General Practice Staff Training Sheets

- Staff Training Sheets Checklist (this page)
- Privacy Statement
- Staff Immunisation Consent/Refusal Form
- Staff Induction Checklist 1 (First day)
- Staff Induction Checklist 2 (Induction & Training plan)
- Staff Induction Checklist 3 (Policies & Procedures)
- Triage Education for clinical and non clinical staff
- Cleaning and disinfecting of surgery surfaces
- Cleaning Spills
- Disposable Instruments
- Fridge Temperature Records
- Interpreter Services
- Safe disposal of sharps
- Infection Control
- Cleaning reusable Instruments and equipment
- Loading the steriliser
Staff Immunisation Consent / Refusal Form

Name: ___________________________ Date of Birth: ____________

Position: ___________________________

I confirm that I have read the Immunisation Fact Sheet supplied and I am aware that this surgery provides immunisation for diphtheria & tetanus, influenza, measles, mumps & rubella and chicken pox.

My choice is as follows:

☐ I agree to be immunised against (specify):

______________________________________________

Please list any known allergies to vaccines:

______________________________________________

☐ I have previously been immunised or have acquired immunity through past infection for the following diseases (specify):

______________________________________________

☐ I am aware of the risks involved in occupationally acquiring the vaccine-preventable diseases above and refuse to be immunised against the following ones (specify):

______________________________________________

Reason for refusal:

______________________________________________

Signed: ___________________________ Date: ____________

Declared before: ___________________________ (Print full name of first witness in block letters )

Job title: ___________________________ Date: ____________

Signed by witness: ___________________________ Date: ____________

Declared before: ___________________________ (Print full name of second witness in block letters )

Job title: ___________________________ Date: ____________

Signed by witness: ___________________________ Date: ____________
I, ___________________________ understand this practice’s requirement to protect the privacy of information as detailed below.

All patient records including clinical data, accounts, verbal discussions, written documents including those emanating from computers or facsimile machines heard, written, received or otherwise produced by others or myself, are deemed strictly private and confidential and are not to be discussed or in any way released to anyone except under instruction by the Practice Principal or designate, and according to privacy law*.

This privacy statement is binding even if I am no longer employed by this practice.

I understand and am aware of the confidentiality requirements and recognise that significant breaches of confidentiality may provide grounds for dismissal.

Signed: ___________________________ Date: _____ / _____ / _____

Declared before: ___________________________ (Print full name of first witness in block letters )

Job title: ___________________________

Signed by witness: ___________________________ Date: _____ / _____ / _____

* Victorian Health Records Act (2001)
### Staff Induction Checklist Part 1 - First Day

Tick off each item as it is completed.

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<tr>
<th><strong>PRACTICE ORGANISATION:</strong></th>
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<tbody>
<tr>
<td>Explain: History of practice &amp; general practice structure</td>
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<tr>
<td>Overview of philosophy and philosophy of practice, type of patients, areas of specialist care, etc</td>
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<tr>
<td>Introduction to all staff and their roles</td>
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<tr>
<th><strong>FACILITIES:</strong></th>
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<tr>
<td>Explain: Lunchroom, other staff facilities</td>
<td>☐</td>
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<tr>
<td>Smoking area (outside, at rear of building only)</td>
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<td>Car parking arrangements</td>
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<th><strong>WORKING CONDITIONS:</strong></th>
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<td>Explain: Working hours &amp; breaks, roster procedures, time sheets</td>
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<td>Method and timing of wage payment</td>
<td>☐</td>
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<td>Policy &amp; procedure for annual leave, sick leave, public holidays, etc.</td>
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<tr>
<td>Staff code of conduct</td>
<td>☐</td>
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<tr>
<td>Policies on alcohol/drugs, harassment, grievance procedures</td>
<td>☐</td>
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<tr>
<td>Use of phones, faxes, photocopiers, system for taking messages</td>
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<tr>
<th><strong>SAFETY &amp; PRIVACY INFORMATION:</strong></th>
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<td>Explain: General safety rules applicable</td>
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<td>First aid</td>
<td>☐</td>
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<td>Location of hazardous substances &amp; precautions for use</td>
<td>☐</td>
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<tr>
<td>Overview of Privacy policy</td>
<td>☐</td>
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<tr>
<td>Overview of medical &amp; non-medical emergency procedures</td>
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<tr>
<td>Blood and body fluid precautions.</td>
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<tr>
<th><strong>ONGOING INDUCTION PLAN:</strong></th>
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<tbody>
<tr>
<td>Explain: Job description, scope of role, terms &amp; conditions of employment</td>
<td>☐</td>
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<tr>
<td>Determine job-specific induction / training required</td>
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<tr>
<td>Document an induction &amp; training plan and time frame</td>
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**INITIAL INDUCTION COMPLETED FOR:** ____________________________

(Name)

Signed:

__________________________  ____________________________  ____________
Employee                     Inducting Officer        Date
# Staff Induction Checklist Part 2 - Induction & Training Plan

Use this form to plan induction and training required and the timeframe for completion. Print off an additional form if more room is required. Tick each item as it is completed.

## POLICIES AND PROCEDURES:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Time frame for completion</th>
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<tbody>
<tr>
<td><strong>Staff Induction Checklist Part 3 – Key Policies &amp; Procedures read &amp; understood.</strong></td>
<td>□</td>
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<tr>
<td>Additional job-specific procedures</td>
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## USE OF PRACTICE EQUIPMENT & SYSTEMS:

<table>
<thead>
<tr>
<th>Item</th>
<th>Time frame for completion</th>
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<tbody>
<tr>
<td>Office equipment eg telephone</td>
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<tr>
<td>Patient records systems &amp; procedures</td>
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<td>Computer hardware &amp; software</td>
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<td>Accreditation process &amp; responsibilities</td>
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<td>Local networks &amp; professional support</td>
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<td>HIC item numbers &amp; billing</td>
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<tr>
<td>Appointment Systems</td>
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<td>Medical equipment</td>
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<tr>
<td>Systems to follow up test results and referrals</td>
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<tr>
<td>Handwashing and other practice facilities</td>
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<tr>
<td>Others: List</td>
<td>□</td>
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</tbody>
</table>

## OTHER TRAINING REQUIRED:

<table>
<thead>
<tr>
<th>Item</th>
<th>Time frame for completion</th>
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<tbody>
<tr>
<td>CPR</td>
<td>□</td>
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<tr>
<td>Generating reminder/recalls</td>
<td>□</td>
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<tr>
<td>Instrument cleaning</td>
<td>□</td>
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<tr>
<td>Application of Standard precautions in General Practice</td>
<td>□</td>
</tr>
<tr>
<td>Vaccine Cold chain requirements</td>
<td>□</td>
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</tbody>
</table>

## INDUCTION COMPLETED FOR: ________________________________ (Name)

Signed:

____________________________________  ____________________________________________  ____________________________
Employee  Inducting Officer  Date
Staff Induction Checklist Part 3 - Key Policies & Procedures

All staff must read the Policy and Procedure Manual and familiarise themselves with the policies and procedures of the practice as soon as possible after employment at this practice.

The policies listed below are included in your employee handbook and you are required to read and understand them prior to working independently at this medical practice. If you have any questions you want to discuss about these procedures your supervisor or a doctor from the practice is available upon request.

The inducting officer and the employee must complete the following checklist within the orientation period. A copy should be given to the new employee and the original kept in the Staff Records file.

INFECTIOUS DISEASES PROCEDURES:
Throughout the course of work in a medical practice, you will come into contact with people who may have infectious diseases. The occupational health and safety risks are reduced if you have an understanding of your obligations and responsibilities when working around infectious diseases.

Tick to indicate the staff member named below has demonstrated competency in:

- Principles of infection control
- Blood and Body Fluid Spills
- Management of waste
- Sharps disposal
- Standard Precautions & additional Precautions
- Personal Protective Equipment
- Staff Immunisation
- Cleaning Service

MEDICAL & NON-MEDICAL EMERGENCIES:
At times our staff members need to know what to do in the event of an emergency. If a patient presents with an emergency condition or appears psychologically or physically distressed our staff are aware of the appropriate course of action and are familiar with the areas allocated to take such patients.

Tick to indicate the staff member named below has demonstrated competency in:

- Medical Emergencies and Urgent Queries including the Triage Guide and protocols
- Non Medical Emergencies
- Security
- After hours arrangements
- Non English speaking background patients

INCIDENT REPORTING:
The occupational health and safety law requires the prompt and correct reporting and documentation of any incidents that occur within the workplace.

Tick to indicate the staff member named below has demonstrated competency in:

- Incidents and Injury and Adverse Patient Events
- Sharps Injury Management and other body fluids
- Complaints
**PATIENT INFORMATION:**

As part of working in a medical practice, our staff have access to information about patients that is personal, private and confidential. Care must be taken when dealing with this information to maintain the patient’s privacy and treat the patient with courtesy and respect at all times.

Tick to indicate the staff member named below has demonstrated competency in:

- Patient Rights
- Telephone & electronic communication
- Practice Information Sheet
- Privacy
- Privacy & 3rd Party Access to Personal Health Information
- Request for Personal Health Information under the Privacy Legislation
- Medical Records Administration Systems
- Follow up of Tests, Results and Referrals
- Computer security
- Appointments
- Directory of local health and community services

**STAFF CONDUCT:**

Our staff represent the practice when dealing with the public and are expected to conform to standards of behaviour and conduct.

Tick to indicate the staff member named below has demonstrated competency in:

- Staff code of conduct
- Disciplinary Process
- Equal Opportunity, Bullying and Harassment
- Smoking Drugs and alcohol

I, ___________________________ (Name of new employee) have received an explanation and had an opportunity to read all of the items on page 1 and 2 of the ‘Staff Induction – Key Policies and Procedures’ and acknowledge that I understand the content of the items above. I agree to abide by the procedures in the policy and procedure manual.

Signed:

____________________  ______________________  ________________
Inducting Officer        Employee               Date
Cleaning and disinfecting of surgery surfaces.

As part of infection control, all hard surfaces in the common areas of the surgery are to be cleaned twice a day by staff.

Cleaning schedule:

At noon by morning staff
=> before afternoon appointments

**Cleaning specifications (Manual section ____)**

Clinical detergent should be used for all surfaces throughout the surgery, including the cleaning of floors and walls. Clinical detergent can be diluted with water and used as a spray in provided spray bottles. These bottles need to be emptied and left to dry at the end of each day. Prepare solution as per instructions on clinical detergent label.

Paper towel should be used for all surfaces and disposed of appropriately.

General-purpose gloves should be used for all cleaning procedures. Protective eye wear and aprons should also be used if splashing is a risk.

Trolleys and treatment room benches in particular need to be sprayed with clinical detergent throughout the day to prevent contamination.

The treatment and pathology areas are to be wiped down after each use by the staff member using the area.

Your input and cooperation in this matter are greatly appreciated.

Please contact the practice manager if you have any questions or concerns.

----- o -----  

**Staff Development**

I, ___________________ have been trained in ___________________ and am now competent in performing duties related to this topic. I have had verbal instruction/hands-on training and have read the appropriate policy and procedures in relation to this topic.

Staff Signature ______________________  date __________

**Cleaning Spills**

**General Spill Procedures if a spill occurs**
Note: For chemical spills consult the Material Safety Data Sheet (MSDS) on file in the back office if the hazards are not immediately known.

1. Place barricades or obstacles to prevent persons from tracking through the spilled material and to prevent the spreading of the spill as well as to prevent someone from slipping.
2. Call for assistance.
3. Put on gloves and goggles.
4. Pour the “kitty litter” (absorbing pebble-like product) from the bag in the kit around the spill and over it to start the absorption process.
5. Add absorbent as needed to contain the spill. When the kitty litter is fully saturated (has absorbed the moisture), it will appear dark and wet.
6. Sweep or scoop up the contaminated absorbent and place it into the disposal bags.
7. Mix clinical detergent as per label instructions and apply to the area.
8. Dry the area.
9. Dispose of the product properly.

PLEASE NOTE THE FOLLOWING: Be prepared to respond immediately to any spill situation. Keep a complete spill kit with instructions readily available at the main practice areas.

PERSONAL PROTECTIVE EQUIPMENT (PPE) - Keep a handy supply of PPE to protect hands, eyes, skin, ears, head, feet and lungs (i.e. gloves, goggles, apron, face mask, etc.)

Staff Development

I, __________________ have been trained in __________________ and am now competent in performing duties related to this topic. I have had verbal instruction/hands-on training and have read the appropriate policy and procedures in relation to this topic.

Staff Signature ______________________ date __________
Disposable Instruments

This surgery will only stock disposable instruments.

All disposable items have expiry dates on them and are to be checked and rotated monthly as part of our perishable items check.

Please ensure these items are treated with care. If you notice that the integrity of the packaging of any of these items has been compromised in any way please quarantine immediately and inform the practice manager or nurse in charge.

Your input and cooperation in this matter are greatly appreciated.

Please contact the practice manager if you have any questions or concerns.

----- o -----  

Staff Development

I, ___________________ have been trained in ___________________ and am now competent in performing duties related to this topic. I have had verbal instruction/hands-on training and have read the appropriate policy and procedures in relation to this topic.

Staff Signature ______________________  date __________
Fridge Temperature Records

Fridge temperatures are recorded **EVERY DAY.**

Which means that **whoever opens the surgery in the morning** (nurse or receptionist) is responsible for recording the “Morning Temperatures” and whoever closes the surgery in the afternoon or evening is responsible for the “Afternoon Temperatures”.

The process takes less than one minute so it shouldn’t be a huge inconvenience.

How to do it:

1. **Ensure the Temp Record sheet on the Fridge is up to date (current month).**
   
   If it isn’t, please remove and place in the **vaccine fridge log** located in the office. Put the old filled out form in the “used sheets” sleeve and grab a new form to put on fridge.

2. Record numbers on the sheet followed by your initials.

3. Reset the thermometer and you’re done!

   **If there has been a cold-chain breach (Temperature outside 2-8 degrees) you must advise the Nurse on Roster immediately and then call DHS for instructions: 1300 882 008.**

**IT IS THE RESPONSIBILITY OF ALL STAFF TO MAKE SURE FRIDGE TEMPS ARE CHECKED AND RECORDED EVERY DAY!!!!**

![Fridge Image]

**THANKS!**

----- o -----  

**Staff Development**

I, ___________________ have been trained in ___________________ and am now competent in performing duties related to this topic. I have had verbal instruction/hands-on training and have read the appropriate policy and procedures in relation to this topic.

Staff Signature ______________________ date __________
Twice Daily Vaccine Fridge Temperature Chart

The acceptable temperature range is +2°C to +8°C - but… *Strive for five!* (+5°C)

Please record current, minimum and maximum temperatures then reset the thermometer.

<table>
<thead>
<tr>
<th>MONTH</th>
<th>YEAR</th>
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<table>
<thead>
<tr>
<th>Date</th>
<th>Morning Temperature</th>
<th>Comments/ Initials</th>
<th>Afternoon Temperature</th>
<th>Comments/ Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Current MIN MAX</td>
<td></td>
<td>Current MIN MAX</td>
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**Abbreviations:**

- VO - Vaccines ordered
- FD - Freezer defrosted
- TTD - Thermostat turned down
- WE - Weekend
- VD - Vaccine delivered
- TTU - Thermostat turn up
- BC - Battery on thermometer changed
- PH - Public holiday
- DO - Door opened for extended time
- CF - Cleaning/ wiping of inside of fridge
- TC - Thermometer calibrated

**IMPORTANT !!**

- If fridge temp is below +2°C or above +8°C, contact the Department of Health as soon as possible. Do not use or discard these vaccines until you have received advice from DHS.
- If the minimum temperature is +2°C, your fridge is operating at the lower limit of the acceptable range, you should inform the Practice Manager and potentially consult with the fridge technician to prevent a breach due to fridge malfunction.
Infection Control Guidelines

Infection is caused by pathogens ('bugs') such as bacteria, viruses, protozoa or fungi getting into or onto the body.

It can take some time before the microbes multiply enough to trigger symptoms of illness, which means an infected person may unwittingly be spreading the disease during this incubation period.

Transmission of infection - Infectious agents can be spread in a variety of ways, including:

- **Airborne** - coughs or sneezes release airborne pathogens, which are then inhaled by others.
- **Contaminated objects or food** - the pathogens in a person's faeces may be spread to food or other objects, if their hands are dirty.
- **Skin-to-skin contact** - the transfer of some pathogens can occur through touch, or by sharing personal items, clothing or objects.
- **Contact with body fluids** - pathogens in saliva, urine, faeces or blood can be passed to another person's body via cuts or abrasions, or through the mucus membranes of the mouth and eyes.

Personal hygiene practices
Infection control procedures relating to good personal hygiene include:

- **Hand washing** - the spread of many pathogens can be prevented with regular hand washing. You should thoroughly wash your hands with water and soap for at least 15 seconds after visiting the toilet, before preparing food, and after touching clients or equipment. Dry your hands with disposable paper towels.
- **Unbroken skin** - intact and healthy skin is a major barrier to pathogens. Any cuts or abrasions should be covered with a waterproof dressing.
- **Gloves** - wear gloves if you are handling body fluids or equipment containing body fluids, if you are touching someone else's broken skin or mucus membrane, or performing any other invasive procedure. Wash your hands between each client and use fresh gloves for each client where necessary.

Food preparation
When preparing food, you should:

- Wash your hands before and after handling food.
- Avoid touching your hair, nose or mouth.
- Keep hot food hot and cold food cold.
- Use separate storage, utensils and preparation surfaces for cooked and uncooked foods.
- Wash all utensils and preparation surfaces thoroughly with hot water and detergent after use.
Cleanliness in the workplace
Infection control procedures relating to cleanliness in the workplace include:
  - Regularly wash the floors, bathrooms and surfaces - such as tables and bench tops - with hot water and detergent.
  - Wash - walls and ceilings periodically.
  - Mops, brushes and cloths should be thoroughly washed and dried after every use. Drying mops and cloths is particularly important, since many pathogens rely on moisture to thrive.
  - Use disinfectants to clean up blood and other spills of bodily fluids.
  - When using disinfectants - always wear gloves, clean the surfaces before using the disinfectant, and always follow the manufacturer's instructions exactly.
  - Spot clean when necessary.

Handling needles and other sharp contaminated objects
Infection control procedures when handling needles and other sharp contaminated objects include:
  - Never attempt to re-cap or bend used needles.
  - Handle by the barrel.
  - Place in an appropriate puncture-proof container, which is yellow and labeled 'Danger contaminated sharps' and marked with a black biohazard symbol.

Things to remember
  - Infection control in the workplace aims to prevent pathogens being passed from one person to another.
  - The foundation of good infection control is to assume that everyone is potentially infectious.
  - Basic infection control procedures include hand washing and keeping the workplace clean.

Staff Development
I, ___________________ have been trained in ___________________ and am now competent in performing duties related to this topic. I have had verbal instruction/hands-on training and have read the appropriate policy and procedures in relation to this topic.

Staff Signature ______________________  date __________
Interpreter services

The Doctors Priority Line is a fee free service for eligible doctors or specialists to help them communicate with patients who do not speak English. It provides a prompt telephone interpreting service for medical practitioners and their eligible patients.

Who can use the Doctors Priority Line?
The Doctors Priority Line is provided to assist doctors with their non-English speaking patients. The Department of Immigration and Multicultural and Indigenous Affairs, through TIS (Translating and Interpreting Service) provides this fee-free service, in order to help provide better access to health care for certain non-English speaking people. The Doctors Priority Line provides prompt telephone interpreting services for eligible medical practitioners in private practice.

Call 1300 131 450

24 hours a day, 7 days a week, anywhere in Australia for the cost of a local call.

Which doctors are eligible?

Any doctor that meets the following criteria can use the service:
The consultation must be claimable under Medicare.
The doctor must be consulting as a medical practitioner in private practice.
If you have not called 1300 131 450 previously you will be provided with a client number which you will be required to use in future calls.
The service must be provided to a non-English speaking permanent resident or Australian citizen.

When using the Doctors Priority Line
You can call Telephone Interpreter Service (TIS) from any ordinary phone. This is adequate for emergency or occasional calls.
If you regularly deal with patients who do not speak English, you should consider using a hands free telephone or dual handset (two telephones connected to one telephone line) or an adaptor to enable efficient communication.
When using an ordinary phone, speak to the interpreter then hand the telephone back to the patient.
When using a dual handset or a hands free telephone, sit facing your patient.

Before the consultation
Introduce yourself to the interpreter.
Brief the interpreter and describe the type of telephone equipment you
are using and where you are (private rooms, hospital ward etc). Introduce yourself and the interpreter to the patient.

**During the consultation**

Speak in the first person (say "How do you feel?" rather than "Ask her how she feels").

Do not have private conversations with the interpreter in the patient's presence - do this before they arrive or after they leave.

Pause often to allow the interpreter to speak.

Keep the amount to be interpreted short.

Choose your words carefully and use an appropriate tone of voice.

Sit facing your patient.

Be aware of your body language and use plenty of non-verbal reassurance, smiles and other gestures of encouragement.

Speak in a natural tone of voice - it is a language problem you are dealing with, not a hearing difficulty.

If the consultation is going to be a long one (recommended no more than an hour), make sure you give the interpreter a few minutes break on the half hour.

Clearly indicate the end of the session to the interpreter.

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**Staff Development**

I, ___________________ have been trained in ___________________ and am now competent in performing duties related to this topic. I have had verbal instruction/hands-on training and have read the appropriate policy and procedures in relation to this topic.

Staff Signature ______________________ date __________
Safe Disposal of Sharps
For more information refer to manual section 8

In order to minimise the risk of injury to both staff and patients, and prevent the possible transmission of disease by discarded sharps:

All staff members who generate a sharp are responsible for the safe disposal of that sharp. This responsibility cannot be delegated.

All sharp items contaminated with blood and body fluids are regarded as a source of potential infection.

Sharps may be defined as any object or device that could cause a penetrative injury.

- all needles/syringes
- scalpel blades
- other sharp items such as razor blades, pins used for neurosensory testing, skin lancets, stitch cutters, broken glass, etc.

Procedure

The following procedures are undertaken when disposing of sharps:

- The person using the sharp is legally responsible for its safe disposal
- Sharps must be disposed of immediately or at the end of the procedure whichever is most appropriate
- Sharps must be placed in a yellow puncture-resistant container bearing the black biohazard symbol (AS 4031)
- Used sharps must not be carried about unnecessarily
- Injection trays must be used to transport the needle and syringe to and from the patient
- **Needles and syringes must be disposed of as one unit**
- Needles must not be recapped (unless using specifically designed equipment)
- Needles must not be bent or broken prior to disposal
- Containers must not be overfull as injuries can occur whilst trying to force the sharp into a too full container – close container securely when ¾ full
- The lid must be sealed once the container is full. For push-on lids, use both hands and apply pressure only to the edges of the lid
- Sharps disposal units must be conveniently placed in all areas where sharps are generated
- Sharps containers must not be placed on the floor or in areas where unauthorised access or injury to children can occur
- Sharps containers must not be placed directly over other waste or linen receptacles
• Assistance must be obtained when taking blood or giving injections to an uncooperative patient or to a child.

All filled sharps disposal containers are treated as other contaminated waste. They are sealed and placed in the large contaminated waste bin.

Please make note of the poster regarding Needle stick injury and Blood/Body substance occupational exposure guidelines located in both treatment and pathology rooms. More information is also available in the Policy manual section 8.

Your input and cooperation in this matter are greatly appreciated.

Please contact the practice manager if you have any questions or concerns.

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**Staff Development**

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Staff Signature ______________________  date __________
Triage education for clinical and non-clinical staff

In general practice the receptionist plays a vital role in determining the priority of need for each patient, whether it is in person or on the telephone.

Our Triage Support Guide consists of a quick reference **wall chart** and a triage support **handbook**.

- This guide will help you **categorise** patients into different levels of priority based on the symptoms described or observed.
- Once the category is determined, the prompts on the wall chart guide appropriate actions, such as whether to interrupt the GP immediately or discuss with GP or nurse as soon as possible.
- For “phone ins” suggested advice, such as, calling an ambulance, going to casualty or coming into the surgery, is also listed according to the category selected.

The handbook offers advice about initial first aid and also alerts possible changes in patient’s symptoms that might require re-prioritizing a patient to a more urgent category.

The wall chart is located next to the phones for easy access.
The handbook is located next to the computers of the front desk.

Staff are encouraged to familiarise themselves with these charts as well as ask any questions you may have at any time so you can ensure you feel comfortable with the process.

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Staff Development

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Staff Signature ______________________  date __________
# Cleaning reusable Instruments and equipment

All staff cleaning reusable items must:

- Wear appropriate PPE
- Use equipment as specified
- Have received appropriate formal or in house training.
- Be appropriately immunized or informed about it.

Our practice follows this procedure for all instruments and equipment that is going to be reused for patient care.

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Wash hands with liquid soap and dry thoroughly with paper or single use towel.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 2</td>
<td>Put on personal protective equipment including goggles, plastic apron and heavy duty kitchen gloves.</td>
</tr>
<tr>
<td>Step 3</td>
<td>During or immediately after use open instruments and, dry- or damp-wipe off gross soil. Rinse the item under gently running tepid water over the clean sink.</td>
</tr>
<tr>
<td>Step 4</td>
<td>If unable to clean instruments immediately, open instruments and soak in a container with a lid in tepid water and detergent until they can be cleaned. Clean instruments as soon as possible as prolonged soaking damages instruments. Use fresh water and detergent</td>
</tr>
<tr>
<td>Step 5</td>
<td>Prepare dirty sink/basin by filling with sufficient tepid water and the correct amount of detergent to cover the items being washed.</td>
</tr>
<tr>
<td>Step 6</td>
<td>Thoroughly wash each instrument in the dirty sink/basin to remove all organic matter. Open and disassemble items to be cleaned. Keeping items under the waterline to minimise splashing and droplets, scrub items with a clean, firm-bristled nylon brush. Use a thin brush to push through lumens, holes or valves.</td>
</tr>
<tr>
<td>Step 7</td>
<td>Rinse the washed instruments in gently running hot water over the clean sink/basin.</td>
</tr>
<tr>
<td>Step 8</td>
<td>Inspect instruments to ensure they are clean. Look at hinges, handles and working surfaces.</td>
</tr>
<tr>
<td>Step 9</td>
<td>Place each washed instrument on a clean lint free cloth or surface and repeat the above process until all instruments have been cleaned and rinsed.</td>
</tr>
<tr>
<td>Step 10</td>
<td>Carefully discard dirty water down the sink. If using a container, aim to pour the dirty water directly into the plughole rinsing the sink afterwards with running water.</td>
</tr>
<tr>
<td>Step 11</td>
<td>Wash cleaning brushes/cloths with detergent and tepid water after every use. Hang to dry. Can consider sterilising these in the last load of the day.</td>
</tr>
<tr>
<td>Step 12</td>
<td>Wash the dirty and clean sink/basin by rinsing it with tepid water and detergent. Wipe down the sink/basin with a disposable towel.</td>
</tr>
<tr>
<td>Step 13</td>
<td>Remove kitchen gloves and replace with non sterile disposable gloves...Carefully dry each instrument with a clean, lint free cloth. Do not allow to air dry.</td>
</tr>
<tr>
<td>Step 14</td>
<td>Remove and Clean personal protective equipment by washing or wiping down and drying.</td>
</tr>
<tr>
<td>Step 15</td>
<td>Wash hands with liquid soap and dry thoroughly with paper or single use towel.</td>
</tr>
</tbody>
</table>
**Packaging items:**

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
<td>Visually check items have been cleaned and dried, and are in good working condition and free of rust or surface damage</td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td>If your workplace uses specific sets then group items according to your protocols.</td>
</tr>
</tbody>
</table>
| **Step 3** | Insert the items into the package considering the following principles  
- Ensure package is the appropriate size for required items  
- Open and unlock items with hinges or ratchets  
- Package in a manner that prevents damage to items or injury to end user and facilitates steam movement across the surface of items  
- Use tip protectors if necessary to prevent sharp instruments from perforating the packaging |
| **Step 4** | Check each package has a class 1 indicator integrated on the packaging. (Steriliser indicator tape or a separate class 1 indicator must be used if absent on the packaging material.) |
| **Step 5** | **Select Option 1** Remove peel-off strip from pouch, and fold precisely along the marked line to seal the pouch  
**Or Option 2:** Cut packaging from roll and fold each end over twice. Apply sterilisation tape (usually has a class 1 indicator stripe) to seal over the fold extending it around the edge of the package. |
| **Step 6** | Use a felt-tip, non-toxic, solvent-based marker pen to label the pack with:  
- initials of the person packaging the item  
- date of sterilisation & load number (this may be added prior to loading the steriliser if not known)  
- contents of the package (if opaque packaging). |
| **Step 7** | Inspect pack to ensure packaging material is intact. |

**Step 6**  
Store item/s in a container with lid, cupboard or drawer, clearly marked as “unsterile items” until ready to load into the steriliser.

**Staff Development**

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Staff Signature ___________________ date __________
Loading the sterilizer

**Our practice follows this process when loading the steriliser:**

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>Load items into the steriliser following these points: allow enough space between each item to allow air removal, steam penetration and drying to occur, do not crush items together, do not allow items to touch the floor, top or walls of the chamber. Follow the pattern of loading described in the practice validation protocol when doing a full load.</td>
</tr>
<tr>
<td>Step 2</td>
<td>Fill the chamber with or ensure reservoir has sufficient deionised/demineralised water as per the manufacturer’s instructions.</td>
</tr>
<tr>
<td>Step 3</td>
<td>If the steriliser allows you to select different loads check that the appropriate load parameters are selected.</td>
</tr>
<tr>
<td>Step 4</td>
<td>Monitor the sterilisation process by one of the following: automatic printout or computerised data logger download (records at a minimum of 60 second intervals), use of a class 4, 5 or 6 chemical indicator with every cycle, manually record time and temperature throughout the cycle at least every 30 seconds.</td>
</tr>
<tr>
<td>Step 5</td>
<td>Close and secure chamber door as per manufacturer’s instructions.</td>
</tr>
<tr>
<td>Step 6</td>
<td>Press “Start” button or relevant button to commence the cycle as per manufacturer’s instructions.</td>
</tr>
</tbody>
</table>

**Our practice follows this process when unloading the steriliser:**

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>When cycle is complete, check printout, data logger, or Class 4, 5 or 6 chemical indicator to ensure the temperature has reached the parameters of at least 3 minutes at 134°C and stayed above 134°C for the specified period determined during penetration study. Note a minimum of 3 minutes at 134°C is required for unwrapped goods. For wrapped, packed or pouch items, these measurements need to be confirmed by a technician, known as penetration time and time at temperature testing at validation.</td>
</tr>
<tr>
<td>Step 2</td>
<td>Circle and sign these parameters on the printout and attach to the sterilisation log.</td>
</tr>
<tr>
<td>Step 3</td>
<td>Open the steriliser door to its maximum to allow contents to cool.</td>
</tr>
<tr>
<td>Step 4</td>
<td>Turn off electricity or as per manufacturer’s instructions.</td>
</tr>
<tr>
<td>Step 5</td>
<td>Wash hands with liquid soap and dry thoroughly with paper or single use towel or put on clean, dry gloves. Use gloves specifically designed for removing hot sterilising racks from the chamber to prevent staff receiving burns.</td>
</tr>
</tbody>
</table>
| Step 6 | Visually examine packages to ensure that:  
  - the load is dry  
  - the packages are intact  
  - The indicators have changed colour. Any items that are dropped on the floor, torn, wet or have broken or incomplete seals are contaminated and must be repackaged and reprocessed. |
| Step 7 | Take items from the sterilising chamber and place on a cooling rack on a clean field until cool (or allow items to cool inside the chamber once packages have been checked).                                                                 |
| Step 8 | Record details in the sterilisation log.                                                                                                                                                                           |

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Staff Signature ______________________  date __________