

<b>Application for Employment – Agency Nurse</b>
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Are you currently employed with Sydney West Area Health Service (SWAHS):      Yes ( )      No ( )

Have you previously been employed by Wentworth or Western Sydney AHS:      Yes ( )      No ( )

**SECTION ONE:** (To be completed by the Agency Employee)

**Personal Details:**

Title: (please tick ✓)	Mr ( )	Mrs ( )	Miss ( )	Ms ( )
Gender: (please tick ✓)	Male ( )	Female ( )		
Surname:				
Given Names:				
Former Names: (if applicable)				
Address:				
Date of Birth:				
Employment Classification:				
Home/Private Number:		Mobile Number:		
<i>* If you are not an Australian Citizen, you will be required to produce evidence that you are legally entitled to work in Australia</i>				

**Emergency Contact:**

Name:				
Address:				
Home/Private Number:				
Business Number:		Mobile Number:		

**APPLICANT'S DECLARATION:** (Please Read Carefully Before Signing)

- Do you have an active Workers Compensation claim lodged?      Yes ( )      No ( )
- Do you have a disability arising from a Workers Compensation claim?      Yes ( )      No ( )
- Are you aware of any circumstances regarding your health which may interfere with the satisfactory discharge of the duties of the position for which you are now applying?      Yes ( )      No ( )
- I understand that I may be required to undergo a medical assessment.      Yes ( )      No ( )
- I understand that any discussion or disclosure of records or information concerning patients or staff is a serious breach of confidentiality and may result in disciplinary action which may lead to instant dismissal.      Yes ( )      No ( )

If you have answered "YES" to any of the above questions, please give details:

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**SECTION TWO:** (To be completed by the Agency Employee)

**Superannuation Details:**

Are you a member of:    ( ) SASS    ( ) State Super Fund    ( ) First State Super    ( ) Hesta    ( ) Other If you are a member of SASS, State Super Fund or First State Super – Membership number: _____ If you have ticked 'Other', do you wish to remain with your current fund:    ( ) Yes    ( ) No If you have ticked 'No', a FIRST STATE FUND will automatically be opened for you. If you have ticked 'Yes' to remain with your current fund, please provide:	
Superannuation Fund Name:	
Superannuation Fund Address:	
Superannuation Fund Contact Number:	
Superannuation Fund Membership Number:	
If your current fund is not on the SWAHS System, Payroll Services will contact you to obtain a 'Certificate of Compliance' from the Fund. Until this certificate is received, your superannuation will be forwarded to First State which will open an account for you. Unless you wish to have more than one superannuation fund, you will be required to roll over your First State Funds into your current superannuation fund.	

**Banking Details:** (whole net pay) Must be a Bank or Financial Institution within NSW

Name of Financial Institution:	
Account Name:	
BSB Number: (must be 6 digits)	
Account Number:	
I accept full responsibility for the accuracy of the BSB and account numbers supplied by me to SWAHS	

I hereby certify that I have read the above statements and understand them. The information provided above is to the best of my knowledge true and accurate in every detail. I agree to the relevant employment screening checks be undertaken.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ANY STATEMENT FOUND TO BE FALSE WITHIN THIS APPLICATION AND WITHIN THE KNOWLEDGE OF THE APPLICANT WILL MAKE HIM OR HER, IF EMPLOYED, LIABLE TO DISMISSAL.

**SECTION THREE:** (To be completed by Nursing Manager/Department Manager)

**Commencement Date:**

Agency:	
Facility:	
Agency Cost Centre:	

**APPROVAL TO APPOINT**

Signature of Delegated Officer: \_\_\_\_\_ Date: \_\_\_\_\_

**Employee Services Unit:**

Employee Number:		Commencement Date:		Classification:		Year of Service:	
EUDF Screen ( ) EPD Screen ( ) ESD Screen ( ) EALL Screen ( ) EDED Screen ( ) EBANK Screen ( )							
Entered on Supero ( )							

<b>Checklist to be Completed Prior to Commencement</b>
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To be completed by Authorising Officer:

- |   |         |        |
|---|---------|--------|
| • Criminal Record Check Consent Form (completed by Applicant)                                   | Yes ( ) | No ( ) |
| • Medical Clearance from Agency (cop attached)  | Yes ( ) | No ( ) |
| • SWAHS Medical Questionnaire (completed by Applicant)  | Yes ( ) | No ( ) |
| • Confidential Employee Screening and Vaccination Record (completed by Applicant)               | Yes ( ) | No ( ) |
| • Prohibited Employment Declaration (completed by Applicant)                                    | Yes ( ) | No ( ) |
| • Working with Children Check Advice (provided by Agency)                                       | Yes ( ) | No ( ) |
| • Proof of Identity Checklist (completed by Authorising Officer)                                | Yes ( ) | No ( ) |
| • Certification from Agency that the Applicant has undergone OH&S Training                      | Yes ( ) | No ( ) |
| • Tax File Number Declaration (completed by Applicant)  | Yes ( ) | No ( ) |
| • Banking Details (completed by Applicant)  | Yes ( ) | No ( ) |
| • Original Registration (sited by Authorising Officer and a copy provided)                      | Yes ( ) | No ( ) |
| • Proof of Years of Service (Agency to advise AHS of Yr of Service)                             | Yes ( ) | No ( ) |
| • Applicant to provide Service Record Book, Certificate of Service and/or Statutory Declaration | Yes ( ) | No ( ) |
| • Enrolled Nurse Drug Administration Certificate (if applicable)                                | Yes ( ) | No ( ) |

To be completed by Applicant:

- |  |         |        |
|--|---------|--------|
| • I acknowledge receipt of the Agency Nurses Orientation Package | Yes ( ) | No ( ) |
| • I have read and understand the SWAHS Code of Conduct           | Yes ( ) | No ( ) |

All documentation must be completed to enable payment. It is the responsibility of the Applicant to ensure that all documentation provided is accurate and complete.

\_\_\_\_\_  
Applicant's Signature

*Any incomplete documentation will be returned to the Authorising Officer for follow up.*

\_\_\_\_\_  
Authorising Officer Name (please print)

\_\_\_\_\_  
Telephone Extension

\_\_\_\_\_  
Authorising Officer Signature

\_\_\_\_\_  
Date

### 100 Point Identification Check

**Instructions:**

1. The 100 point identification check **must** be completed prior to lodgement of a National Criminal Record Check or Working With Children background check or Aged Care Check.
2. Employers are required to sight original identifying documents, certify a photocopy which is to be retained on the applicant's **personnel** file, and ensure that an appropriately delegated officer completes the record of identifying documents below.
3. One primary document **must** be submitted from section (A) which is 70 points and other documents from section (B) which make up the 30 points.
4. The point score of documents produced must total at least 100 points, and for applicants 18 years or over, **must** include at least one form of photo ID.
5. ***If the compulsory document from section A indicates that the person may not be an Australian citizen or permanent resident (e.g. was born overseas or does not hold an Australian or New Zealand passport), evidence of Australian citizenship or appropriate visa/or permit that allows work in Australia must be sighted, photocopied and certified.***

Item	Point score
(A) Primary Documents – Only one must be submitted	
<ul style="list-style-type: none"> <li>• Birth Certificate</li> <li>• Birth card issued by the New South Wales Registry of Births, Deaths and Marriages</li> <li>• Citizenship Certificate</li> <li>• Current Passport</li> <li>• Expired passport which has not been cancelled and as current within the preceding 2 years</li> </ul>	70
(B) Secondary Documents	
<p><i>The following documents must have a PHOTOGRAPH and NAME:</i></p> <ul style="list-style-type: none"> <li>• Driver Licence issued by an Australian State or Territory</li> <li>• Licence or permit issued under a law of the Commonwealth, a State or Territory Government (e.g. a boat licence)</li> <li>• Identification card issued to a public employee</li> <li>• An identification card issued by the Commonwealth, a State or Territory as evidence of the applicant's entitlement to a financial benefit</li> <li>• An identification card issued to a student at a tertiary education institution</li> <li>• A Proof of Age Card or NSW Photo Card issued by the NSW Roads and Traffic Authority</li> </ul>	40

<ul style="list-style-type: none"> <li>• <i>The following documents must show NAME and ADDRESS:</i></li> <li>• A document held by a cash dealer giving security over the applicant's property</li> <li>• A mortgage or other instrument of security held by a financial body</li> <li>• Council rates notice</li> <li>• Document from the applicant's current or former employer within the past 2 years</li> <li>• Document from the Credit Reference Association of Australia</li> <li>• Land Titles Office record</li> </ul>	35
<ul style="list-style-type: none"> <li>• <i>The following documents must show NAME and SIGNATURE – points from the same source may only be counted once (i.e. a Mastercard and EFTPOS card issued by the same financial institution):</i></li> <li>• Marriage Certificate (for maiden name only)</li> <li>• Credit Card (<i>once sighted and photocopied, card number should be blacked out on copy before filling</i>)</li> <li>• Foreign Driver's Licence</li> <li>• Medicare Card (signature not required)</li> <li>• Membership card for a registered club</li> <li>• NRMA membership</li> <li>• EFTPOS Card</li> </ul>	25
<ul style="list-style-type: none"> <li>• <i>The following documents must show NAME and ADDRESS:</i></li> <li>• The electoral roll compiled by the Australian Electoral Commission and available for public scrutiny</li> <li>• A recent signed reference of recommendation from an acceptable referee (e.g. doctor, teacher, clergy, banker, police, etc)</li> <li>• Lease/rental agreement</li> <li>• Rent receipt from a licensed real estate agent</li> <li>• Records of a public utility (e.g. telephone, water, gas or electricity bill)</li> <li>• Records of a financial institution</li> <li>• A record held under law other than a law relating to land titles</li> </ul>	25
<ul style="list-style-type: none"> <li>• <i>The following documents must show NAME and DATE OF BIRTH:</i></li> <li>• The records of a primary, secondary, or tertiary institution attended by the applicant within the past 10 years</li> <li>• The records of a professional or trade association of which the applicant is a member</li> </ul>	25

**Record of identifying documents:**

*Please record relevant details in the table below*

Description of Document	Date of Issue	Place/Office of Issue	Expiry date	Ref or Doc number	Points
<b>Total Points</b>					
<b>Name and Position of Officer sighting documents</b>					

*NOTE:* This 100 point identification is adapted to accord with the Commonwealth *Financial Transaction Reports Act 1988* as required by the CrimTrac Agency.

<b>MEDICAL QUESTIONNAIRE</b>
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<b>INFORMATION PROVIDED WILL BE TREATED AS CONFIDENTIAL (PLEASE PRINT)</b>			
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Title: (please tick ✓)	Mr ( )	Mrs ( )	Miss ( )	Ms ( )
Gender: (please tick ✓)	Male ( )	Female ( )		
Surname:				
Given Names:				
Former Names: (if applicable)				
Address:				
Date of Birth:				
Home/Private Number:		Mobile Number:		
Position Applied for:		Position No:		

**YOU MUST COMPLETE ALL QUESTIONS (Please circle response)**

- 1) Have you had previous work related injuries? YES NO
- 1a) Please list details, at previous work related injuries and any Workers' Compensation Claims related to these injuries:

Date of injury	Nature of Injury/Illness	Medical Treatment	Employer	Insurer
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- 2) Have you been involved in any motor vehicle accidents resulting in personal injury? YES NO

- 2a) Please list details of motor vehicle accidents or 3rd Party claims relating to injuries sustained:

Date of Injury	Nature of Injury/Illness	Insurer
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- 3) Have you suffered back pain or strain injury? (including back surgery) YES NO  
 If yes, please give details.

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- 4) Have you suffered from shoulder, neck or arm strain? YES NO  
 If yes, please give details.

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- 5) Have you had a full medical clearance for any injuries identified in question 1, 2, 3, or 4? YES NO N/A  
 If yes, please give details.

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6) Are you receiving any ongoing treatment for injuries identified in questions 1, 2, 3 or 4? YES NO N/A  
 If yes, please give details.

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7) Do you suffer from any medical condition (including physical, psychiatric/psychological) for which you are receiving treatment? YES NO  
 If yes, please give details.

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8) Have you ever suffered from or had: (please tick appropriate answer)

Asthma/bronchitis/pleurisy	yes [ ]	no [ ]	Allergies	yes [ ]	no [ ]
Persistent cough/ shortness of breath	yes [ ]	no [ ]	Hernias	yes [ ]	no [ ]
Tuberculosis	yes [ ]	no [ ]	Ulcers	yes [ ]	no [ ]
Heart trouble/chest pain	yes [ ]	no [ ]	Unexplained weight loss/gain	yes [ ]	no [ ]
High or low blood pressure/ dizzy spells	yes [ ]	no [ ]	Psychiatric/psychological	yes [ ]	no [ ]
Haemophilia/ any blood disease	yes [ ]	no [ ]	Persistent headaches/ migraines	yes [ ]	no [ ]
Epilepsy/fits	yes [ ]	no [ ]	Head injury	yes [ ]	no [ ]
Diabetes	yes [ ]	no [ ]	Severe anxiety/depression	yes [ ]	no [ ]
Arthritis/rheumatism	yes [ ]	no [ ]	Ear problems/hearing loss	yes [ ]	no [ ]
Tenosynovitis/carpel tunnel/RSI	yes [ ]	no [ ]	Broken bones	yes [ ]	no [ ]
Sciatica	yes [ ]	no [ ]	Torn cartilages	yes [ ]	no [ ]
Wrist or elbow pain/weakness	yes [ ]	no [ ]	Any eyesight problems	yes [ ]	no [ ]
Scars/deformations which may restrict physical movement	yes [ ]	no [ ]	Do you wear glasses/lenses	yes [ ]	no [ ]
Hay fever/sinusitis	yes [ ]	no [ ]	Kidney disorders/ urinary tract infection	yes [ ]	no [ ]
Skin trouble/dermatitis	yes [ ]	no [ ]	Any other serious illness	yes [ ]	no [ ]

If you answered 'yes' to any of the above, provide further details below:

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9) I agree to the hospital obtaining medical information from my treating doctor/s. YES NO

**DECLARATION**

I understand that I may be required to undergo a medical assessment.

I declare that to the best of my knowledge and belief, all the information I have provided is true and correct. I am aware that false or misleading statements may affect my appointment or continued employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **CODE OF CONDUCT (Summary)**

Each Employee is to observe the following Code of Conduct

This Code of Conduct aims to ensure that staff are aware of their rights and responsibilities. The Code is designed to create a work environment which not only enables staff to perform at their best, but to make work experience as fulfilling and enjoyable as possible.

The Code of Conduct is a set of standards for all staff that prescribes the manner in which they should conduct themselves, whilst engaged by the Area Health Service. It does not replace any provision of an Act or Regulation. Following is an outline of the policy and the responsibilities of staff for each of the situations under various headings.

### **Personal Behaviour**

Employees must refrain from any form of conduct that may cause offence or embarrassment to the Area Health Service, members of the public or other staff members. Consequently staff must obey lawful directions, behave honestly and with integrity and perform duties efficiently, economically and effectively, including at those places other than the normal place of work, such as when attending conferences and courses.

### **Personal Relationships with Patients or Clients**

Staff need to be aware of the particular vulnerability of many patients or clients of SWAHS.

Staff must not develop/establish a sexual relationship with patients or clients of the Health Service, and any physical contact that has some form of sexual gratification must be avoided.

Other personal relationships between staff and patients or clients are to be avoided where such a relationship could result in some form of exploitation of, or some perceived obligation by, a client or patient.

Various Professional Boards set standards of behaviour for health professionals in their relationships with clients or patients (e.g. The NSW Medical Board Policy on Medical Practitioners and Sexual Misconduct). These standards apply during and in many cases after the relationship has ended.

### **Lawful Orders**

Employees will not wilfully disobey or disregard a lawful order or request given by their Supervisor, Department Manager or a person having the authority to make or give the order or request.

Employees who disagree with the order/request can discuss the matter with their Department Manager, Service Director or Chief Executive, but shall comply with the order/request until the normal grievance procedures of the Area have been finalised and an outcome decided.

### **Standards of Honesty and Integrity**

Employees are to observe the strictest practices of honesty and integrity at all times which includes a duty to bring to notice dishonesty on the part of another member of staff.

### **Performance of Duties**

Employees should ensure their work is carried out efficiently, economically and effectively, and that the standard of work reflects favourably on their organisation. The work of an employee is to be undertaken within the policies and guidelines of the Area Health Service without personal views being reflected in the way the work is performed or how the service is delivered. Should an employee conscientiously disagree with a particular policy then the employee should discuss the matter with the Chief Executive or their delegate.

### **Conflict of Interest**

Employees are to act in the general public interest and not in a manner to obtain an unfair advantage for themselves or other individuals. Employees are to disclose in writing to the Chief Executive any interest which could lead to conflict between personal interest and public interest.

### **Bribes, Gifts and Benefits**

Staff are not to directly or indirectly demand or receive any gift, or benefit in respect of work performed or services delivered by them in connection with their position in the Health Service. Any advances of this nature are to be reported to the Chief Executive.

It is acknowledged there may be occasions where the refusal of a gift would upset the person giving the gift. In these circumstances, gifts of a minor nature (e.g. flowers, chocolates, fruit) may be accepted by the Unit or the Health Service, and the gift should be reported to the supervisor who will determine how the gift is to be used.

### **Influence to Secure Advantage**

An employee is not to seek the influence of any person to assist themselves in gaining an advantage or promotion.

### **Public Comment and Disclosure of Official Information**

Individuals have the right to make public comment and publicly debate political and social issues. Employees are not to give information or make comment on matters concerning official business or government policy unless it is required in the course of their duty or by a court of law. However, an employee can give out information that is the subject of public knowledge such as information contained in an annual report.

### **Use of Official Information**

Employees should always act in the interest of the general public and not in self interest regarding official information and issues of confidentiality. Official information must never be used to gain benefit or advantage for any person.

Employees should notify, in writing, any financial or other interest they have as soon as they become aware that a conflict between official duty and personal interest is a possibility.

Employees who are involved in matters such as decisions on the success of applicants for Tender or are dealing with relatives or close friends, should disclose this fact immediately and if possible, disqualify themselves from dealing with the matter.

### **Security of Official Information**

All staff have a responsibility to ensure that confidential documents cannot be accessed or read by people not authorised to do so. Any information of a confidential or sensitive nature should be kept in secure storage and when transported be in a secure form. The security of information also applies to confidential and sensitive information on computer and other electronic systems.

### **Use of Facilities and Equipment**

Employees should ensure that resources, funds, or equipment that are their responsibility are used effectively and economically. They are not to be used for any other reason than in the course of the employee's duties in the Health Service. Where official facilities and/or equipment have been approved for use for private purposes then the specific directions and conditions of the use must be strictly followed.

### **Confidentiality and Security of Official Information**

Employees are not to divulge to, or discuss with any unauthorised person any confidential data or information collected for the purposes of patient or for administrative, statistical or other purposes.

Employees who become aware of any breach of privacy or security relating to the information accessed in the course of their duties must inform their manager/supervisor immediately.

All employees have a responsibility to ensure that confidential documents cannot be accessed or read by people not authorised to do so. Any information of a confidential or sensitive nature should be kept in secure storage and where possible and delivered or tabled at an appropriate meeting rather than being circulated.

### **Intellectual Property and Copyright**

Intellectual Property includes patented outputs, trademarks, registered designs, circuit layouts, etc. SWAHS is the owner of intellectual Property created by employees in the course of employment. On occasions it is not clear whether an innovation has been developed outside of employment time or whether there is joint ownership due to conjoint employment arrangements. Therefore, before release of information it is important the Intellectual Property is not published or released to third parties without the permission of SWAHS.

Employees are also to avoid infringing the Intellectual Property rights of third parties directly or indirectly by their actions. This includes compliance with copyright standards and obtaining necessary consent prior to the copying or use of any third party Intellectual Property.

### **Outside Employment**

Full-time employees who wish to engage in commercial activity or paid employment outside the Area Health Service are to obtain prior approval of the Chief Executive.

This requirement does not apply to part-time or casual employees. Employees who have outside employment must ensure that there is no conflict of interest with the performance of duties with the Area Health Service.

### **Participation in Voluntary Community Organisations, Charities and Professional Associations**

Staff are free to fully participate in voluntary community organisations and charities, and in professional associations.

## **Discrimination and Harassment**

Managers and Supervisors must ensure that the workplace is free from all forms of harassment and unlawful discrimination by implementing strategies for preventing and dealing with harassment and unlawful discrimination. Managers and Supervisors should understand and apply EEO principles.

Employees must not harass or discriminate in work practices on the grounds of sex, marital status, pregnancy, age, race, colour, nationality, ethnic, or national origin, physical or intellectual impairment, sexual preference, or religious or political convictions when dealing with their colleagues and the public.

## **Political Participation**

Employees who participate in political matters are to ensure that this involvement does not conflict with the performance of their duties. Should an employee become aware that a conflict has arisen or a potential conflict is likely to arise the employee is to inform their Chief Executive.

## **Occupational Health and Safety**

It is the responsibility of all employees to act in accordance with provisions of the Occupational Health and Safety legislation and policies of SWAHS.

## **Corrupt Conduct**

Corrupt Conduct occurs when:

- A public official performs their duties dishonestly or unfairly.
- Anyone (including a public official) does something that could result in a public official performing their duties dishonestly or unfairly.
- Anyone (including a public official) who does something that has a detrimental effect on official duties, and which involves any of a wide range of matters, including (for example) fraud, bribery, official misconduct, violence.
- An employee or former employee breaches public trust; or
- An employee or former employee misuses information or material obtained in the course of duty.

It is not corrupt conduct unless it involves (or could involve):

- a criminal offence;
- a disciplinary offence; or
- reasonable grounds to dismiss a public official.

## **Reporting Corrupt Conduct**

Section 11 of the ICAC Act 1988 requires the Chief Executive of the Area Health Service, to report instances of suspected corrupt conduct to the Independent Commission Against Corruption. The Chief Executive can only fulfil this requirement if employees convey this information to him.

Reports made within the Area Health Service will be treated in confidence and measures will be taken to avoid victimisation of those within the Area Health Service who make such a report.

## **The Protected Disclosures Act 1994**

The Protected Disclosures Act 1994 provides certain protection against reprisals for any staff member who voluntarily report possible corruption, maladministration or serious and substantial waste either to the Chief Executive or other internally nominated authority, or to one of the three external investigative bodies; the Independent Commission Against Corruption, Auditor General, or the Ombudsman.

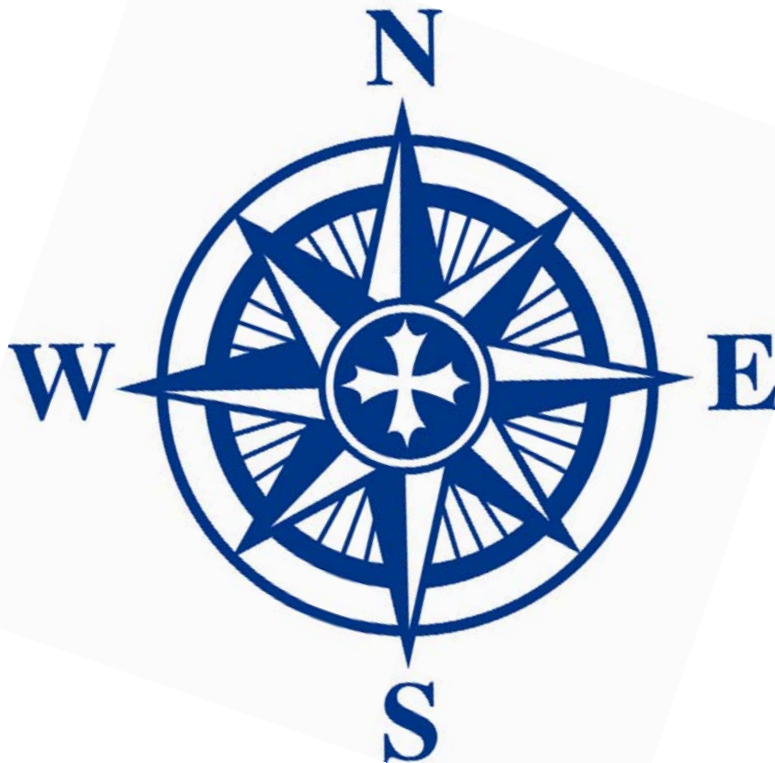
## **Criminal Record Checking**

SWAHS has a duty of care to all patients and clients receiving services. For this reason all staff undergo probity screening when working in any capacity in NSW Health.

## **Breach of Policy**

Employees who do not adhere to the Code of Conduct will face disciplinary action.

**AGENCY NURSES  
ORIENTATION PACKAGE**



**FEBRUARY 2005**

## **INTRODUCTION**

Welcome to Sydney West Area Health Service (SWAHS). The purpose of this package is to provide you with an understanding SWAHS and our expectations of you. This package includes:

An overview of our Area;

A look at the issues which affect you, and;

A look at the support services available to you.

This package is your 'road map' and is designed to be useful, simple and easy to follow. SWAHS has a commitment to 'quality' and developing a better workplace for you and your future.

## **SYDNEY WEST AREA HEALTH SERVICE**

The Sydney West Area Health Service was established in January 2005 as part of the NSW Health reorganization. SWAHS is an amalgamation of Western Sydney and Wentworth Area Health Services with the addition of Lithgow and Portland Hospitals from Mid West Area Health Service. SWAHS covers 8,902sq kms with a resident population of 1,068,302 people. The median age of the residents of the nine Local Government Areas is 31.2 to 38.1 years. (June 2002 LGA data)

The hospitals within SWAHS are: Auburn, Blacktown, Blue Mountains, Cumberland, Governor Phillip Nursing Home, Hawkesbury, Lithgow, Lottie Stewart, Mt Druitt, Nepean, Portland, Springwood, St Joseph's, Westmead and the Tresillian Wentworth Family Care Centre.

It is estimated that these facilities, excluding those in the Lithgow Local Government Area, collectively provide an average of 2,513 available beds; 182,896 admissions and 3.2 million non-inpatient occasions of service. There are approximately 12,000 Full Time Equivalent (FTE) staff employed in SWAHS.

## STAFF RESPONSIBILITIES

### Contacting Nursing Support Services

Auburn Hospital	9563 9500
Blacktown Hospital	9881 8000
Cumberland Hospital	9840 3000
Governor Phillip Nursing Home	4734 3888
Hawkesbury Hospital	4560 5555
Lithgow hospital	6350 2300
Lottie Stewart Hospital	9858 3255
Mt Druitt Hospital	9881 1555
Nepean Hospital	4734 2000
Portland Hospital	6355 5101
Springwood Hospital	4751 0300
St Josephs Hospital	9649 8941
Westmead Hospital	9845 5555

### Starting at Our Hospitals

On your first day working at one of the hospitals in our Area Health Service, you **MUST** bring with you your completed employment pack – this include an application form, Prohibited Employment Declaration, Tax Declaration, Proof of Service, Confidentiality Agreement and your original and a copy of your current practising certification and criminal record check clearance for retaining by SWAHS. You are required to complete this employment information before starting work in our hospitals, failure to do so will result in a reduction in your work time as it will need to be completed on site before starting work.

Once you are employed through one of our hospitals, you will automatically be on the payroll and PROACT system across the area and your details will be available to all our hospitals.

### Recording Your Attendance

You are required to sign on at the commencement of each shift in our hospitals. If you do not sign-on, it will be assumed you are **not** working! The Health Service is responsible for entering your shifts into PROACT. To ensure that you get paid correctly please check that your name, start and finishing times are printed correctly on the sign-on sheets. If you fail to provide "Proof of Service" you will commence on 1st year salary until the documentation is provided.

### Working Longer Hours/No Break

If the hours you work are different from those you signed on for, it is your responsibility to contact the Nursing Office to make sure the change is recorded.

### Working Week/Shift Arrangement

You will be paid fortnightly. You need to check with the hospital regarding your payday and the completion date for the pay cycle.

All Agency Nurses are to book shifts through YOUR Nursing Agency, NOT with the Nursing Office at any hospital.

### Current NSW Registration/Enrolment

Your current NSW Nurses Registration/Enrolment **MUST** be presented yearly following registration payment. You will be asked to present it for viewing every time you attend work. If your registration/enrolment is not presented, you will NOT be permitted further shifts until your registration/enrolment is renewed and sighted by the Nursing Office. Monthly audits are conducted by the Nursing Office to ensure all nurses are registered/enrolled.

## Working in Our Hospitals

When you arrive on a ward:

- Introduce yourself to the Nursing Unit Manager (NUM) or the Registered Nurse in charge.
- Familiarise yourself with the ward/unit policies and procedures.
- Identify fire exits and locate fire equipment.
- Identify emergency equipment and ensure you are aware of the emergency number for the hospital.
- Report to the Nursing Unit Manager or the Registered Nurse in charge in advance if you do not believe you can complete all allocated work before you are due to leave.
- All incidents must be reported on either a paper copy of an Incident/Accident report form or electronically through an incident logging system. You are responsible for ensuring you are aware of the system in use at the particular hospital where you are working.

### **Clinical Skills**

Agency staff are required to be competent in the following clinical skills. These skills must be updated on an annual basis.

- Drug Administration
- CPR Assessment
- Manual Handling
- Fire & Safety
- Child Protection
- Aggression Management

### **Nursing Care**

- Throughout your shift you must adhere to the policies and procedures relevant to the facility in which you are working. Health Service Clinical Policy and Procedure manuals are located in all wards and departments; in a number of organisations these are available electronically. In addition specialty units may have local reference manuals which should be identified and referred to whenever necessary.
- Carry out all medical and nursing care in a professional manner.
- Ensure all care delivered is documented.
- Registered Nurses are to ensure that entries made in the drug register and medications administered are carried out according to NSW Health and to hospital policy. If 'Dangerous Drugs' are administered, identification and specimen signature is to be recorded in the drug register.
- Intravenous drugs when given, are to follow pharmacy guideline protocol available in each ward/department.
- Entries in medical records must be clearly written, signed, dated, surname printed, designation stated and the name of your agency. Bed charts are to be maintained accurately.
- Report all patient concerns or changes in a patient's condition to the Nursing Unit Manager or Registered Nurse in charge of the shift.
- Agency Registered Nurses should check with the Senior Nurse Manager at each hospital regarding the local policy regarding agency nurses carrying the Dangerous Drug Key.
- Should you have any concerns about clinical practice and professional behaviour, these are to be referred to the NUM or Senior Nurse Manager on duty at the time.

### **Confidentiality**

Agency nurses working in any of the SWAHS hospitals agree to work in accordance with:

- ✓ The Codes of Conduct relevant to SWAHS
- ✓ Code of Ethics for Nurses in Australia
- ✓ The Mission, Values and Professional Conduct statements of the SWAHS Hospitals

Agency Nurses agree to abide to the following:

- ✓ To respect the privacy of persons within the health services including patients, staff, relatives and visitors and associated service providers.
- ✓ To treat all information related to patient/clients and residents of the health service in a confidential manner. Patients have the right to privacy, as evidenced by the safe storage of information related to their personal details and medical condition and treatment.
- ✓ To ensure that access to medial and personal information regarding patients is restricted to those personnel directly involved in their care, unless the patient or their representative has given permission for use in research or statistical analysis.
- ✓ To ensure that information related to any patient's condition, care or treatment is not conveyed to any person not involved in the patient's care, whether inside or outside the health service. This applies to information in written, verbal, audiovisual or electronic format.

### ID Badge

You are issued with identification (ID) badge from your Nursing Agency. You must wear your ID at all times whilst on the hospital premises.

You are responsible for your own ID badge and must not lose it. Should your ID badge be lost, report it to Security and your Nursing Agency immediately.

### Change of Name, Address, Telephone Number, Next of Kin

You must notify the Human Resources of any change to your name, address or telephone number by completing the appropriate form. This form may be obtained from the Nursing Services Office in each of the hospitals.

This is important, as we need to send you your group certificate. We may need to also contact you if there is an emergency, or for any number of reasons.

### Car Parking

A variety of on and off street parking is available at the SWAHS facilities. Where parking is available within the hospital grounds, a nominal fee is charged.

### Staff Cafeteria

The staff cafeteria is located in each hospital. The cafeteria provides prepared sandwiches and rolls, salads, fruit, drinks and a variety of hot meals.

### Shift Times

Shift times and lengths vary across the hospitals in SWAHS. It is your responsibility to know the required start and finish times for the shift you are working. The nursing offices are located at varying distances from the clinical wards and department, so it is suggested that agency nurses arrive fifteen minutes before the scheduled commencement time for their shift.

It is important to be punctual for all shifts.

### Meal Breaks

Your breaks for Morning/Afternoon Tea/Supper Breaks are 20 minutes and Main Breaks are 30 minutes. If you wish to have your meal break at a time, which is different to your roster, you must talk to your manager/supervisor to gain approval.

# HEALTH, SAFETY AND WELFARE

## Occupational Health and Safety (OH&S)

SWAHS has an OH&S Policy, which is committed to providing a place to work, which is safe and without risk to you, patients or visitors. This policy complies with the NSW Occupational Health and Safety Act.

OH&S covers things like manual handling, personal health, aggression and security.

Even though it is the responsibility of management to ensure that the workplace is as safe as possible, you also have responsibilities, such as:

- Following manufacturer's guidelines and safe operating practices
- Reporting any malfunctioning equipment or hazards in the workplace
- Reporting and document any incidents via 'Accident/Incident Report Forms'
- Personal injury to be reported immediately to the Nursing unit Manager or the Registered Nurse in charge

## Manual Handling Guidelines

Activities such as sliding, lifting and turning patients, attempting to prevent a fall or restraining a patient, pushing or pulling trolleys or beds and lifting objects such as trays and laundry bags all have the potential to cause a manual handling injury. Patient handling is a major cause of back injuries followed by muscular stress caused by twisting or bending. Slips and falls also represent a significant risk for nurses.

In summary, workplace experience indicates that many manual handling risks and injuries can be reduced by modifications to work practices; using mechanical lifting and moving equipment, changing patient handling procedures, knowledge, risk analysis and training.

Injury from Manual Handling is:

**"Any activity requiring the use of force exerted by a person to lift, lower, push, pull, carry or otherwise move, hold or restrain any person, animal or object."**

Important points include:

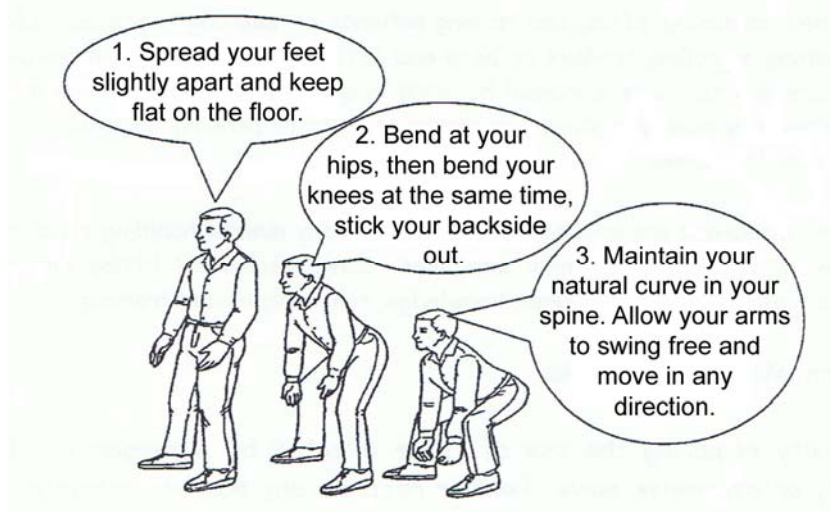
- From a standing position, lifting loads over 16-20kg should be avoided
- Two people should be in attendance for all lifts
- Approved manual lifts are the drawsheet and semi-squat/power lift
- Non-recommended lifts are the shoulder and top and tail lift
- Hovermats are available for use in a number of our hospitals
- **ALWAYS USE MECHANICAL LIFTS WHERE AVAILABLE**

## Responsibilities

1. To ensure Agency nursing staff comply with:
  - The NSW Occupational Health and Safety Regulation 2001
  - The NSW Occupational Health and Safety Act 2000
2. Nurse Management and Nurse Unit Managers are responsible for ensuring:
  - Agency nursing staff receive correct work area orientation and instruction in manual handling and bed moving at the beginning of their shift.
3. Agency nursing staff are to ensure they:
  - Ask their supervisor about procedures for bed moving and manual handling.
  - Use mechanical lifting and moving equipment for the purpose of manual handling.
  - Immediately notify their supervisor of any injury, incident, risk or concern due to manual handling. An incident form must also be completed.
  - When lifting, the semi squat/power lift technique is to be used.
  - Cooperate with hand participate in all aspects of the manual handling programme: Hazard identification, risk assessment and risk control process.

## The Semi Squat Lift

This is how you do the 'semi squat'. Always do the 'semi squat' whenever you bend to do anything. Particularly lifting low-lying objects.



### **Don't Forget – Always Use the Semi-Squat!**

- When you assist or perform procedures.
- Taking your patient's blood pressure if standing.
- Taking your paperwork out of the lower drawer of your filing cabinet.
- Putting petrol in your car.
- When you need to write whilst standing at a low desk or trolley.
- Picking washing up from the laundry floor at home.
- Whenever you lift an object.

## Infection Control

Infection Control is:

**“The prevention of the occurrence of infection and cross-infection to patients and the community.”**

If you have any questions or concerns about infection control please contact the Infection Control Nurse at the hospital where you are working.

## Minimisation and Management of Aggression

SWAHS has a policy to help you deal with the minimisation and management of aggression. A copy of this policy can be found in your department.

<b>This policy looks at three main areas:</b>	<b>Aggressive incidents are defined as follows:</b>
<ul style="list-style-type: none"><li>• Risk identification and control</li><li>• Management of an aggressive incident</li><li>• Post-management of an aggressive incident</li></ul>	<ul style="list-style-type: none"><li>• Simple assault (i.e. verbal abuse/threats)</li><li>• Assault and battery (i.e. physical contact and/or minor injury)</li><li>• Threats with an offensive weapon without physical injury</li><li>• Aggravated assault requiring medical assistance</li></ul>

**All incidents of aggression must be reported on the Incident Report Form.**

## Emergency Guidelines

SWAHS have a range of ways of responding to different types of emergency situations. These responses are detailed on a flip chart in each department. Emergency situations include;

- Fire/smoke
- Evacuation
- Cardiac arrest/medical emergency
- Armed robbery and bomb threats

## Medical Emergency

- Phone the emergency number immediately and state:  
Ward/location, room and type of emergency

## Fire Safety

- Familiarise yourself with the evacuation map which is located in all ward areas
- Note where the fire extinguishers are located
- **Call the EMERGENCY NUMBER**

### **The following procedures apply to all areas**

The staff member discovering the activation of the fire door/alarm must:

- R Remove any patients and staff from the immediate fire/danger area**
- A Alert switchboard through the emergency number and nearby staff**
- C Confine fire and smoke, if practicable, close windows and doors**
- E Extinguish or control fire, but do not take any unnecessary risk**

## **PAY MATTERS**

### Payment of Salaries

Pay periods are every two weeks. Check with the hospital for the completion date for the pay cycle for the period you are working. Your pay is placed into your financial institution account and pay advice slips, showing amount paid to you and deductions etc are collected from the Nursing Office.

### Pay Enquiries

If you have a pay enquiry, please call the Pay Office where you worked (either Cumberland or Nepean) and speak with the Pay Office staff member responsible for agency payroll, or with the staff in the nursing service responsible for agency staff management. You will need the following:

- Copy of your payslip
- A listing of **ALL** hours worked in that pay period and ward locations

This information will assist us in identifying any problems. Adjustment forms are completed by the Nursing Office and sent to the Area Payroll.

Department use only  
Contact person for clearance:

### CRIMINAL RECORD CHECK CONSENT FORM

Provide your full name as well as any other names / aliases by which you have been known.  
**Employers are required to sight applicant's original identifying documents as per 100 points ID check.**

	Family or Last Name	Given Name 1	Given Name 2	Given Name 3
<b>Name</b>				
<b>Maiden/Previous/Alias 1</b>				
<b>Maiden/Previous/Alias 2</b>				
<b>Maiden/Previous/Alias 3</b>				
<i>Only the primary name will appear on the Screening Validation Authority issued to agency applicants</i>				
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female			
<b>Date of Birth</b>	/ / (dd/mm/yyyy)			
<b>Place of Birth</b>	City:	State:	Country:	
<b>Address</b>				
<b>Telephone No.</b>		Driver's Licence No.		
<b>Position</b>		Type of Position	<input type="checkbox"/> Paid Employee	<input type="checkbox"/> Volunteer

**I certify that the above information is accurate and understand that if I have provided false or misleading information it may result in a decision not to employ me, or, if already employed, may lead to my dismissal.**

I am aware that if considered for employment in a primary child-related position, several checks will be undertaken to ascertain my suitability, including:

- a national criminal record check for charges and/or convictions (including spent convictions) for:
  - any sexual offence (including but not limited to, sexual assault, acts of indecency, child pornography, child prostitution and carnal knowledge);
  - any assault, ill treatment or neglect of, or psychological harm to a child;
  - any registrable offence;carrying a minimum penalty of 12 months or more imprisonment.  
I understand that this check includes convictions or charges that:
  - may have not been heard or finalised by a court;
  - are proven but have not led to a conviction; or
  - have been dismissed, withdrawn or discharged by a court.
- a check for relevant Apprehended Violence Orders taken out by a police officer or other public official for the protection of a child/ren; and
- a check for relevant employment proceedings involving reportable conduct or an act of violence committed by the employee in the course of employment and in the presence of children. Reportable conduct means any sexual offence, or sexual misconduct committed against, with or in the presence of a child (including a child pornography offence), or any assault, ill treatment or neglect of a child, or any behaviour that causes psychological harm to a child.

**I am aware that if considered for employment in non-child related position, a NSW criminal Record Check will be undertaken.**

I understand that a conviction for a serious sex offence (including, but not limited to sexual assault, acts of indecency, child pornography, child prostitution and carnal knowledge) will automatically prohibit my employment in a child-related position. This includes a charge that is proven in court but does not proceed to a conviction. I am aware that if I am a "registrable person" under the Child Protection (Registrable Offenders) Act 2000, I am prohibited from employment in a child-related position.

I consent to these checks being conducted and am aware that if any relevant record is identified, additional information relating to that record may be sought by an approved screening agency from sources such as courts, police, prosecutors, and past employers to enable a full and informed assessment. I also consent to any risk assessment, or other relevant information obtained, being provided to my current or prospective employers for employment screening purposes.

I acknowledge that:

- any information obtained as part of this process may be used by Australian Police Services for law enforcement purposes, including the investigation of any outstanding criminal offences;
- the outcome of assessment of information obtained through the Working With Children Check / NSW Criminal Record Check by the approved screening agency may be provided to my current or prospective employers only for background checking processes; and
- the information provided may be referred to the Commission for Children and Young People and/or to NSW Police for law enforcement purposes and for monitoring and auditing compliance with the procedures and standards for employment screening in accordance with Section 36 (1) (f) of the Commission for Children and Young People Act 1998.
- the above information and any information obtained during employment screening may be collected and used by and/or disclosed to the Commission for Children and Young People, the NSW Ombudsman or any Approved Screening Agency for employment screening purposes.

Name (BLOCK LETTERS): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PROHIBITED EMPLOYMENT DECLARATION

*The Declaration must be completed if you are NOT a person prohibited by the Act from seeking, or remaining in child-related employment. Seek legal advice if you are unsure of your status as a Prohibited Person.*

### CHILD PROTECTION (PROHIBITED EMPLOYMENT) ACT 1998

The *Child Protection (Prohibited Employment) Act 1998* makes it an offence for a person convicted of a serious sex offence (a Prohibited Person) or a Registrable Person under the *Child Protection (Offenders Registration) Act 2000*, to apply for, undertake or remain in, child-related employment. It does not apply if an order, from the Industrial Relations or the Administrative Decisions Tribunal or the Commission for Children and Young People declares that the Act does not apply to a person in respect of a specific offence.

Section 5 of the *Child Protection (Prohibited Employment) Act 1998* defines a serious sex offence as:

an offence involving sexual activity or acts of indecency that was committed in NSW and that was punishable by penal servitude or imprisonment for 12 months or more, even if the sentence was not served; or

- an offence involving sexual activity or acts of indecency that was committed elsewhere and that would have been punishable by penal servitude or imprisonment for 12 months or more if it had been committed in NSW; or
- an offence under Sections 91D-91G (other than if committed by a child prostitute) and 578B or 578C (2A) of the *Crimes Act 1900* or a similar offence under a law other than a law of NSW; or
- an offence of attempting, or of conspiracy or incitement, to commit an offence referred to in the preceding paragraphs; or
- any other offence prescribed by the regulations.

*Note: A conviction for carnal knowledge is classified as a serious sex offence under this legislation.*

**Child-related employment** means any employment, where at least one of the essential duties of the position involves direct contact with children where that contact is not directly supervised. Section 3 of the *Child Protection (Prohibited Employment) Act 1998* specifies that child-related employment is employment:

- involving the provision of child protection services;
- in pre-schools, kindergartens and child care centres (including residential child care centres);
- in schools or other educational institutions (not including universities);
- in detention centres (within the meaning of the *Children (Detention Centres) Act 1987*);
- in refuges used by children;
- in wards of public or private hospitals in which children are patients;
- in clubs, associations or movements (including of a cultural, recreational or sporting nature) having a significant child membership;
- in any religious organisation;
- in any entertainment venues where the clientele is primarily children;
- as a babysitter or childminder that is arranged by a commercial agency;
- involving fostering or other child care;
- involving regular provision of taxi services for the transport of children with a disability;
- involving the private tuition of children;
- involving the direct provision of health services;
- involving the provision of counselling or other support services for children;
- on school buses;
- at overnight camps for children;
- any other prescribed by regulation.

#### Under this Act:

- it is an offence for a Prohibited Person to **apply for, undertake or remain in** child related employment;
- employers **must** ask existing employees, both **paid** and **unpaid**, and preferred applicants for employment to declare if they are a Prohibited Person or not;
- all child-related employees **must** inform their employers if they are a Prohibited Person or remove themselves from child-related employment. A Prohibited Person is someone who has been convicted of a serious sex offence or, who has had a finding for a charge of a serious sexual offence proven in court, even if a conviction was not recorded;
- penalties are imposed for non compliance.

**I am aware that I am ineligible to apply for, undertake or remain in, child related employment if I have been convicted of a serious sex offence as defined in the *Child Protection (Prohibited Employment) Act 1998* or if I am a Registrable Person under the *Child Protection (Offenders Registration) Act 2000*.**

**I have read and understood the above information in relation to the *Child Protection (Prohibited Employment) Act 1998*. I am aware that it is an offence to make a false statement on this form.**

***I declare that I am not a person prohibited by the Act from seeking, undertaking or remaining in child related employment.***

I understand that this information may be referred to the Commission for Children and Young People and/or to NSW Police for law enforcement purposes and for monitoring and auditing compliance with the procedures and standards for employment screening in accordance with Section 36 (1)(f) of the Commission for Children and Young People Act 1998.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_

Note: This form is to be returned to your employer.

### **CONFIDENTIAL EMPLOYEE SCREENING AND VACCINATION RECORD**

Health Care Workers (HCW's) working in clinical areas may be at risk from contact with infectious disease. Completing this form will enable your immunization and past history of contact with infectious disease to be documented, and a continuous record kept of any future vaccinations or contact whilst employed with SWAHS.

#### **PLEASE COMPLETE AND FORWARD THIS FORM TO THE NURSING PERSONNEL OFFICER**

**Please circle the correct answer where required**

Have you ever been to a chest clinic in SWAHS before?			Yes	No	Uncertain
Family name	Given Name	Previous Name <i>(if applicable)</i>	Date of Birth		
Address				Post Code	
Phone	Aboriginal or Torres Strait Islander Yes      No	Country of Birth		Date of Arrival in Australia <i>(if applicable)</i>	
Hospital/Centre		Department		Occupation	
Commencement Date – (Dept)			LMO (address & phone no if known)		

#### ALLERGIES? *(please list)*

Do you have any past medical history that would predispose you to infection?  
*(e.g. immunosuppressed, steroids)*      Yes      No      Unknown

	Office Use only	Apts required
<b>HEPATITIS</b>		
• In the course of your employment:		
Are you required to perform exposure prone procedures?	Yes	No      Unknown
Will you have direct contact with patient's blood or body fluids?	Yes	No      Unknown
• Do you have documentation of your status for Hep A, B, C & HIV?	Yes	No      Unknown
• Are you aware that it is against NSW Health Policy for carriers of Hep B, C & HIV to perform exposure prone procedures?	Yes	No
• Were you fully vaccinated for Hep B virus?	Yes	No
• Did you have a test that confirmed you had immunity?	Yes	No
<b>TUBERCULOSIS</b>		
• Have you ever lived overseas for greater than 6 months? (If yes then where and when)	Yes	No
• Date of most recent Mantoux (skin test for exposure to Tuberculosis): Result (attach supporting documentation if applicable):	/	/
• Date of most recent Chest X-ray: Result (attach supporting documentation):	/	/
• Approx. date of BCG Vaccination:	/	/
<b>TETANUS – Have you been fully immunized against tetanus:</b>	Yes	No      Unknown
<b>OTHER ILLNESSES – HAVE YOU EVER HAD?</b>		
• Chicken Pox	Yes ( / / )	No      Unknown
• Cytomegalovirus	Yes ( / / )	No      Unknown
• Rubella (German Measles)	Yes ( / / )	No      Unknown
• Measles	Yes ( / / )	No      Unknown
• Mumps	Yes ( / / )	No      Unknown
• Pertussis (Whooping Cough)	Yes ( / / )	No      Unknown

I accept / decline to participate in the screening and vaccination program during my employment with SWAHS for screening and/or vaccination as may be required. I understand that the consequence upon non-participation may affect my areas of employment where exposure to person-to-person spread infectious disease may occur.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_