- Night shift: 2215 hours to 0715 hours

Your shift time may vary from the original booking. Any changes will be negotiated with you by the Clinical Manager/After Hours Hospital Coordinator.

UPON THE COMPLETION OF YOUR SHIFT

Ensure that your time slip has been signed by the Clinical Manager or After Hours Hospital Coordinator in the designated area. Please ensure the correct ward or area is clearly identified, i.e. von Rieben South, von Rieben North, High Dependency Unit, Maternity Service, Short Stay Procedure Unit, CSSD, etc.

YOUR FEEDBACK

If you would like to discuss any issues about the hospital or your shift, or have any feedback about how we could improve our orientation system for agency nursing staff, please do not hesitate to advise your nursing agency or the hospital directly via the Clinical Manager or After Hours Hospital Coordinator.

Thank you for coming to work at Burnside Hospital.
### APPENDIX 1:

**MEDICAL EMERGENCY TEAM**

<table>
<thead>
<tr>
<th>Acute changes in any one of the following:</th>
<th>Physiology</th>
<th>Acute changes in any one of the following:</th>
<th>Physiology</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Airway</strong></td>
<td>Threatened</td>
<td><strong>4. Neurology</strong></td>
<td>Unexplained decrease in level of consciousness or increase in the sedation score of 2 or above</td>
</tr>
<tr>
<td><strong>2. Breathing</strong></td>
<td></td>
<td></td>
<td>Sudden unexpected agitation or delirium</td>
</tr>
<tr>
<td></td>
<td>Respiratory rate 8 or less</td>
<td></td>
<td>Any seizure activity</td>
</tr>
<tr>
<td></td>
<td>Respiratory rate 30 or more</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Struggling for breath</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SaO₂ less than 90% on oxygen</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3. Circulation</strong></td>
<td>Pulse rate &lt; 50</td>
<td><strong>5. Other</strong></td>
<td>Unexpected deterioration in sensation or limb strength</td>
</tr>
<tr>
<td></td>
<td>Pulse rate &gt; 130</td>
<td></td>
<td>Uncontrolled pain</td>
</tr>
<tr>
<td></td>
<td>Systolic blood pressure &lt; 90</td>
<td></td>
<td>Any patient whom you are seriously worried about who does not fit the above criteria</td>
</tr>
<tr>
<td></td>
<td>Unexplained haemorrhage</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

► 538 (0800-1500 Mon-Fri) OR 525 (After hours) AND: 520 (All hours) ◄
APPENDIX 2:

<table>
<thead>
<tr>
<th>FIRE / SMOKE</th>
<th>MEDICAL EMERGENCY</th>
<th>PERSONAL / SECURITY THREAT</th>
<th>BOMB THREAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remember RACE</td>
<td>If in a patient’s room:</td>
<td>If confronted – comply</td>
<td>Treat all calls as genuine – keep the line open.</td>
</tr>
<tr>
<td>B. remove person(s) to safety</td>
<td>Ring emergency call bell for assistance.</td>
<td>When safe to do so activate DURESSE ALERT or DIAL (0) 000</td>
<td>Do not touch unidentified or unfamiliar objects</td>
</tr>
<tr>
<td>A. cilitate break glass alarm or</td>
<td>If in another area:</td>
<td>No heroes – do as told</td>
<td>Alert other person</td>
</tr>
<tr>
<td>A. ert by DIALLING (0) 000, state “Location &amp; Code Red”</td>
<td>DIAL 520, call out for assistance</td>
<td>If not involved stay clear – alert senior person</td>
<td>Record information – Bomb threat checklist</td>
</tr>
<tr>
<td>Notify senior person</td>
<td>Check patients airway, breathing and circulation</td>
<td></td>
<td>Notify senior person</td>
</tr>
<tr>
<td>C. ontain fire by closing doors &amp; windows</td>
<td>Commence CPR as required</td>
<td></td>
<td>DIAL (0) 000 and state “Location of Code Purple”</td>
</tr>
<tr>
<td>E. xtinguish if safe, prepare to evacuate</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EVACUATION</th>
<th>INTERNAL DISASTER</th>
<th>EXTERNAL DISASTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow instruction from the Chief Warden</td>
<td>Identify type of emergency e.g. chemical spill, gas leak, biological or unknown agent.</td>
<td>When advice received, record:</td>
</tr>
<tr>
<td>- Order of evacuation</td>
<td>Move person(s) to safety</td>
<td>- Name of contact person &amp; organisation &amp; a contact phone number</td>
</tr>
<tr>
<td>- Walking patients</td>
<td>Alert senior person, state “Location &amp; Code Yellow”</td>
<td>- Type of disaster &amp; no. of casualties</td>
</tr>
<tr>
<td>- Assisted patients</td>
<td>Refer to emergency manual for specific management.</td>
<td>- Casualties to be excepted at the hospital &amp; estimated time of arrival</td>
</tr>
<tr>
<td>- Non-mobile patients</td>
<td>May require DIAL (0) 000</td>
<td>- Notify hospital coordinator</td>
</tr>
<tr>
<td>- Collect records</td>
<td></td>
<td>- Remain by the phone to receive information</td>
</tr>
<tr>
<td>- Proceed to evacuation area closing doors &amp; ensuring fire exists clear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Count heads</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Remain in evacuation area</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

APPENDIX 3:

Agency Staff Induction Checklist – CSSD [TPG-030]
Agency Staff Induction Checklist – Maternity Service [TPG-031]
Agency Staff Induction Checklist – Perioperative Service [TPG-032]
Agency Staff Induction Checklist – Nursing [TPG-033]