Orientation Handbook for Reallocated/Deployed Staff

Completion of this package, if relevant to the context of practice, attracts (2) Continuing Professional Development (CPD) hours of learning.

CPD hours can contribute to the nurse / midwife CPD requirements as per the Nursing and Midwifery Board of Australia Continuing Professional Development.

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Version Control

This is Version (2) of the Orientation Handbook for Reallocated/deployed Staff 'Resource Package' and will remain current until 2023 or earlier when modifications required.

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Reallocation/Deployment of Staff

On occasions Metro North Health (MNH) may be required to reallocate or deploy staff to support emergency response activities.

Reallocation and Deployment are defined below:

Deployment	Long-Term Permanent or long-term temporary (greater than 3-months) reassignment of a nurse/midwife from the current employed in work unit to another work unit. This redistribution of human resources supports efficient staffing resource management practices to address roster variances (e.g. emergent leave, roster shortfalls).
Reallocation	Short-Term Temporary (less than 3-months) reassignment of a nurse/midwife from one work unit to another MNH facility/directorate work unit on either a shift-by-shift basis or short-term contract. This redistribution of human resources supports efficient staffing resource management practices to address roster variances (e.g. emergent leave, roster shortfalls) and service needs.

EVENTS WITH MINIMAL / NO-NOTICE may require an immediate site command / team response. Staff with required skill set/s, and who have received adequate training will be drawn from one or multiple clinical facilities/directorates. A roster comprised of staff from multiple HHS clinical facilities/directorates which accommodates the skill sets required to respond may be developed by Metro North - Incident Management Team (MN-IMT) for prolonged responses.

All reallocation/deployment of MNH staff is co-ordinated through MN-IMT and Clinical Directorate's business continuity requirements must be considered before authorising any reallocation/deployment[1].

Directorates/facilities will liaise with MN-IMT in respect to reallocation and deployment of staff for local needs in accordance with business continuity requirements. Reallocation/deployment and rosters for local needs will be determined and developed by relevant line managers in collaboration with directors.

PUBLIC HEALTH MNH Public Health Unit is responsible for coordinating all public health reallocation/deployment on behalf of the Queensland Department of Health.

Overview of the Handbook

This handbook includes the following information:

- Provision of a supportive training resource for use by line managers/supervisors and staff to assist in orientating reallocated/deployed staff to a critical area or work unit or in respect to context and work practice needs during an emergency or disaster event such as COVID - 19 pandemic response.

The line manager/supervisor **must**:

- provide this Orientation Handbook to all reallocated/deployed staff; and
- maintain a record of distribution and completion for audit purposes. A Tracking Tool is available via the COVID – 19 Extranet MNH
- provide a copy of the tool that identifies Orientation completion to the staff member's substantive line manager/supervisor.

Intent (why reallocated/deployed staff are required to complete the orientation handbook)

All reallocated/deployed staff members to a critical area or work unit are to complete this Orientation Handbook to comply with Workplace Health and Safety, patient safety and scope of practice requirements.

This Orientation Handbook is a supporting resource to assist the reallocated/deployed staff member to comprehend the physical environment and provide the staff member with the ability to seek relevant resources to support their learning needs.
The Handbook comprises information to re-acquaint the individual with key resources related to safety, infection control, and emergency situations to assist their effective transition into the new work environment.
The Reallocated/Deployed Orientation Checklist (p.22) must be completed within the first shift as these activities are minimum expectations for each staff member to complete to work safely within a new environment. During reallocation/deployment please demonstrate our values in action. Thank you for assistance and support and please seek guidance if required.
The relevant Policies/Procedures/Guidelines/Work Instructions must be adhered to during the period of reallocation / deployment to further enhance staff and patient safety.

Please refer to: QHEPS: http://qheps.health.qld.gov.au/ and MNH Policy and Procedure Intranet site: http://qheps.health.qld.gov.au/metronorth/policy/mn-policyproc.htm

Facility Critical Area or Work Unit Specific Information

Human Resources and Rosters

Upon reallocation/deployment you are to meet the line manager/supervisor who (depending on length of reallocation/deployment) will discuss roster requirements for the critical area or work unit. Any specific roster requests are to be discussed, and negotiation will occur to facilitate fairness and equity to all staff members.

Human Resources information for payroll and rostering is available from the *QH Payroll and Rostering Intranet Site (PARIS)* - http://qheps.health.qld.gov.au/paris/home.htm [2].

The online *myHR* system is a self-service tool providing managers and employees greater access and visibility of their HR information. *myHR* can be accessed via https://qheps.health.qld.gov.au/payroll-assistance/html/myhr [3].

Sick Leave

Please provide as much notice as possible as this assists with organising replacement staff. The usual expectation is a minimum of 2 hours notice before the shift commences (please confirm the process in the reallocated critical area or work unit). A leave form must be completed for each instance of sick leave.

For further information on sick leave related to COVID – 19 please refer to *QHEPS Coronavirus: information for staff* *https://qheps.health.qld.gov.au/hr/coronavirus*

If you are off sick for any reason other than COVID-19 you will need to obtain a Medical Certificate for periods longer than 3 days. This Certificate is to be attached to a completed *Leave Form.*

Uniforms

All staff are to dress in accordance with workplace health and safety standards, infection control standards, and in accordance with their professional position.

If you normally work in a position/work unit where a uniform is not required and you are deployed to a critical area/work unit where a uniform is required, Uniform Services will fit and supply a corporate uniform (the line manager/supervisor is to organise the appropriate requisition form and the staff member is to arrange an appointment with the uniform services department).

However, if this service is unavailable please discuss an alternative with the line manager/supervisor. Irrespective closed in footwear must be worn, and all staff must adhere to bare below the elbow requirements and any existing professional uniform standards/policies/procedures.

Confidentiality

While working within MNH, staff have access to privileged information (i.e. names, patient diagnoses and conditions). All employees are bound by confidentiality not to discuss this information with anyone outside of the work environment [4]. Peoples' right to privacy and confidentiality of information are supported with legislation, professional codes, *Code of Conduct for the Queensland Public Service* [5] and *Australian Charter of Healthcare Rights* [6]. Confidentiality and security of patient information must be maintained at all times [7]. During emergency situations, staff are reminded that they may be privy to large volumes and very sensitive information therefore all aspects of confidentiality maintained.

Emergency Classification

The *MNH Emergency Management Plan*[1] adopts an all hazards, all emergencies, all agencies approach to emergency management. Emergencies are classified and communicated in line with *Australian Standard 4083 (2010): Planning for Emergencies - Health Care Facilities* [8]. Refer to Figure 1 to identify the Emergency Codes and the relevant phone numbers for each emergency within the critical area/work unit to where you have been reallocated/deployed. These

phone numbers will be provided by staff within the critical area/work unit, and are to be noted and documented for emergency use.

Figure 1: Emergency Classifications

Safety and Quality Systems

RiskMan

RiskMan, the clinical incident management information system for reporting actual and potential clinical incidents involving patients must be used to collect, integrate, manage and report clinical incidents, workplace incidents, consumer feedback and risks. Always advise the line manager/supervisor of any incident and complete the RiskMan. All staff are required to log into RiskMan and enter incidents and feedback as soon as immediately possible. If staff require a higher level of access the level of access form will need to be completed.

RiskMan Login and Password

Log onto Riskman using the desktop icon . If icon not available, it can be download from the QH App store. If your computer is windows 10, please contact IT support on 1800 198 175 for assistance.

If an existing staff member is reallocated/deployed, you can log into Riskman as per usual and edit the critical area/work unit area line manager name (please ensure that you are aware of the name of the line manager/supervisor). Refer to the RiskMan resource Intranet page for instruction on how to assign and edit the line manager/supervisor.

Infection Control

All staff must be familiar with Infection Control principles aimed to prevent transmission of infectious diseases (e.g. Covid-19). These principles include standard (inclusive of hand hygiene and needle stick injury and/or blood/body fluid exposure management); transmission-based precautions; reprocessing of reusable medical devices (RMDs); and aseptic technique.

Reallocated/deployed staff must be aware of infection control measures being applied in the specific critical area/work unit to which they have been reallocated/deployed.
Please remember that infection control principles including PPE requirements will vary between critical areas/work/units and that it is the responsibility of each individual to familiarise and apply the specific infection control requirements.
For additional information refer to the *MNH COVID – 19 (Coronavirus) Extranet site*:
https://qheps.health.qld.gov.au/metronorth/coronavirus

Standard Precautions

Standard precautions are designed to protect both staff and patients and must be applied as the minimum standard when caring for all patients regardless of known or presumed infectious status.

Standard Precautions are the minimum requirements for safe work practices and include:

- hand hygiene
- bare below the elbows (BBE)
- personal protective equipment (PPE) including gloves, plastic gown and protective eye wear (when at risk of exposure to blood or other bodily fluids).
- sharps management.

For additional information please refer to the *MNHHS Procedure 004711: Infection Control: Standard Precautions* [9] and the Interim Infection Prevention and Control Guidelines for Management of COVID-19 in Healthcare Settings [10].

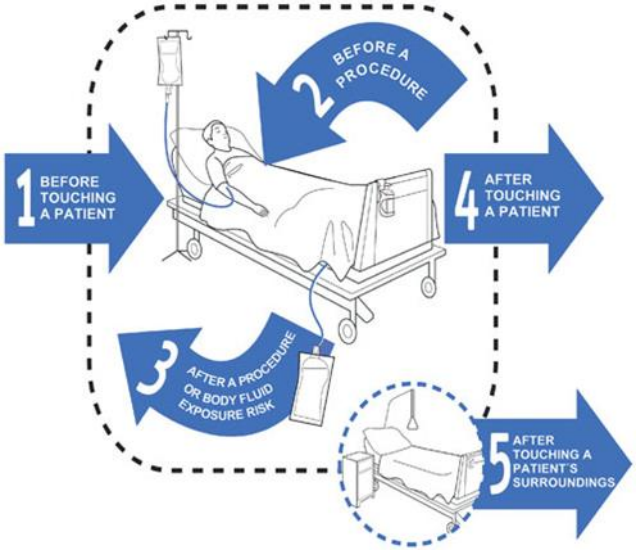
Refer to Appendix 1 – **Standard Precautions**

Hand Hygiene

Hand Hygiene of healthcare workers is currently the single most effective intervention to reduce the risk of hospital-acquired infections in Australian hospitals.
Five Moments for Hand Hygiene have been identified as the critical times when Hand Hygiene should be performed.
Hand Hygiene refers to any action of hand cleansing and includes:

- washing hands with the use of a water and soap or a soap solution, either non-antimicrobial or antimicrobial
- applying a waterless antimicrobial hand rub to the surface of the hands (e.g. alcohol-based hand rub)[9].

Figure 2: 5 Moments of Hand Hygiene



Refer to Appendix 2 **How to Handwash Instructions**

Refer to Appendix 3 – **How to Handrub Instructions**

Bare Below the Elbows (BBE)

All staff having contact with a critical area/clinical work unit or direct contact with patients must adhere to BBE.

- Clothing not to exceed elbow length
- Jewellery is limited to a plain band
- Nails are to be short and clean. No artificial nails or nail polish
- Lanyards are not recommended in clinical areas. A retractable ID holder is to be used in place of lanyards
- Ties should be tucked in, secured or removed in clinical areas
- Staff cannot work in a clinical area if they are unable to clean their hands or be bare below the elbows due to arm casts/hand braces, wound dressings or arm compression devices[9].

Use of Personal Protective Equipment

PPE is to be worn when there is a risk of exposure to blood and body fluids including:

- If there is a risk of exposure to blood or other body fluids, secretions and excretions regardless of whether they contain visible blood (excluding sweat)
- Contact with non-intact skin (including skin rashes)
- Contact with mucous membranes
- As required by Transmission Based Precautions

PPE includes:

- Gloves (appropriate for the task)
- Impermeable Apron/fluid impervious gown
- Protective eyewear
- Face wear/eye protection[9]

Refer to Appendix 4 – **Safe Fitting and removal of personal protective equipment (PPE) for healthcare staff**

Refer to Appendix 5 – **Protect yourself and others from getting sick**

Refer to the following information regarding fit checking masks *Appendix 6* ***–P2/N95 Respirator Application Instructions.***

Refer also to Fit Testing of P2/N95 respirators in respiratory protection programs– Guidance

Sharps Management (Needle stick injury and/or Blood/Body Fluid Exposure)

In order to maintain a safe environment, the following should be considered in relation to sharps management:

- Discard at point of use in sharps container
- Do not overfill container
- Never recap used sharp
- Use retractable devices where possible [9]

In the event of needle stick injury and/or blood/bodily fluid exposure undertake the following steps:

- Carry out immediate first aid (i.e. wash affected body part with soap and water or irrigate eyes with normal saline/water for at least 30 seconds).
- Report the incident to the line manager/supervisor.

Complete and forward the Health Care Worker Occupational Exposure Information Kit to Infection Control and forward the RiskMan Incident Form to the line manager/supervisor.
After hours report to Facility/Directorate Emergency Department for assessment.

Transmission-based Precautions

Transmission-based precautions are used when there is an increased dissemination risk of infection. Transmission-based precautions encompass contact, droplet and airborne precautions.

Contact Precautions - Are used in conjunction with standard precautions to prevent transmission of communicable diseases for example:

- Multi-resistant organisms (MRSA, ESBL, VRE, CRAB)
- Viral Gastroenteritis

Droplet Precautions - are instigated and used in conjunction with standard precautions for patients who have bacterial or viral pathogens spread via droplet (i.e. cough, sneezing, talking and suctioning) for example:

- Pertussis
- Viral infections (Rubella, Mumps and Influenza).
- **COVID-19 (Novel Coronavirus).** Please note that transmission can also occur from contaminated surfaces, so it is important to frequently wash your hands. Additionally, to help reduce transmission of COVID – 19

social distancing should be adhered to. For further information please access the QHEPS Intranet site: https://qheps.health.qld.gov.au/hr/coronavirus and https://metronorth.health.qld.gov.au/extranet/coronavirus and https://metronorth.health.qld.gov.au/extranet/coronavirus/poster-library

Airborne Precautions - protect the health worker's respiratory tract from very small and unseen airborne particles that become suspended in the air.

for example:

- Varicella (Chicken Pox)
- Tuberculosis
- COVID-19

Reprocessing of Reusable Medical Devices (RMDs)

Australian/New Zealand Standard™ AS/NZS 4187:2014 provides the guidelines and practice requirements for the cleaning, disinfecting, sterilising, handling and transporting of reusable medical and surgical instruments and equipment (RMDs), and the maintenance of associated environments in health care facilities [11].

Reusable medical devices (RMDs), may be used for diagnostic and/or treatment purposes for multiple patients and are intended by the manufacturer for reprocessing and reuse (e.g. BP cuffs, thermometers; bowls, jugs, trolleys). Failure to correctly and effectively reprocess RMDs risks the transmission of infectious agents or an adverse reaction to patients and/or staff from residual cleaning, disinfecting or sterilising agents. Reprocessing of RMDs is a multistep process that includes cleaning, disinfection (if applicable), inspection and assembly, testing (if applicable), packaging and sterilisation (if applicable) of used items to render them safe for reuse [9]. Please refer to site specific COVID – 19 cleaning processes for respiratory equipment.

Where possible, Single-use medical devices will eliminate the requirement for reprocessing, however consideration should be given to the cost of the single-use item versus reprocessing cost.

- Medical devices labelled as single use shall not be reprocessed or reused.
- New RMDs must have the Information for Use (IFU) before it can be re-processed in Sterilisation Services.

For additional information please refer to the *MNHHS Policy 004896 AS/NZ4187:2014 Reprocessing of Reusable Medical Devices*

Handling, Transport and Storage of Released Reprocessed RMDs

A reprocessed critical/semi-critical RMD shall be handled, transported and stored in a manner which prevents/minimizes the risk of contamination. Maintaining sterility of RMDs and items purchased sterile by the health service organisation is dependent on maintaining date and event-related sterility a suitable storage environment; education of staff; and the implementation of transport systems which protect package integrity until the point of use [11].

For additional information please refer to the *MNHHS Policy 004896 AS/NZ4187:2014 Reprocessing of Reusable Medical Devices*

Aseptic Technique

Aseptic Technique is an evidence-based framework employed to prevent microbial contamination during invasive clinical procedures or the care and maintenance of invasive devices[9]. This approach allows clinical staff to understand and undertake safe aseptic technique during a wide range of clinical procedures and monitor standards of aseptic technique.

All healthcare professionals who perform invasive clinical procedures including care and management of invasive devices are to undertake assessment of aseptic technique theory with the completion of the relevant Facility/Directorate interdisciplinary theoretical aseptic technique assessment. If you have not completed this package please do not perform invasive clinical procedures during reallocation/deployment. Discuss with the line manager/supervisor regarding the need to complete the aseptic technique education package and assessment. This will be dependent on your role and length of reallocation/deployment.

For additional information please refer to the *local Facility/Directorate aseptic technique procedure.*

Please refer to Appendix 7 – and complete the Orientation Checklist for Reallocated/Deployed Staff

Thank you for completing the Orientation Handbook for Reallocated/Deployed Staff

Appendices

Appendix 1 – Standard Precautions Instructions

Appendix 2 – How to Handwash Instructions

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the entire procedure: 40-60 seconds

0

Wet hands with water;

1

Apply enough soap to cover all hand surfaces;

2

Rub hands palm to palm;

3

Right palm over left dorsum with interlaced fingers and vice versa;

4

Palm to palm with fingers interlaced;

5

Backs of fingers to opposing palms with fingers interlocked;

6

Rotational rubbing of left thumb clasped in right palm and vice versa;

7

Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8

Rinse hands with water;

9

Dry hands thoroughly with a single use towel;

10

Use towel to turn off faucet;

11

Your hands are now safe.

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WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

May 2009

Appendix 3 – How to Handrub Instructions

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

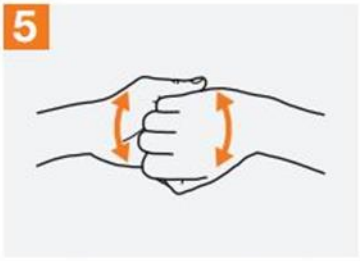
Duration of the entire procedure: 20-30 seconds

Apply a palmful of the product in a cupped hand, covering all surfaces;

Rub hands palm to palm;

Right palm over left dorsum with interlaced fingers and vice versa;

Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;

Rotational rubbing of left thumb clasped in right palm and vice versa;

Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

Once dry, your hands are safe.

World Health Organization | Patient Safety — A World Alliance for Safer Health Care | SAVE LIVES Clean Your Hands

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May 2009

Appendix 4 – Safe Fitting and Removal of PPE for healthcare staff

Safe fitting and removal of personal protective equipment (PPE) for healthcare staff

CORRECT PROCESS FOR FITTING PPE

IMPORTANT: Maintain standard precautions when fitting and removing PPE when caring for confirmed or suspected cases of COVID-19!

1

Perform hand hygiene

2

Put on long-sleeved, preferably fluid-resistant gown

- Fasten the back of the gown/apron at the neck and waist.

3

Put on P2/N95 respirator

- Secure elastic bands at the middle of the head and neck.
- Fit flexible band to nose bridge.
- Ensure mask is fitted snug to face and below the chin.
- For respirator use, perform a fit check according to manufacturer instructions.
- Please see poster "Fit Check for P2/N95 respirator"

4

Put on protective eyewear/face shield

- Place protective eyewear/face shield over eyes/face and adjust to fit.

5

Put on gloves

- Extend to cover wrist of long sleeved gown.

CORRECT PROCESS FOR REMOVING PPE

IMPORTANT: Only remove mask and protective eyewear/face shield after exiting the patient room!

1

2

Perform hand hygiene

Remove gloves

- The outside of gloves is contaminated. Remove gloves being careful not to contaminate bare hands during glove removal.
- Discard gloves into clinical waste.

3

4

Perform hand hygiene

Remove gown

- The gown front and sleeves are contaminated. Untie or break fasteners and pull gown away from body, touching the inside of the gown only.
- Discard gown into clinical waste.

5

6

Perform hand hygiene

Remove protective eyewear/face shield

- The outside of protective eyewear/face shield is contaminated. Remove eyewear/face shield by tilting the head forward and lifting the head band or ear pieces. Avoid touching the front surface of the eyewear/face shield.
- Reusable items should be placed in a designated receptable for reprocessing.
- Place disposable items in clinical waste.

7

8

Perform hand hygiene

Remove P2/N95 respirator

- Do not touch the front of the P2/N95 respirator.
- Remove respirator by holding the elastic straps and remove without touching the front.
- Discard P2/N95 respirator into clinical waste.

Current as of August 2021

Recommended personal protective equipment (PPE) for healthcare staff

PPE RECOMMENDED FOR:

Confirmed and high-risk suspected COVID-19 cases

Staff

- Perform hand hygiene
- Recommended PPE for contact and airborne precautions:

Long-sleeved, preferably fluid-resistant gown | **P2/N95 respirator** | **Protective eyewear /faceshield** | **Gloves**

Patient

- Place the patient in a single room with negative pressure air handling
- Move patient within facility only when medically necessary
- If possible, place a surgical mask on patient during transfer out of their single room

Please note:
A surgical mask may be used instead of a P2/N95 respirator for persons with low-risk suspected COVID-19, provided they are not a quarantine international arrival, there are no aerosol-generating procedures, no aerosol-generating behaviours and no other high-risk scenarios.

Refer to ICEG *Coronavirus (COVID-19) environmental cleaning and disinfection principles for health and residential care facilities* at https://www.health.gov.au/resources/publications/coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities for further information and clarification.

Current as of August 2021

Appendix 5 – Protect yourself and others from getting sick Instructions

Queensland Government

Appendix 6 – P2/N95 Respirator Application Instructions

ProShield® N-95

Particulate Filter Respirator, Fluid Resistant

Fluid Resistant

NIOSH APPROVED

ProShield N95

Particulate Filter Respirator
(A respirator is a respiratory protective device designed to protect the wearer against inhalation of contaminated air)

ProShield N-95 Respirators are:

- NIOSH certified
- P2 compliant
- Fluid resistant to 160mmHg
- Suitable for sensitive skin
- Available in 2 sizes

Fit Checking is a procedure to assist in determining whether the wearer has donned the respirator correctly and should be performed each time a respirator is donned or adjusted to ensure proper sealing of the respirator to the face.

1. AS/NZS 1716: 2003. Respiratory Protective Devices

Directions for checking the facial seal of ProShield N-95 Particulate Filter Respirator

- To Fit Check ProShield N-95, forcibly inhale and exhale, whilst the respirator is in place.
- The respirator should collapse slightly on inhalation and expand on exhalation.
- To obtain a good facial fit and a successful facial check, you should not be able to feel any air leakage between the respirator and your face.
- If this does not occur, please adjust and respirator until leakage is corrected and a successful facial seal is obtained.
- If experiencing difficulties in obtaining a successful Fit Check, utilisation of a mirror can be of assistance. Ask someone to look for hair or earrings that might be caught in the seal.
- Ensure headbands are positioned correctly with the top headband positioned at the crown of your head, as it is designed to hold the bottom of the respirator securely against your chin.
- The wearer should not proceed with any activities until a successful Fit Check has been completed.

Note: The use of respirators with tight fitting facepieces (N-95) is not permitted to be worn by individuals with facial hair as it will interfere with the seal of the respirator.

The removal (Doffing) of ProShield N-95

- Wash hands.
- The front of the respirator is considered contaminated, handle only the bands.
- To remove, pull lower band over the head first, then remove upper band.
- Discard in an appropriate receptable making sure the headbands are the only part in touch with your hands.
- Wash hands.

1.

- Wash hands.
- Separate mask to open (stamp side down).
- Gently curve the nosepiece to conform respirator to your nose.

2.

- With your index fingers and thumbs, separate the two headbands.

3.

- While holding the headbands with your index fingers and thumbs, place your chin in the lower part of the respirator.
- Pull the headbands over your head.
- Release the upper headband from your fingers and position it at the crown of your head.

4.

- Release the remaining headband and position it at the base of the neck.

5.

- Whilst holding the nosepiece at the ends with your thumbs, lightly mould along the entire nosepiece with your fingers to ensure a facial fit.
- Continue to adjust the respirator until you feel you have achieved a good facial fit and perform a fit check (a user seal check).

Product Code	Description	Box Qty	Shipper Qty
36361334	N-95 Small	50/Box	6 Boxes
36361335	N-95 Medium	50/box	6 Boxes

® Registered Trademark
SN01130 (05/2012)

Proper Wearing of KIMBERLY-CLARK® PFR95® N95 Particulate Filter Respirators and Surgical Masks

To ensure your PFR95® N95 Particulate Filter Respirator provides the intended level of protection, it is important that the respirator is applied properly, and that a user seal check is performed EACH AND EVERY TIME you wear it.

NOTE: When using a FLUIDSHIELD® PFR95® N95 Particulate Filter Respirator, the orange side MUST be worn facing outward and upward in order to provide fluid-resistant protection.

Directions for Proper Donning:
Properly donning your PFR95® N95 Particulate Filter Respirator may feel a little awkward at first, but it will become easier with repeated applications. Please use the instructions to the left when applying this respirator.

Tips for Achieving a Good Fit:
If you have a problem successfully user seal checking your respirator, try the following tips:
1. Use a mirror while adjusting the respirator.
2. Ask someone to look for hair or earrings that might be caught in the seal.
3. Make sure the headbands are positioned properly. It is especially important that the top headband is on the crown of your head, as it is designed to hold the bottom of the respirator snug against your chin.

NOTE: If after trying these tips you are still unable to successfully user seal check your respirator, see your supervisor or respiratory protection coordinator.

DO NOT PROCEED WITH YOUR ACTIVITIES UNTIL YOU HAVE SUCCESSFULLY USER SEAL CHECKED YOUR RESPIRATOR!!

Commitment to Excellence
If, for any reason, our products do not meet your expectations, please let us know your comments or suggestions for improvement. Your input will result in a concerted effort on our part to meet your requirements. Our goal is to provide quality products that completely meet your needs time after time.

For more information, please call 1 800 KCHELPS in the United States, or visit our web site at www.kchealthcare.com.

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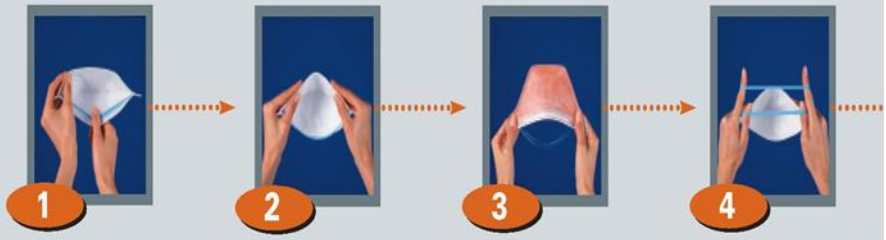

1. Separate the edges of the respirator to fully open it.
2. Slightly bend the nose wire to form a gentle curve.
3. Hold the respirator upside down to expose the two headbands.
4. Using your index fingers and thumbs, separate the two headbands.

5. While holding the headbands with your index fingers and thumbs, cup the respirator under your chin.
6. Pull the headbands up over your head.
7. Release the lower headband from your thumbs and position it at the base of your neck.
8. Position the remaining headband on the crown of your head.

9. Conform the nosepiece across the bridge of your nose by firmly pressing down with your fingers.
10. Continue to adjust the respirator and secure the edges until you feel you have achieved a good facial fit. Now, perform a user seal check.

DIRECTIONS FOR USER SEAL CHECKING

IT IS IMPORTANT TO USER SEAL CHECK THE RESPIRATOR EVERY TIME YOU WEAR IT.

Forcefully inhale and exhale several times. The respirator should collapse slightly when you inhale and expand when you exhale. You should not feel any air leaking between your face and the respirator.

If the respirator does not collapse and expand OR if air is leaking out between your face and the respirator, then you have NOT achieved a good facial fit. Adjust the respirator until the leakage is corrected and you are able to successfully user seal check your respirator.

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Wear it Right

3M™ Flat Fold Respirators 9300 Series

1 Remove the respirator from its packaging and hold with straps facing upward. Pull out the top and bottom panel to form a cup.

2 Turn respirator over to expose headbands.

3 Cup respirator under the chin and pull both straps over the head.

4 Locate the lower strap below the ears and the upper strap across the crown of the head. Adjust top and bottom panels for a comfortable fit.

5 Using both hands, mould nose clip to the lower part of the nose.

Check the fit of your respirator every time!

Cup both hands over the respirator. Inhale sharply.

If air flows around the edges readjust nosepiece and straps and repeat Face Fit Check.

If you can not achieve a proper fit, do not enter the contaminated area. See your supervisor. It is recommended that face fit tests be conducted before assigning a respirator to an individual.

For specific advice on 3M™ Respiratory Protection talk to your 3M Sales Representative or call 3M TechAssist on 1800 024 464.

WARNING All respirators should be used in accordance with Australian and New Zealand Standard AS/NZS 1715. Do not use with beards or other facial hair or other conditions that prevent a good seal between the face and the face seal of the respirator.

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Helping to protect your way of life.

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Appendix 7 – Orientation Checklist for Reallocated/deployed Staff

The following checklist for reallocated/deployed staff is to be completed within the first shift.

The activities of this Checklist are the minimum expectations required for each staff member to work safely within a new environment.

The original is retained within the line manager/supervisor. The line manager/supervisor is to provide a copy of this page to the staff member's substantive line manager/supervisor; and to the staff member.

A signed Checklist confirms that the staff member has been effectively orientated to the work environment and has completed all relevant orientation requirements.

Orientation Checklist for Reallocated/deployed Staff	**Date completed**
Critical Area/Work Unit Key Team Members Introduced:	
Identify names of relevant personnel:	
Support Systems (if relevant and you do not already have access)	**Date completed**
Microsoft Outlook; Network drive access relevant to work unit and role Clinicians Knowledge Network (CKN)	
MNHHS Intranet/policies	
RiskMan	
Arrange keys/swipe card access (if relevant)	
Rostering	**Date completed**
Familiarise yourself with rostering processes, documentation and processes for emergent leave e.g. sick leave, public holidays etc (if relevant)	
Documentation	**Date completed**
Identify, locate, review and familiarise with documentation specific to the role	
Critical Area/Work Unit Training and Familiarisation	**Date completed**
Complete the required training relevant to the role and locate the following resources within critical area/work unit (if relevant): ☐ Fire and Emergency procedures (including emergency phone numbers and General Evacuation Instructions) ☐ Evacuation assembly points ☐ Emergency equipment (emergency trolley, defibrillator, oxygen (O2)) ☐ Read the requirements and are competent in ability to demonstrate correct application of Standard Precautions: ☐ hand hygiene (hand wash, handrub) ☐ BBE ☐ PPE ☐ sharps management ☐ Standard of dress requirements and expectations (e.g. no lanyards, closed in shoes) ☐ Occupational exposure kits ☐ Cytotoxic spill kit ☐ Telephones and printers ☐ Kitchen code ☐ Staff tea room ☐ Staff toilets ☐ Dirty utility room ☐ Treatment room (including PPE) ☐ Equipment store room and equipment (e.g. infusion pumps, syringe drivers) ☐ Stationary supplies ☐ Forms (e.g. Medication, IV, BGL) ☐ Porterage, admission, transfer and discharge	
Staff members Name & Signature:	
Line manager/supervisor's Name & Signature:	
Date completed:	

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