The Royal Children's Hospital (RCH) Nursing Competency Workbook is a dynamic document that will provide you with direction and assist you in your professional development as a nurse working at the RCH. The workbook also provides a record of your orientation and competency obtainment.

Chapter 1
- Includes resources for nurses and is complemented by the Royal Children’s Hospital (RCH) New Starter Pack, Hospital Orientation and Nursing Orientation day, to provide an introduction to nursing at the RCH.

Chapter 2
- Generic Nursing Competency Assessment Forms

Chapter 3
- Specialty Nursing Competency Assessment Forms

Appendix 1
- Unit / Department Nursing Orientation

All chapters and appendices are downloadable as pdfs from the Nursing Education Website.

**The RCH Nursing Competency Workbook** developed by Nursing Education with input from specialist nurses at the RCH.

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Email [melody.trueman@rch.org.au](mailto:melody.trueman@rch.org.au)

Workbook 5th edition January 2013
Introduction

Welcome to the Royal Children’s Hospital (RCH), Emergency Department (ED). The RCH is the only Paediatric tertiary hospital in Victoria the catchment area is all of Victoria, southern NSW, Tasmania and eastern South Australia. The ED is the Paediatric Trauma centre for Victoria seeing approx 13,000 trauma related presentations per year of these 130 are major trauma, with head injuries being the most common trauma related injury. The hospital is serviced by a helipad located on campus. The ED sees approx 65,000 patients annually, with ages ranging from newborn to 18 years. There are times when we see patients who are older than 18, these are generally chronic patients who are yet to be handed over to the adult hospital system. The ED is supported by a GP clinic after hours.

- Monday to Friday, 1800-2400
- Saturday and Sunday, 1200-2400

Patients who present to the ED and are deemed by the triage nurse to be suitable to be seen by a GP are referred to the GP clinic which operates out of the fast track clinic within the department.

The ED is part of the Medical Emergency Team (MET) which responds to medical emergencies within RCH including inpatient units and all non-clinical areas. The ED uses the Australasian Triage system endorsed by the Australia College of Emergency Medicine (ACEM). The triage system is comprised of 5 categories used to prioritise patient care.

- Category 1 – to be seen immediately
- Category 2 – to be seen within 10 minutes
- Category 3 – to be seen within 30 minutes
- Category 4 – to be seen within 60 minutes
- Category 5 – to be seen within 120 minutes

Of the 65,000 presentations per year approx 25% of these are admitted to the hospital.

- Dolphin – Medical Short Stay unit, Lower Ground Floor
- Emergency – Lower Ground
- Kelpie – Adolescent Care & Rehabilitation, Level 1
- Banksia – Mental Health, Level 1
- Kookaburra Ward – Cancer Care, Level 2
- Sugar Glider – Medical Care, Level 2
- Koala – Cardiac Care, Level 3
- Rosella – Paediatric Intensive Care Unit, Level 3
- Platypus – General Surgical, Level 4
- Cockatoo – Neuro Care, Level 4
- Butterfly - Neonatal Intensive Care unit, Level 5

Staffing

Medical

Director of Emergency Medicine – Simon Young
Deputy Director of Emergency Medicine – Peter Barnett
Emergency Consultants - Stuart Lewena, Franz Babl, Elliot Long, Peter Archer, Amanda Stock, Joanne Grindlay, Sandy Hopper, Adam O’Brien,
Emergency Fellows – Final rotation before becoming Emergency consultants (often overseas staff)
ACEMS - Registrars training to be physicians in emergency medicine and rotate 6 months through a Paediatric Emergency Department

**Paediatric Registrars** – Training to become paediatricians and rotate through paediatric settings.

**Paediatric Residents** - Training to become paediatricians and rotate through paediatric settings.

**Nursing**
Unit Manager – Jayne Hughan
Associate unit managers (AUM) – Robin Cavanagh, Gari Craig, Georgia Laird, Kelly Bernard, Colleen Gill, Fiona Stephenson, Melinda Buckmaster
Nurse Practitioner – Diane Crellin, Nellie King
Nurse Practitioner candidates – Michelle McCarthy, Natasha Davies, Anna Carison, Kristie Shaw & David Beckerman
Clinical Nurse Educator – Melanie Turner, Melissa Kennedy, Trish Barrett (MAT leave), Clinical Nurse Facilitators – Melissa Kennedy, Jo Magyar, Cindy Sheers, Rebecca Leicester (MAT leave)

**Allied Health**
Social work
Play therapy
Psychiatric Liaison Nurse

**Support Staff**
Clerical staff
Support services staff – PSA’s
Business Manager – Jennifer Nazareth.
Administration assistant – Maria Diccorado
First day in the Emergency Department

<table>
<thead>
<tr>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locker allocation</td>
</tr>
<tr>
<td>RCH ID badge</td>
</tr>
<tr>
<td>Car parking/bike access</td>
</tr>
<tr>
<td>Clara access</td>
</tr>
<tr>
<td>Email address application</td>
</tr>
<tr>
<td>Add contact details to staff list</td>
</tr>
<tr>
<td>CNE/F contact details</td>
</tr>
<tr>
<td>BLS Package</td>
</tr>
<tr>
<td>Sedation Package</td>
</tr>
<tr>
<td>Minimum Standards for Cubicle Nurse</td>
</tr>
<tr>
<td>Blood Competency – machine code (email - <a href="mailto:angela.chiriano@rch.org.au">angela.chiriano@rch.org.au</a>)</td>
</tr>
<tr>
<td>Orientation to HAS – enter nursing details</td>
</tr>
<tr>
<td>ATS orientation</td>
</tr>
<tr>
<td>RCH Medication package</td>
</tr>
<tr>
<td>ED Drug awareness package</td>
</tr>
<tr>
<td>Scrubs order forms</td>
</tr>
<tr>
<td>Learning Seat</td>
</tr>
<tr>
<td>Care of the Oncology patient</td>
</tr>
<tr>
<td>IVC package</td>
</tr>
<tr>
<td>Professional practice portfolio</td>
</tr>
</tbody>
</table>
Department Layout

CONS 1  CONS 2  CONS 3  CONS 4

PLASTER 2

BAY 3

BAY 2

BAY 1  2

BAY 4  BAY 5

TREATMENT RM 2

BAY 6

BAY 7

BAY 8

BAY 10  BAY 9

BAY 10  BAY 19  BAY 9  BAY 20

TREATMENT RM 1

BAY 11

BAY 12

BAY 13

BAY 14  PLASTER RM 1

RESUS 1  2  RESUS 3  RESUS 4  RESUS 4  RESUS

RESUS

SAFE ROOM

GAT

POD WAITING AT

POD WAITING GAT

TREATMENT RM 1

BAY 10  BAY 9  BAY 20

BAY 11

BAY 12

BAY 13

BAY 14  PLASTER RM 1

RESUS 1  2  RESUS 3  RESUS 4  RESUS 4  RESUS

RESUS

SAFE ROOM

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POD WAITING GAT

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BAY 10  BAY 9  BAY 20

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BAY 12

BAY 13

BAY 14  PLASTER RM 1

RESUS 1  2  RESUS 3  RESUS 4  RESUS 4  RESUS

RESUS

SAFE ROOM

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TREATMENT RM 1

BAY 10  BAY 9  BAY 20

BAY 11

BAY 12

BAY 13

BAY 14  PLASTER RM 1

RESUS 1  2  RESUS 3  RESUS 4  RESUS 4  RESUS

RESUS

SAFE ROOM
Shifts and Shift flow

Shift times

0700 – 1530
0800 - 1630
0930 – 1800
1315 – 2145
1600 – 2400 (NB 7.5 hour shift)
1745 – 0215
2100 – 0730

The department has different nursing numbers per shift in winter compared to summer to cater for increased patient presentations over the winter months.

Shift breaks

While the AUM often prompts staff to take breaks it is the individual’s responsibility to manage their workload in such a way to enable them to have breaks. Below are suggested times for breaks.

0700
Morning tea (20 Mins) @ 1000hrs (when 0930 staff start)
Lunch (30 Mins) @ 1230 or 1300hrs (when 1315 staff start, if not before)

0930
Lunch (30 Mins) @ 1200hrs (before 0700 staff have lunch)
Afternoon tea (20 Mins) @ 1600hrs

1315
Afternoon tea (20 Mins) @ 1430hrs (when 0700 staff return/after education)
Dinner (30 Mins) @ 1700 or 1730hrs (may be divided into 2 groups)

1745
Dinner (30 Mins) @ 2030hrs (before night staff arrive)
Tea (20 Mins) @ 2300hrs or negotiated

2100
Dinner (30Mins) @ 2400 or 0030hrs (before 1745 go home)
Tea (20 Mins) @ negotiated time with AUM / Nurse in charge
Communication

Confidentiality

The hospital and department has a strict confidentiality policy in order to ensure a high quality of patient care and to protect staff. Staff are unable to copy, release, alter or destroy personal information unless it is part of their job, in which, these papers must be destroyed in the appropriate locked bins. You must not give private staff details, roster information etc. to phone enquiries. You must ensure when discussing a patient’s details, it is not done in the vicinity of an unauthorized person. Staff should be aware of the situation where a young person may not wish information to be given to a parent or caregiver.

Staff conduct

The emergency department is frequently the public’s first contact with the hospital. Your initial interaction with patients and families may influence their attitude for the rest of the visit. Most people who present have no medical training and rely on you for information about tests, procedures and what happens next. It is expected that professionalism and confidentiality is maintained at all times. It is also expected that all staff maintain respect for their patients and their families and for other staff members. Use of mobile phones in the clinical area should be limited to clinical use, i.e. relevant applications, calculators etc. The use of mobile phones for personal use i.e. facebook, texting, answering personal phone calls etc is not acceptable.

Uniform and appearance

- It is expected that staff come to work clean and tidy wearing appropriate clothing as per RCH dress code policy.
- Name badges must be worn at all times
- Scrubs are available for $70.00 per set and are tax deductible (see appendices)


Phone enquiries

The ED receives many phone calls per day, many are parents/care givers requesting medical advice and others are outside health practitioners wanting to refer patients to the ED.

We do not give out medical advice to parents/caregivers about their children over the phone, as we cannot see and assess the child they are concerned about. We suggest that if they are concerned enough to call the ED then they should seek medical advice through their GP or present to the ED with their child for an appropriate assessment.

For outside health professionals referring patients to the ED/RCH these phone calls must be handed to a consultant or the AUM. It is vital that senior medical and nursing staff are informed of a patient coming and the bed status of the hospital is considered before the patient leaves their location.

The ED has direct phone and radio lines with the ambulance service. It is vitally important that both of these phones are only answered by consultants or AUM’s.

Ambulance Clinician phone – this is the phone the ambulance clinician rings to inform of us a potentially critically unwell child. The clinician is a very senior ambulance officer who is at the ambulance operations centre who controls the flow of ambulance patients
and can give clinical advice to the ambulance officers at the scene. The information we get from the clinician is second hand.

**Radio** – this is a direct radio frequency with the ambulance road crews. Officers can contact the ED staff, directly from the scene or road, to inform us of their ETA, patient’s condition or to request medical advice.

**Security**
The ED has a no tolerance stance to aggressive and threatening behaviour. If you feel threatened at anytime use a duress alarm, call a Code Grey or inform another member of staff. It is not acceptable to tolerate verbal or physical abuse in the workplace.

**Rostering**
Roster co-ordinator – Robin Cavanagh (AUM), robin.cavanagh@rch.org.au

The rosters are done in 8 week blocks, Rob will put an email out in advance of the next roster being commenced to give staff an opportunity to get requests in on time. Staff will be allocated their night duty rotation, if you have a particular request for a night duty rotation this can be requested to Rob.

There is a request book/diary in which you can request important days/shifts. This is not to be used to request your whole roster, just shifts /days off that you would really like. If you have any special requests, please forward them to Rob and Jayne via email.

**Leave**

Annual leave needs to be approved by the Unit Manager (Jayne Hughan). There is an annual leave planner located at the AUM desk with the other roster information, this can be used to see if leave is available. Leave forms are to be completed online. [http://www.rch.org.au/payroll/leave.cfm?doc_id=9528#2](http://www.rch.org.au/payroll/leave.cfm?doc_id=9528#2)

When sick leave is taken a paper leave form or online leave form needs to be completed and attached to your timesheet.

Please see the RCH guidelines on Emergency Procedures

777 is the phone number to call to request a Code is called.

**Code Yellow** – Internal Emergency
**Code Grey** – Unarmed confrontation
**Code Red** – Fire/smoke
**Code Black** – Armed confrontation
**Code Purple** – Bomb threat
**MET** – Medical Emergency
**Code Brown** – External emergency
**Code Orange** – Evacuation
All codes are extremely important to staff in the Emergency Department, although some are more specific to the ED.

- MET calls
- Code Grey
- Code Brown
- Code Orange

The ED responds to MET calls, it is important to become familiar with the allocation of who attends and the areas that the ED are responsible for. Nursing staff do not attend MET calls until they have achieved a Resus A standard in resus.

The ED only responds to code grey calls in the Emergency Department and Dolphin ward (also Lower Ground).

Code Browns have an enormous impact on the emergency department and we have a local response to these. Code Browns occur when there has been an event external to the hospital that has the potential to overwhelm our resources.

i.e.
A small number of seriously ill patients who will stretch our resources
OR
A large number of patients who have minor illnesses that will stretch our resources

The ED has a specific plan for Code Orange, the details of this can be found in the Code Orange box at the AUM desk.
<table>
<thead>
<tr>
<th>Event Type</th>
<th>Activation</th>
<th>Alert</th>
<th>Response</th>
<th>Typical Clinical Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Assist required</td>
<td>Yellow button situated in each bay</td>
<td>White light outside bay Audible tone Annunciator Board</td>
<td>Local staff to assist</td>
<td>Staff required to assist with a log roll</td>
</tr>
<tr>
<td>Emergency Call</td>
<td>Red button situated in each bay</td>
<td>Red light outside bay Audible tone Annunciator Board</td>
<td>Local senior medical and nursing staff attend to assist quickly</td>
<td>Child having a seizure</td>
</tr>
<tr>
<td>MET Call</td>
<td>Telephone call to switchboard on 777</td>
<td>Overhead page plus page to consultant ASCOM phones</td>
<td>Activation of MET team</td>
<td>Unstable child requiring MET team to assist with resuscitation</td>
</tr>
<tr>
<td>Trauma Call</td>
<td>Paging system</td>
<td>Pages sent to team members</td>
<td>Activation of trauma team</td>
<td>Arrival of major trauma</td>
</tr>
<tr>
<td>Urgent anaesthetic assistance required</td>
<td>Telephone call to anaesthetist in charge</td>
<td>Nil</td>
<td>Anaesthetist in charge to organize response</td>
<td>Upper airway obstruction or other airway or anaesthetic emergency</td>
</tr>
<tr>
<td>Staff member under threat</td>
<td>Duress alarm button</td>
<td>Security alerted</td>
<td></td>
<td>Aggressive or violent patient or member of the public.</td>
</tr>
</tbody>
</table>
Nursing education

Formal Education
- Postgraduate Diploma in Nursing Practice – Emergency stream (with St Vincent’s hospital)  
  Melbourne University
- Postgraduate Diploma in Nursing Practice – Child Health stream,  Melbourne University
- Advanced Paediatric Life Support (APLS)  www.apls.com.au
- Paediatric Life support (PLS)
- Nurse Immuniser, La Trobe University
- Lactation course, Royal Women’s Hospital, Melbourne

2012 Emergency Nursing education program
- Cardiac course
- Foundations of Emergency Nursing
- Emergency Study days (see study day planner)

Education Resources – please refer to ED Intranet

Minimum standard guidelines
- Cubicle nursing
- Resus A
- Float B
- Triage

Learning Packages
- Respiratory
- Non invasive Ventilation
- Assisting with intubation
- Mechanical Ventilation
- Blood gases
- Arterial line
- Advanced Life support
- IVC Package

Advanced Triage Assessments
- Nurse initiated x-rays
- Nurse initiated medications

Nursing in-service, 13.15 every day for afternoon staff

RCH Mandatory Competencies
- Paediatric Basic Life Support (PBLS) annual competency
- Emergency Department medication test, annual competency
- RCH generic medication test
- Emergency procedures online quiz, annual competency
- Smart move, Smart lift
Haematology/Oncology patients Cubicle nursing care

**Expectations:**

- Angel/Emla on site (if applicable as soon as you meet patient)
- 30 minutely observations including BP (chart MAP)
- IV antibiotics given on time
- Fluids given on time
- Understanding of care plan
- Report immediately changes in observations – HR, BP, T, RR, SPO₂

**Please note –**
If another nurse is accessing/assisting with your patient you are still ultimately responsible for their care. You can assist by drawing up IVAB’s, observations, and preparing fluids. Our gold standard is to have appropriate patients accessed and AB’s given within 30 minutes of arrival. This is a realistic goal that we should be striving for as it results in far better outcomes for our patients.

Need to complete the CVAD education quiz:
http://www.rch.org.au/cvad/edu/index.cfm?doc_id=1894 (maintenance part only)

Complete the CVAD section of the Cubicle Minimum Standards for ED, including orientation to CVAD with Education Team.
## Scrubs order form

**Name:** ____________________________________________  **Contact no:** ______________________

**Embroidery:**  
- ED ☐  
- SSU ☐  
- Nursing ☐  

**Order date:** ______________________

### TOPS

<table>
<thead>
<tr>
<th>Women’s sizes</th>
<th>Men’s sizes</th>
<th>Colour</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Small</td>
<td>Navy</td>
</tr>
<tr>
<td>8</td>
<td>Medium</td>
<td>Red</td>
</tr>
<tr>
<td>10</td>
<td>Large</td>
<td>Cronulla (blue)</td>
</tr>
<tr>
<td>12</td>
<td>Extra large</td>
<td>Fuchsia</td>
</tr>
</tbody>
</table>

**Embroidery:** ED ☐  SSU ☐  Nursing ☐

**Order date:** ______________________

### PANTS

<table>
<thead>
<tr>
<th>Women’s sizes</th>
<th>Men’s sizes</th>
<th>Colour</th>
</tr>
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<tbody>
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</tr>
<tr>
<td>12</td>
<td>Extra large</td>
<td>Fuchsia</td>
</tr>
</tbody>
</table>

Extra 2 pockets ☐  Longer ☐

### PRICING

Payments are made directly to the supplier and receipts will be provided with your order.

<table>
<thead>
<tr>
<th>Payment options</th>
<th>Size and optional extras</th>
<th>Price / piece</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cheque made out to Crackajack Creations</td>
<td>Standard</td>
<td>$38</td>
</tr>
<tr>
<td>2. Internet bank transfer: Commonwealth Bank</td>
<td>Larger ladies &gt;18 or men’s</td>
<td>$38</td>
</tr>
<tr>
<td>Account Name Crackajack Creations</td>
<td>2 extra pockets only</td>
<td>$37</td>
</tr>
<tr>
<td>BSB No 063860</td>
<td>Extra length only</td>
<td>$37</td>
</tr>
<tr>
<td>Account No 10116570</td>
<td>Extra length &amp; pockets</td>
<td>$39</td>
</tr>
<tr>
<td>Tel No: (03) 5596 2297</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### ORDER

<table>
<thead>
<tr>
<th>Size and options (ie: standard)</th>
<th>Price / piece</th>
<th>No. of pieces</th>
<th>Total amount</th>
</tr>
</thead>
</table>

**Payment method**  
- Cheque  
- Internet transfer  
- Attached (Tick)  
- Receipt no:
During your orientation walking tour of the department the following areas should be familiar to you:

- Ambulance entrance and intercom button.
- Room for education?
- Where do we keep wheelchairs?
- Equipment room and store rooms
- Drug room & location of ‘DD’ cupboards
- Warming cupboard for blankets.
- Eye exam room – where can you find eye drops?
- Treatment rooms – Which room has the plaster equipment and LAMP machine? Where is the plaster trap sink?
- Clean room – sterile stock and resus stores.
- PSA’s cleaning room.
- Patient toilet V’s public toilets.
- Location of public phone.
- Cubicles – monitors, what is in the drawers of the cubicles?
- Work stations - Where can you find a urine specimen container? Where can you find a patient cup and cordial?
- Use of intranet, vocera, ascom and lan-paging
- IV poles, scales and linen supplies
- Location of patient identification bands
- Location of the emergency offices
- Lockers
- Tea room, staff toilets & courtyard