

# Local Guideline

Document number: JHH\_0xxx

## Title of Local Guideline

### Sites where Local Guideline applies

#### Target audience

#### This Local Guideline applies to:

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. Adults</li> <li>2. Children up to 16 years</li> <li>3. Neonates – less than 29 days</li> </ol> | <p style="color: red;">Delete these lines if not patient focused</p> <p>Yes/No (delete)</p> <p>Yes/No (delete)</p> <p>Yes/No (delete)</p> <p>(If Yes to 2 and/or 3) Advice gained from the Children Young People and Families Network on (insert date)</p> <p style="color: red;">Contact the Acute Network Manager, CYPFS</p> |
|--|--|

#### Description

#### Keywords

[Go to Guideline](#)

Replaces existing document? Yes / No

Registration number and dates of superseded documents Delete this line if No above

#### Relevant or related Documents, Australian Standards, Guidelines etc:

- NSW Health Policy Directive PD2017\_032 [Clinical Procedure Safety](#)
  - HNELHD Policy Compliance Procedure PPM Consent:PCP 3 [Consent for Clinical Treatment and Care](#)
  - NSW Health Policy Directive PD 2017\_013 [Infection Prevention and Control Policy](#)
  - [Work Health and Safety Act 2011 no. 10](#)
  - NSW Health Policy Directive PD2012\_069 [Health Care Records – Documentation and Management](#)
  - HNE Health Policy Compliance Procedure PD2009\_060: PCP1 [Clinical Handover – ISBAR](#)
  - HNELHD Policy Pol 18\_03 [Aseptic Technique for Level 1 to Level 2 Procedures Conducted in Clinical Settings](#)
  - Local procedure JHH\_JHCH\_BH\_0193 [Standard Aseptic Technique](#)
  - NSW Health Policy Directive 2013\_049 [Recognition and management of Patients who are Clinically Deteriorating](#)
  - HNE LHD Policy Compliance Procedure [Recognition and Management of Patients who are Clinically Deteriorating](#) PD2013\_049:PCP 1
  - HNE LHD PD2013\_049 PCP2 [Vital Sign Observations & Monitoring Frequency 16 Years and Over](#)
- List related documents here OR, if there are too many to fit on the front page:
- “See Reference Section on page ....” And add list to the Reference section

Note: Over time links in this document may cease working. Where this occurs please source the document in the PPG Directory at: <http://ppg.hne.health.nsw.gov.au/>

<b>Prerequisites (if required)</b>	List all pre-requisites for this Guideline and Procedure. For example staff designation or competency level. Current prescription / medication order
<b>Local Guideline note</b>	This document reflects what is currently regarded as safe and appropriate practice. This guideline does not replace the need for the application of clinical judgment in respect to each individual patient. If staff believe that the guideline should not apply in a particular clinical situation they must seek advice from their unit manager/delegate and document the variance in the patient's health record. If this document needs to be utilised in a Non ..... Area please liaise with the ..... Service to ensure the appropriateness of the information contained within the Guideline and Procedure.

**Date initial authorisation:****Authorised by:****This document contains advice on therapeutics**

Yes/No (delete)

(If Yes) Approval gained from Local Quality Use of Medicines Committee on (insert date)

**Contact Person:****Contact Details:****Date Reviewed:****Review due date:****Position responsible for review:****Version:**

Where necessary, the relevant Clinical Network or Stream should be consulted when developing this document.

Does this document contain a clinical procedure that involves patient identification and matching of the patient to the correct procedure and/or site/side verification? If so, please use the [Local Procedure template](#) or [Local Guideline and Procedure template](#)

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**PURPOSE AND RISKS** (*Essential requirement*)

*Note: This is a summary. The main message/s are abbreviated and communicated in this section. **WHY:** Identify why the document is required, listing the risk/s to patients/staff/organisation. **HOW:** Briefly list the most important steps in the procedure that can minimise the risks.*

*i.e. These are the risks (list them).*

*These risks are minimised by:*

- 1. List the top three most important*
- 2. Points that*
- 3. You want the reader to 'take home'*

*Identify Safety Alert Broadcast System (SABS) notification if this document is being drafted because in response to one.*

**Risk Category:** *Choose one category: Clinical Care & Patient Safety; Health of the Population; Workforce; Communication & Information; Facilities and Asset Management; Emergency and*

*Disaster Response; Finance & Legal; Safety & Security; Leadership and Management; OR  
Community Expectations*

**GLOSSARY** (if needed) Where possible, abbreviations should be avoided. Please List all Abbreviations used in the Guideline here in alphabetical order (add extra lines to table if needed).

Acronym or Term	Definition

### **John Hunter Hospital / Service Manager Responsibility**

- Ensure that the principles and requirements of this procedure are applied, achieved and sustained
- Ensure effective response to, and investigation, of alleged breaches of this procedure.
- Ensure all staff have completed My Health Learning online module Introduction to Safety and Quality (course number 42189807)
- Notify staff of all new and revised local procedures and guidelines through the JHH Newsletter

### **Line management responsibility**

- Notify staff of new and revised policies, procedures and guidelines relevant to the workplace / unit / clinical specialty.
- Post the JHH newsletter (with policy, procedure and guideline updates) in staff rooms
- Identify high clinical risks relevant to patient population of unit/specialty and undertake audits of compliance with relevant policies, procedures or guidelines.

### **Employee responsibility**

#### **Staff must:**

- Comply with policies, procedures and guidelines applying to their workplace / unit / specialty
- Report unsafe practices, equipment or environment to line manager
- Escalate any patient safety concerns to line manager, including if it is assessed that policies, procedures or guidelines do not reflect contemporary practice

### **PREAMBLE**

### **GUIDELINE**

This Guideline does not replace the need for the application of clinical judgment in respect to each individual patient.

**Does this document contain a clinical procedure that involves patient identification and matching of the patient to the correct procedure and/or site/site verification? If so, please use the [Local Procedure template](#) or [Local Guideline and Procedure template](#)**

### **Staff Preparation**

It is mandatory for staff to follow relevant: "Five moments of hand hygiene", infection control, moving safely/safe manual handling, documentation practices and to use HAIDET for patient/carer

communication: **H**and hygiene **A**cknowledge, **I**ntroduce, **D**uration, **E**xplanation, **T**hank you or closing comment.

**Include the following statements**

- Document a comprehensive care plan in consultation with patient/family including patient goals and preferences, including advance care preferences.
- Ensure patient/family is aware of agreed goals and plan of care and that this is reviewed with patient/family at clinical handover.

**APPENDICES**

List all attached Appendices here

**REFERENCES**

List references

Useful Links can be added here