STUDENT HANDBOOK FOR CLINICAL PLACEMENT
Foreword

This handbook has been designed to provide you with information to make your experience within the Murrumbidgee Local Health District safe, valuable and enjoyable. We hope it will provide you with some practical advice and assist in making your Clinical Placement a satisfying and rewarding experience. Murrumbidgee Local Health District welcomes you and wishes you well for the exciting future that lies ahead.

Acknowledgements

Murrumbidgee Local Health District, would like to thank all involved for their collaboration in developing this document. We would also like to acknowledge the work that has gone before, and thank the past authors for their tireless efforts. We would like to also thank those who provided evaluations and constructive comments that further enable us to develop the Student Handbook for Clinical Placement.

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Who are we?

The word Murrumbidgee means "big water" in the Wiradjuri language, one of the local Aboriginal languages. Covering 125,561 square kilometers MLHD had an estimated population of 297,476 people in 2010 and is predicted to reach 307,000 by 2031.

The Murrumbidgee Local Health District has 32 Public Health Services including 2 Base Hospitals and 13 Multi-purpose Services.
We provide a wide range of inpatient acute and sub-acute services along with a comprehensive span of community based health services.

Our Purpose...to provide the best health outcomes for people in our Local Health District.
Our Vision...to be a quality provider of Rural Health care, recognising the total health care needs of individuals, patients and communities and
Our Values...To work with our clinicians, staff, communities and partners in a way the promotes

COLLABORATION - OPENNESS - RESPECT - EMPOWERMENT
Clinical Placements

Please be sure to read through this handbook and complete the required documentation needed on your first day of orientation to the facility.

**Consult the check list we have included so you have the correct paperwork ready for checking or you may be unable to start your placement.**

**Forms for completion can be found in the 'Documentation for students on Clinical Placement’**

Clinical Placements provide an opportunity to apply skills and theory in real life situations, in a variety of clinical settings.

Gaining experience in different types of health care environments is important for professional development. It helps inform career choice and enables students to apply and gain competence in the many different skills required across various health care settings.

On the first day of your placement you will meet with your supervisor and be given an Orientation of the facility which will include WHS (Work Health and Safety) induction.

You will need to take the WHS forms with you to your placement. They can be found in the 'Documentation for students on Clinical Placement’

**NOTE:** Please make sure that **PRIOR** to commencing your placement you have advised your supervisor of any known allergies/medical conditions so that appropriate measures can be implemented to ensure a safe training environment.
Placement Requirements and Considerations

In preparing for a clinical placement, there are some important requirements to organise and particular information to gather. Some preparations are required by law and some are just good practice to help you get the most out of your clinical experience.

Revise your theory. The old saying ‘knowledge is power’ is true. It also helps a great deal with your confidence in facing new situations that you encounter on a clinical placement.

Read the materials provided by your training organisation, such as policies and procedures relating to clinical placement.

Read the orientation information sent by the facility that you will be attending. Knowing what to expect about the types of clients and services provided by the facility will decrease your anxiety.

Look up the facility you will be visiting online. You can find out a lot about their services, the facilities available, parking, public transport and the mission of the organisation.

Map out your journey. Google maps has a directions feature so that when you put in your address and your destination, it will show you which route to take. Visit: http://maps.google.com.au/

Consider carpooling with other students attending the same placement. You might be able to stay at a fellow student’s house or with a relative who lives closer to your placement. You might even consider paying for accommodation (hostels, motels, etc.) and sharing the cost will help.

National Criminal Record Check (NCRC)

All students must provide a National Criminal Record Check prior to commencement of placement. Under NSW Health Policy, the Australian National Police Certificate is valid for 3 years from the date of issue. Overseas Police Certificates and Statutory Declarations are valid for the duration of the course. Keep these documents for presentation to your supervisor where your clinical placement is to be undertaken.

Students must advise the Health Service in a timely manner of any change made to their criminal record during their training.

When you have a disclosable result
If your National Police Certificate (or overseas Police Certificates /Statutory Declaration for overseas students) shows any offences or pending charges, you are required to apply to the NSW Department of Health, Corporate Governance and Risk Management, External Relations and Employment Screening Unit (ERESU) for authority to undertake clinical placements within NSW Public Health Facilities.

ERESU will complete a risk assessment and if deemed suitable for placements within NSW Public Health Facilities, you will be issued with a ‘Clinical Placement Authority’ card or a Conditional Letter.

(Student Risk Assessment Form is available on the NSW Health Department website: Application for authority to undertake clinical placements in NSW Health facilities)

Code of Conduct, Privacy and Confidentiality: The NSW Health Code of Conduct for all employees can be found on the Murrumbidgee Local Health District website (www.mlhd.health.nsw.gov.au)

Please ensure that you read and understand the content of these important documents prior to placement and ask your supervisor about any aspects requiring clarification.

Forms for completion can be found in the ‘Documentation for students on Clinical Placement’

Student Training and the Rights of Patients: NSW Health Policy Directive 2005_548 (Appendix 2) highlights the principles expected in students’ codes of conduct while on placement in all Murrumbidgee Local Health District facilities.

Driving whilst on Placement: Undergraduate students are able to use Health Service cars whilst on placement for work related activities such as client home visits and meetings, but only if and as directed by their Supervisor.
They must hold a full, current Driver’s License recognised in NSW and the territories, a copy of which must be lodged with the Fleet/Transport Coordinator at the site.

They must read and sign the Murrumbidgee Local Health District Vehicle Fleet Policy. Students are encouraged to educate themselves about potentially hazardous driving conditions in rural areas.

Protecting patients/clients and clinical awareness: Be aware of basic safety precautions at all times: e.g. never leave a cup of hot fluid where a child could reach it, and always return safety rails to the upright position. Never give a patient anything to drink or eat without first checking with their nurse. The patient may be fasting in readiness for a test or operation. If a patient’s relatives or friends ask you about their condition, politely refer them to one of the nurses.

Alarms, buzzers and equipment: Don’t turn anything on or off without asking first. Alarms are there to alert staff to various things and will be taken care of by them.

Non-smoking: All NSW Health sites are now smoke-free in buildings and grounds.

Child Abuse Protocol: As a student doing a clinical placement within a Local Health District you are obliged, pursuant to NSW Health Policy, to make a report to the Department of Community Services (DoCS) if you have reasonable grounds to suspect that a child under 16 years of age is at risk of harm from abuse or neglect. Please consult with your Supervisor on the processes to be followed or contact the Area Child Protection (PANOC) Coordinator for further details.

Library and Internet use: If and where available, you may use these facilities, as directed and arranged by your Supervisor.

Non Discriminatory Practice: Murrumbidgee Local Health District has a strong access and equity focus in providing quality services. Patient/client care is our first priority. Your queries may be directed to your Supervisor. If you have concerns about your Supervisor’s behaviour or practice you should address these with your university / college coordinator.

Immunisation
Immunisation is the responsibility of the student. It is recommended that an informed, individual choice is made about this matter. Students should refer to a doctor of their choice for discussion and advice. Students will come into contact with a large variety of individuals while attending clinical placement. Some of these people may have a communicable disease. All students are categorised as a Category A Health Care Worker. Category A denotes direct physical contact with patients/clients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might contain these or contact that would allow acquisition and/or transmission of a specified infectious disease by respiratory means. (PD2011_005) page 2 – see attached

Immunisation is one of the most effective public health measures for the control of communicable diseases, protecting both the individual and the community as a whole. For the protection of students and of potential clients, evidence of vaccination status is required by certain clinical placement agencies prior to attendance. This will be in the form of documentation from a doctor. Further information can be found at: http://www0.health.nsw.gov.au/policies/pd/2011/PD2011_005.html

In file link: Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

REFER TO:
- INFORMATION SHEET 1 Risk categorisation guidelines.
- INFORMATION SHEET 2 Checklist: Evidence required from Category A applicants.
- INFORMATION SHEET 3 Specified infectious diseases: risks, consequences of exposure and protective measures.
- INFORMATION SHEET 4 Important requirements for students in relation to assessment, screening and vaccination.

Forms for completion can be found in the 'Documentation for students on Clinical Placement'
Immunocompromised clients – are persons in whom the immune system's ability to fight infectious disease is reduced or totally absent due to a primary immunodeficiency syndrome, human immunodeficiency virus (HIV), chemotherapy, some forms of cancer such as leukaemia, and persons on immune suppressing treatment following an organ transplant.

Locums/agency staff – locum staff performing work in a Category A position are considered as other clinical personnel (see below).

Medical assessment – is the clinical assessment and review of the person or their medical record by a specialist medical practitioner, to substantiate a medical contraindication to vaccination and/or to develop an individual management plan.

Medical contraindication to vaccination – a condition that precludes a person from receiving a vaccine as it may increase the chance of a serious adverse event. A medical contraindication may be permanent, for example, anaphylaxis to vaccine component(s) or time-limited/temporary, for example, pregnancy.

Must – indicates a mandatory action that must be complied with.

Other clinical personnel – denotes persons who are not permanently, temporarily or casually employed by health facilities (see Staff) but are contracted to work, such as Honorary/Visiting Medical or Dental Officers and agency/locum staff.

Protected – means that the person can provide evidence of vaccination, prior infection, or other evidence of immunity.

Public health system – is constituted by:
• All the Local Health Networks
• All the statutory health corporations
• All the affiliated health organisations in respect of their recognised establishments and their recognised services
• Ambulance and health support services.

Risk categorisation – refers to the process of assessing a person or position according to the risk of transmission of the specified infectious diseases. Persons are categorised as either Category A or Category B:
• Category A – denotes direct physical contact with patients/clients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might contain these or contact that would allow acquisition and/or transmission of a specified infectious disease by respiratory means.
• Category B – denotes no direct physical contact with patients/clients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might contain these and no greater risk of acquisition and/or transmission of a specified infectious disease than for the general community.

Should – indicates a recommended action that should be followed unless there are sound reasons for taking a different course of action.

Specified infectious diseases – comprises:
• Diphtheria
• Pertussis
• Tetanus
• Influenza (recommended)
• Measles
• Mumps
• Rubella
• Hepatitis B
• Varicella
• Tuberculosis
Workplace Health and Safety

Workers and Other Persons at the Workplace e.g. Visitors/Patients/ Clients have a duty to:

- Take reasonable care for their own health and safety.
- Take reasonable care that their actions do not harm the health and safety of others.
- Comply with any reasonable instruction that is given to ensure Health and Safety.
- Workers must cooperate with any reasonable policy or procedure that they have been made aware of relating to health and safety and report any hazard.

Security: Everyone needs to be aware of personal and professional security issues and precautions in their workplace and when coming and leaving their workplace. Always speak to your Supervisor or the staff in your area if you have any concerns, notice anything unusual or anyone acting suspiciously. Lock away your personal belongings in a safe place that the staff will show you. Minimize the amount of money, jewellery and valuables that you bring with you.

ID badges: Student are advised that they must wear their University photo identification badge clearly displayed at all times while on placement. This will aid your security status and let people know you are present in an official capacity.

Fire safety: Fire-fighting and evacuation plans are in place in case of emergency. Please familiarise yourself with the procedures and note the exits from the area in which you work.

Emergency Protocols:

The codes related to these emergency situations will be explained to you at your facility Orientation.

Infection Control Systems: All students need to be aware of and comply with Ministry of Health Directives relating to infection control and staff health. Your Supervisor will inform you of infection control procedures.

Sharp Objects: If you see a needle, broken glass or anything that could cut or injure, please do not touch it. Leave it where it is and find a staff member to report it.

OCCUPATIONAL EXPOSURE TO BLOOD BORNE VIRUSES
(Used needle stick / blade injuries, body substance splashes)

Occupational exposure to blood borne viruses (OE) is an incident which occurs during the course of a person’s employment and involves contact with someone else’s blood or other body substances. Such exposures may put the employee at risk of acquiring HIV, hepatitis B or C. Adherence to standard infection control practices, such as the use of personal protective equipment, safe sharps disposal etc. remain the first line of protection for health care workers against occupational exposure to blood borne viruses.

First aid:

- Wash the exposure site with soap and water (do not squeeze and cover with a dressing)
- Eyes – if contaminated rinse gently but thoroughly with water or normal saline
- Mouth – spit out and rinse out several times with water
- Clothing – if heavily contaminated change and shower if necessary
Report: Immediately report the incident to your manager who will arrange for OE incident management to occur. Every employee must report any OE sustained.

Management: Your injury will be risk assessed to determine if HIV or HBV prophylaxis is required and any further management strategies. You will be offered baseline HIV, HBV and HVC blood tests, you can choose to accept or decline one or all of these tests. Pre-test counselling prior to blood tests will be given and you will be given written information about blood borne viruses and the phone number for the NSW Needle Stick Injury Hotline. You can choose to be managed by your own GP, but you must still initially report the OE and complete and IIMS report.

IIMS Report: this must be completed for each OE. The name of the injured HCW need not be included but information about the incident is required to ensure any necessary changes can be made to ensure the incident doesn’t reoccur. Follow up: If you choose to be managed by the Murrumbidgee Local Health District, you will receive pathology forms for follow up blood tests at six weeks, 3 months and 6 months. NOTE: These tests will have to be performed at a MLHD site.

The Infection Control Resource Centre, which runs the Needlestick Hotline 1800 804 823 advise that Medical and Nursing students can access the Hotline, but need to state that they are Health Care Worker students. Alternatively the student’s Supervisor can phone on their behalf.

General Safety in the Workplace:
- WHS: The first consideration is always to yourself – to keep safe, whatever the situation (e.g. home visits). The second is to be alert to the environment. For example, if you see a hazard, like a liquid spill on the floor, report it to one of the staff. Thirdly, if you are concerned about anything at all, do not hesitate to speak to your Supervisor.
- Moving Patients or Objects: Don’t lift or move anything without assistance. There are proper techniques that must always be used to protect people’s backs from injury. The staff will demonstrate these to you as required.
- Incident reporting: If you witness any incident that causes you concern (e.g. a patient falling, or someone injured), please report it immediately to your Supervisor.

Facilities available to students
Locations and access will be discussed at your facility Orientation:

Library: Lockers:
Cafeteria: Accommodation:
Meeting rooms: My Emergency contacts:
Supervisor: Unit / Ward:

Pastoral Care Service:
- The Pastoral Care Service provides a pastoral and spiritual ministry to patients, families and staff appropriate to their particular beliefs and consistent with the Australian Council for HealthCare Standards requirements for chaplaincy and pastoral care.

NOTE: The WHS Induction Checklist is to be completed by both the student and supervisor at the commencement of each placement.

Students are to inform supervisors of any known medical condition/allergy prior to the commencement of each placement.

Employee Assistance Program (EAP)
- EAP is a confidential counselling service for employees and their eligible family members, paid for by Murrumbidgee LHD at no cost to you. This service is provided by an independent, professional organisation called AccessEAP. All counsellors are qualified, experienced professionals who have extensive training and experience in counselling, coaching and workplace consulting. MLHD extends this service to students who may require confidential assistance whilst on placement with the LHD. For more information refer to appendix 10 or speak with your placement supervisor/facility manager.

Forms for completion can be found in the 'Documentation for students on Clinical Placement’
Latex Sensitivity (Allergy)

Latex gloves have proven to be effective in preventing transmission of many infectious diseases to health care workers. But for some workers, exposures to latex may result in allergic reactions. Reports of such reactions have increased in recent years among health care workers.

What is Latex?
In this Factsheet, the term "latex" refers to natural rubber latex, the product manufactured from the milky fluid derived from the rubber tree, Hevea brasiliensis. Several types of synthetic rubber are also referred to as "latex", but these do not release the proteins that cause allergic reactions.

What is latex allergy?
Latex allergy is a reaction to certain proteins in latex rubber. The amount of latex exposure needed to produce sensitisation or an allergic reaction is unknown. Increasing the exposure to latex proteins increases the risk of developing allergic symptoms.

In sensitised persons, symptoms usually begin within minutes of exposure; but they can occur hours later and can be quite varied. Mild reactions to latex involve skin redness, rash, hives, or itching. More severe reactions may involve respiratory symptoms such as runny nose, sneezing, itchy eyes, scratchy throat and asthma (difficult breathing, coughing spells and wheezing). Rarely, shock may occur; however, a life-threatening reaction is seldom the first sign of latex allergy.

Products containing Latex

Note: MLHD Clinical Products and Corporate Support Unit have removed Non-sterile latex Examination Gloves from Inventory and replaced these with Nitrile (Latex Free) Examination Gloves. The tactile feel of the Nitrile gloves will be different and workers may need to use a larger size.

A wide variety of products contain latex: Medical supplies, personal protective equipment and numerous household objects. Most people who encounter latex products only through their general use in society have no health problems from the use of these products. Workers who repeatedly use latex products are the focus of this Factsheet.

The following are some examples of products that may contain latex: (Some of the listed products are available in latex-free forms.)

<table>
<thead>
<tr>
<th><strong>Emergency Equipment</strong></th>
<th><strong>Personal Protective Equipment (PPE)</strong></th>
<th><strong>Household Objects</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood pressure cuffs</td>
<td>Gloves</td>
<td>Car/truck tyres</td>
</tr>
<tr>
<td>Stethoscopes</td>
<td>Surgical masks</td>
<td>Motorcycle and bicycle</td>
</tr>
<tr>
<td>Disposable gloves</td>
<td>Goggles</td>
<td>handgrips</td>
</tr>
<tr>
<td>Oral and nasal airways</td>
<td>Respirators</td>
<td>Cartering</td>
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<tr>
<td>Endotracheal tubes</td>
<td>Rubber aprons</td>
<td>Swimming goggles</td>
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<tr>
<td>Dental dams</td>
<td></td>
<td>Racquet handles</td>
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<tr>
<td>Tourniquets</td>
<td></td>
<td>Shoe soles</td>
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<tr>
<td>Intravenous tubing</td>
<td></td>
<td>Expandable fabric (waistband)</td>
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<tr>
<td>Syringes</td>
<td></td>
<td>Dishwashing gloves</td>
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<tr>
<td>Electrode pads</td>
<td></td>
<td>Hot water bottles</td>
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<tr>
<td><strong>Misc. Items</strong></td>
<td><strong>Hospital Supplies</strong></td>
<td>Condoms</td>
</tr>
<tr>
<td>Poinsettia plants</td>
<td>Anaesthesia masks</td>
<td>Dental Dams</td>
</tr>
<tr>
<td>Chewing gum</td>
<td>Catheters</td>
<td>Diaphragms</td>
</tr>
<tr>
<td><strong>Office Supplies</strong></td>
<td>Wound drains</td>
<td>Balloons</td>
</tr>
<tr>
<td>Rubber bands</td>
<td>Injection ports</td>
<td>Pacifiers (dummies)</td>
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<tr>
<td>Erasers</td>
<td>Rubber tops of multi dose vials</td>
<td>Buttons on remote control units</td>
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</tbody>
</table>
Individuals who already have latex sensitivity should be aware of latex-containing products that may trigger an allergic reaction.

**Latex in the Workplace**

**Who is at risk of developing latex allergy?**
Health care workers are at risk of developing latex allergy because they use latex gloves. Workers with less glove use (such as housekeepers, hairdressers, and workers in industries that manufacture latex products) are also at risk.

**Is skin contact the only type of latex exposure?**
**NO.** Latex proteins become fastened to the lubricant powder used in some gloves. When workers change gloves, the protein/powder particles become airborne and can be inhaled. The LHD does not use powdered gloves, however you need to be aware and mindful of the products used at home (e.g. dishwashing / cleaning gloves etc.).

**Sources of exposure**
People who are sensitive to latex may have an allergic reaction if they come into contact with latex products, such as balloons, rubber bands, industrial gloves, rubber boots, shoes, condoms, dental dams, contraceptive sponges, adhesive tape, elastic bandages, tourniquets and bulb syringes.

Many fruits and foods have similar proteins to latex and can also cause allergic reactions. These foods include banana, avocado, chestnut, passionfruit, kiwi fruit, potatoes, tomatoes, figs, apples, celery, melons, pineapples, milk, papaya, grapes and pitted fruit.

**Routes of exposure**
There are various routes of exposure to latex:

- **Skin**
  Skin exposure can occur when handling latex products, for example, medical devices such as medical gloves, tourniquets and electrocardiogram electrodes, adhesive tapes, condom catheters and ileostomy bags.

- **Mucous membranes**
  Latex proteins contacting mucous membranes of the mouth, vagina, urethra or rectum can lead to severe reactions. This contact might happen during physical examinations.

- **Inhalation**
  Corn starch powder is applied to latex gloves during the manufacturing process to give the gloves a smooth feel and make them non-sticky. However, latex protein can adhere to the surface of the corn starch particles. When the person removes the glove, the corn starch powder is easily aerosolized and can cause asthmatic reactions if inhaled.

- **Intravascular**
  Exposure through intravascular administration of latex proteins can result from disposable syringe plungers, medications stored in vials with rubber stoppers and intravenous tubing with latex injection ports.

**How is latex allergy treated?**
Detecting symptoms early, reducing exposure to latex and obtaining early medical advice are important to prevent long-term health effects. Once a worker becomes allergic to latex, special precautions are needed to prevent exposures. Certain medications may reduce the allergy symptoms; **complete latex avoidance, although quite difficult, is the most effective approach.**
Are there other types of reactions to latex besides latex allergy?

**YES.** The most common reaction to latex products is **Irritant Contact Dermatitis** – the development of dry, itchy, irritated areas on the skin, usually the hands. This reaction is caused by irritation from wearing gloves and by exposure to the powders added to them. Irritant contact dermatitis is not a true allergy. **Chemical Sensitivity Dermatitis** results from the chemicals added to latex during harvesting, processing or manufacturing. These chemicals can cause a skin rash. Neither irritant contact dermatitis nor chemical sensitivity dermatitis is a true allergy.

**How can I protect myself from latex allergy?**

Take the following steps to protect yourself from latex exposure and allergy in the workplace:

1. Choose NON-LATEX gloves.

2. If you do not have any allergy symptoms and you choose latex gloves, only use powder-free gloves with reduced protein content.
   - Such gloves reduce exposures to latex protein and thus reduce the risk of latex allergy.
   - So-called hypoallergenic latex gloves do not reduce the risk of latex allergy. However, they may reduce reactions to chemical additives in the latex (allergic contact dermatitis).

3. Use appropriate work practices to reduce the chance of reactions to latex.
   - When wearing latex gloves, do not use oil-based hand creams or lotions which can cause glove deterioration.
   - After removing latex gloves, wash hands with a liquid neutral soap, running water and pat dry thoroughly using a paper towel.
   - Practice good housekeeping: frequently clean areas and equipment potentially contaminated with latex containing dust.

4. Take advantage of all latex allergy education and training resources provided and become familiar with procedures for preventing latex allergy.

5. Learn to recognise the symptoms of latex allergy: skin rash, hives, flushing, itching, and nasal, eye or sinus symptoms, asthma and (rarely) anaphylactic shock.

6. If you develop any of the symptoms listed, you need to complete the Latex Allergy Checklist with your manager and see your medical practitioner in the first instance for further advice.

**What if I think I may have latex Allergy?**

If at any time you develop symptoms of latex allergy, complete the *Latex Allergy Checklist* with your manager and avoid direct contact with latex gloves and other latex containing products until you can see your medical practitioner. Your medical practitioner may refer you to an allergy specialist.

Discuss with your manager what modifications can be made to the workplace to reduce the likelihood of you coming into contact with latex pending your appointment with your medical practitioner. (E.g. total removal of all latex gloves and other non-essential products that contain latex in your work environment).

If your medical practitioner confirms that you are suffering a latex allergy and has issued you with a NSW WorkCover Certificate of Capacity, ensure this is immediately provided to your manager to enable the Workers Compensation guidelines be followed.
What if I have a confirmed Latex Allergy?
If your Medical Practitioner/Allergy Specialist has confirmed you as suffering a Latex Allergy you will need to:-

- Follow the medical advice given at all times.
- If prescribed, carry your Epipen at all times.
- Continue to discuss the medical restrictions and any recommendations with your manager so workplace adjustments can be made in line with the recommendations.
- Take advantage of all latex allergy education and resources provided and become familiar with and follow all safe work practices and procedures that have been implemented to minimise the risk of exposure to latex.
- Advise work colleagues, family and friends of your latex allergy/sensitivity to reduce the risk of exposure to latex at social gathering etc.
- Conduct an audit of your own home, with assistance from family and friends; totally eliminate products containing latex from your home environment.
- Remember to declare you allergy status to all your health care providers. It is very important that you advise your surgeon, pathologist and dentist if you are to undergo any surgery or procedure where latex may be used.

Where it has been confirmed that you have a workplace related Latex Allergy and are required to carry an Epipen, approval in writing must be sought from the LHD Chief Executive for provision by the Local Health District or recoup of the cost of the Epipen whilst employed by the LHD.

This Factsheet has been prepared to provide a general awareness of the risks associated with Latex use. Information contained herein has been obtained from the following resources.

The Australasian Society of Clinical Immunology and Allergy - Latex Allergy
NIOSH Alert 97-135 - http://www.cdc.gov/niosh

If you have any queries or feedback regarding this document, please contact Gail Mathews on (02) 6023 7132 Maureen Strutt on (02) 6023 7132 or maureen.strutt@gsahs.health.nsw.gov.au

Forms for completion can be found in the 'Documentation for students on Clinical Placement’
Expectations of student behaviour

Before you can participate in the delivery of care to patients and/or residents, you need to understand the professional codes and guidelines that govern the profession. These will inform you of behaviours, attitudes and the general conduct that you will be expected to demonstrate while on clinical placement.

Professional Conduct

Professional behavior: Whilst on their clinical placement students are expected and encouraged to demonstrate professional behavior in the following ways:

- Behave in a respectful manner to supervisors, colleagues, patients and families
- Respect the dignity, culture, ethnicity, values and beliefs of people receiving care and treatment, and of their colleagues.
- Treat personal information obtained in a professional capacity as private and confidential. Students in particular need to be aware that confidentiality still applies after their placement has been completed
- Dress in a manner acceptable to the Health Service and in accordance with work health and safety principles
- Acknowledge and respond to constructive criticism
- Be sure to discuss any issue or incident that causes you concern on your placement with your Supervisor or your college or university coordinator.
- Provide impartial, honest and accurate information in relation to care and health care products.
- Support the health, wellbeing and informed decision making of people requiring or receiving care.

Unprofessional Conduct

In addition to the codes outlined above, education providers have obligations relating to unprofessional conduct. They are required to make mandatory notifications in relation to students if they, as the provider, reasonably believe a student enrolled with them has an impairment that, in the course of the student undertaking clinical training, may place the public at substantial risk of harm.

Impairment is defined, under Section 5 of the National Law, to mean the student has a ‘physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect the person’s capacity’, in this case, to undertake clinical training. Conduct that should be reported to Australian Health Practitioner Regulation Agency (AHPRA, 2010) includes:

- intoxication by alcohol or drugs while practicing or training in the profession
- engagement in sexual misconduct in connection with the practice or training of the profession
- an impairment that places the public at risk of substantial harm
- a significant departure from accepted professional standards that places the public at risk of harm
- deviation from the health profession’s codes and guidelines.

Professional boundaries

Professional boundaries are the limits that protect the space between the professional’s power and the client’s vulnerability. They define the difference between a professional, therapeutic relationship and a non-professional or personal relationship between a student and a person in their care. When a student crosses a boundary, they are generally behaving in an unprofessional manner and misusing the power in the relationship.

People who do not understand professional boundaries are at risk of breaching the codes of conduct and professionalism. You must always obtain informed consent from persons in your care, prior to undertaking any therapeutic, professional interaction.
Student performance guidelines

On all clinical rotations, students will be expected to:

- provide care with consideration for clients’ age, language and cultural, socioeconomic, spiritual, auditory, vocal and visual needs
- promote effective communication with clients, clinical staff and peers
- uphold privacy and confidentiality principles
- observe professional responsibilities and conduct oneself in a professional manner consistent with ethical and legal principles
- comply with infection control guidelines and occupational health and safety guidelines
- gain an understanding of how multidisciplinary teams function in each environment identify the roles and particular functions of the multidisciplinary teams in each clinical area they visit
- set personal and professional goals and actively seek learning opportunities
- be prepared to answer questions to explain the rationale for their care.

As you progress through your clinical placement rotations, your skills and knowledge will improve and you will gain a deeper understanding of the impact and relevance of the care you provide. For instance, there are different challenges in assisting with the hygiene of an elderly, frail individual compared to a young person immediately post-operative, with other considerations like managing the wound site, drain tubes and intravenous devices, etc.

It is important to remember that even if you have carried out a procedure competently once, you should take advantage of other opportunities to perform the procedure. Only through time and repetition can confidence grow. You always learn more about the procedure when performing it on different people in various settings. The validity of the assessment lies in being able to demonstrate competence in a number of clinical contexts.

Student tips on how to communicate with your supervisor

- Ask as many questions as you need. Mentors are usually happy to help and there is no such thing as a dumb question.
- Make sure you are polite, try not to get in their way and offer your help, for instance, to take some observations.
- Be prepared to follow, show interest in the routine and don’t take anything personally.
- Be friendly, open and get to know your mentor. It will make it easier to ask them questions.
- It helps to be confident and approachable.
- Always be proactive and ask them to explain procedures and their methods of doing things.
- Be assertive, but don't pretend that you know everything.
- Communicate by means of open-ended questions and paraphrasing. Also, ask them to explain differently or by different means, by showing or using another method.
- Listen and don't be afraid to ask questions. Remember that they were once in your position.
Day 1 orientation

Orientation day is about meeting your supervisor and staff, and finding out about the expectations of you, from your supervisor and the host organisation. The plan of how you are to be assessed will be discussed. It is the time for you to share the goals you have set for yourself, check to see if they are achievable in this setting and start working out strategies to achieve them.

Student survival tips

The best thing is to observe how the systems are run. Try to use what you have learnt and apply it, but take on board the way other people perform their jobs.

Remember you are guests in the facility. Take an interest in everyone and what is happening. Be aware of your body language, because it is just as important as what you say. Be polite and respectful at all times. The way you present yourself will have a great impact on how you are perceived by staff. Don’t forget that perception is their reality. If you are shy, outgoing and confident, or scared, people will make judgements about you. Therefore, you need to be aware of your own feelings and traits, and manage them to your best advantage. One strategy is that if you are shy, you should practice introducing yourself in a clear, concise manner with mild enthusiasm, ensuring that you smile and maintain eye contact.

When you arrive, it is important to be realistic. Just because staff don’t appear to be as excited about you being there as you might be, don’t take it personally. They may be preoccupied with concerns about a patient or a myriad of other activities that they are involved in and for them, supporting a student is one item on a list of many aspects of their day that they have to manage. Their priority is and should be their duty to care for the patients assigned to them.

What it means to be supernumerary?

Your presence is in addition to the regular staff, not a substitution for a member of staff. You are able to take time for learning or assessment activities and your supervisor will be able to continue caring for the patients in your absence.

This doesn’t mean you can stand back and watch. You are there to learn with all the duties, knowledge and skills that the role encompasses. This is your time to practice with the safety of being supervised and supported. If you are not paying attention and making an effort to understand what is happening and why, you may become a danger to the patients.

You are still accountable for your designated care. This means that even though you can leave the floor for assessment or other research purposes, you are required to check with your supervisor first and be prepared to hand over information to continue the patient’s care safely in your absence.

Sometimes students will focus on performing procedures or aspects of care with which they are familiar. By not stepping outside your comfort zone, you are cheating yourself of opportunities to learn and grow. This is likely to occur in an environment in which you feel overwhelmed. Students may also busy themselves with routine care tasks in the belief that lightening the staff’s workload will make them more popular, to try and fit in. Being well prepared for the placement will assist with these issues.
Should I answer that?

It is important to understand your role and limitations as a student. For example, if a relative asks about a patient’s condition, you should state you are a student and that you will get the nurse responsible to speak with them.

If you find yourself alone in the office when the phone rings, please answer it and be prepared to write down a message. Make sure you state your location, your name and designation. For example, ‘Hello, Ward 12, student Sally Jones speaking.’

You need to record the caller’s name and position (e.g. doctor, pharmacist, relative), the message, who the message is for, the date and time of the call. Then you note your name as the message taker, in case the recipient has any questions.

The guidelines for answering patient call systems (buzzers) may differ from ward to ward. Speak to your supervisor about what they expect of you if a patient rings the buzzer. Generally, it is important to be aware of what is happening in your allocated area.

If a buzzer in your area rings, please be prepared to assist by answering it promptly. Even if you are not able to help the patient with their enquiry or issue, answering promptly is reassuring to the patient. You can seek the assistance from your supervisor or another staff member. It is part of being a team. If you notice a patient from another area buzzing for some time, you can see what the concern is and follow up the enquiry with the allocated staff member.

You never know if a patient is calling because they have an urgent need, an emergency, or something simple like passing them a tissue. The point is, you won't know unless you go and check the patient!

Mobile phones

You are not to use your mobile phone at all while on duty. You cannot answer it or even send and receive text messages.

Student Placement Survey

This survey has been designed for students from all disciplines undertaking a placement within MLHD. The responses to the questions will be a valuable tool in assessing the Health Service’s placement program. The survey is anonymous and all the information provided will be treated confidentially.

Forms for completion can be found in the 'Documentation for students on Clinical Placement’ Please return your forms via email to: MLHD.CountryCareers@gsahs.health.nsw.gov.au
## Student Checklist

<table>
<thead>
<tr>
<th>Information required before commencement</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility details</td>
<td>Find out the name of the organisation/address/phone number/location and the contact person.</td>
</tr>
<tr>
<td>Facility amenities</td>
<td>Are you able to order lunch or do you need to bring your own?</td>
</tr>
<tr>
<td>Review facility website</td>
<td>History/their mission/services they provide. What is the closest public transport or parking and cost?</td>
</tr>
<tr>
<td>Type of placement</td>
<td>Rehab/acute/psychiatric/community.</td>
</tr>
<tr>
<td>Dates of placement and your roster</td>
<td>Include orientation day information. Make sure you know the start time/person to meet/meeting place.</td>
</tr>
<tr>
<td>Do a trial run to the facility</td>
<td>This will help you to ensure you get there on time.</td>
</tr>
<tr>
<td><strong>Documentation</strong></td>
<td>Ensure you have all of the following for your first day of placement.</td>
</tr>
<tr>
<td>National Criminal Record Check (NCRC)</td>
<td>All students must provide a National Criminal Record Check</td>
</tr>
<tr>
<td>WHS induction checklist</td>
<td>Ensure you have the checklist ready for your first day of placement. (refer attached documentation)</td>
</tr>
<tr>
<td>Latex allergy checklist</td>
<td>Make sure you have completed your section of the checklist. (refer attached documentation)</td>
</tr>
<tr>
<td>OASV requirements as per information sheet 2 PD2011_005.</td>
<td>See below</td>
</tr>
<tr>
<td>Student Undertaking /Declaration - OASV</td>
<td>In addition to your OASV documentation (refer ‘Documentation for students on Clinical Placement’)</td>
</tr>
<tr>
<td>Read the ‘CIRCULAR’ Student Training and Rights of Patients</td>
<td>(refer ‘Documentation for students on Clinical Placement’)</td>
</tr>
<tr>
<td>Completed the ‘Code of Conduct Agreement for Students undertaking Clinical Placement’</td>
<td>(refer ‘Documentation for students on Clinical Placement’)</td>
</tr>
<tr>
<td>Read and take with you for completion the ‘Privacy and Confidentiality Agreement for All Personnel’</td>
<td>You will need to read the agreement and the summary of the 15 Health Privacy Principles. Upon commencement you will need to sign the agreement and have your supervisor witness your signature.</td>
</tr>
</tbody>
</table>
Read the information on the Employee Assistance Program (EAP) | The Employee Assistance Program (EAP) is a voluntary and confidential counselling service paid for by your employer. (refer attached documentation)

Student Clinical Placement Checklist | To be completed on commencement by your supervisor. (refer attached documentation)

The day before your placement, ensure you have ready

| Uniform | • Covered shoes with non-slip soles.  
|         | • Clean, neat professional attire.  
|         | • Bare below the elbows.  
|         | *No jewellery, polish, shellac artificial nails or tips.*  
|         | • A plain wedding ring may be worn.  
|         | *No engraving or stones.*  

Roster

All the required documentation and copies of the documentation. | As above

Photo I.D Badge

Stationery items i.e. pens, calculator. Nurses fob watch.

Meal if required
INFORMATION SHEET 2. – Checklist: Evidence required from Category A applicants

Evidence required to demonstrate protection against the specified infectious diseases

1. Acceptable evidence of protection against specified infectious diseases includes:
   - a written record of vaccination signed by the medical practitioner, and/or
   - serological confirmation of protection, and/or
   - other evidence, as specified in the table below.
   - NB: the health facility may require further evidence of protection, eg serology, if the vaccination record does not contain vaccine brand and batch or official certification from vaccination provider (eg clinic/practice stamp)

2. TST screening is required if the person was born in a country with a high incidence of TB, or has resided or a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at: http://www.health.nsw.gov.au/Infectious/tuberculosis/Documents/countries-incidence.pdf.

3. In certain specialised clinical settings, for example, in transplant, oncology or neonatal wards, the health facility may require serological evidence of protection (in addition to evidence of vaccination or other evidence) to ensure that the risk to vulnerable patients is minimised.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Evidence of vaccination</th>
<th>Documented serology results</th>
<th>Other acceptable evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, tetanus, pertussis (whooping Cough)</td>
<td>One adult dose of diphtheria/ tetanus/ pertussis vaccine (dTpa). Not ADT.</td>
<td>Serology will not be accepted</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>History of completed age appropriate course of hepatitis B vaccine. Not “accelerated” course.</td>
<td>Anti-HBs greater than or equal to 10mIU/mL</td>
<td>Documented evidence of anti-Hbc, indicating past hepatitis B infection</td>
</tr>
<tr>
<td>Measles, mumps, rubella (MMR)</td>
<td>2 doses of MMR vaccine at least one month apart</td>
<td>Positive IgG for measles, mumps and rubella</td>
<td>Birth date before 1966</td>
</tr>
<tr>
<td>Varicella (chickenpox)</td>
<td>2 doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person was vaccinated before 14 years of age)</td>
<td>Positive IgG for varicella</td>
<td>History of chickenpox or Physician-diagnosed shingles (serotest if uncertain)</td>
</tr>
<tr>
<td>Tuberculosis (TB)</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Tuberculin skin test (TST)</td>
</tr>
<tr>
<td><em>Note:</em> interferon-gamma release immunoassay (IGRA) is not generally accepted. In the event that an IGRA has been performed, screening by TST will be required if the IGRA result is negative or equivocal. Persons with positive TST/IGRA must be fully assessed by a TB service within 3 months of commencement of clinical duties or clinical placement and must be asymptomatic when commencing clinical duties or clinical placement.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Influenza Annual influenza vaccination is not a requirement, but is strongly recommended