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| Practice Nurse Induction Checklist and Record |
| **2024** |
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## Welcome Letter and Human Resources Record

Welcome to our practice team.

Our induction program will provide you with the information you need to work effectively and safely in our practice.

We have developed an induction checklist to ensure you have a comprehensive understanding of relevant areas, and ask that you countersign each section with your direct report or nominated person once each step has been completed. When your induction is complete, we will provide you with a copy of this document for your records.

We encourage you to ask lots of questions or request assistance at any time.

Best Regards,

**<Name of Practice** Principal**>**

**Staff Details – Human Resources Record**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name/s** |  | | | | |
| **Date of Birth** |  | Country of Birth: |  | | |
| **Address** |  | | | | |
| **Suburb** |  | | | Postcode: |  |
| **Phone (H)** |  | | Mobile: |  | |
| **Email** |  | | | | |
| **Languages Spoken** |  | | | | |
| **Name of Next of Kin** |  | | | | |
| **Next of Kin Phone** |  | | Relationship: |  | |
| **Name of Emergency Contact** |  | | | | |
| **Emergency Phone** |  | | Relationship: |  | |

**Payroll and Human Resources Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Bank Account Name** |  | | | |
| **BSB** |  | Account Number: |  | |
| **Employment / Service Agreement** | Start Date: |  | End Date: |  |
| **Position Description** | Date Provided: |  | File Location: |  |
| **Tax File Number** |  | | | |
| **Superannuation Fund** |  | | Number: |  |
| **Super Choice Form** | Date Provided: |  | | |
| **Fair Work Statement** | Date Provided: |  | | |

Registration and Compliance Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Details** | | **Copy Received** | **Date** |
| **Qualification – RN / EN** |  | |  |  |
| **Other Qualifications / Activities: Immunisation Provider / Mental Health / Cervical Screening** |  | |  |  |
| **Australian Health Practitioner Regulation Agency - AHPRA** [**www.ahpra.gov.au**](http://www.ahpra.gov.au) | Number: |  |  |  |
| Date of  Renewal: |  |
| **HPI-I (Health Provider Identifier – Individual)** | Number: |  |  |  |
| **PRODA Account** | Number: | RA |  |  |
| **APNA Membership Number** | Number: |  |  |  |
| Date of Renewal: |  |
| **Medical Indemnity Cover** | Number: |  |  |  |
| Date of Renewal: |  |
| **CPR / Emergency Training** | Number: |  |  |  |
| Date of Renewal: |  |
| **Immunisation Status** |  | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Morning Session** | **Lunch Break** | **Afternoon Session** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |

Nominated working sessions:

## Section 1 – About Us

| **Welcome to our Practice** | **Inductee** | **Trainer** | **Date** |
| --- | --- | --- | --- |
| Introduction to other staff members |  |  |  |
| Tour of our practice including bathroom facilities and tea room |  |  |  |
| Personnel administration - direct report, hours of work, salary, position description, performance review, tax declaration form, payment arrangements, ongoing training, immunisation status, induction |  |  |  |
| Collection of required documentation per letter of offer |  |  |  |
| Overview of the organisation chart |  |  |  |
| About the culture of our practice - particularly ‘no blame’ philosophy |  |  |  |
| The importance of asking questions |  |  |  |
| How / where to access policies and procedures |  |  |  |
| Information about available resources |  |  |  |

| **About our Practice** | **Inductee** | **Trainer** | **Date** |
| --- | --- | --- | --- |
| The background of our practice - history |  |  |  |
| The practice profile - number of GPs, special interests, patient demographic |  |  |  |
| Services provided by our practice |  |  |  |
| Operating hours of our practice |  |  |  |
| The opening and closing procedures |  |  |  |
| Security Company – Access Codes and Provision of keys (including signing the key register) |  |  |  |
| Accreditation – RACGP Standards |  |  |  |

## Section 2 – Practice Administration

| **Practice Administration** | **Inductee** | **Trainer** | **Date** |
| --- | --- | --- | --- |
| An introduction to the front desk |  |  |  |
| How to handle incoming and outgoing correspondence |  |  |  |
| Procedures for ordering stationery and other office supplies |  |  |  |
| The process for distributing faxes |  |  |  |
| Update headers and footers on Practice stationery |  |  |  |
| Business Cards |  |  |  |
| Door Signage |  |  |  |
| Doctor Stamp |  |  |  |
| Update website / Instagram (bio, about us, services) |  |  |  |
| Advertising – Public Notices |  |  |  |
| Medical Deputising Service |  |  |  |
| Notify and update services of Doctor’s details – QML, S&N, QDI, deputising service, Brisbane North PHN etc. |  |  |  |
| Update reception with new provider details (contact, provider number, prescriber number, allergies etc.) |  |  |  |
| The process for organising Drug Rep appointments |  |  |  |
| Instructions on the use of business equipment |  |  |  |
| Instructions on the use of medical equipment |  |  |  |

| **Billing Procedures** | **Inductee** | **Trainer** | **Date** |
| --- | --- | --- | --- |
| Details about the practice consultation fees |  |  |  |
| Information about billing arrangements |  |  |  |
| MBS explained & MBS online |  |  |  |
| List of common item numbers – Primary Care, Nurse, Other |  |  |  |

| **Telephone Procedures** | **Inductee** | **Trainer** | **Date** |
| --- | --- | --- | --- |
| How to place callers on hold, transfer calls and program phone system |  |  |  |
| When to transfer telephone calls to the GPs and other clinical staff |  |  |  |
| Information about each GP’s policy on receiving and returning patient telephone calls |  |  |  |
| The importance of not interrupting patient consultations unless an ‘urgent situation’ |  |  |  |
| A definition of an ‘urgent situation’ |  |  |  |
| How to take and deliver messages |  |  |  |

| **Appointment Management** | **Inductee** | **Trainer** | **Date** |
| --- | --- | --- | --- |
| Information about the appointment system |  |  |  |
| How to set up sessions and appointment times in appointment book |  |  |  |
| How to determine the urgency of patient healthcare needs |  |  |  |
| How to accommodate patients with urgent, non-urgent, complex, planned chronic care and preventative healthcare needs |  |  |  |
| How to determine the most appropriate length and time of a consultation at the point of booking |  |  |  |
| The types of appointments available at our practice |  |  |  |
| The arrangements for home and other visits |  |  |  |
| The arrangements for care outside of normal opening hours |  |  |  |
| The process for handling new patients at our practice |  |  |  |
| How to offer patients the opportunity to request their preferred GP and other clinical staff |  |  |  |
| How to book appointments |  |  |  |
| How to greet patients who attend for their scheduled appointment |  |  |  |
| The importance of informing patients of any extended waiting times |  |  |  |
| The process for handling ‘did not attend’ and cancelled appointments |  |  |  |

## Section 3 – Patient Management

| **Triage and Medical Emergencies** | **Inductee** | **Trainer** | **Date** |
| --- | --- | --- | --- |
| How to determine the level of urgency of patient healthcare needs |  |  |  |
| How to handle a medical emergency - on the telephone or in person and with or without a GP in attendance |  |  |  |
| How to identify and care for patients in distress |  |  |  |

| **Patient Management** | **Inductee** | **Trainer** | **Date** |
| --- | --- | --- | --- |
| The importance of respecting patient rights |  |  |  |
| The practice’s policies and guidelines on open disclosure |  |  |  |
| Obtaining patient consent for the presence of a third party during their consultation |  |  |  |
| The importance of treating patients with courtesy and respect |  |  |  |
| The practice’s policies and guidelines on ethical dilemmas |  |  |  |
| How to provide important information to patients |  |  |  |
| How to handle difficult or angry patients |  |  |  |
| How to handle patient requests for repeat prescriptions and referrals |  |  |  |
| How to handle incoming and outgoing pathology |  |  |  |
| Information about each GP’s policy on receiving and returning patient emails |  |  |  |
| How to access services to help communicate with patients who speak a language other than that of the GPs and/or those with a disability |  |  |  |
| Information about local health, disability and community services |  |  |  |
| List of local hospitals |  |  |  |
| List of pathology and radiology providers |  |  |  |

## Section 4 – Patient Health Records and Confidentiality

| **Patient Health Records and Confidentiality** | **Inductee** | **Trainer** | **Date** |
| --- | --- | --- | --- |
| The importance of privacy, confidentiality and security of patient health information (verbal, written and electronic information) |  |  |  |
| The process for handling results, reports and clinical correspondence |  |  |  |
| Information about the practice recall and reminder system |  |  |  |
| The process for Referrals |  |  |  |
| Clinical guidelines (Recalls and Reminders, eHealth practice policy) |  |  |  |
| Information on key public health regulations (such as reporting requirements for communicable diseases) |  |  |  |
| The practice policy on retention of records and archiving |  |  |  |
| The process for transferring patient health records |  |  |  |
| The practice security policy for prescription pads and computer generated prescription paper, letterhead, medical certificates, medications, patient health records and related patient health information including accounts |  |  |  |

## Section 5 – Computer Administration

| **Computer Administration** | **Inductee** | **Trainer** | **Date** |
| --- | --- | --- | --- |
| Information about privacy, confidentiality and security issues |  |  |  |
| Allocating the appropriate passwords and permissions |  |  |  |
| Notify software provider of new user |  |  |  |
| Notify secure messaging provider (e.g. Medical Objects) of additional providers |  |  |  |
| How to lock the computer and activate screensavers |  |  |  |
| Training in clinical and management software programs and the required information for each patient health record |  |  |  |
| Training, use and updating of individual PRODA, HPOS, My Health Record, NASH PKI Site Certificates, Secure Messaging, STS Address Book, Electronic and Smart referrals, Redicase, Primary Sense, CAT4 / Top Bar, AIR, MBS, PIP, PHN Practice Portal, QScript |  |  |  |
| Training in accessing the Health Provider Portal (The Viewer) |  |  |  |
| Training in use of Health Pathways |  |  |  |
| Practice IT provider to set up email address and access to the practices computer network and remote login |  |  |  |
| Set up preferred Doctor templates (e.g. referral letter and medical certificates) |  |  |  |
| Non free text – Icons for measurements etc. |  |  |  |
| Auto text - Shortcuts |  |  |  |
| Recording vaccinations |  |  |  |
| Coding - Registers |  |  |  |
| Recalls and Reminders |  |  |  |
| Results – Daily, Weekly, Monthly |  |  |  |
| Our email policy |  |  |  |
| Our social media policy |  |  |  |
| Computer security procedures - firewall, anti-virus, disaster recovery |  |  |  |
| How to scan documents and digital images |  |  |  |
| Procedures for backing-up electronic information |  |  |  |
| Procedures for transferring patient health information over a public network securely |  |  |  |

## Section 6 – Human Resource Management

| **Human Resource Management** | **Inductee** | **Trainer** | **Date** |
| --- | --- | --- | --- |
| Staff code of conduct |  |  |  |
| Staff requirements for continuing professional development |  |  |  |
| Management of staff rosters |  |  |  |
| Information and training of processing staff and Doctor pays |  |  |  |
| Policy of staff notifying when they are unable to work |  |  |  |
| Induction of staff and updating induction training checklist |  |  |  |
| Preferences of Doctors |  |  |  |
| Our practice policy on equal opportunity, sexual harassment & bullying |  |  |  |
| The procedure and frequency of staff and clinical meetings |  |  |  |
| What to do in the event of an incident or injury |  |  |  |
| Our practice policy on lifting heavy objects |  |  |  |
| Our practice policy on smoking, drugs and alcohol in our practice |  |  |  |
| How to handle violent situations in the workplace |  |  |  |
| Ways to maintain staff health and wellbeing |  |  |  |
| Monitor OH&S within the practice |  |  |  |
| The process and the name of the staff member responsible for leading OH&S in the workplace |  |  |  |
| Staff Immunisations - current immunisation status known, documented and immunisation appropriate to the duties identified and arranged (by consent) |  |  |  |
| How to handle non-medical emergencies – e.g. fire, bomb threats |  |  |  |

## Section 7 - Treatment Room and Facilities

| **Treatment Room** | **Inductee** | **Trainer** | **Date** |
| --- | --- | --- | --- |
| Layout of treatment room and workstations |  |  |  |
| Nurse stations – how the treatment room works |  |  |  |
| Nurses duties per shift |  |  |  |
| Nursing roster and time sheets |  |  |  |
| Staff contact sheet |  |  |  |
| Daily patient lists |  |  |  |
| Daily, weekly, monthly checklists |  |  |  |
| The process for using and maintaining medical practice equipment e.g. ECG, spirometry, steriliser, ultrasonic cleaner, vaccine fridge, blood pressure monitors, scales, height adjustable beds |  |  |  |
| The process for storing, ordering, documenting and disposing of controlled and restricted drugs e.g. safe, key and protocols for S8 drugs |  |  |  |
| The process for storing, ordering, documenting and disposing of Schedule 4 medicines and pharmaceutical samples |  |  |  |
| The process for checking, rotating, re-supplying / ordering perishable and surgical medical supplies, pathology supplies and equipment |  |  |  |
| Doctors Bag orders / prescription paper and pads |  |  |  |
| Use of Emergency Trolley / supplies and Doctor’s Bag |  |  |  |
| Maintain Cryotherapy equipment and order Liquid Nitrogen |  |  |  |
| Ordering medical gases |  |  |  |
| Liaise with other health services |  |  |  |

| **Cold Chain Management** | **Inductee** | **Trainer** | **Date** |
| --- | --- | --- | --- |
| The process for receiving and transporting vaccines |  |  |  |
| Recording vaccine fridge temperatures twice daily – Manually, data logger |  |  |  |
| Information about the importance of managing the cold chain |  |  |  |
| How to manage the cold chain |  |  |  |
| The name of the staff member with primary responsibility for managing the cold chain |  |  |  |
| The actions to take in the event of a cold chain breach |  |  |  |
| Location of Vaccine Management Protocol |  |  |  |
| Location of vaccine esky, ice packs, packing materials, thermometer, instructions on how to pack a vaccine esky |  |  |  |

## Section 8 – Continuous Quality Improvement

| **Risk Management and Continuous Quality Improvement** | **Inductee** | **Trainer** | **Date** |
| --- | --- | --- | --- |
| Information about practice accreditation and what that means |  |  |  |
| Develop protocols and procedures relevant to nursing procedures |  |  |  |
| Information about how to provide input and feedback for improving business operations and business planning |  |  |  |
| Attend practice clinical meetings |  |  |  |
| Pandemic Management Plan |  |  |  |
| Process for Notifiable Data Breaches |  |  |  |
| PIP QI Program, Guidelines, Contracts, Reporting Requirements, Clinical Audits |  |  |  |
| The name of the staff member with primary responsibility for infection prevention and control |  |  |  |
| The process and the name of the staff member responsible for managing patient feedback |  |  |  |
| The process and the name of the staff member responsible for the investigation and resolution of complaints |  |  |  |
| The process and the name of the staff member responsible for leading clinical improvements |  |  |  |
| The process and the name of the staff member responsible for leading risk management |  |  |  |

## Section 9 – Clinical Duties

| **Treatment Room** | **Inductee** | **Trainer** | **Date** |
| --- | --- | --- | --- |
| Supervise other Nurses (RN or EN) |  |  |  |
| Triage patients on arrival |  |  |  |
| Emergency treatment and policy – Ambulance, Chest Pain, Anaphylaxis, Stroke, Other |  |  |  |
| Provide phone assessment / advice |  |  |  |
| Take vital signs |  |  |  |
| Initiate first aid measures |  |  |  |
| Administer oxygen / nebuliser |  |  |  |
| Administer oral medications |  |  |  |
| Administer Intra-muscular medications e.g. Depo Provera, Iron |  |  |  |
| Set up for intra-articular injection |  |  |  |
| Set up and monitor infusions |  |  |  |
| Undertake ECG’s |  |  |  |
| Undertake urinalysis |  |  |  |
| Conduct Urine HCG (Pregnancy tests) |  |  |  |
| Using a glucometer |  |  |  |
| Measure blood glucose |  |  |  |
| Insert and remove sutures |  |  |  |
| Remove foreign bodies |  |  |  |
| Syringe ears |  |  |  |
| Undertake wound management |  |  |  |
| Undertake tympanogram and audiometry |  |  |  |
| Undertake spirometry |  |  |  |
| Undertake eye testing (visual acuity and Ishihara) |  |  |  |
| Undertake ‘eye washing’ |  |  |  |
| Assist with plastering, splinting and bandaging |  |  |  |
| Removal of plaster cast |  |  |  |
| Undertake continence assessment |  |  |  |
| Undertake general medicals (e.g. Workcover, Diving, Workplace medicals) |  |  |  |
| Results policy and procedure |  |  |  |
| Recall and Reminder systems |  |  |  |
| Monitor patients |  |  |  |
| Use ultrasound for muscle injuries |  |  |  |
| Provide laser treatment to wounds |  |  |  |
| Assess mental health |  |  |  |
| Perform stethoscopic examinations |  |  |  |
| Cardiac stress testing |  |  |  |
| Venepuncture – Undertake blood collection, maintain system for collection of blood samples, maintain blood collection register, maintain blood results follow up register |  |  |  |
| Immunisation – Be familiar with the current National Immunisation Program Schedule, Australian Immunisation Handbook, National Vaccine Storage Guidelines – Strive for 5. |  |  |  |
| Vaccination procedure – Pre-vaccination procedure – Anaphylaxis kit, effective vaccine management, valid consent / pre-vaccination screening checklist, catch up |  |  |  |
| Vaccination procedure – Administration – Equipment, Routes, techniques, sites, positioning, multiple vaccine sites |  |  |  |
| Vaccination procedure – Post vaccination – Immediate after care, adverse events, documentation, Australian Immunisation Register (AIR) |  |  |  |
| How to order vaccines – Qld Health and private |  |  |  |
| Australian Immunisation Register (AIR) – Children’s History Forms, Immunisation Medical Exemption and Contraindication Forms |  |  |  |
| AIR recording requirements |  |  |  |
| Check monthly AIR statements re: payments |  |  |  |
| Check quarterly AIR overdue statements |  |  |  |
| Adult vaccines – DTP, MMR, Pneumococcal, Varicella zoster (shingles), Influenza, Covid |  |  |  |
| Travel vaccines |  |  |  |
| Minor procedures – maintain minor procedure appointments |  |  |  |
| Prepare patient for minor procedures – Excisions, biopsies, toenail, removal of foreign body, suturing |  |  |  |
| Assist with procedures |  |  |  |
| Set up for Implanon – Insertion and removal |  |  |  |
| Set up and monitor infusions |  |  |  |
| Wound dressing and documentation |  |  |  |
| Remove sutures / staples |  |  |  |
| Ear Irrigation (competency based) |  |  |  |
| Clean up room and equipment post procedure |  |  |  |
| Health Assessments –   * Maintain over 75yr, 40-49yr, 45-49yr recall system * Undertake health assessments in clinic * Undertake health assessments in the home * Document health assessments * Arrange GP appointments for patient * Ensure Medicare item number processed |  |  |  |
| Primary Care and Care Planning –   * Identify appropriate patients * Care Plans – Management Plans and Team Care Arrangements * List of Allied Health Professionals * List of Community Services * Maintain a recall system for reviews * Manage care plan information |  |  |  |
| Diabetes Annual Cycle of Care –   * Compile base register of all patients with diabetes * Ensure annual cycle of care patient records are maintained * Maintain diabetes recall system * Provide self-care diabetes education * Undertake diabetic foot assessments * Ensure patient has eye exam * Check BP, height, weight and BMI * Undertake Blood Glucose Levels * Take blood for HbA1c, cholesterol, triglycerides, HDL, LDL * Ensure microalbuminuria is completed * Test for eGFR (kidney health) * Check smoking status * Review medications * Review diet and levels of physical activity * Run diabetes clinic * Maintain education patient record * Referrals for patients with diabetes * Register patients with NDSS (National Diabetes Services Scheme) |  |  |  |
| Asthma –   * Compile data base of patients with asthma * Maintain asthma register * Undertake spirometry * Develop individual asthma plans * Provide asthma education * Maintain recall system for Asthma Cycle of Care |  |  |  |
| Cervical / Breast Screening –   * Compile data base of patients for Cervical Screening & Breast Screening * Maintain cervical screening and breast screening recall register * Undertake pap smears * Pelvic examinations and breast checks * Referrals for patients for cervical screening and breast screening * Maintain pathology / imaging follow-up register |  |  |  |
| Bowel Screening –   * Compile data base of patients for Bowel Screening * Maintain bowel screening recall register * Referrals for patients bowel screening * Maintain pathology follow-up register |  |  |  |
| Home Medication Review –   * Compile data base of patients for Home Medication Review * Obtain patient consent / request form * Liaise with Pharmacist * Ensure Medicare item processed |  |  |  |
| Antenatal & Postnatal Care –   * Maintain antenatal register * Maintain birth register * Undertake urinalysis, weight, BP * Undertake foetal heart * Foetal lie and presentation * Provide antenatal education * Provide postnatal education * Provide baby health checks |  |  |  |
| Child Health Check –  Patient History -   * Family and Environmental Factors – Family relationships and care arrangements * Medical and Social History – Paediatrician and previous presentations * Immunisations * Overall Health Status * Identification and discussion of health issues with patient’s parent / guardian   Examinations and assessment -   * Height / Weight * Check eyesight * Check hearing * Check oral health – teeth and gums * Question toilet habits * Known or suspected allergies * Discuss eating habits * Discuss physical activity * Question speech and language development * Question fine and gross motor skills * Question behaviour and mood |  |  |  |
| Aboriginal and Torres Strait Islander Health Check –   * Current health / patient priorities * Medical history and current problems * Regular medications * Allergies / adverse reactions * Relevant family history * Social and emotional wellbeing * Physical activity, exercise and screen time * Substance use, smoking, alcohol, other substance use * Gambling * Genitourinary and sexual health * Immunisation * Eye health * Ear health and hearing * Oral and dental health * Height, Weight, Waist, BMI, blood pressure, heart rate and rhythm * Absolute cardiovascular risk calculation * Investigations – full blood count, HbA1c or blood glucose level, serum lipids, kidney function including eGFR, liver function tests, ACR (Albumin-to-creatinine ratio), chlamydia, gonorrhoea, syphilis, trichomoniasis, blood-borne virus screening – HBV, HCV, HIV * Closing the Gap PBS Co-payment measure |  |  |  |
| Education and Counselling –   * Illness prevention * Chronic Disease management * Mental Health * Domestic Violence * Smoking Cessation * Drug and Alcohol * Weight Reduction * Exercise and Dietary Guidelines * Sexual & Reproductive Health * Palliative Care & Advance Care Planning * Multicultural Health * National Disability Insurance Scheme (NDIS) |  |  |  |

## Section 10 - Competency

| **Infection Control** | **Competent**  **(✓)** | **Inductee** | **Assessed by** | **Date** |
| --- | --- | --- | --- | --- |
| Understanding of the principles of infection prevention and control |  |  |  |  |
| Understanding of the practice culture for risk management, policy and procedure for reporting, investigating and analysis of near misses, slips, lapses, mistakes or adverse events to improve patient and staff safety |  |  |  |  |
| Participation in continued education and identification of training requirements |  |  |  |  |
| Understanding of the policy and procedures for the management of sharps injury |  |  |  |  |
| Manage sharps disposal and sharps collection |  |  |  |  |
| Understanding of the policy and procedures for the management of blood and body-substance spills and maintaining the spills kit |  |  |  |  |
| Demonstrated application of correct hand washing and hand hygiene techniques |  |  |  |  |
| Understanding of the practice cleaning schedule |  |  |  |  |
| Applied knowledge of how to ensure instruments are sterile at point of use |  |  |  |  |
| Understanding of the policy and procedures for safe storage and disposal of clinical waste |  |  |  |  |
| Understanding of the policy and procedures for handling, sorting, laundering and storing linen |  |  |  |  |
| Applied knowledge of standard and additional precautions |  |  |  |  |
| Understanding of disease prevention in the workplace by serology and vaccination |  |  |  |  |
| Understanding of the policy and procedures on handling and using chemicals, including instrument grade detergents and Safety Data Sheets (SDS) |  |  |  |  |
| Understanding of the policy and procedures for safe handling of pathology specimens |  |  |  |  |
| Applied knowledge of the use of personal protective equipment |  |  |  |  |
| Understanding of the policy and procedures for sterilisation including: |  |  |  |  |
| Pre-cleaning of instruments |  |  |  |  |
| Using the ultrasonic cleaner |  |  |  |  |
| Cleaning of instruments |  |  |  |  |
| Drying of instruments |  |  |  |  |
| Packaging of instruments |  |  |  |  |
| Understanding the steriliser and how to access the manufacturer’s operator manual |  |  |  |  |
| Checking and replacing the steriliser printer paper |  |  |  |  |
| Loading the steriliser |  |  |  |  |
| Unloading the steriliser |  |  |  |  |
| Storage of sterile stock |  |  |  |  |
| Recording of the cycle information |  |  |  |  |
| Identification of a failed cycle and taking appropriate action |  |  |  |  |
| Daily, weekly, monthly and annual maintenance of the steriliser |  |  |  |  |
| Servicing and calibration |  |  |  |  |
| Annual validation |  |  |  |  |
| Knowing the Challenge Load |  |  |  |  |
| Maintaining stock sterility through correct storage and rotation |  |  |  |  |
| Provide education to staff on infection control and cleaning requirements |  |  |  |  |

*\*In areas found to be “not competent” staff must receive further training until competencies have been achieved.*

I have received explanation or training in all the areas listed in this induction program. I acknowledge and understand the content of the items above, and I agree to abide by the processes detailed in the policy and procedure manual.

I understand that in performing the responsibilities of my role, I will have access to confidential information relating to patients’ health and the practice’s business. I agree that I will not disclose any confidential information during the period of my employment, or after its termination (however caused), to any person not authorised to receive such confidential information.

I undertake not to access, use, disclose, copy, reproduce or retain confidential information for any purposes other than required to perform my role. I acknowledge that to do so would be in breach of the *Privacy Act 1988*.

I have read and understood the practice’s privacy policy and agree to abide by the procedures used by this practice in ensuring there are no breaches of privacy.

**Employee Name in Full:**

**Signature of Employee: Date:**

**Employer Name in Full:**

**Signature of Employer: Date:**

## Brisbane North PHN – Services and Support

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| --- |
| **Education and Professional Development** |
| [PHN Education and Training (Brisbane North PHN)](https://brisbanenorthphn.org.au/events)  [PHN Education and Training (Practice Support)](https://practicesupport.org.au/toolbox/training-and-education) |
| **Practice Support** |
| [Primary Care Team](https://practicesupport.org.au/about-us) |
| **Practice Support Programs / Health Provider Resources and Referrals** |
| [Aboriginal and Torres Strait Islander Health and Wellbeing](https://brisbanenorthphn.org.au/our-programs/aboriginal-and-torres-strait-islander-health-and-wellbeing) |
| [Team Care Coordination](https://brisbanenorthphn.org.au/our-programs/team-care-coordination-program) |
| [Mental Health, Alcohol and Other Drug and Suicide Prevention Services](https://brisbanenorthphn.org.au/our-programs/mental-health-services) |
| [Quality Improvement / Health Data / PIP QI](https://practicesupport.org.au/toolbox/continuous-quality-improvement) |
| [Digital Health](https://practicesupport.org.au/toolbox/digital-health) |
| [Digital Health - Australian Digital Health Agency](http://www.digitalhealth.gov.au/) |
| [Immunisation](https://practicesupport.org.au/toolbox/immunisation) |
| [Aged and Community Care](https://brisbanenorthphn.org.au/our-programs/aged-and-community-care) |
| [Referral and Patient Management](https://practicesupport.org.au/toolbox/referral-pathways) |
| [MBS Online](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Home) |
| [Desktop Guide to Frequently Used MBS Item Numbers for General Practice](https://brisbanenorthphn.org.au/practice-support) |
| [Provider Resources PHN](https://practicesupport.org.au/toolbox) |
| [Metro North Hospital and Health Service - GP Referrals (referral guidelines)](https://www.health.qld.gov.au/metronorth/refer) |
| [MNHHS Persistent Pain Management](https://www.health.qld.gov.au/clinical-practice/referrals/statewide-specialist-services/persistent-pain) |
| [Health Pathways Program](https://brisbanenorthphn.org.au/practice-support/the-healthpathways-program) |
| [National Health Services Directory](http://www.nhsd.com.au/) |
| [AGPAL](https://www.agpal.com.au/) |
| [QPA](https://www.gpa.net.au/) |
| [RACGP](https://www.racgp.org.au) |
| [Nursing and Midwifery Board](https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx) |
| [APNA](https://www.apna.asn.au/) |
| [My Community Directory](http://www.mycommunitydirectory.com.au/) |
| [Provider Connect](https://practicesupport.org.au/toolbox/digital-health/provider-connect) |
| [Care Navigator - Healthy Ageing Service Navigation](https://brisbanenorthphn.org.au/our-programs/aged-and-community-care/your-care-navigator-healthy-ageing-service-navigation) |
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