

Honorary Researcher Information Handbook

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SECTION 1 - WELCOME & OVERVIEW

We welcome all Researchers to the Royal Victorian Eye and Ear Hospital (Eye and Ear). This is a brief guide to help you orientate yourself at the Eye and Ear.

The Eye and Ear is Australia's only specialist stand-alone eye, ear, nose and throat (ENT) hospital. It is the largest public provider of ophthalmology and ENT services in Victoria and delivers more than half of Victoria's public eye surgery and all of Victoria's public cochlear implants. The Hospital marked 150 years of providing care to the Victorian community in 2013.

The Hospital operates from a central hub at East Melbourne. The majority of patients seen at the Eye and Ear are outpatients. Every year the Eye and Ear cares for over 250,000 patients, with more than 200,000 outpatients, 40,000 emergency patients and nearly 14,000 inpatients.

The Eye and Ear has an international reputation for excellence and the hospital is a respected member of the World Association of Eye Hospitals.

The Research Office (RO) is situated on level 3 at Eye and Ear on the Park (2 St Andrews Place). Telephone contact is 9929 8525 and email is ethics@eyeandear.org.au. Please feel free to contact us with any queries regarding your time at the Hospital.

SECTION 2 – THE AUSTRALIAN CHARTER OF HEALTHCARE RIGHTS

Patients have the right to:

- access;
- safe and good health services;
- respect;
- good communication;
- participation;
- privacy; and
- make choices, and give feedback.

These rights are based on The Australian Charter of Healthcare Rights. You must observe patient's rights and ensure that they are informed of their rights.

SECTION 3 – MANDATORY TRAINING

When applying for an Honorary Researcher appointment at the Royal Victorian Eye and Ear, there are a number of mandatory training requirements for dealing with patients at the Hospital. For an honorary appointment to be granted, please refer to the Researcher Training Matrix on the Honorary Researcher Application form and ensure that all competencies are completed and relevant certificates provided to the Research Office with the Application form.

3.1 NATIONAL POLICE CHECK

A National Police Check is required as part of the Honorary Researcher credentialing process. A name only check is required (fee applies). Refer to Victoria Police website

http://www.police.vic.gov.au/content.asp?Document_ID=274

All Honorary Researchers have an obligation to report any change of status to the Police Check. This ongoing disclosure obligation is to advise the Eye and Ear if you come under investigation, are charged with or found guilty of any criminal offence other than minor traffic infringements. If this were to occur, it would not necessarily preclude the continuation of the appointment but would be considered, on a case by case basis, and with the support and advice of the Eye and Ear's Director of People and Culture.

3.2 WORKING WITH CHILDREN CHECK

A Working With Children Check is required as part of the Honorary Researcher credentialing process, if the researcher's project scope includes working with children and contact with a child is unsupervised, direct and a part of the person's duties. Refer to Working With Children Check website (fee applies)

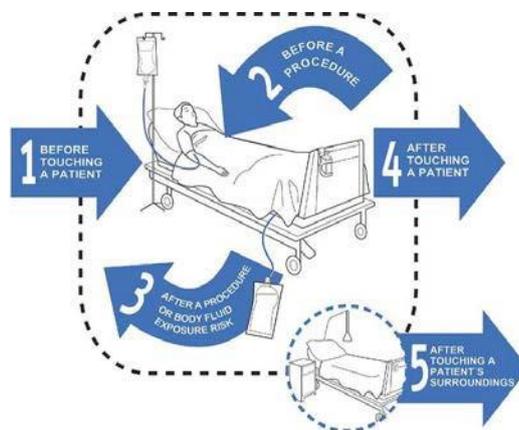
<http://www.workingwithchildren.vic.gov.au/home/applications/>

3.3 **HAND HYGIENE**

Hand hygiene must be performed before and after every episode of patient contact.

The 5 Moments for Hand Hygiene require hand hygiene to occur on the following occasions:

- o before touching a patient
- o before a procedure
- o after a procedure or body substance exposure risk
- o after touching a patient
- o after touching a patient's surroundings



Hand hygiene must also be performed after the removal of gloves.

Hand Hygiene Australia provides an online learning package. Refer to Hand Hygiene Australia website <http://www.hha.org.au/>

Honorary Researchers who are required to complete this package, save a copy of the certificate provided on completion of the course and submit a copy of the certificate as part of the Researcher Declaration package to the Research Office.

Choice of Product for Routine Hand Hygiene Practices

- Alcohol-based hand rubs – for routine practices in healthcare settings.
- Neutral pH soap and water – for visibly soiled hands, after contact with gastroenteritis or viral conjunctivitis.
- Surgical
- Surgical scrub formulation – for surgical procedures

Wearing of Gloves

Gloves must be worn as a single-use item for:

- o Each invasive procedure
- o Contact with sterile sites and non-intact skin or mucous membranes
- o Any activity that has been assessed as carrying a risk of exposure to blood, body substances, secretions and excretions.

Gloves must be changed between patients and after every episode of individual patient care. Sterile gloves must be used for aseptic procedures and contact with sterile sites.

3.4 PATIENT IDENTIFICATION

Patient identification is an important component of treating patients at the Eye & Ear. It is required that you refer to [Procedures A8.1 Patient Identification Procedure](#) and [PC1.65 Correct Patient, Correct Site, Correct Procedure \(Surgical Safety Checklist\) Procedure](#). These procedures are available on the Eye and Ear Intranet site.*

At a minimum, you must identify the patient using the 3 unique identifiers:

Ask the patient to:

- state their name in full;
- state their date of birth; and
- state their address.

Never ask the patient "are you Mr XYS" as the patient might mis-hear and incorrectly agree.

If applicable, confirm side and site of procedure with consent form and the patient.

3.5 ASEPTIC TECHNIQUES

Where an Honorary Researcher is required to undertake any invasive treatment on a patient (ie. Venepuncture), aseptic technique must be followed. It is required that you refer to [Procedure IC2.18 – Standard Aseptic Non Touch Technique Procedure](#). This procedure is available on the Eye and Ear Intranet site.*

Aseptic technique aims to prevent disease causing micro-organisms from being introduced to susceptible sites by hands, surfaces and equipment to cause. For example, intra-venous interventions bypass the body's natural defences e.g. skin. Infection can be caused by micro-organisms already existing in/ on the body or by cross-infection from elsewhere e.g. healthcare workers hands.

Key Principles of Aseptic Technique-

- Always clean hands effectively
- Never contaminate 'key parts' (critical parts of procedure equipment)
- Touch 'non-key parts' with confidence
- Take appropriate infection prevention precautions

In aseptic technique, asepsis (ie. being free from disease causing micro-organisms) is ensured by identifying and then protecting 'key parts' (ie. the part of the equipment that must remain sterile, such as a syringe hub) and 'key sites' (the area on the patient such as a wound, or IV insertion site that must be protected from microorganisms) from contamination. It is vital to attempt not to touch key parts/sites directly but if this is necessary, sterile gloves must be worn. Sequence your practice to ensure efficient, logical and safe order of tasks.

Aseptic technique is achieved by conducting all of the following processes:

- Hand hygiene
- Non-touch technique (ie. not touching key parts or key sites unless wearing sterile gloves)
- Using new sterilised equipment or/and cleaning existing key parts to a standard that renders them aseptic prior to use

It is important to understand what is meant by an aseptic technique to reduce the risk of healthcare associated infections.

Safe Handling of Sharps

Sharps must not be passed directly from hand to hand and handling should be kept to a minimum.

NEVER RECAP, BEND OR BRAKE NEEDLES AFTER USE.

The person who has used the single-use sharp must be responsible for its immediate safe disposal. Used disposable sharps must be discarded into an approved sharps container at the point-of-use. These must not be filled above the mark that indicates the bin is three quarters-full.

Refer to Procedure IC2.14 - Sharps Handling Procedure. This procedure is available on the Eye and Ear Intranet site.*

Occupational Exposure to Blood, Body Fluid and Body Substances

Immediate First Aid:

- Skin - Wash affected area thoroughly with soap and water. If exposure results in skin penetration apply an occlusive dressing after thorough wash. Do not squeeze.
- Eyes - Rinse gently but thoroughly with water or normal saline with eyes open. Remove contact lenses prior to rinsing eyes.
- Mouth - Spit out and then rinse several times with water.

Incident Reporting:

Exposed employee to immediately report incident to Occupational Exposure Coordinator (OEC):

- **Office hours** (08:30am–4:00pm) – Infection Control page **366**
 - If no response within 15 minutes attend the Eye and Ear Emergency Department
- **After-hours** – Hospital Coordinator page **389**

RiskMan for each incident must be input by the staff member sustaining the injury.

Refer to Procedure IC2.6 - Sharp and Body Fluid Exposure Procedure. This procedure is available on the Eye and Ear Intranet site.*

SECTION 4 – OCCUPATIONAL HEALTH AND SAFETY, EMERGENCY MANAGEMENT AND EQUAL EMPLOYMENT OPPORTUNITY

The Eye and Ear is committed to ensuring a work environment free of discrimination and harassment on all grounds covered by equal opportunity legislation. Honorary appointees and observers are expected to comply at all times with the Eye and Ear's equal opportunity procedures and with state and federal equal opportunity and related legislation. These procedures are available on the Eye and Ear intranet site*.

The Eye and Ear is committed to ensuring a safe and healthy workplace. Honorary appointees and observers are expected to comply at all times with the Eye and Ear's safety procedures and reasonable safety directions of the Eye and Ear employees, ensure that no unsafe areas or practices go unreported and take reasonable care for their own safety and the safety of others. The Eye and Ear is a smoke free environment.

Fire Awareness - Key Points

- 1.** Evacuation Diagrams – each area has a wall mounted Evacuation Diagram posted.
You should note this Evacuation Diagram when working in an area.

- 2.** When working in an area you are required to find out the:
 - location of Manual Call Points;
 - location of Emergency Exits;
 - location of Assembly Areas; and
 - names of the Area Wardens for your area.(In an emergency, the area warden will wear a yellow hat).

- 3.** At Eye and Ear, safety is everyone's responsibility, in that you are required to take responsibility for working safely, complying with safety procedures and raising safety concerns. It is a legal requirement under the Occupational Health & Safety Act 2004 that you work safely and that you do not harm others by your actions or omissions.

4. All hospitals have a Colour Code system for the identification and calling of emergencies. They are:

Code Blue – Medical Emergency

Respond MET – MET team required

Code Yellow – Internal Emergency

Code Red – Fire and smoke

Code Orange – Evacuation

Code Purple – Bomb Threat

Code Grey – Personal Threat

Code Black – Serious Personal Threat

Code Brown – External Emergency

These codes are provided to you on your Emergency Procedures Tag Card which is issued with your ID badge. The card indicates the basic responses required for each emergency code. Please ensure you are familiar with these colour codes, including the Emergency phone number for the site at which you are working. In relation to a Code Red – irrespective of where the Code Red is called, you have an obligation to stay in the area that you are in, until such times as the “Code Red – All Clear” is given. If you are in transit in the building, wait in the nearest department until you hear a Code Red – “All clear” announcement.

5. At a ward or department level you are required to take direction from your AREA WARDEN during an emergency. The AREA WARDEN will wear a yellow hat to identify them. The AREA WARDEN will ensure that you evacuate to the appropriate assembly area. You must relocate to this assembly area as instructed and remain there until such time as the AREA WARDEN directs you otherwise. When directed by an AREA WARDEN to evacuate an area, you are required to do so immediately – please do not waste time gathering up personal items.
6. If you are required by the AREA WARDEN to assist in the evacuation of patients, we evacuate in the following order:
 - a. Ambulant patients and visitors
 - b. Non – ambulant

7. We have **Code Grey** (Personal Threat/Aggression) teams in the hospital – they will respond to unarmed aggression including personal threat when notified via announcement.
8. If the **police** are required then a **Code Black** (Police assistance required) is called. All incidents that involve a weapon or a person with behaviour of concern that we are unable manage, shall be managed as a Code Black.
9. You can call any of the Eye and Ear listed codes by dialling the hospital's designated emergency number of your location.
Eye and Ear **DIAL 444** and state code and location.
Eye and Ear on the Park DIAL 123 and state code and location.
10. If you are in a situation where you see patients/visitors or staff physically fighting you should call the designated emergency number for your location. This could be a Code Grey or if there is serious assault, a Code Black.
11. If a staff member or patient collapses, then this will be a **Code Blue** – medical emergency.
12. If there is a fire in your area, it is small and you have been trained correctly on how to use an extinguisher, you may proceed to safely put the fire out. At the same time, you should ask a colleague to break the nearest Manual Call Point and dial the designated emergency number for your location and request a **Code Red** announcement. Lifts cannot be used in the fire affected building during a Code Red, unless authorised by the Fire Brigade. If evacuation is required, a **Code Orange** must be called. In normal circumstances, your Area Warden will co-ordinate this. If in an area with no Area Warden, remove yourself from the fire affected area and report to the Emergency Coordinator, who will be located at the front entrance to the hospital.

- 13.** A **Code Purple** is called in relation to a **Bomb Threat**. Each non-patient phone at the Eye and Ear will have a bomb threat checklist nearby. If you are not familiar with these checklists, ask the manager of the area you are working in or any member of the nursing staff to show you an example. These checklists provide prompts for you to get support during a bomb threat and provide you with guidance in relation to the questions to ask if you receive a bomb threat by phone.
- 14.** You should direct any queries or concerns about safety issues to the manager of the ward or department you are working in.
- 15.** There is an OHS section of the Eye and Ear intranet* under the **Health, Safety & Environment quick** link with key health and wellbeing information and emergency management information.
- 16.** [wellness@work](#) our health and wellbeing program provides opportunities for you to participate in a range of wellbeing activities. These activities are focused on five key wellbeing areas: physical activity, mental health and wellbeing, healthy eating, financial health and alcohol and other drugs and smoking. Information about [wellness@work](#) activities can be found on staff intranet OHS page, CEO Friday email, Staff Intranet banner and posted on staff OHS noticeboards.

Workplace Incidents

Report as soon as possible to the Nurse Unit Manager or Nurse in Charge regardless of whether an injury has occurred or not.

A VHIMS Riskman report should be completed as soon as possible after the incident.

SECTION 5 – PRIVACY AND CONFIDENTIALITY

The Office of the Health Services Commissioner provides an online learning package for the Health Records Act. <https://ohsc.e3learning.com.au/>

Researchers are required to complete this package, save a copy of the certificate provided on completion of the course and submit a copy of the certificate as part of the Researcher Declaration package to the Research Office.

The Royal Victorian Eye and Ear Hospital is committed to protecting the privacy of all individuals. The hospital is required by law to protect the personal and health information contained in the medical and personnel records it holds. It complies with all Victorian legislation relating to confidentiality and privacy, including where relevant, the *Health Services Act 1988 (Vic)* and the *Health Records Act 2001 (Vic)*, and covers the following principles:

1. Information collection
2. Use and disclosure of information
3. Data quality
4. Data security and retention
5. Openness
6. Access to and correction of information
7. Identifiers
8. Anonymity
9. Trans-border data flows
10. Transfer and closure of practice health service provider
11. Making information available to another health service provider

The hospital procedure [PC8.2 on Informed Consent and Copyright of Medical Photography & Videography](#), covers the nuts and bolts of patient consent for medical imaging. It is hospital policy to get patient consent before **identifiable** imaging -- especially any external image of the patient's face or body. Consent is obtained on a separate form to the Patient Request Form. This procedure is available on the Eye and Ear Intranet site.*

Taking images on any device including cellular phones *at any time* is not permitted.

Images form part of the patient medical record and as such it is not appropriate to provide any part of the medical record without the permission/consent of the patient.

Where a researcher requires access to the patient digital medical record, an Eye and Ear honorary appointment is required. The researcher will also need to complete, along with approval from their Department Head, the Information Technology Security Access Form (available on the Eye and Ear intranet site*). The Head of Department/Unit/Clinic will need to complete this form and submit it. If your Head of Department/Unit/Clinic is unable to complete the form, please contact the Eye and Ear Research Office.

* Access to the Eye and Ear Intranet site is available via the Research Office, CERA Reception or Department of Otolaryngology Reception.

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