

Living and working in Western Australia

An orientation manual for overseas trained nurses
and midwives working in Western Australia's public
hospitals



Message from the Director General Department of Health Western Australia



Overseas trained nurses and midwives play a vital part in helping Western Australia (WA) meet its needs for clinical service delivery. Overseas trained nurses and midwives are a significant percentage of all nurses and midwives in WA's public health system, and they are particularly important in rural areas, where they make up a significant part of our nursing/midwifery workforce.

It is therefore essential to supply these nurses and midwives with the relevant resources and information to assist them in becoming familiar with the Australian and West Australian health care systems.

Living And Working In Western Australia - An Orientation Manual for Overseas-trained nurses and midwives Working in Western Australia's Public Hospitals has been developed by the Organisational Development Division of Department of Health WA, giving nurses and midwives wanting to work in WA a broad overview of WA Health and its context. It also gives practical advice on matters such as registration, migration, Medicare and English language resources.

The Orientation Manual provides guidance for managers recruiting and employing nurses and midwives from overseas, ensuring that comprehensive and consistent advice is given to our potential nursing and midwifery workforce.

The Manual was compiled through consultations with a number of groups representing overseas-trained nurses and midwives, employers and professional bodies. I gratefully acknowledge the work of these organisations and the additional advice and feedback they offered.

I also want to extend my thanks to all who worked to put this information together. Your interest, time and expertise will benefit both WA Health and nursing and midwifery staff from overseas during the coming years. I am confident that this publication will succeed in continuing to make WA Health an attractive option for overseas trained nurses and midwives who want to contribute to our clinical services, and to help us in delivering a healthy WA.

A handwritten signature in black ink that reads "Neale Fong". The signature is written in a cursive, flowing style.

Dr Neale Fong
DIRECTOR GENERAL



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An Orientation Manual for overseas trained nurses and midwives working in Western Australia's public hospitals



Acknowledgements

This document 'Living and Working in Western Australia' has been developed by the Organisational Development Division of the Department of Health Western Australia (DOH WA).

This orientation manual (the Manual) builds on the extensive work of the Victorian Department for Human Services and the Postgraduate Medical Council Victoria in their publication 'Working in Victoria's Public

Hospitals - An Orientation Manual for International Medical Graduates' and the WA DOH publication 'Living and Working in WA'.

We gratefully acknowledge the work of these organisations and the additional advice and feedback received as result of extensive consultation with a number of groups representing overseas-trained nurses/midwives, employers and professional bodies.



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This information does not constitute professional advice and should not be relied upon as such. Formal advice from appropriate advisers and representative bodies should be sought on particular matters.

The DOH does not accept liability to any person for the information or advice contained in this Manual, or incorporated into it by reference, or for loss or

damages incurred as a result of reliance upon the material contained in the Manual. The Manual covers a range of matters that are subject to regular change.

Please note: Information in this Manual will require updating from time to time. If you have a hard copy of this Manual it is important to consult the electronic version on the DOH website (address below) to access the most current information:

www.nursing.health.wa.gov.au

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This document, Living and working in Western Australia may also be downloaded from the DOH website for overseas trained nurses/midwives at:

www.nursing.health.wa.gov.au

Note on Terminology

This Manual uses the terminology “Overseas Trained Nurse and Midwife” (OTNM) in referring to nurses/midwives whose undergraduate training was undertaken in a clinical school/setting in another country other than Australia. Some jurisdictions prefer the use of an alternative term - “International Nursing Graduates” (ING).



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Introduction

This orientation manual has been developed and written for overseas trained nurses/midwives (OTNM's) who are new to Australia and provides a general overview of the Australian and the Western Australian healthcare systems and environment. Due to the volume of material the information on many subjects is not provided in detail. Instead, information is provided so that readers can research subjects of particular interest. Also, due to the ever changing environment we would urge all readers to check websites and relevant bodies to ensure they have the latest information.

We wish you well using this Manual and hope that it makes your arrival and integration into the WA public hospital sector easier and more enjoyable.

How to use the Manual

The Manual is divided into the following sections

- SECTION 1:** WA's healthcare system.
- SECTION 2:** Obtaining nursing registration.
- SECTION 3:** The Australian nursing/midwifery council- recognition of overseas qualifications.
- SECTION 4:** Professional behaviour of nurses/ midwives.
- SECTION 5:** Professional and personal support for nurses/midwives.
- SECTION 6:** Working in a WA hospital - things you need to know.
- SECTION 7:** Support organisations and other services.
- SECTION 8:** WA country health services.
- SECTION 9:** Useful information for you and your family.

There are a number of Appendices, which will provide further information about resources and information for you:

- APPENDIX A:** Deceased persons: Administrative procedures.
- APPENDIX B:** Paperwork in hospitals - key forms and advice.
- APPENDIX C:** Legal matters.
- APPENDIX D:** Health Industry acronyms.

Additional sources (contact telephone numbers, website addresses) are also included for your information.

It would be valuable if, as you are using the Manual and you note any changes, these could be communicated to the DOH Organisational Development Directorate for incorporation into ongoing updates of the Manual. Contact details are located on page 4.



Key topics

The key topics covered in the Manual are how to deal with patients in the Australian health care system, how the Medicare system funds medical services and how the WA public system and health services meet the demands of the community. Information is provided on how overseas nursing qualifications are assessed and how to obtain nursing registration in WA.

In addition there is a section with information providing useful information about Australia, its way of life, its attractions, and how to access services. Information on how to obtain Australian citizenship, opening a bank account, transferring an overseas driving license and education services and facilities are also some of the topics included in this Manual.

Information regarding Visa's

Nurses/midwives wishing to work in WA require a visa that allows full working rights in Australia. There are a number of visa options available.

For advice and assistance on the variety of options available to you please visit the Department of Immigration, Multicultural and Indigenous Affairs (DIMA) website:

www.immi.gov.au

Note: DOH can offer Nurses/Midwives sponsorship on a Temporary Business (Long Stay) Visa (Subclass 457). For further information about this type of visa please download Booklet 11 from the DIMA website.

Orientation program

The hospital in which you will be working will provide you with an orientation program to help you become familiar with your working environment. The orientation program will also include some information that is contained in the Manual.

Employment

Obtaining nursing/midwifery registration and finding employment is the responsibility of each nurse/midwife.

The Organisational Development Division (ODD) of the DOH is currently processing enquiries from applicants seeking employment in the Government Health setting. To apply for a position you are required to:

- Submit a DOH application form
- Submit an electronic copy of your curriculum vitae
- Provide two referee contacts, including email addresses
- Provide a certified copy of your IELTS results

On receipt of your application, a recruitment specialist will commence the review of your application.

Applicants who do not meet employment needs will be notified if unsuccessful.

Please note that employment with WA DOH can only be offered if there is a recognised area of unmet needs for a specific specialty. Therefore, submission of your application does not guarantee a position.

Applicants may also approach individual hospitals for employment options if desired. Contact details for WA hospitals and health services can be obtained from the DOH website at:

www.health.wa.gov.au/services/category.cfm?Topic_ID=2



Assessment of qualifications

If you are planning to enter WA under general skilled migration (permanent residency) DIMA requires you to have your skills and qualifications assessed by a designated assessing authority before lodging your visa application. The Australian Nursing and Midwifery Council (ANMC) have been nominated as the assessing authority for the occupation of nursing/midwifery. Only nurses/midwives migrating to Australia under the General Skilled Migration category need to have skills assessed by the ANMC. For further information and to lodge a skills assessment application please visit:

www.anmc.org.au

Registration

Nurses/midwives and mental health nurses must be registered with the Nurses Board of Western Australia before they can commence working in a public hospital. For further information refer to the Nurses Board website:

www.nbwa.org.au

Criminal record screening

It is an essential requirement for all employees of WA Health to have a recent criminal record screen covering the past 10 years.

For the criminal record screening process please visit:

www.immi.gov.au/allforms/pdf/47p.pdf

Note: Applicants applying for General Skilled Migration Visa are required to complete this process as part of the visa application. However an additional certified copy of this criminal record will be required at time of employment.



Western Australia's healthcare system



This section of the Manual focuses on those parts of the WA health care system that you need to know about in your dealings with patients.

WA public health services

WA public hospitals and health services provide a broad range of in-patient and outpatient health care services to meet the needs of the community. Rural health services and website addresses are also outlined in Section 8 of this Manual.

There are a large number of public hospitals across WA. Links to the following health services can be found on the DOH website at:

www.health.wa.gov.au/services/category.cfm?Topic_ID=2

These are

- Metropolitan hospital services
- Rural hospital services
- Nursing posts
- Hospital support services
- Palliative care

WA Health Clinical Services Framework 2005 - 2015

The Health Reform Committee (HRC) released its final report 'A Healthy Future for Western Australians' in March 2004. The report provided a long-term vision for the future of health care in WA and set out a plan for major health reform. The report recommended a reconfiguration of WA's health system during the next 10 to 15 years.

In response to the HRC's recommendations and the Clinical Services Consultation that followed in 2005, the DOH has developed its strategic overview for clinical services in WA. The result was "WA Health Clinical Services Framework 2005-2015". Significant elements of the final "WA Health Clinical Services Framework" includes:

- A clear role delineation for each health service and care facility
- A description of the bed numbers planned for the metropolitan region
- Location of the central tertiary hospital site at the QE11 Medical Centre
- New southern tertiary hospital to be developed
- Building up the general hospitals
- Investment in education and research
- A foreshadowing of work on models of care with a greater emphasis on prevention, primary care and providing care in the most appropriate setting and
- Advancement of country health service role delineation in alignment with metropolitan plans.

For further information on the strategic overview for clinical services in WA please visit the Health Reform Implementation Taskforce (HRIT) website at:

www.health.wa.gov.au/HRIT/csf/index.cfm

Overview of Australia's health care system

This section of the Manual focuses on those parts of the Australian health care system that you need to know about in your dealings with patients. It provides you with an outline of the Australian health system; and

information on some of the key organisations that you should be familiar with, in particular:

- The Pharmaceutical Benefits Scheme (PBS) and
- Medicare Australia.

The Australian health system is a complex mixture of public and private services involving all three tiers of government. Most importantly:

- The Australian Government through the Medicare system funds medical services, pharmaceutical benefits and health services to veterans, Aboriginal and Torres Strait Islanders and a range of other national health programs and
- The State and Territory governments regulate the public provision of health services, including public hospitals, mental health and dental health services, population health and community health centres, ambulance services and health promotion.

Medicare - Access to health care as a public patient

Medicare is a scheme that gives all Australian residents access to health care. Whether you have lived in Australia for most of your life or have only recently arrived, there may be details about Medicare and Australia's public health care system that you may not understand.

The following information will assist you understand Medicare.

- Medicare is Australia's universal health insurance scheme and was introduced by the Federal Government in 1984 to ensure that all Australians have access to medical and hospital care when they need it.

The objectives of Medicare are to:

- Make health care affordable for all Australians
- Give all Australians access to health care services with priority according to clinical need and

- Provide a high quality of care.

Medicare is available to all persons who reside in Australia and:

- Hold an Australian citizenship
- Have been granted permanent resident status
- Hold a New Zealand citizenship or
- Have applied for a permanent resident visa (other requirements apply).

When admitted to a hospital, all people eligible for Medicare can access free treatment as a public (Medicare) patient in a public hospital. In Australia there are two kinds of hospitals, Public hospitals (funded by the government), and private hospitals (some of which operate for profit).

If a patient is admitted to a public hospital as a public (Medicare) patient they will be treated by doctors, nurses and specialists nominated by the hospital. All care and treatment will be free.

If a patient is admitted to a private hospital as a private patient, fees are charged by doctors and allied health professionals and the hospital will charge the patient for accommodation, nursing care and other hospital services eg operating theatres, medicines etc.

If the patient is eligible for Medicare as a permanent resident of Australia, the doctor's fees generally attract Medicare benefits and the balance of fees will be met by the patient (eg personally and/or from private health insurance).

Free or subsidised treatment through Medicare helps to pay consultation fees for doctors who are GPs (general practitioners or family doctors), and specialists (doctors specialising in a specific branch of medicine, for example, psychiatrists). It provides benefits to help pay for special tests and examinations, including eye tests undertaken by optometrists, most surgical and other procedures performed by doctors and some procedures performed by approved dentists, but does not cover services provided by psychologists.

Services that Medicare does not cover include: most dental services, ambulance services, home nursing, physiotherapy, occupational therapy, speech therapy,

podiatry, chiropractic, acupuncture (unless part of a doctor's consultation), cosmetic surgery, hearing aids, glasses and contact lenses and prostheses. For a full list, contact Medicare:

www.medicareaustralia.gov.au

The Medicare levy

To help fund the Medicare scheme, Australian residents must pay a Medicare levy. The Medicare levy payable is based on your taxable income and is in addition to any other income tax payable. Normally, your Medicare levy is calculated at 1.5 per cent of your taxable income but this rate may vary depending on your circumstances.

The Medicare levy surcharge

Individuals and families on higher incomes who do not have private hospital cover may have to pay the Medicare levy surcharge. Single people with a taxable income of more than \$50,000 per year and families/couples with a combined taxable income of more than \$100,000 per year will be charged the extra 1 per cent Medicare levy if they don't have private hospital insurance. This is in addition to the basic 1.5 per cent Medicare levy.

Billing arrangements by Doctors

In Australia, doctors may direct bill (also known as bulk billing). This allows a doctor to charge Medicare directly, accepting the Medicare benefit as full payment. There are limitations to bulk-billing as set out in clauses 45 to 48 of the Australian Health Care Agreement 2003 to 2008. Patients will pay nothing.

Patients must sign a completed form after the consultation with the doctor, not before and be given a copy of the form. Some doctors may issue patients with an account, which they pay, and then claim the benefit from Medicare. Alternatively, if the patient does not pay the account, Medicare will send a cheque payable to the doctor which the patient then sends to the doctor along with any outstanding amount. Medicare can tell you more about the options.

Issue of a Medicare card

Any person eligible for Medicare will be issued with a Medicare card. This is a green plastic card, printed with the holder's name and that of any other eligible family members and a Medicare number.

A Medicare card is required:

- When a person visits a doctor
- When a person wishes to make a claim for a cash benefit at a Medicare office
- To make enquiries when claiming
- To show at a hospital when a person chooses to be treated as a public patient and
- To show a pharmacist when a person takes a prescription to a pharmacy to be filled.

Reciprocal health care agreements

Although overseas visitors holidaying in Australia are generally not entitled to a card, there are exceptions in the case of visitors from those countries that have a Reciprocal Health Agreement with Australia. These countries are Great Britain, Finland, Ireland, Italy, Malta, The Netherlands, New Zealand and Sweden.

To check who is eligible for Medicare assistance you can contact Medicare at any Medicare Office or Telephone: 132 011* (* Local call rates apply; mobile and pay phones cost more).

Email: medicare.engq@hic.gov.au

Further information: Australian Government DOH and Ageing on Medicare at website:

www.medicareaustralia.gov.au/yourhealth/services_for_travellers/vtta.htm

You can find more health information in your language on the Multicultural Communication website at

mhcs.health.nsw.gov.au

Medicare Australia - roles and responsibilities

(The Health Insurance Commission was renamed Medicare Australia from 1 October 2005)

Medicare Australia is an Australian Government organisation and Australia's primary health information management and payment agency. Medicare Australia is responsible for administering payments and information for programs such as Medicare, the Pharmaceutical Benefits Scheme (PBS), the Australian Childhood Immunisation Register (ACIR), the Practice Incentives Program (PIP), Organ Donor Registration as well as a number of other programs.

For further information, contact Medicare Australia at website:

www.medicareaustralia.gov.au

Medicare Australia Welcome Kit

Medicare Australia has produced a 'Welcome Kit', which has information on Australia's main health programs, including Medicare. You can download sections of the 'Welcome Kit' from the website or collect a copy from any Medicare Office Migrant Resource Centre or telephone 132 011 for a copy. The phone number for the Translating and Interpreting Service (TIS) is 131 450. This 'Welcome Kit' is available in many languages.

Pharmaceutical Benefits Scheme (PBS)

The Pharmaceutical Benefits Scheme (PBS) is a system of subsidising the cost of most prescription medicines. The subsidies are available to all Australian residents and eligible foreign visitors, that is, people from countries that have Reciprocal Health Care Agreements with Australia.

The aim of the PBS, which has been in operation since 1948, is to provide reliable and affordable access to a wide range of necessary medicines. The Schedule of Pharmaceutical Benefits - referred to throughout as the 'Schedule' - lists all of the medicines available under the PBS, and explains how they can be used in order to be subsidised. The PBS site has a search facility where you can 'Search Schedule' by the generic or proprietary brand name of your medicine. Go to the following website:

www.health.gov.au/pbs/index.htm



Obtaining nursing registration

This section of the Manual focuses on the role of the Nurses' Board of WA (NBWA) and provides information relating to registration for nurses/midwives who have trained overseas.

Nurses Board of Western Australia

The Nurse and Midwives' Act 1992 ("the Nurses' Act") is the primary piece of legislation relating to nurses/midwives in WA. To practice as a registered nurse/midwife in WA, a nurse/midwife must have current nursing registration with the Nurses Board of WA (The Board). Registration in one State or Territory does not automatically allow a nurse/midwife to practice in another State. A person who is registered as a nurse/midwife under the law in force in another State or Territory is entitled to be registered as a nurse/midwife in WA under the Mutual Recognition Act 2001.

The primary role of the Board is to protect the public, by ensuring that professional standards are maintained and only nurses/midwives with the appropriate nursing and midwifery qualifications will be allowed to practice.

The Board achieves these goals by:

- Ensuring that all nurses/midwives registered are suitably qualified
- Investigating complaints about nurses/midwives and taking appropriate action against those found to be in breach of the Nurses Act
- Liaising with national organisations such as the Australian Nursing and Midwifery Council (ANMC) to ensure that standards and procedures in WA are generally consistent with those in other States and
- Ensuring that people not registered as nurses/midwives in WA do not practice nursing or midwifery and do not convey to the general public the impression that they are doing so.



General (unconditional) registration

Under section 22 (2) of the Nurses' and Midwives Act a person is entitled to general registration as a registered nurse/midwife if he or she:

- Holds an approved education qualification
- The person has not been convicted of an offence the nature of which renders the person unfit to practice as a nurse
- Has a sound knowledge of the English language, both written and oral
- Has practiced as a nurse or completed a refresher course in nursing, approved by the Board

However, the Board must not register a person as a nurse/midwife unless satisfied that the person:

- Is competent to practice (that is, the person has sufficient physical capacity, mental capacity and skill to practice) (section 22;61) of the Nurses Act 1992
- Has a sound knowledge of the English language, and possesses sufficient skill in the expression of that language in writing, speaking, listening and reading.

Please note: OTNM's requesting registration with the Board must complete an English language assessment (unless granted an exemption) with one of the Board's approved assessors. Results from tests completed greater than 2 years prior will not be accepted. Education providers approved to assess English Language are:

International English Language Testing System (IELTS)

Which requires an overall Band score of 7 or higher. For further information about IELTS, fees and examination dates: visit the IELTS website at:

www.ielts.org

Occupational English Test (OET)

Administered by CAE Language and Professional Support Centres with grades of A or B in each of the 4 components with a minimum of an overall B grade. For further information about OET, fees

and examination dates: email oet@cae.edu.au or telephone 03 9657 8111.

English language bridging course

Provided by Curtin University of Technology and requires evidence of a 60% pass in each unit on the academic transcript. For further information about fees, examination and enrolment: visit the website www.dolie.curtin.edu.au

For exemptions, please contact the Board:

www.nbwa.org.au

The Board also requires an original Certificate of Good Standing be forwarded to the Board directly from the registering authority in the country where the OTNM is currently practising.

Renewal or extension of nursing/midwifery registration

The registration year for nurses/midwives in WA is linked to your birth month. Initial registration with the Board will entitle you to practice nursing or midwifery in WA until the end of your next birth month. Nurses/midwives are required to produce evidence of registration to their employer.

Nurses Board policies and guidelines

The Board has a range of policies and guidelines that you should be aware of and can be found on their website at

www.nbwa.org.au

or by telephoning (+61 8) 9421 1100



The Australian nursing and midwifery council - Recognition of overseas qualifications



This section of the Manual focuses on the Australian Nursing and Midwifery Council (ANMC) and its role in the assessment and recognition of OTNM qualifications.

The ANMC is an independent national standards body for nursing and midwifery education and training. Its mission statement is: 'to safe guard the interests of the community by promoting high standards of nursing and midwifery practice.'

The International section of the ANMC is an assessing authority for the Department of Immigration, Multicultural and Indigenous Affairs (DIMA). The ANMC assesses OTNM who are migrating to Australia under the General Skilled Migration category. The ANMC has been authorised by DIMA to undertake these assessments. Through this process the ANMC determines whether nurses/midwives are suitable for migration or whether they may need to undertake further education in order to be eligible for migration. For more information on the ANMC:

www.anmc.org.au



Recognition of overseas training

The ANMC has developed guidelines for the process of assessment of the education qualifications and work experience of OTNM. The guidelines provide information about the assessment process and the standards and criteria used in the assessment process. It also provides a glossary of terms to ensure applicants are able to understand the meaning of the terminology used within the guidelines.

English language requirements

The ANMC also has English language requirements which are outlined in their English language proficiency for overseas educated nurses policy, available at www.anmc.org.au

Adult Migrant English Program (AMEP)

Your family may be eligible to learn English through the AMEP. Up to 510 hours of tuition is provided free of charge to eligible clients. Free childcare can also be provided. You must register within 3 months of arrival in Australia. The AMEP offers a range of learning opportunities with full-time or part-time classes available at various venues.

Your family can also study from home or with the assistance of a home tutor. As well as teaching English, AMEP tutors will help students to understand the Australian ways of life and everyday activities. Information about English classes is available in a range of languages on the following website:

www.immi.gov.au/amep

or contact: West Coast College of TAFE - Adult Migrant Education Service Telephone (+61 8) 9229 3600 or Central TAFE Perth Campus: telephone (+61 8) 9427 1377.



Professional behaviour of nurses/ midwives (ethics and behaviour during patient consultation)



This section of the manual provides guidance on professional behaviour expected of nurses/midwives working in Australia. This relationship dictates that practitioners are scrupulous in all aspects of their behaviour and practice.

Cultural awareness

In a health care environment cultural differences take on a greater significance. Proficiency in English may not always be enough to remove any cultural barriers between the nurse/midwife and patient. Australia is made up of people from a variety of cultures many of which hold different values and beliefs about health and medical treatment.

These different beliefs and values will impact on your

patients' perceptions of appropriate treatment and behaviour. Determining what is appropriate, given the various cultures, beliefs and expectations within your working environment, may not be easy. Your own training and background may lead you to have different expectations to those of your patients.

If in doubt, ask the patient whether they understand and accept your proposed actions and seek advice from the patient and/or colleagues.

It is wise to have another person in the room while you conduct physical examinations that could be considered intimate - for your peace of mind and/or the patient's. As this is not always possible, it is then sensible to check whether the patient is happy to



proceed without a witness.

Be aware of your own “hot buttons”. How do you react when?

- You try to help people and they take no notice, do not take their medicine, and continue to do things that make their physical condition worse?
- They are disrespectful to you and your staff?
- They appear drunk or drugged?
- They are physically violent?
- They believe spirits and curses are the cause of their illness?

If you and your patient come from different cultures you need to be even more conscious of the possible communication pitfalls. For example, when your patient says “yes” are they giving consent, simply acknowledging that they have heard what you have said, or possibly simply repeating your words? Miscommunication affecting the nurse/midwife-patient relationship can arise in many ways from attitudes toward the role of the health profession in the treatment of illness.

Here are some basic principles for communicating with a person from a different culture, that could help:

- Assume differences until similarity is proven
- Check your assumptions in a culturally sensitive way
- Emphasise description rather than interpretation or evaluation
- Delay judgment until you have had sufficient time to observe and interpret the situation
- Practice empathy - try and see the situation from the other person’s perspective
- Treat your interpretation as a working hypothesis until you have sufficient data to support it
- Be aware of your own cultural beliefs and prejudices.

For example:

- Do you believe women are of equal value, intelligence, and maturity to men?
- What is your attitude to physical violence, uncommon sexual habits, or poor personal hygiene?
- How do you react when a family does not feed their children properly but they seem to have enough money for other things?

Whatever approach you take, the most important thing is keeping the patient’s needs uppermost in your mind.

“When a personal moral judgment or religious belief alone prevents you from recommending some form of therapy, inform your patient so that they may seek care elsewhere” (AMA Code of Ethics)

The patient then needs to be supported by you to find alternative help. In areas in which you have strong personal beliefs, conduct your research about alternative approaches more rigorously than usual and ask others advice.

For example in the case of:

- Termination of a pregnancy
- The process of dying
- Treatment of pain
- Prescription of contraceptives
- AIDS related care
- Sexual orientation
- Cultural requirements e.g. circumcision
- Organ donation
- Substance abuse or
- Euthanasia.

These are areas where your personal views and your role as a nurse/midwife may conflict strongly. Be aware of these areas of conflict to ensure your judgment is not clouded with emotion.

Ensure that all the evidence for alternative treatments

is equally weighted in your judgment. Take legal and reporting requirements into account. In some cases where you are aware your judgment may be biased, you may need to refer the patient to a colleague.

“Do not deny treatment to any patient on the basis of their culture, ethnicity, religion, political beliefs, sex, sexual orientation or the nature of their illness”.

(AMA Code of Ethics)

Nurses/midwives and society

Australian society is made up of many cultures and people of diverse backgrounds. In all societies, there are sub-cultures, and important differences between rural and urban groups, among different classes and genders. Even within these groupings, individuals vary in the extent to which they fit a particular image. For example, with Indigenous people of the same tribe or family, those people living in the city are likely to be different in their beliefs and behaviours than those living in rural areas, while older people may differ from younger ones.

Historically Australians have expected people to assimilate into the dominant Anglo-Australian culture. We now celebrate cultural difference, and are becoming more attuned to the needs of individuals from different cultural backgrounds. Some cultures find it easier than others to incorporate parts of Australian culture. Not all people identify with their ethnic cultural background.

At the same time, there are many things that are common across cultures. For example, most patients are nervous of clinical environments and are reluctant to question their doctors - regardless of their educational status, occupation, or ability to speak English. You need to be aware of your own cultural assumptions and the impact this may have on the interaction with the patients.

Respect the integrity of cultural beliefs

Individuals' cultural explanations and beliefs about their ill health and their expectations of health care may affect their acceptance of treatments and the eventual outcome of health care. Be alert to polite non-compliance, that is, someone who is too polite to say they will not be following your advice.

At the same time, even people who do not share your explanations of the causes of their ill health may accept conventional treatments - you don't have to “convert” them to your way of thinking to get a good result.

You do not have to agree with every aspect of another's culture just as the other person does not have to accept everything about yours - effective and culturally sensitive health care can still occur. All of us are capable of identifying with our own culture, and forming prejudiced views about other cultures and other belief systems - the skill is in being aware of this possibility and recognising when it is occurring.

Allow for the fact that while some cultures respond positively to questions, it does not mean they agree with or understand what you have said. Further, although culture may be important, other factors may affect people's health care and health seeking behaviour, the gender of the patient and the service provider, class position, education and knowledge of medicine and access to money and transport.

While it is the aim of the Australian health care system to provide equal access to health care to all members of the community, this is not easy to achieve. Many people of non-English speaking background and Indigenous Australians may be seriously disadvantaged by their inability to communicate effectively within a system that may seem daunting and unfamiliar. Medical emergencies are traumatic for anyone. Imagine how much more so for those who cannot deal effectively with the system.

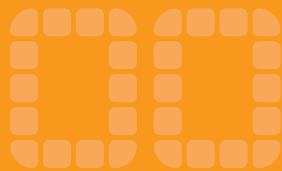
Following is a list of resources for formal and informal cultural awareness training:

Cultural Diversity in Health produced by the Postgraduate Medical Council of NSW website:

www.diversityinhealth.com/

Cultural Diversity - A guide to health professionals - Queensland Government website:

www.health.qld.gov.au/multicultural/default.asp



Health Matters - The Australian Broadcasting Commission's website:

www.abc.net.au/health

Australian Indigenous Health website:

www.healthinonet.ecu.edu.au

Professional conduct

"Obtain the opinion of an appropriate colleague acceptable to your patient if diagnosis or treatment is difficult or obscure, or in response to a reasonable request by your patient". (AMA Code of Ethics)

You are not expected to know everything and it is quite acceptable to ask if you are unsure about anything. One of the greatest challenges in health care is having the insight to know when to seek assistance from your colleagues. Having access to a peer group, whether it is through one of the specialist colleges, a hospital or a practice makes it easier to seek such assistance.

Professional conduct guidelines

Guidelines developed by the NBWA forms the basis of this section.

The NBWA Code of Ethics provides a set of fundamental principles, which should guide nurses/midwives in their professional conduct.

Please refer to:

The Nurses Board of Western Australia website:

www.nbwa.org.au

Standards of Care

The standard of care for health professionals in WA is set out in section 5PB of the Civil Liability Act 2002 ('the Civil Liberty Act') as amended by the Civil Liability Amendment Act 2004 and applies to harm giving rise to a claim for damages arising out of an incident happening on or after 9 November 2004. For further details on standards of care and the definition of a 'health professional' please refer to Appendix C - Legal Matters.

It is important that:

- You know your limits and work within your own scope of nursing/midwifery practice. For more information on this go to:

www.nbwa.org.au

- There are a number of resources available to help you continue your professional development
- Keeping records is of the highest importance.



Professional and personal support for nurses/midwives



There are a number of organisations that are able to provide professional and personal support to nurses/midwives and offer a valuable source of experience and knowledge. The major message is - do not be shy about using them. Asking for advice or help is not a sign of incompetence. It can be a way of building a rich network of learning and friendship. This section provides information on some professional and personal support organisations that will be able to assist you with any issues that may arise.

It is essential to maintain clinical skills and stay up-to-date. Because Australia is such a large and diverse country, individual nurses/midwives cannot be expected to be expert in all the situations they may

meet. Some situations nurses/midwives face will be uniquely Australian - for example spider bites or the impact of Indigenous tribal beliefs on acceptance of medical treatment. Australia conducts world-class research and is in the forefront of some legal and ethical issues. Consequently new information and regulations are frequently being published.

Personal health and welfare

Accept responsibility for your personal health, both mental and physical, as it affects your professional conduct and patient care. At times, you will be subjected to levels of stress. You will need to find appropriate ways of release and dealing with this



stress. There is evidence that the stresses can produce psychological strain on nurses/midwives.

At the family level, stress can occur because of:

- A different social and cultural environment compared to what was expected or previously experienced
- Isolation from your own extended family
- The cultural adjustment required by children and spouse
- Inability to access a suitable schooling for children
- Spouse's work and social needs not catered for and
- A lot of travel and time away from home by you, leaving your family alone.

If your family is unhappy, this will affect you and the quality of your work.

The workplace

This is an important area in which to consciously build a comfortable, supportive and nurturing environment.

When you start in a position, it is important to clarify your employer's expectations of you as well as your expectations of them. Topics to discuss might include: salary, expenses, rosters, work hours, availability of support services and patient handover. You will need to familiarise yourself with the facility's procedures and policies directly and in-directly related to your work. Getting these important issues clarified, understood and agreed upon early will ensure a good start to your working relationships.

Your own doctor

You should have your own medical practitioner from whom you can obtain care and medical treatment including prescriptions and referrals.

Your direct supervisor/Head of Department or Director of Nursing services are available to provide counselling in the first instance and if they are unable to provide you with the support you need they are in a position to refer you to the relevant person/organisation to assist.

Professional support

Most hospitals have staff development departments, which can assist you in meeting your learning needs. Education is provided from a clinical perspective as well as professional and corporate. You will be able to gain more information on this when you commence employment with your hospital.



Working in a WA health service - Things you should know

There are a wide range of things to familiarise yourself with in a new hospital or a new country. It helps to understand what is expected of you and what to do in cases of an emergency or accident or if there is an ambulance diversion. These topics are discussed in this section, as well as providing employment information, how to manage infection control and your role in the day to day management of patients.

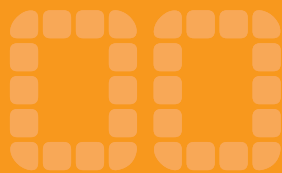
Working in a hospital can provide you with valuable learning experiences that enable you to consolidate and extend your theoretical knowledge and technical skills. You will contribute positively to patient care as a member of the health service's nursing/midwifery staff and be offered opportunities for professional development. You may undertake rotations in which you have increasing responsibility for patient management but which are also aimed at providing you with a clinical experience as a basis for further career development.

Orientation to the hospital

The hospital's orientation program aims to familiarise you with the hospital environment. When you are appointed to a new position or a new location (including a secondment), the hospital should provide you with information on matters essential to the safe and efficient discharge of your responsibilities. You should receive written information that might include a Unit Handbook on the following:

- Organisational structure
- Job description including duties, responsibilities and lines of authority
- Access to hospital policies and procedures (e.g. emergency procedures, clinical protocols)
- Procedures for ordering supplies and tests
- Learning objectives (education and training goals) and





- Assessment and feedback processes.

It is also important that you speak with other nurses/midwives to help you develop a clear understanding of how the hospital and your unit work. This should include procedures and processes as well as a handover of all patients.

Hospital organisational structure and units

Hospitals have varied structures and you should be given a copy of your hospital's organisational structure when you commence work in the hospital.

As a nurse/midwife, there will be a range of people that you will interact with including:

- Patients
- Relatives and/or friends of patients
- Nursing/midwifery staff
- Medical practitioners including Hospital Medical Officers (HMOs), Registrars, Consultants and Visiting Medical Practitioners (VMPs)
- Allied health and diagnostic professionals
- Your Director of Nursing/Midwifery
- Staff development educators
- General Practitioners and other people involved in community services and
- Nursing administration.

Nursing administration provides:

- Coordination of induction and orientation for nursing and midwifery staff
- Rotation allocation and roster preparation
- Organising cover for leave
- Development of position descriptions
- Progress review/assessment of performance
- Career advice
- Advocacy for junior nurses/midwives
- Assistance with pastoral care

- Payment of salaries and
- Other human resources and industrial issues.

Emergency procedures

It is very important that you know what to do in the event of an emergency. Hospitals will have an orientation session for new staff and it is compulsory that you attend these sessions.

During your hospital induction session you will receive basic information on the type of emergencies likely to be encountered and the appropriate responses. Further information should be available from:

- Your personal emergency card (which should be worn with your personal ID card)
- Fire orders (prominently displayed at various strategic locations throughout each health service)
- Emergency procedures booklets (available in the vicinity of every telephone) and
- Site emergency procedures (a copy is held by every zone warden).

Ambulance diversion

Ambulance diversion (sometimes referred to as ambulance bypass) is issued by a hospital when it determines that it cannot accept any more ambulances to an emergency department. An instance of ambulance diversion will be for an initial period of 2 hours or less. If the situation has not changed within this period, the diversion may be extended for a further period not exceeding two hours. Any decision to seek exemption by a hospital from the usual practice of accepting patients will be based on the capacity of the emergency department to manage these patients appropriately.

Any requests for diversion must be authorised by the appropriate senior hospital personnel. Ambulance diversion does not prevent "walk-in" presentations to the emergency department and the hospital must continue to accept these.

Where an ambulance is en route to the intended destination hospital and is then notified that the hospital is on diversion, the ambulance crew will contact



the Team Leader at the Ambulance Communications Centre who will contact the hospital to determine if the hospital will accept the patient, under the following circumstances:

- If a Medical Practitioner directs that a patient be transported to that hospital;
- Where a patient has been discharged from the hospital on diversion within the last 24 hours and
- If the patient has a history related to the current clinical presentation at the hospital on diversion.

In the event the hospital declines to accept the patient the ambulance crew will transport the patient to an alternative hospital and the Ambulance Clinician will endeavour to pass this information to the requesting Medical Practitioner.

Fire prevention

Every precaution has been taken for the prevention of fires. You are asked to do your part. You should observe the no smoking policy, avoid the build up of rubbish and other fuel, and ensure that exit doors and escape routes are not obstructed.

In the area that you work you need to know:

- Who is the Zone Warden for the area
- Note the location of fire extinguishers and any other fire fighting appliances. Check what fires they are suitable for, and how they operate
- Note the location of the nearest telephone and Break Glass Alarm
- Familiarise yourself with the building layout and evacuation routes from the area and
- Attend annual up-dates for fire prevention and emergency drills.

Occupational health and safety

Should an injury arise from an incident, an incident form should be completed and sent to the designated Occupational Health and Safety Officer in your hospital for processing.

Sexual harassment and unlawful discrimination

In WA it is unlawful to discriminate against a person on the following grounds:

- Sex
- Marital status
- Pregnancy
- Gender history
- Family responsibility
- Family status
- Sexual orientation
- Race
- Religious or political conviction or
- Impairment and age.

Sexual harassment in employment is also unlawful. The law relating to discrimination and sexual harassment is set out in the Equal Opportunity Act 1984.

Hospitals are committed to providing all employees with an environment free from sexual harassment and unlawful discrimination. Policies and procedures are in place to deal with complaints of sexual harassment and unlawful discrimination. You must understand and comply with these policies and procedures. All complaints of sexual harassment or unlawful discrimination should be treated seriously and should be investigated quickly and confidentially. Action will be taken to ensure that the harassment/discrimination stops.

For more information visit the Equal Opportunity Commission website at

www.eoc.wa.gov.au

Employment information

A brief overview of employment information is provided in this section, with links to sites where more information can be obtained. The hospital will provide an Orientation Program for you that will provide additional information on these matters.

Conditions of employment

The conditions of employment for nurses/midwives working in WA Health are subject to the terms and conditions of the Registered Nurses and Enrolled Mental Health Nurses - Australian Nursing Federation - DOH - Certified Agreement 2005

Copies of these awards can be obtained from your employer or and the Nursing In Western Australia website:

www.nursing.health.wa.gov.au

Scope of nursing practice decision making framework

The NBWA has developed and implemented the Scope of Nursing Practice Decision-Making Framework (adapted from Queensland Nursing Council, 1998) for use within all healthcare settings in WA. The framework provides guidance to individual nurses/midwives, the nursing profession, other health personnel and health service providers in relation to principles for clinical decision-making, delegation of nursing and other patient care activities and expansion of nursing practice.

The framework defines and describes nursing practice that encompasses all practice settings, allows nurses/midwives and the profession to respond to rapid and changing circumstances within the health arena. It provides a mechanism by which nurses/midwives can demonstrate accountability for the standard and scope of their practice.

In 2002 the Board not only resolved to implement the Scope of Nursing Practice Decision-Making Framework (DMF) within WA but also resolved to support the development of comprehensive educational resources to facilitate understanding and implementation of the DMF.

As a consequence, educational materials have been developed to facilitate adoption and understanding of the DMF. For additional information and guidelines: www.nbwa.org.au

Performance reviews

All WA Health nursing and midwifery staff should receive feedback on their performance. Assessment forms are usually required to be completed and it is

the responsibility of each nurse/midwife to return these forms to nursing administration.

Salary packaging

A good way to maximise your disposable income is to take advantage of Salary Packaging. It simply involves using your pre-tax income, wherever possible, to pay for your day-to-day expenses thereby reducing your income tax. Everybody's personal financial circumstances and incomes are different. Whether you make \$30,000 or \$130,000, with salary packaging you have the opportunity to make better use of your money by taking personal control over your salary and how it is used.

The number and range of benefits available varies according to employer type and preferences including:

- Superannuation
- Home mortgage repayments or rent
- Motor vehicle leases and expenses and
- Health insurance

Your employer will be able to advise whom to contact to get further information.

Superannuation

Most employees of the Western Australian public health sector are covered by the West State Super Fund, arranged by the Government Employee's Superannuation Board (GESB) - website address:

www.gesb.wa.gov.au

The WA government provides a 9 per cent employer contribution to superannuation.

Further information can be found on the ATO website at

www.ato.gov.au super

Taxation

Employees who are not residents of Australia cannot claim the tax-free threshold that Australian residents are entitled to. They must pay tax on every dollar earned. Non-residents may apply for and be issued with a Tax File Number (TFN) when authorised to work



by DIMA. As with Australian citizens, if they choose not to quote a TFN they must have tax deducted at the maximum rate.

You can register for a Tax File Number 24 hours a day, 7 days a week on the Australian Tax Office (ATO) website. Application forms are also available from Centrelink. For the current rates of tax, or to request a Tax File application form, please contact the Australian Taxation Office on 13 28 61 within Australia or +61 2 6216 1111 internationally from overseas or visit

www.ato.gov.au

Your role

You will play a central role in the day-to-day management of your patients care. In your role as a nurse/midwife you should expect to perform clinical duties ensuring high professional standards are maintained. You should practise professionally and ethically, in accordance with the expectations of the community, the nursing and midwifery profession and the NBWA, liaise with medical, nursing, midwifery, allied health, and other relevant staff regarding patient management and ensure appropriate communication is maintained with external agencies. Ensure adequate medical records and discharge planning systems are maintained, be punctual and courteous and, be responsible for your personal health and safety.

Communication/handover

Communication is an essential component of working as a nurse/midwife in multidisciplinary teams. Whether you are informing medical, nursing, midwifery or allied health staff of your wishes or ensuring that you are handing over information to other staff covering your patients and they are aware of any issues, which must be monitored. Effective communication is of the highest importance.

Interactions with nursing staff

Nurses/midwives are encouraged to liaise with nurse managers and clinical nurse specialists (CNS) of the wards in which they work. The CNS and nurse managers can provide invaluable assistance about ward practices and hospital procedures. They are senior members of the hospital staff whose primary role is to ensure that patients receive optimal care. Please talk to them about relevant issues, particularly where you have

concerns.

Discharge planning and communication

Discharge planning should commence as soon as possible after admission as early referrals expedite discharges. Planning must take into account:

- The patient's medical, functional and psychological status, social circumstances and home environment
- The availability of any necessary rehabilitation, social and long-term care needs; and
- Patient and family involvement wherever possible.

In planning the discharge of patients, staff should consider the following:

- Inter hospital transfer
- Follow-up appointments
- Pharmacy requirements
- Geriatric assessment (if applicable) and
- Social work requirements.

Internal services

- Palliative care
- Stoma and prosthetic care
- Coronary disease
- Oncology and
- Anti-coagulant therapy.

Home services

- Silver Chain Nursing Service (SCNS)
- Meals on wheels
- Home help and
- Day hospital.

Allied health services

- Physiotherapy, Occupational Therapy and Speech Pathologists

Discharge arrangements/follow up

When a patient is discharged it is of the greatest importance that communication, preferably written, be made with the doctor who is to provide the follow-up treatment, provided the patient wishes the contact to be made. This is a matter of courtesy and also ensures the exchange of information, which may assist in the management of the patient.

Consent to treatment and disclosure of material risks

It is important to gain a patient's consent (agreement) prior to undertaking any treatment or procedures. Written consent is an essential requirement when any surgical or invasive procedure/treatment is to be performed on a patient. In addition to gaining consent it is essential that the doctor adequately explains (discloses) to a patient what the procedure involves, any relevant benefits, risks associated with the procedure, and any options/ alternatives including no treatment. It is also helpful for the patient to understand the likely outcome of each of the options.

Hospitals and health services have consent forms available, which must be completed where written consent for a procedure is required. Further documentation of the discussion between doctor and patient around risks and benefits should be detailed in the patient's medical record. It is not the responsibility of nurses/midwives to gain consent. Ask for your hospital/health service policy on consent to ensure you are familiar with local requirements.

Remember to use the service of a professional interpreter for consent when patients are not fluent in English or don't understand the medical terminology you may need to use. It is not wise to use the services of staff or family in the nurse/midwife/patient relationship.

See Appendix E: Consent to treatment - legal matters

Infection control

Hand washing

Hand washing is considered the most important measure in preventing the spread of infection.

Hand washing is an effective infection control measure

for healthcare workers to prevent acquisition of gastroenteritis including Norwalk, Clostridium differential and colonisation with resistant organisms including Methyl Resistant Staphylococcus Aureus (MRSA).

Hand washing should occur:

- Before and after each patient contact
- After removal of gloves
- If hands become contaminated
- After using the toilet
- Before handling food
- After sneezing, coughing, using a tissue and
- After handling waste.

Clinical hand washing (with anti-microbial soap) should be done prior to performing invasive or clinical procedures.

Wearing of gloves

Gloves should be worn when:

- Handling blood or body fluids
- Handling equipment or materials contaminated with blood or body fluids
- Touching mucous membrane
- Touching non-intact skin of any person
- Performing venipuncture and
- Performing other invasive procedures.

Sharps injury / blood borne virus exposure

Any incidents such as needle stick injuries should be reported immediately to your supervisor. Sharps are to be treated with respect and properly disposed of after use.

To prevent needle stick injury

- Needles should never be recapped, bent, broken, removed from disposable syringes or otherwise manipulated and
- When handling syringes, all staff should carefully

pick up the syringe by the barrel and place in a puncture-proof container (sharps container).

Exposure to blood or body fluids in the workplace

If an incident occurs which involves a break in the surface of the skin through which infectious bodily fluids may have entered:

- Flush with lots of running water and then wash with soap and warm water
- If eyes are contaminated, rinse eyes with lots of tap water or saline and
- If blood gets into the mouth, spit and then repeatedly rinse with water.

After taking the appropriate first aid steps outlined above, the incident should be reported to the nominated person in your hospital/unit and the incident recorded and reported via the Disease/Near Miss/Accident reporting procedure.

Immunisation and health screenings

Prior to commencing employment in any health service all applicants who will come in contact with patients are required to produce evidence for:

- Hepatitis B
- MMR (Measles, mumps, rubella)
- Varicella (chickenpox) - for non-immune staff only.
- Tuberculosis
- MRSA (multi resistant *S. aureus*)

The following are recommended immunisations for healthcare workers:

- Hepatitis B
- Tetanus
- Fluvax (annually)
- MMR and
- Varicella (chickenpox) - for non-immune staff only.

Infectious diseases

If you have been exposed to an incident that may place you at risk of a transmissible disease (such as a needle stick injury), there are processes and protocols in place that are immediately available to you. For example, there are Occupational Safety and Health (OSH) procedures for needle stick injuries. Each case varies, and it is best for you to clarify this with your respective practices.

Responsibilities of individual nurses/midwives

All registered nurses/midwives should know their HIV, HBV and HCV antibody status.

Nurses/midwives are at risk from contracting infections from their patients. They should therefore protect themselves and their patients by:

- Adhering to current infection control guidelines and protocols
- Being immunised against HBV at the earliest possible opportunity in their career and preferably before commencing clinical contact
- They should ensure that they have responded by having post-vaccination testing
- Following post-exposure protocols, including seeking expert advice about early management and practice modification

Nurses/midwives who carry a blood borne virus have an ethical duty to review their nursing practice, health risks and health status. They should obtain and follow the advice of their treating specialist and must never rely on their own assessment of the risk that their condition may pose to patients.

They should not perform any exposure prone procedures if they have been infected with a blood borne virus and are viraemic. A specialist medical practitioner must ascertain whether the infected practitioner or student is viraemic, using the most sensitive test available, those who are not viraemic should not perform exposure prone procedures unless they have been given specific approval by their treating specialist.

Further information can be obtained from the Australian Government DOH and Ageing Infection Control Guidelines by visiting the website at:

www.health.gov.au/internet/wcms/publishing.nsf/Content/icg-guidelines-index.htm

Nursing/midwifery education and training

Nurses/midwives can expect to take part in a range of formal education opportunities, which are relevant to their needs and to the clinical needs of their hospital. Valuable learning opportunities exist outside the structured training sessions and include discussion of particular clinical problems demonstrated by patients on the ward, department or unit meetings, or other division or hospital-wide educational activities, and clinical skills sessions.

Continuing professional development

Continuing professional development (CPD) is critical to maintaining the high standards expected from the nursing and midwifery profession. It is essential that you maintain clinical skills and stay up-to-date through participation in continuing nursing &/or midwifery education and professional development activities. Professional development by individual nurses/midwives is monitored by the nursing professional organisations.

Risk management

The DOH and the Health Services have a statutory risk management responsibility, in which they are accountable to protect the government and the general community from unnecessary costs and losses, including the human cost of adverse incidents.

To ensure uniform practice throughout the WA public sector health system, the DOH has introduced a standardised Health Risk Management Policy and Framework and Clinical Risk Management Guidelines. These documents are to be adopted and implemented as endorsed. Together with the Health Risk Management General Procedures Manual they set out the mandated policy, guidelines and procedures for the management of corporate and clinical risks in the WA public health system. These documents are available from:

www.health.wa.gov.au/safetyandquality/programs/risk_management.cfm

Patient rights

Patients in Australian public hospitals are entitled to

expect and receive high quality services. Patient rights and obligations are described in the Public Hospital Patient Charter, available in every public hospital in WA. It can also be viewed on the DOH website:

www.health.wa.gov.au/safetyandquality/consumers/wacharter.cfm

Patient complaints

Patients who are dissatisfied with any aspect of their treatment are entitled to make a formal complaint. The Health Services (Conciliation and Review) Act 1995 established a dispute resolution process to allow consumers of health services a formal channel through which to make their grievances known and for clinicians and administrators to respond. The Office of Health Review is established under Section 6 of the Act and consists of the director and members of staff of the Office of Health review. The website of the Office of Health Review is at

www.healthreview.wa.gov.au

OTNM's should also familiarise themselves with the Department of Health's Complaint Management Policy, which outlines the structures and mechanisms for dealing with complaints in the WA health system. The policy and complaint management processes are available on the following website at:

www.health.wa.gov.au/safetyandquality/programs/complaints.cfm

Most hospitals have staff that deal with complaints from patients. If you have a patient who wishes to make a complaint you can refer them to these staff. If a complaint is made about you, you can seek advice from the health service's medical administration.

Understanding the protocol for managing patient dissatisfaction is advisable. Many issues can be resolved at an early stage.

The key functions that are central to minimising the risk of patient complaints are:

- Communication - many of the incidents that lead to court could be prevented if there is a good relationship with patients. This means freely providing information that is asked for encouraging questions, active participation in the decision-making process and offering emotional as well as medical support.



- Keeping good records - this is essential, both for patient care (especially if patients do not see the same doctor on each visit) and for legal protection. Make special note of any discussions or advice relating to optional treatments and risks, especially phone calls.

Support and assistance

Should you find yourself in difficulty for personal or professional issues or have issues to discuss such as career counselling, there are usually a number of avenues of support available:

Always be aware of any limitations you may have - do not be afraid to ask for help.

Other services available to you:

Internal to hospital

- Director of nursing services
- Nursing administration
- Supervisors of training
- Employee assistant program (EAP)

External to Hospital

- Australian Nursing Federation and
- Nurses Board of WA.



Support organisations and other services/information

The following section provides information and contact details on a number of organisations, including:

- Health support organisations and services
- Emergency services/ patient transport/transfer services and
- Government agencies.

Aboriginal Medical Services (AMS)

Aboriginal medical services (AMS) are also known as Aboriginal Community Controlled Health Services (ACCHS). These organisations function as primary health care teams, including Aboriginal health workers, with an emphasis on preventative health care. Medical positions in AMS services are salaried.

There are several Aboriginal community controlled health services throughout WA, with three in the metropolitan area and the remainder being predominantly in the areas to the north and east of Perth. They are, as the name implies a primary health care service funded for the Aboriginal population. Representatives of the local Aboriginal community govern them. More information about these services can be obtained by going to the website of their umbrella organisation - the Aboriginal



Health Council of WA (AHCWA). For further Information please visit

www.ahcwa.org

It is not necessary to have knowledge of an Aboriginal language to work in an AMS. It can be a very satisfying experience to be part of a primary care team that deals with patients with high levels of medical need and consequently a high capacity to benefit from medical care. Working in a cross-cultural setting with Aboriginal

colleagues is also a very satisfying experience.

Aged care sector

Aged care in Western Australia is provided by both the not-for-profit health sector and the private and voluntary sectors. Employment options for nurses exist across the state of Western Australia.

Not for profit aged care providers

Not-for-profit organisations operate residential facilities or community care services for the aged and people with disabilities.

Aged & Community Services Western Australia Inc (ACSWA) represent 135 member organisations who provide nursing home and hostel care, independent living units, serviced apartments, community care and respite care services across the state.

For more information please contact (+61 8) 9244 8233 or visit

www.acswa.org.au/

Private and voluntary aged care providers

The private and voluntary aged care providers in WA also operate residential facilities or community care services for the aged and people with disabilities.

The Aged Care Association Australia (ACAA) is a professional, national industry association for providers of quality residential and community aged care services.

ACAA is the only organisation that represents care providers from the private and voluntary sectors on a national basis.

For more information please contact (+61 2) 6285 2615 or (+61 3) 9437 2121 or visit

www.agedcareassociation.com.au/default.cfm

Commission for occupational safety and health

The Commission for occupational safety and health is a division of the Department of Consumer and Employment Protection, the State Government agency in WA responsible for the administration of work safety and health laws. The Commission for Occupational Safety and Health undertakes a wide range of regulatory activities as well as industry and community awareness

programs. For further information on the Commission for Occupational Safety and Health, visit the website at:

www.worksafe.wa.gov.au/newsite/worksafe/default.html

Dental services

Dental services in WA are largely provided by private dentists operating in private surgeries however, dental health services is a service unit of the DOH and aims to improve the oral health of people in WA.

The role of dental health services is to:

- Prevent oral disease
- Provide emergency care for eligible persons
- Facilitate general dental care for financially or geographically disadvantaged persons and other special groups of people
- Provide general dental care for school children enrolled in the school dental service and to
- Support the training and education of oral health professionals.

For further information and a list of public dental clinics and their locations visit the website at:

www.dental.wa.gov.au

Department of Health (DOH)

The DOH is WA's largest government department. Its aim is to manage a comprehensive range of health related services to all West Australians, including health promotion, health protection, diagnosis, treatment, rehabilitation, continuing care, support and palliative care. Visit the DOH website at:

www.health.wa.gov.au

This comprehensive website also provides links to public hospitals in WA and their related contact details and websites. The DOH website is a gateway to information relating to the provision of health services in WA.

Department of Veterans' Affairs (DVA)

The DVA oversees income support, compensation, health, housing, care and commemoration programs for more than half a million war veterans, their widows,



widowers and dependants. The department appoints a Local Medical Officer (LMO) in each area to administer medical reports and requirements for their clients.

For further information contact the Australian Government DVA at:
www.dva.gov.au

Disability Services Commission (DSC)

The primary focus of the DSC is to make a positive difference to the lives of people with disabilities, their families and carers. The DSC will provide leadership to:

- Support local communities in welcoming and assisting people with disabilities, their families and their carers
- Achieve access to quality support and services for people with disabilities and to
- Protect the rights of people with disabilities who are especially vulnerable and support them to live a full and valued life.

For information on disability in WA, access and universal design, family networks, health and resource consultancy, help in your area, employment opportunities and further DSC information visit the DSC website:

www.dsc.wa.gov.au

or telephone (+61 8) 9426 9328.

Drug and alcohol service

The drug and alcohol office is a Government agency that works across government and non-government sectors to address drug and alcohol issues in the community. The Drug and Alcohol Information Services (ADIS) is a 24 hour telephone service for people in WA providing information, counselling, referral and advice to those concerned about their own or another's alcohol or drug use.

How to get help: A person who wants advice or referral for alcohol or other drug problems within WA may access the service system through the 24 hour direct line: (+61 8) 9442 5000.

You can visit the WA Drug and Alcohol Office homepage at website:

www.dao.health.wa.gov.au

The DOHA produces a handbook for medical practitioners and other health care workers on alcohol and other drug problems. You can view this handbook online, at the following website: [www.health.gov.au/internet/wcms/publishing.nsf/Content/health-publth-publicat-document-metadata-alc_treatinggp.htm/\\$FILE/alc_treatinggp.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-publth-publicat-document-metadata-alc_treatinggp.htm/$FILE/alc_treatinggp.pdf)

Home and Community Care (HACC)

The HACC program is a central element of the Australian Government's aged care policy, providing community care services to frail aged and younger people with disabilities and their carers.

The aims of the HACC program are to provide:

- A comprehensive, coordinated and integrated range of basic maintenance
- Support services for frail aged people, people with a disability and their carers and
- Support to these people to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing their inappropriate admission to long term residential care.

The HACC Program is a joint Australian State and Territory cost shared Program with the Australian Government providing 60 per cent of the funds and the States and Territories providing 40 per cent. As at December 2003 there were approximately 3,000 HACC funded organisations. These organisations provided services to approximately 700,000 people per year. The HACC program funds a wide range of non-profit organisations.

For further information about the HACC programs, visit the DOHA website at:

www.health.gov.au/internet/wcms/publishing.nsf/Content/Home

Meals on Wheels

Meals on Wheels are a community service for the frail, aged, younger people with disabilities and their carers in Australia. The delivery of fresh or frozen meals can be arranged direct to the person's own home. For further information on the Meals on Wheels program in Australia, visit the website at:

www.mealsonwheels.org.au

Mental health services in WA

Mental health services in WA, address mental health problems from child and adolescence through adulthood and into old age. The Office of Mental Health and health services work in partnership with health services, clinicians, consumers and their carers to develop mental health services that can provide the best outcomes for Western Australians.

This is achieved by implementing, The Western Australian Mental Health Strategic Plan 2004-2007, National Standards for Mental Health Services, National Practice Standards for the Mental Health Workforce, the National Mental Health Policy, the National Mental Health Plans, the National Mental Health Strategy and the Western Australian Mental Health Act 1996.

These documents and others can be found on the Office of Mental Health (DOH) website at:

www.mental.health.wa.gov.au

A list of employers in the public mental health system in WA can be accessed at

www.mental.health.wa.gov.au/one/healthservices.asp.

You can search this site by service (for example, community, adult in-patient and region).

Palliative care

Each palliative care service provides its own program of services to the person and their family. This may include nursing and medical consultancy to the person's General Practitioner, day care, counselling, diet advice, loan of equipment, physiotherapy, occupational therapy, social worker services, bereavement support, pastoral care and a wide range of support from trained volunteers.

Palliative care is delivered, where possible, where the person wants it to be delivered - in the person's own home, a specialist in-patient hospice unit, a hospital, nursing home or other health care facility.

A person may be referred to palliative care by anyone providing care to that person, including health professionals, family or friends, or they can even refer themselves. Some palliative care services require

referrals from a doctor. Care is available to anyone of any race, culture, religion, background or belief system who is suffering a life threatening illness (not only cancer).

There is usually no payment for this care, either to the patient or their family. It should be noted that most community-based palliative care services are charitable organisations and as such, rely on donations and fundraising to supplement the limited funding from State and Commonwealth governments.

Outside of normal palliative care, palliative care units, or hospices, are available. A hospice is a place where specially trained nurses and others care for people who are dying. Patients must be referred by their doctor for entry into a hospice. Sometimes people go into a hospice for a short time to give their carers a rest or to have difficult symptoms brought under control. This assists to improve their quality of life and then the patient is discharged again. Some hospices and hospitals will charge fees for inpatients, but Medicare or private insurance usually covers these.

A care services directory is available online from the Palliative Care Australia website. To find the closest palliative care service to you visit the website:

www.pallcare.org.au/Portals/9/docs890%20Pall%20Care%20Directory.pdf

Private hospitals

The WA private sector comprises a significant proportion of the WA healthcare system including a wide range of hospitals and community based services. The private sector provides a wide range of services including aged care, obstetrics, general medical and surgical, mental health and critical care.

The Australian Private Hospitals Association (APHA) is the peak national body representing private hospital interests in Australia. They are able to provide assistance when considering a career as a nurse/midwife within the private sector.

For more information please contact the APHA on (+61 2) 6273 9000 or visit

www.apha.org.au/listmembers/wa

Royal Flying Doctor Service (RFDS)

The Royal Flying Doctor Service of Australia is a not-

for-profit charitable service providing aeromedical evacuation, emergency and primary health care services.

The WA country health service contracts with the RFDS for the provision of aero medical inter hospital patient transfers. Patients are transferred within the health regions from smaller hospitals or remote community clinics into the regional resource centres. In some cases patients are transferred to a metropolitan public tertiary hospital in Perth or, in the case of the Kimberley region, to Royal Darwin Hospital in the Northern Territory.

Hospital and remote area public clinic patients requiring admission to a hospital or aeromedical transfer to a larger or better equipped facility for specialist care are the responsibility of the WA country health service's hospitals and clinical staff. They are responsible for care planning and referral arrangements as judged best for each patient by the treating doctor and on advice from the relevant specialist referral centre. Care plans and referral arrangements are discussed with the RFDS, who can also offer advice and assistance and will take responsibility for care of the patient from the time of handover. RFDS also takes responsibility throughout retrieval and transportation until the patient is handed over to the care of the admitting hospital clinical staff at the referral centre.

The WA country health service also provides communication and education assistance to people who live, work and travel in Australia's rural and remote regions.

Nurses/midwives employed by the RFDS are salaried, with specific conditions for working hours and organised leave. In WA, bases are located at Derby, Port Hedland, Meekatharra, Kalgoorlie and Perth.

The RFDS provides emergency evacuations from a range of isolated locations such as pastoral stations, aboriginal communities, mine sites, nursing posts, roadhouses and road accident sites.

They also provide fly-in fly-out medical clinics to remote areas. These are conducted at varying sites, ranging from nursing posts in mixed communities, to mining sites and isolated Aboriginal communities. Facilities at many of these centres are very limited, so there is a heavy reliance on good clinical skills.

RFDS recruits generally need to have postgraduate experience in obstetrics, paediatrics, anaesthetics and emergency nursing. Ideally, they are in a position where family commitments no longer prevent them from travelling and having a change from their existing practice. It is not necessary to hold a pilot's licence.

For further information on the services provided by the RFDS please visit the website on:

www.flyingdoctor.net/divisions.htm

Women's health

- The National Breast Cancer Centre (NBCC) and
- Breast Screen WA

The NBCC website (www.nbcc.org.au) is a comprehensive website containing evidence-based information, recent research, position statements and clinical guidelines on breast cancer. It also has links to the national directory of hospital based services for women with breast cancer and the breast health link for patients. The site also has links to the ovarian cancer program.

BreastScreen WA provides a free screening mammogram service particularly targeting women aged 50 - 69 years old. The service is easily accessed via 6 fixed services in the Perth metropolitan area and 4 mobiles covering country and outside the metropolitan area.

Contact:

9th Floor, East Point Plaza

233 Adelaide Terrace

Perth WA 6000

Telephone (+61 8) 9237 6901

Silver Chain Nursing Service

Silver Chain provides an extensive range of services to people in country and remote WA, from Carnarvon in the North, to Walpole in the South and Eucla in the East. For more information go to the Silver Chain website address:

www.silverchain.org.au

St John's Ambulance Services (SJA) WA

Emergency ambulance services are available to all Western Australians who are seriously ill or injured due



to accident or illness. There is no need for authorisation by a doctor under these circumstances.

In an emergency, phone calls to an ambulance should be made to 000. This will be answered by a telephone operator who will ask the caller what service they require (police, ambulance or fire service) and in what location or town. The telephone operator will then connect them to the ambulance operations centre which controls the ambulances in that town.

In WA ambulance services are provided by SJA. The Perth metropolitan region of the WA ambulance service covers an area from Two Rocks in the North to Rockingham in the South and East to Wundowie. There are 160 country ambulance centres in WA operating from Christmas Island to Albany, Esperance, Eucla and Wyndham. The SJA WA covers the largest area of any single ambulance service anywhere in the world. The area covered is 2,525,500 square kilometres or 32.9 per cent of the total landmass of Australia.

SJA also provides non-emergency patient transport services. While these services are available to all Western Australians, their use is restricted to those whose medical need has been certified by a doctor.

Patients need also be aware that they are responsible for the cost of ambulance although can insure against these costs. Some people find this unexpectedly high.

Further information and ambulance costs can be obtained from the SJA website at:

www.stjohn.org.au

Family planning association of WA

The family planning service provides advice and counselling on sexual health, unplanned pregnancy and related matters. For more information on the services available visit their website

www.health.wa.gov.au/services/detail.cfm?Unit_ID=847

Health information resource service for women (HIRS)

HIRS provides information in women's health and health care to the general public and health professionals in WA. The service is based at King Edward Memorial Hospital in Subiaco. For more information on the service available visit their website at:

wchs.health.wa.gov.au/services/hirs/index.htm

or telephone (+61 8) 9340 1100 or 1800 651 1100

Sexual assault resource centre (SARC)

SARC provides treatment and support for physical, emotional and social needs of sexual assault or abuse victims. For more information on this service visit the website at:

wchs.health.wa.gov.au/

Youth suicide

The issue of youth suicide has become an area of great public concern over the past 10 years in Australia with an escalating rate of premature deaths from suicide amongst young people. Because of this concern, \$31 million was allocated over 1995-1999 for the National Youth Suicide Prevention Strategy. From this funding, money was provided for parenting, education and training of professionals, research activities, for enhancing telephone counselling services and to States/Territories for rural youth counselling.

Telephone counselling services includes the Kids Help Line (Phone: 1800 55 1800) and Lifeline (Phone 131 114). There are also internet sites such as the Reachout website at:

www.reachout.com.au/home.asp



WA Country Health Services



The following section provides information regarding health service provision in the remote and rural areas of WA for nurses/midwives. Support organisations and support programs are included with links to websites where more detailed information can be found.

For further information contact the DOH at

www.health.wa.gov.au

The WA Country Health Service (WACHS)

The WACHS is an area health service established under legislation on 1st July 2002. It is responsible for the provision of publicly funded health services in every rural and remote region in WA outside the Perth metropolitan area. There are seven regions

making up the WACHS. Each region has a director of regional health operations (Regional Director) who is accountable to the Chief Executive Officer of the WACHS based in the WACHS Head Office in Wellington Street, Perth. Together with the team of regional clinical, service unit and corporate managers, the Regional Director leads the executive and operations management of regional health services. This team has a high degree of delegated authority to plan, distribute resources and develop and manage services.

In all regions except the Wheatbelt, the regional resource centre (or regional hospital) is the 'hub' or cornerstone supporting the entire network of services in each region. There are also some smaller district procedural hospitals within each network which are

key elements of the overall regional service system, and in most cases, they also provide a 'hub' function to support smaller outlying services within their own district. All hospitals within the WACHS have a clear role delineation which describes the range and level of services each provides, and helps planning for patient services in terms of local management, supplementing visiting services, care pathways, patient referrals, after hours medical cover systems and so on.

The WACHS provides acute and primary health care services in 71 hospitals, as well as services in a large number of nursing posts, remote area clinics, community health centres, aged care facilities, and child, dental, alcohol and drug, mental health and public health facilities.

There are a number of health service facilities within each of the regions, which aim to meet contemporary health needs.

The regions are:

- The Kimberley
- The Pilbara Gascoyne
- Midwest Murchison
- The Goldfields South East
- Wheatbelt
- South West and
- Great Southern

The regional resource centres in the six WACHS regions are in Broome, Port Hedland, Geraldton, Kalgoorlie, Bunbury and Albany. These are regional hospitals which have recently been given the new title of regional resource centres to better reflect their pivotal role in supporting the entire regional service delivery system. All of these centres are currently undergoing some form of rebuilding or expansion. Broome for example has only very recently taken over the regional hub centre role from the hospital in Derby.

Whilst the redevelopment of both the Derby and Broome hospitals is a work in progress at the present time, the current arrangements during this transition period are for both hospitals to share the role and workload. The Port Hedland centre is undergoing stage

one reconstruction on a new site in South Hedland and this is to be followed by a new regional acute care facility in the near future.

The Geraldton regional facility has been completely replaced and opened for business in August 2005. Plans are in place to redevelop Kalgoorlie and Albany and the future needs for the expansion of Bunbury will be examined in due course. Many of the district procedural and smaller multi purpose hospitals are also being redeveloped.

The Wheatbelt region is unique in that it does not have a major population centre or a facility at the level of a regional resource centre. There are four district hubs and spoke configurations in this region, more or less centred around hospitals in Moora, Northam, Merredin and Narrogin. There are a large number of multi purpose service facilities throughout the many Wheatbelt towns.

Further information on WACHS can be found at:

www.wacountry.health.wa.gov.au

The Kimberley

The Kimberley is in WA's most northern region. Its coastline faces the Indian Ocean to the west and the Timor Sea to the north. The region encompasses one sixth of WA's total landmass and is bordered by the Great Sandy desert in the south and the Northern Territory in the east. The population in the Kimberley region is younger than the State's average with 30 per cent under the age of 15 years. Nearly one third of the population is Aboriginal or Torres Strait Islander.

Almost all of the General Practitioners in the Kimberley are employed by hospitals. Specialist services are provided from the larger regional centres or patients are flown to Darwin or Perth for treatment that cannot be provided by regional based or supplementary visiting specialists. There is a strong focus on health promotion and illness prevention within the region.

For further information on the diverse geography and map of the Kimberley and contact details of the various health services within the region visit the website at: www.health.wa.gov.au/services/detail.cfm?Unit_ID=91

Pilbara Gascoyne

The Pilbara Gascoyne region covers an area of 645,00 square kilometres which incorporates pastoral and mining communities together with coastal communities. The main population areas within this region include Carnarvon, Port Hedland, Karratha, Exmouth and Newman. The region also covers smaller communities located at Denham, Gascoyne Junction, Burringurrah, Monkey Mia, Useless Loop, Coral Bay, Onslow, Newman, Tom Price and Paraburdoo.

The main hospitals are located at Carnarvon, Karratha and Port Hedland. Smaller hospitals are located in Onslow, Newman, Exmouth, Tom Price, Paraburdoo, Wickham and Roebourne.

For more detailed map of the region and information on the locations and contact details of the services provided visit the website at:

www.wacountry.health.wa.gov.au

The Midwest Murchison

The Midwest Murchison region covers over 470,000 square kilometres with more than 71 per cent of the population concentrated along the coast. The region has a high Aboriginal population and an increasing aged care population.

The regional centre is Geraldton, which has a public and private hospital that provides access to a broad range of specialist services. Murchison has a number of recently established community resource centres in partnership with the Department for Community Development and local Aboriginal agencies. It has a strong health promotion focus. The coastal area of the Midwest has a large number of smaller hospitals.

For more information and to download the Murchison Midwest region brochure (in PDF format) and contact details visit the website at:

www.mmhr.org.au

The Goldfields South West

The Goldfields South-East region is located in the south-eastern corner of WA. This region covers almost one third of WAs total landmass and is the largest region in WA. The population is approximately 59,000 and does not include the people who fly in from Perth to work in the remote mining sites. Just over half the population lives in Kalgoorlie-Boulder with another

quarter living in Esperance. It is estimated that 8 per cent of the regions population is Aboriginal compared to 3 per cent for the whole of WA. Kalgoorlie-Boulder is the regional centre. Esperance is a growing population centre with a district hospital and also a university. Other district hospitals are located at Laverton, Leonora and Norseman.

For further information on the region and contact details of the health services provided visit the website at:

www.health.wa.gov.au/services/detail.cfm?Unit_ID=140

Wheatbelt

The Wheatbelt region extends from the coast north of Perth to the western boundary of the Goldfields and south from the Darling scarp to the northern boundary of the great Southern Region.

The region covers 154,051 square kilometres with a population of approx 73,800. The health services comprise of hospitals, health centres and multi-purpose services. The procedural district hospitals are located in Moora, Northam, Merredin and Narrogin. For further information on the Wheatbelt region and the location, contact details and types of health services provided visit the website at:

www.wheatbelthealth.org.au/html/geography.htm

The Great Southern

The Great Southern region is approximately 40,500 square kilometres and is bounded in the north by Woodanilling, in the east by Bremer Bay, in the west by Denmark and in the south by Albany. The majority of the population in the region lives in Albany, Denmark, Katanning and Mount Barker. Albany is the regional centre. Other district hospitals within the region are located in Denmark, Gnowangerup, Katanning, Kojonup and Plantagenet. For further information on this region, contact details and the health services provided visit the website at:

www.health.wa.gov.au/services/detail.cfm?Unit_ID=111

South West

The South West region has several district hospitals in addition to the major regional resource centre in

Bunbury. It is a rapidly growing tourist region with vibrant industries and is a very popular region for people from the metropolitan area to relocate for retirement and lifestyle.

There are several district hospitals located at Collie, Bridgetown, Manjimup and Margaret River. The largest of these is in the town of Busselton, some 50 Kms south of Bunbury. A major new health campus redevelopment for Busselton and the Lower South West district spanning the new population 'nodes' around Busselton, Dunsborough and the Margaret River area is being planned and will be constructed in the near future. There are smaller hospitals and Multi Purpose Services in the region as well, and these are located in Donnybrook, Augusta, Pemberton, Nannup, Boyup Brook, Harvey and Yarloop.

For a detailed map, contact details and information on the services provided go to the website at:

www.health.wa.gov.au/services/detail.cfm?UnitID=924

Working with Indigenous patients in remote and rural WA

Although Indigenous Australians represent about 8 per cent of the rural WA population, in remote communities the figures are much higher. For example, in the Kimberley region, Aboriginal and Torres Strait Islander persons make up about two-thirds of the total population. The proportion is considerably higher in some towns, such as Halls Creek and Derby.

In many remote parts of the State, English may often be the second language of Aboriginal people. It is recommended that newly arrived nurses/midwives develop links with a local community representative and an Aboriginal health worker to assist with their care of Aboriginal patients.

Nurses/midwives may also like to read the book *Aboriginal Primary Health Care* written by Dr Sophia Couzos and Dr Richard Murray for the Kimberley Aboriginal Medical Services Council (Oxford University Press, 2003, ISBN 0 19 551619 2). This book is a comprehensive, technical resource written to assist nurses/midwives working in Aboriginal health. A simpler book on Aboriginal health protocols is the CARPA Standard Treatment manual, which can be ordered through the Council of Remote Area Nurses of

Australia (CRANA) on www.crana.org.au



Useful information for you and your family

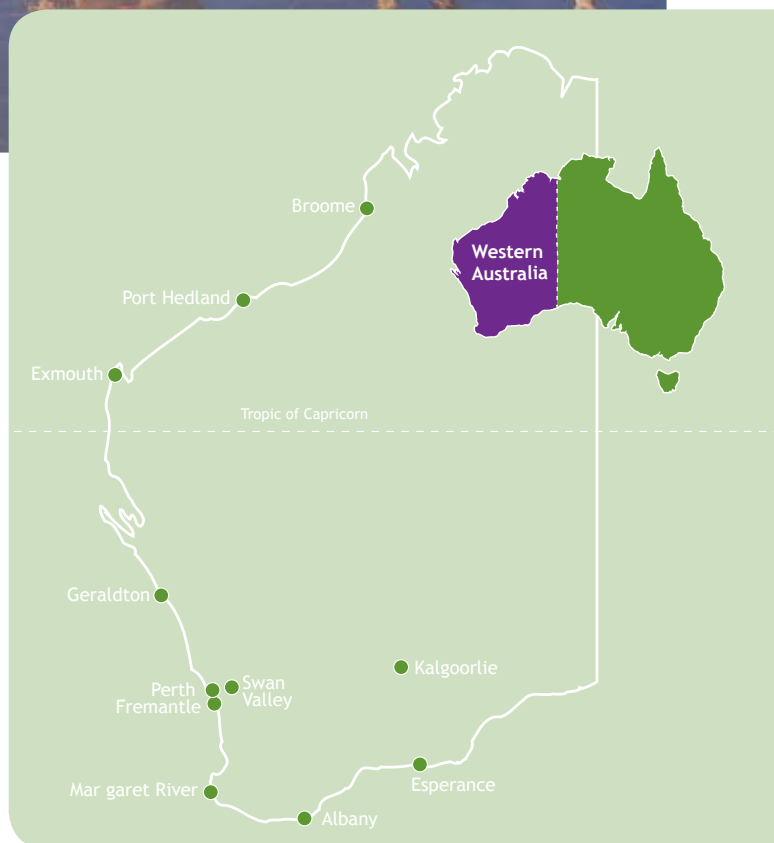


About Australia

Sources of information about Australia, its way of life, attractions and key sporting and cultural events are plentiful. Guide books and tourist publications available from the WA Tourism Commission at website: www.westernaustralia.com and local tourist information centres provide information on climate, attractions, local events, accommodation and restaurants.

Useful publications are the 'Lonely Planet' and 'Australian Phrasebook', these offer a starting point to understanding the way Australians' (ie. "Aussies") use language.

Visit the Lonely Planet website at: www.lonelyplanet.com to find out how to obtain a copy of the book.



Information about WA

Further information about WA can be obtained from the Government of WA at the following website address: www.wa.gov.au

For a general view of the Perth, go on-line to:

PerthCam Plus: perthcam.bankwest.com.au

Surf Cam www.dpi.wa.gov.au/imarine/1310.asp

For upcoming major events in WA visit the following website:

www.west-oz.com/majorevents/majorevents.asp#4

or

The WA visitors centre website address:

www.westernaustralia.net

The Department of Conservation and Land Management (CALM) provides important information about WA's regional parks and recreation facilities, including access to nature reserves. For more information visit the website at:

www.calm.wa.gov.au/national_parks/

Local councils

Local Government in WA works with the State Government in the development of communities at the local level.

Your local Council can provide information about services available in your local area including Library services. 'Local Councils' are listed in the WA telephone directory.

Centrelink

Centrelink is the Australian Government's central administrative agency, which delivers services on behalf of 20 client agencies, delivering a wide range of payments and support. Newly arrived residents can register with Centrelink to get help looking for work, having overseas qualifications recognised and accessing relevant courses.

If you have children, you may be eligible for government funded family assistance payments to help with the cost of raising them. For more information visit the Centrelink website at:

www.centrelink.gov.au

Child care services/facilities

Child care centres provide care for children of predominantly preschool age. Services may be known as long day care centres or occasional care centres. School age children may attend a childcare centre either before school or after school or during school holidays. Childcare services are governed by the Community Services Act 1972. Child care services cannot be provided except under the authority of a licence or permit issued under the Community Services Act 1972.

Child care access hotline

For advice on the child care service to meet your needs, or the location of child care services, contact the Commonwealth Government's Child Care Access Hotline 1800 670 305 within Australia.

Family day care

Services are provided in the carer's own home in a family or domestic environment. The care is largely aimed at 0-5 year olds, but primary school children may also receive care before and after school, and during school vacations. Family day care services are required to be licensed and to comply with the Community Services (Child Care) Regulations 1988.

Long day care

Services aimed at 0-6 year olds are provided in a centre by a mix of qualified and other staff. Educational and recreational programs are provided based on the developmental needs, interests and experience of each child. Centres typically operate for at least 8 hours a day on normal working days for a minimum of 48 weeks per year.

Occasional care

Services are provided in a range of settings on an hourly or sessional basis, short periods of time or at irregular intervals, specifically for parents who need time to attend appointments, take care of personal matters, undertake casual or part-time employment, study or have temporary respite from full-time parenting. These services provide developmental activities for children and are aimed primarily at 0-5 year olds.

Outside school hours care programs

Services provided for school age children 5-12 years old, before and after school hours, during school holidays and on pupil free days. These services offer a range of activities and provide a caring and supportive environment. Outside school hours programs are regulated by the Community Services (Outside School Hours Care) Regulations 2002.

For advice on the child care service to meet your needs, or the location of child care services, contact the Commonwealth Government's Child Care Access Hotline on 1800 670 305 or the following website: www.childcarelicensing.communitydevelopment.wa.gov.au

What funding is available?

The Commonwealth Department of Family and Community Services can assist you with childcare funding. For further information on family assistance, visit the website: www.familyassist.gov.au. There are a number of multilingual fact sheets available on this website.

For information, advice and contacts about caring for children up to the age of 18 you can contact the Parent Help Centre Parenting Line telephone (+61 8) 9272 1466

Department of Immigration and Multicultural Affairs (DIMA)

The DIMA website includes a range of basic facts about Australia, covering the following:

- Environment
- Indigenous peoples
- Culturally diverse society
- Settlement by migrants
- Government and
- Customs and laws.

This information can be viewed on the DIMA website: www.immi.gov.au

Suggested reading:

Welcome to Western Australia, Department of Immigration and Multicultural and Indigenous Affairs: www.immi.gov.au/settle/booklets/texts/wa/eng.pdf

Living in Western Australia, Department of Health: www.workinperth.com

Live in Western Australia: www.migration.wa.gov.au

Community Resources: www.wa.gov.au/community/index.html

The website of the Australian Tourism Commission (ATC) www.australia.com provides information about Australia for those seeking to visit and travel in Australia. There is general information on arts and culture, climate, attractions, and links to each of the States and Territories.

Citizenship

You can apply for Australian citizenship if you have lived in Australia for 2 years as a permanent resident during the last 5 years. This must include spending a total of 12 months during the last 2 years in Australia. All applicants must also be of good character. For more information, visit www.citizenship.gov.au/faq.htm

New Zealand citizens, aged 16 years or over, who do not hold a permanent residence visa must obtain a copy of their personal records from the New Zealand Ministry of Justice; contact by phone +64 (4) 9188800 or at www.courts.govt.nz/privacy/ and provide their application.

Cost of living in WA

In addition to Western Australia's economic strengths, lifestyle, climate, quality homes, world class medical and education facilities, and the picturesque sights, living costs are comparatively low compared with many major cities. Average household expenditure in Australia is around \$900 per week, as at July 2005, including:

- Food and non-alcoholic drinks \$175 per week
- Car Expenses* \$200
- Recreation \$90 per week

- Medical and health expenses \$50 per week (includes private health insurance).

(* Includes loan repayments, registration, insurance and petrol)

The cost of housing/accommodation varies significantly from place to place and suburb to suburb. As of July 2005, the average expenditure on rent or mortgage repayments was around 20 per cent of gross income. In Perth the average price for purchasing a four-bedroom house was around \$350,000. As of July 2005, the average rent for a three bedroom house in Perth was around \$225 per week - expect to pay in the range of \$250 to \$300 per week for an average rental in a mid range suburb.

Driving a car in WA

Obtaining a licence to drive

New overseas residents who hold a permanent visa may drive (or learn to drive) on an overseas licence/permit for a period of three (3) months after which time a WA licence must be obtained if the holder wishes to continue to drive. This three month period commences from the date of arrival in Australia where a permanent visa is issued on or before entry into Australia, or from the date a permanent visa is issued where the person has been a long term resident of Australia on a student/temporary/bridging etc visa. To get a WA driving licence you usually need to pass a knowledge test, a practical test and an eyesight test.

Demerit points system

Demerit points are one type of penalty that may be imposed when you commit a traffic offence. Demerit points range in severity from one to ten points per offence. Driver's start with zero demerit points recorded against their licence and points accumulate when offences are committed. A fine may also be imposed together with demerit points.

If you hold a learner permit or probationary licence and get five or more demerit points in a twelve-month period you may lose your licence or permit. If you hold a full driver's licence you may lose your licence if you get twelve or more demerit points over a three-year period.

Other information

The Department for Planning and Infrastructure Licensing Services website provides a range of information including:

- Requirements for registering a car
- Registration and licensing fees
- Traffic information
- Road safety information and
- Handbooks and forms.

For further information and to download the Drive Safe Handbook Book and Overseas Drivers driving in Australia information booklet visit the website:

www.dpi.wa.gov.au

Transferring your overseas driver's licence

People wishing to transfer an overseas drivers licence to a WA licence will be required to pass relevant theory and practical driving assessments, unless the licence was issued by a 'recognised' country.

For further information visit:

www.dpi.wa.gov.au/licensing/566.asp

Obtaining a road map

A road map or a road atlas, which provides a guide to WA's roads and towns, which you should keep in your vehicle, is essential for finding your way around.

The purchase of a WA street directory is recommended as it contains maps/street directions in Perth and the outer suburbs.

Educational services and facilities

In Australia there are four levels of education:

- Kindergarten
- Primary education
- Secondary schooling and
- Tertiary or higher education - University or Technical and Further Education (TAFE).

WA offers 776 government schools and almost as many private schools throughout the state. WA also offers

distance education to students in rural and remote areas throughout this vast state.

Education is compulsory for children aged 6-16 years with preschool places available from the age of four. Most children begin their secondary education at the beginning of the year in which they turn 13. Secondary education comprises Yr 8 to 12 and is compulsory to Year 10. The school year starts in late January and there are four terms a year, each being ten weeks in duration. The major holiday break is during December and January, providing opportunities for family holidays during summer.

The school curriculum is divided into eight learning areas:

- Arts
- English
- Health and physical education
- Languages other than English
- Mathematics
- Science
- Society and environment and
- Technology and enterprise.

You can find your designated school zone and a suitable school by visiting www.eddept.wa.edu.au and searching under Directory of Schools. Schools that cater for geographically isolated students and for those with disabilities are also available.

Private/Non-Government independent schools

There is a large non-government school sector in WA (subsidised by the government and collection of student fees). There is a system of catholic education managed by the Catholic Education Office, and a number of non-Catholic Independent schools.

Further information can be obtained from the Catholic Education Office of WA website:

www.ceowa.perth.catholic.edu.au

and The Association of Independent Schools of WA website address:

www.ais.wa.edu.au

Tertiary and Vocational Education

Technical and Further Education (TAFE)

Vocational education and training is provided through TAFE and other registered providers of Adult, Community and Further Education. All vocational courses are developed on the basis of industry advice, at a state wide and national level.

TAFE

Central TAFE Perth

www.tafe.wa.gov.au

Central West TAFE (Mid West)

www.centralwest.wa.edu.au

Challenger TAFE (Peel)

www.challengertafe.wa.edu.au

CY O'Connor TAFE (Wheatbelt)

www.cyoc.wa.edu.au

Kimberley TAFE

kimberley.tafe.wa.edu.au

Great Southern TAFE

www.gstafe.wa.gov.au/

Southwest TAFE

swrc.tafe.wa.edu.au

East Pilbara TAFE

www.pilbaratafe.wa.edu.au

University

WA offers first-degree education through to post-graduate levels of study through 5 universities. You will need to have gained the Tertiary Entrance Examination (TEE) or equivalent to gain entry.

Combined universities centre for rural health

<http://www.cucrh.uwa.edu.au>

Curtin University

<http://www.curtin.edu.au>

Edith Cowan University

<http://www.ecu.edu.au>

Murdoch University

<http://www.murdoch.edu.au>

Notre Dame University

<http://www.nd.edu.au/>

University of WA

<http://www.uwa.edu.au>

Emergency services

In an emergency situation dial 000 (112 from mobile phones) for:

- Police
- Ambulance and
- Fire Brigade.

When the emergency service's operator answers your call be prepared to give your name, address and telephone number and the type of service you require.

Police service

If you require the police service for a non-emergency situation you can call 131 444 or your local police station (addresses in the telephone book).

Ambulance service

Ambulance services provide emergency transport to the nearest hospital for emergency medical attention. Interpreters are available. Please note that there is a fee involved although in some States and Territories, the ambulance service cost may be discounted to people who have a health care card or receive a government pension.

Fire service

The WA fire service not only puts fires out but also rescues people from burning buildings or in situations where a chemical spill has taken place. For non-urgent responses please contact your local fire station by telephoning the number in your telephone book.

Other emergency contact numbers:

Poisons Information Centre	131126
Child Abuse Prevention Services	1800 688 009

Employment for partners

There are a plethora of job vacancies across a diverse range of fields in WA. Jobs within the public sector, including health, can be viewed on the Jobs WA website: jobs.wa.gov.au/search/index.htm. If you are successful in obtaining an entry visa to work in WA, your partner and dependants will be covered also.

Ranges of occupations are currently in demand in WA. DIMA provides a list of 'Occupations in demand' that can be viewed at: <http://www.dimia.gov.au/skilled/index.htm>. Visas for these occupations can be obtained more easily than other occupations as they are worth more points.

WA has one of the lowest unemployment rates in Australia. While the national unemployment rate was 5.5 per cent for the first half of 2005, the rate in WA declined to 5.0 per cent in June 2005 (Western Australian Department of Treasury and Finance, 2005).

For other jobs in Western Australia, please visit www.onlinewa.com.au and go to "Jobs".

Health insurance

Australia's health system offers a range of publicly and privately funded health services. You can choose to simply have Medicare cover only, or a combination of Medicare and Private health insurance.

Medicare

As the basis of Australia's health care system, Medicare covers many health care costs. To register with Medicare, you should wait approximately 10 working days after your arrival in Australia and then go to your nearest Medicare Office (listed in the phone book), with your passport and travel documents. If the registration requirements are met, you will be advised of your Medicare number and your Medicare card will be posted out to you. See Section 1 of this Manual for information on Medicare and the Medicare levy (which you may have to pay) and the Medicare surcharge.

Medicare also has a 'Welcome Kit', which is translated into seventeen different languages and is available on the Medicare website:

www.medicareaustralia.gov.au

Private health insurance

Private health insurance provides additional cover for services not covered by Medicare. There are a number of organisations offering private health insurance, and a variety of reasons why it may be an attractive option for you to consider. If you have private health insurance, you are covered against some or all of the costs of being a private patient in either a public or private hospital. Alternatively, you can still choose to be treated as a public patient in a public hospital at no charge.

As a privately insured patient you may insure against some or all of the costs of health services not covered by Medicare, such as:

- Hospital expenses (theatre fees or accommodation) in either a public or private hospital
- Dental treatment
- Ambulance
- Chiropractic treatment
- Home nursing
- Podiatry
- Physiotherapy, occupational, speech and eye therapy
- Glasses and contact lenses
- Prostheses and
- Other ancillary services.

It is a requirement for OTNM's (and their dependents) sponsored by and employed in a WA public health service to have adequate medical insurance cover.

In recent years the Commonwealth Government has taken a range of steps to encourage high-income earners to take private health insurance. Information about the Medicare levy surcharge, lifetime health insurance cover, and the 30 per cent rebate on private health insurance is available at the website listed below or simply contact a private health insurance provider.

Further information about private health insurance

can be obtained from the Private Health Insurance Administration Council at:

www.phiac.gov.au

Finding a home

Housing prices in WA (both rental and sale) are substantially lower than those in the eastern states, despite the booming Western Australian economy. Housing prices in Perth are affordable. Suburbs tend to be located along the river systems, along the coastal areas or amongst the Darling Ranges ("the hills").

Your employing health service may offer assistance with finding temporary accommodation for you upon arrival. Otherwise, temporary accommodation can be easily arranged over the internet/phone. When you first arrive in WA you may wish to either:

- Stay in a hotel/ motel
- Rent a house, unit, villa or apartment
- Purchase a house, unit, villa or apartment or
- Purchase land on which to build a home.

Tourism WA and the Real Estate Institute of WA (REIWA) provide information about suburb location and the different types of accommodation available in Perth:

www.westernaustralia.com/en/

www.reiwa.com.au/

www.perthproperty.com.au

www.aussiehome.com.au

www.thewest.com.au

www.realestate.com.au

www.firb.gov.au

Essential household services

Whether you are renting or buying a house in WA, some of the household utilities that you will require to be connected are as follows:

Electricity - supplied by Synergy 131 353

Gas - supplied by Alinta Gas 131 352

Water - supplied by the Water Corporation 131 385

Telephone -there are various telephone companies listed in the telephone directory. Note that some of these services may require a connection fee.

Media

Most newsagencies in major shopping centres have a variety of newspapers in a variety of languages. If the newspaper you require is not in stock you can ask the newsagent to order it for you. The West Australian Newspaper website address is:
www.thewest.com.au

A list of ethnic radio stations can be found at the National Ethnic and Multicultural Broadcaster's Council (NEMBC) website:
www.nembc.org.au

Opening a bank account in WA

You will need to open a bank account when you start work, as most employers in Australia prefer to pay salaries directly into employees' accounts.

To open a bank or credit union account in Australia you will need to visit the bank and present proof of your identity. This could be your passport, your birth certificate, and other documents which show your name and address in WA such as your driver's licence, your rental lease or bills from gas or electricity companies. Staff at the bank will explain what other documents may be suitable. The Australian Bankers' Association website provides a list of its member banks: www.bankers.asn.au/ABA/Online/default.asp

Translating and interpreting services (TIS)

If you or a family member requires interpreting assistance you can call the TIS telephone interpreting service, 24 hours a day, 7 days a week on telephone 131450. Website address:

www.immi.gov.au/tis/index.htm

Transport

Buying a car

New and second-hand vehicles are advertised for sale in newspapers, magazines and websites. Cars are also sold from car dealerships new and second hand. The purchase prices do not usually include registration, stamp duty or compulsory insurance or the transfer fee if the car is second-hand.

Information on car dealerships can be found in the Yellow Pages telephone directory
www.yellowpages.com.au

Public transport

WA has an excellent public transport system. Transperth has a website where you can locate information on train, bus and ferry services which includes timetables and maps, information on tickets and fares, special events and other passenger information including school bus services. For more information on the metropolitan services go to the Transperth website:
www.transperth.wa.gov.au/

For rural regional information go to the Western Australia Government Railway (WAGR) website on
www.transwa.wa.gov.au/Default.aspx

What you can bring into WA

Household goods and personal effects can be moved over to WA as unaccompanied sea or airfreight. WA's unique environment and important agricultural industries are free from many pests and diseases found in other parts of the world. In order to protect the environment, you must advise the Australian Quarantine and Inspection Service (AQIS) of any items that may contain pests or diseases when you enter Australia. Search www.aqis.gov.au for more information on things you can bring into the country, including your pets.



Deceased persons: Administrative procedures

Each health service will have administrative policies/procedures for certifying the death of a patient. You should familiarise yourself with these policies as soon as possible on commencement of employment.

Deaths reportable to the coroner

The Coroners Act 1996 established the Coroner's Court of WA and a State coronial system to inquire into Western Australian deaths.

In WA there is a State Coroner and a Deputy State Coroner. In addition, every magistrate is contemporaneously a coroner and is able to conduct coronial investigations and hold coronial inquests throughout the State. An inquest is a formal hearing by the Coroner's Court into the circumstances surrounding a reportable death in WA.

A 'Western Australian death' is a death that occurred in WA where:

- The body is in WA
- The cause of death occurred in WA
- At the time of death, the deceased ordinarily resided in WA or
- The deceased is a person in an industry to which the Industrial relations Act 1979 applies due to the operation of section 3 of that Act. For example, an employee of an oilrig company with connections to WA but operating off shore.

A death must be reported to a Coroner or to any member of the WA police service immediately where

the death is a 'Western Australian death' and one or more of the following applies:

- The death appears to be unexpected, unnatural or violent, or have resulted directly or indirectly from injury
- The death occurs during an anaesthetic or as a result of an anaesthetic and is not due to natural causes
- The death occurs in prescribed circumstances. (There are currently no legislated 'prescribed circumstances')
- The deceased immediately before death was a person 'held in care'. A person held in care includes individuals in the control, care or custody of the Police or Prison Service or under the Child Welfare Act 1947. It also includes individuals admitted or received into a centre under the Alcohol and Drug Authority Act 1974, an approved hospital under the Mental Health Act 1996, or otherwise detained under the Young Offenders Act 1994
- The death appears to have been caused or contributed to while the deceased was held in care
- The death appears to have been caused or contributed to by any action of a member of the Police Service
- The deceased is a person whose identity is unknown



- The death occurs outside Western Australia but a medical practitioner legally qualified, as such in the place concerned has not issued a certificate of cause of death
- The death occurs within Western Australia but the cause of death has not been certified under section 44(1) of the Births, Deaths and Marriages Registration Act 1998
- In the opinion of any medical practitioner present at or soon after death, the cause of death cannot be determined or the death has or may have occurred under suspicious circumstances

For more information on the Coronial process and the steps to take to report a death please see the following website:

www.health.wa.gov.au/safetyandquality/programs/

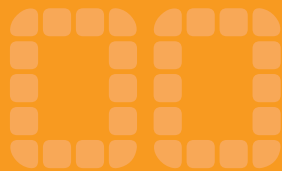
If there is any doubt as to whether a case should be reported or not, the advice of the coroner should be sought by a medical officer.

Registration of deaths

Refer to Part 7 of the Births, Deaths and Marriages Registration Act 1998 which deals with the registration of deaths.

Also visit the DOH website for Statutory Medical Notifications

www.health.wa.gov.au/notifications



Paperwork in hospitals - Key forms and advice

This section will include some tips about your role in the hospital and the main forms in the medical record. You will need to familiarise yourself with these forms if you work in a public hospital, so if they are not shown to you during your orientation, make sure you find out where they are kept, what they look like and who usually completes them in your hospital.

Points to note:

Admission - examination of the patient should be thorough and confidential.

Patient progress - as a nurse/midwife you should ensure that regular progress notes are made in the patient's medical record. Any tests should be monitored from day to day.

Issues to consider:

- Consent
- Guardianship issues
- Communication with the patient/family and
- Organ donation

In the case of a patient death, ensure all required documentation is completed.

Patient medical record forms

- Drug prescribing/Administration Chart (Completed by a hospital medical officer, administered by nursing and midwifery staff)

- Nursing pain assessment and intervention chart
- Heparin infusion administration form
- Intravenous analgesia form
- Acute/adult prescribing chart
- Inpatient total care progress notes form
- Intravenous infusion chart
- Referral to rehabilitation and aged services program
- Consultation form
- Consent for medical treatment/procedure/examination and
- Notification of infectious diseases (call or send to DOH).

Death Certification

- Notification of death form
- Application for cremation
- Medical certificate or cause of death of a person aged 28 days or over
- Death report to coroner
- Hospital statement of identification in a coroners' investigation and
- Jewellery notification for mortuary.

Request forms

- Antibiotic monitoring request form
- Blood bank request
- Blood product request form
- Cardiology unit test requests (e.g. for ECG, exercise tests)
- Diagnostic imaging request
- MRI (Magnetic Resonance Imaging) form
- Pathology request form and
- Request for body composition/DEXA bone density investigation.

There is also a range of forms, which nurses may complete. These are listed below for your information:

- Diabetes treatment chart
- Fluid balance chart and summary forms
- Neurological observation form
- Sedation and pain score
- Temperature and pulse monitoring and
- Vascular monitoring chart.

Medico-Legal reports

All requests for reports, summaries etc from Solicitors, Life Insurance Companies and Government Departments must be referred to the Patient Record Administration/ Medical Administration area in your hospital. You should not give opinions or information in such cases.

Medical record keeping

Progress Notes for inpatients

It is important for all nurses/midwives to document their patients' progress during hospitalisation. Any omissions from a patient's medical record creates a significant medico-legal problem for all staff involved with the patient and the vicarious liability that the hospital carries in being responsible for the quality and standards of the care provided by its staff.



Legal matters

This appendix provides a broad overview of some legal issues. The information contained in this Appendix is not intended to be, nor should it be relied upon as, a substitute for legal or other professional advice.

State Government legislation

Nurses/midwives are regulated through Acts of Parliament in each State and Territory. The DOH is established by the Governor under section 35 of the Public Sector Management Act 1994. The Director General of Health is responsible to the Minister for Health for the efficient and effective management of the organisation. The DOH supports the minister in the administration of the following statutes (Acts of Parliament):

- Alcohol and Drug Authority Act 1974
- Anatomy Act 1930
- Animal Resources Authority Act 1981
- Blood Donation (Limitation of Liability) Act 1985
- Cannabis Control Act 2003
- Chiropractors Act 1964
- Co-opted Medical and Dental Services for the Northern Portion of the State Act 1951
- Cremation Act 1929
- Dental Act 1939
- Dental Prosthetists Act 1985
- Fluoridation of Public Water Supplies Act 1966
- Health Act 1911
- Health Legislation Administration Act 1984
- Health Professionals (Special Events Exemption) Act 2000
- Health Services (Conciliation and Review) Act 1995
- Health Services (Quality Improvement) Act 1995
- Hospital Fund Act 1930
- Hospitals and Health Services Act 1927
- Human Reproductive Technology Act 1991
- Human Tissue and Transplant Act 1982
- Medical Act 1894
- Mental Health Act 1996
- Mental Health (Consequential Provisions) Act 1996
- Nuclear Waste Storage (Prohibition) Act 1999
- Nurses Act 1992
- Occupational Therapists Registration Act 1980
- Optical Dispensers Act 1966
- Optometrists Act 1940
- Osteopaths Act 1997
- Perth Dental Hospital Land Act 1942

- Pharmacy Act 1964
- Physiotherapists Act 1950
- Podiatrists Registration Act 1984
- Poisons Act 1964
- Psychologists Registration Act 1976
- Public Dental Hospital Land Act 1934
- Queen Elizabeth II Medical Centre Act 1966
- Radiation Safety Act 1975
- Tobacco Control Act 1990
- University Medical School Act 1955
- University Medical School Teaching Hospitals Act 1955 and
- Western Australian Bush Nursing Trust Act 1936.

The Australasian Legal Information Institute at website: www.austlii.edu.au provides free internet access to Australian legal materials. AustLII publishes public legal information, that is, primary legal materials (legislation, treaties and decisions of courts and tribunals); and secondary legal materials created by public bodies for purposes of public access (law reform and royal commission reports for example).

Standards of care

The standard of care for health professionals in WA is set out in section 5PB of the Civil Liability Act 2002 ('the Civil Liberty Act') as amended by the Civil Liability Amendment Act 2004 and applies to harm giving rise to a claim for damages arising out of an incident happening on or after 9 November 2004.

Section 5PB of the Civil Liability Act provides as follows:

- (1) An act or omission of a health professional is not a negligent act or omission if it is in accordance with a practice that, at the time of the act or omission, is widely accepted by the health professional's peers as competent professional practice.
- (2) Subsection (1) does not apply to an act or omission of a health professional in relation to informing a person of a risk of injury or death associated with -

(a) the treatment proposed for a patient or a foetus being carried by a pregnant patient or

(b) a procedure proposed to be conducted for the purpose of diagnosing a condition of a patient or foetus being carried by a pregnant patient.

(3) Subsection (1) applies even if another practice that is widely accepted by the health professional's peers as competent professional practice differs from or conflicts with the practice in accordance with which the health professional acted or omitted to do something.

(4) Nothing in subsection (1) prevents a health professional from being liable for negligence if the practice in accordance with which the health professional acted or omitted to do something is, in the circumstances of the particular case, so unreasonable that no reasonable health professional in the health professional's position could have acted or omitted to do something in accordance with that practice.

(5) A practice does not have to be universally accepted as a competent professional practice to be considered widely accepted as competent professional practice.

(6) In determining liability for damages for harm caused by the fault of a health professional, the plaintiff always bears the onus of proving, on the balance of probabilities, that the applicable standard of care (whether under this section of any other law) was breached by the defendant."

Child abuse

WA is the only State in Australia that does not have legislation requiring nurses/midwives to report cases of suspected child abuse. However, section 29(3a) of the Child Welfare Act 1947 ("the Child Welfare Act") states that where a child under the age of 6 years is admitted to a hospital and there are reasonable grounds to suspect that the child is a child in need of care and protection (defined in section 4), the medical officer in charge of that hospital or his deputy may order that the child be detained in hospital for a period of 48 hours for the purposes of observation, assessment or treatment. On the expiration of this period the child must be discharged from hospital, remain in the hospital with the consent of the parents or must be apprehended via the appropriate methods

by the police or DCD: see section 29(3b) of the Child Welfare Act. DCD must be notified of the making of such an order in accordance with regulation 12 of the Child Welfare Regulations 1977.

Section 146C of the Child Welfare Act states that a person who on reasonable grounds and in good faith for the purposes of facilitating the enforcement of the provisions of the Child Welfare Act makes a report with respect to the circumstances of a child is not liable to any action for damage or any other legal proceedings in respect of that report. Further “relevant information” (as defined in section 10C(1) may be disclosed to the Director General (DCD) in compliance with a request by the Director-General (DCD) under section 10C of the Child Welfare Act. Hospital staff may be able to make a disclosure of confidential patient information to the police or DCD in reliance on an overriding public interest in circumstances where there is an immediate and real danger posed to a patient who is a minor.

The Princess Margaret Child Protection Unit provides services for children under the age of 13 years in the Perth Metropolitan area. Child Protection Unit, Princess Margaret Hospital telephone (+61 8) 9340 8646 or visit the website: www.health.wa.gov.au/services/detail.cfm?UnitID=309

Child Abuse Prevention Service telephone
1800 688 009

Consent to treatment and disclosure of material risks

Whether or not medical treatment is to take place is a decision for the patient and treatment may not take place without a patient’s consent. Failure to obtain consent may render the practitioner liable for an action in battery, or even in extreme cases, to criminal sanctions.

As well as the need to obtain the patient’s consent to treatment (and equally importantly), a nurse/midwife has a legal obligation to provide appropriate information about any proposed treatment to a patient, including any material risks inherent in the treatment. Failure to disclose such material risks to a patient prior to the patient deciding whether to undergo medical treatment may result in a finding that the practitioner

has acted negligently towards the patient and that there has been a breach of duty of care owed to the patient. Failure to disclose material risks to a patient may render the practitioner or health service liable to pay damages to the patient.

The legal requirements for the obtaining of consent differ in relation to the competency of the patient and his or her age.

Nurses/midwives working in WA Public Hospitals are required to obtain written or other patient consent prior to any treatment or procedural intervention and providing patients with an explanation of the planned treatment/procedure including material risks. Appropriate documentation of consent including the use of consent forms must be carried out in accordance with hospital consent policies and procedures.

Further information relating to informed consent can be obtained by visiting the following website address: www.health.wa.gov.au/safetyandquality/programs/consent_forms.cfm

There can be no excuse for not obtaining informed consent from a patient who comes from a non-English speaking (NESB) or culturally and linguistically diverse (CaLD) background. The services of professional interpreters should be used for obtaining consent from such patients. Check when the hospital’s interpreting service is available and what the arrangements are for out-of-hours.

Remember to use the service of a professional interpreter for consent when patients are not fluent in English or don’t understand the medical terminology you may need to use.

It is not wise to use the services of staff or family in the doctor/patient relationship unless it is your only alternative.

Medical procedures involving children

Where a child lacks the relevant capacity to consent to treatment on its own behalf, parental consent (or the consent of the child’s duly appointed guardian) will be required except in the case of an emergency. However, a parent or guardian is not able to consent to all medical procedures. For instance, the Court’s consent must be obtained for procedures such as sterilisation of a child, or gender reassignment.

If a child has requested medical treatment and, in the opinion of the treating medical practitioner, appears to fully comprehend the nature and consequences of that treatment, then the doctor is entitled to assume that the child has the capacity to consent or decline medical treatment and may be categorised as a “mature minor”. A child achieves this capacity to consent on its own behalf not when the child reaches a particular age, or “when the child achieves a sufficient of understanding and intelligence to enable him or her to understand fully what is proposed”. The complexity of the proposed procedure is of importance in determining whether a child has, in the relevant instance, sufficient maturity to consent. The treating medical practitioner must make this decision.

In cases of conflict between parents (if there is any doubt as to which parent may consent on behalf of a child), or between parents and child (as to whether a child is competent to consent on its own behalf), consideration should be given to making an application to the Court for determination of the problem. If the practitioner is concerned as to who may consent on behalf of the child, assistance should be sought from the hospital executive.

In some states in Australia, a minor’s capacity to give informed consent to medical treatment is regulated by statute.

For further information please see current DOH consent policy guidelines

www.health.wa.gov.au/safetyandquality/
(Note while this document is current it will be updated early next year)

Incompetent adults

Sterilisation of mentally incompetent adults is a very serious matter and a practitioner should not undertake such a procedure unless he or she is sure that it is legally permissible in any given case.

The Guardianship and Administration Act 1990 contains provisions which are designed to ensure that patients over the age of 18 years are not deprived of necessary medical treatment purely because they are unable to consent to treatment.

Under the Guardianship and Administration Act 1990,

the State Administrative Tribunal may appoint a guardian for a person who is 18 years or over. A plenary guardian may consent to any treatment or health care of the represented person but a limited guardian must be given specific authority by the State Administrative tribunal to consent to such treatment or health care. The power to consent to treatment on behalf of the represented person does not include sterilisation, which is subject to the provisions of Divisions 3 of Part 5 of the Guardianship and Administration Act 1990.

Patient confidentiality and divulging patient information to third parties

Health professionals are under a duty to maintain the confidentiality of all information that comes to them in the course of their relationship with patients. The duty protects information created, disclosed or acquired directly or indirectly in the context of the patient and the health service provider relationship. All persons, including administrative staff, who have come into contact with the information as part of the health care process, also have a duty to maintain the confidentiality of that information.

The general principle is that the duty of confidence prevents the disclosure of the information to individuals and organisations not involved with providing the health service. However, there are a number of exceptions where otherwise confidential information may be disclosed to third parties:

- Where the patient or the patient’s parents (where the patient is a minor) or legal guardian (where the patient is a mentally incompetent adult) or executor (where the patient is deceased) consents to the disclosure of the information
- Where the public interest justifies disclosure of the information (i.e. where there is a real and immediate risk of danger to the public or any person and the requirement that disclosure be to a responsible authority
- Where disclosure of the information is required or permitted by operation of the law.

Alternatively, a statute may permit the disclosure of otherwise confidential information in specified circumstances without creating a legal obligation to



do so. For example, Sections 146C(3) and 10C(4) of the Child Welfare Act 1947 which permit information to be divulged to the Department for Community Development in limited circumstances.

Where confidential information is disclosed to the responsible body pursuant to a statutory obligation there will be no actionable breach of confidence. However, information disclosed must be limited to that necessary to comply with the statutory requirement.

Sometimes a nurse/midwife is approached directly by an “outside body” requesting information or a statement/report about a patient, for a multitude of reasons. Patient information cannot be divulged in normal circumstances without a signed authority from the patient, senior next of kin or guardian.

Freedom of information

A person has the right to be given access to the documents of an agency (other than an exempt agency) subject to and in accordance with the Freedom of Information Act 1992 (“the FOI Act”) see section 10 of the FOI Act. An agency may refuse access to a document if the document is an exempt document: section 23 of the FOI Act. Patients who wish to gain access to their health information (which includes x-rays) should be asked to make a written request to the medical records office of a hospital nurses/midwives do not partake in this.

For further information regarding the FOI Act visit the following website:

www.health.wa.gov.au/about/freedominfo.cfm

Health industry acronyms

A	
ACAT	Aged Care Assessment Teams
ACCC	Australian Competition and Consumer Commission
ACD	Australian College of Dermatologists
ACEM	Australian College for Emergency Medicine
ACMH	Aged Care and Mental Health
ACOSS	Australian Council of Social Services
ACRRM	Australian College of Rural and Remote Medicine
ACSQHC	Australian Council on Safety and Quality in Health Care
ADEC	Australian Drug Evaluation Committee
ADGP	Australian Divisions of General Practice
AMA	Australian Medical Association
AMC	Australian Medical Colleges
AMC	Australian Medical Council
AMS	Aboriginal Medical Service
AMSA	Australian Medical Students Association
ANZCA	Australian and New Zealand College of Anaesthetists
APA	Australian Physiotherapists Association
APAC	Australian Pharmaceutical Advisory Council
APHA	Australian Private Hospitals Association
APMA	Australian Pharmaceutical Manufacturers Association
ASMOF	Australian Salaried Medical Officers Federation
AST	Advanced Surgical Trainee

ATO	Australian Taxation Office
ATSI	Aboriginal and Torres Strait Islanders
ATSIC	Aboriginal and Torres Strait Islanders Commission
B	
BMJ	British Medical Journal
C	
CNS	Clinical Nurse Specialist
CPD	Continuing Professional Development
CPE	Continuing Professional Education
CPMC	Committee of Presidents of Medical Colleges
D	
DCT	Director of Clinical Training
DEST	Department of Education, Sciences and Training
DGPP	Divisions of General Practice Program
DIMA	Department of Immigration and Multicultural Affairs
DMS	Director of Medical Services
DOH	Department of Health
DOHA	Department of Health and Ageing
DON	Director of Nursing
DSC	Disability Services Commission
F	
FOI	Freedom of Information
FRACGP	Fellow of the Royal Australian College of General Practitioners
FTE	Full Time Equivalent
G	
GP	General Practitioner

GPEA	General Practice Education Australia
H	
HIC	Medicare Australia (formerly Health Insurance Commission - HIC)
HMO	Hospital Medical Officer
HRIT	Health Reform Implementation Taskforce
I	
IMG	International Medical Graduate
J	
JMO	Junior Medical Officer
L	
LGA	Local Government Area
M	
MBCC	Medical Benefits Consultative Committee
MBS	Medical Benefits Schedule
MBWA	Medical Board of Western Australia
MEO	Medical Education Officer
MJA	Medical Journal of Australia
MLO	Medical Liaison Officer
MTRP	Medical Training Review Panel
N	
NACSR	National Advisory Committee on Skills Recognition
NASOG	National Association of Specialist Obstetricians and Gynaecologists
NESB	Non-English Speaking Background
NGO	Non-Government Organisation
NFR	Not For Resuscitation
NRHA	National Rural Health Alliance
O	
OTD	Overseas Trained Doctor
OTS	Overseas Trained Specialist
P	
PBAC	Pharmaceutical Benefits Advisory Council
PBS	Pharmaceutical Benefits Scheme
PHC	Primary Health Care
PHR	Patient Health Record
PMC	Postgraduate Medical Council
PSA	Pharmaceutical Society of Australia
R	
RACGP	Royal Australian College of General Practitioners

RACGPTF	Royal Australian College of General Practitioners Task Force
RACGPTP	Royal Australian College of General Practitioners Training Program
RACMA	Royal Australian College of Medical Administrators
RACN	Royal Australian College of Nursing
RACO	Royal Australian College of Ophthalmologists
RACP	Royal Australian College of Physicians
RANZCOG	The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RACS	Royal Australian College of Surgeons
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RANCCR	Royal Australian and New Zealand College of Radiologists
RARA	Rural and Remote Area classification system
RCGP	Royal College of General Practitioners
RCNA	Royal College of Nursing Australia
RCPA	Royal College of Pathologists of Australia
RDAA	Rural Doctors Association of Australia
RDAAWA	Rural Doctors Association of WA
RDN	Rural Doctors Network
RDRN	Rural Doctors Resource Network
REIWA	Real Estate Institute of Western Australia
RFDS	Royal Flying Doctor Service
RMO	Resident Medical Officer
RRMA	Rural, Remote, Metropolitan Areas
S	
SJA	St John's Ambulance
T	
TIS	Translating and Interpreting Service
TRD	Temporary Resident Doctor
U	
UDRH	University Department of Rural Health
V	
VMP	Visiting Medical Practitioner
W	
WHO	World Health Organisation



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