



**Sydney Local Health District  
Enrolled Nurse  
Transition Program  
March 2018 Intake**

**Orientation Manual**

## Welcome

Congratulations and welcome to the Enrolled Nurse Transition to Practice Program at Sydney Local Health District (SLHD).

As part of this program, you will be provided with the opportunity to work within a health district that prides itself on delivering excellent health care services, world leading research, high quality education, and leadership in clinical care. SLHD includes a range of hospitals and services including:

- Royal Prince Alfred Hospital
- Concord Hospital
- Balmain Hospital
- Canterbury Hospital
- Mental Health Services
- Community Nursing
- Drug and Alcohol services
- Tresillian Family Care Centre

## Maps of Local Government Areas in



Within our hospitals and services come an exciting diversity of clinical specialties and a range of opportunities for Enrolled Nurses working across the district. With a nursing workforce of just over five thousand, SLHD is committed to the care of our patients and improving the health of our community. At SLHD, we recognise the value and expertise that the Enrolled Nursing workforce offers our patients and community, and endeavor to create opportunities that provide career development and progression.

Our Directors of Nursing, Nursing Unit Managers, and other Nursing leaders are key people who are charged with the responsibility of overseeing the highest standard of care and professional conduct. Along with the Enrolled Nurse Clinical Practice Development Coordinator, they are here to support your practice and career development, and welcome you to the SLHD Nursing & Midwifery workforce.

### Purpose of the program:

- The Enrolled Nurse Transition program is designed to support the participant in the transitional phase of their career by offering clinical support, access to a variety of learning opportunities, whilst promoting the participants own reflective practice.
- Both the formal and informal learning strategies, along with combined support from management and the clinical staff, enhance the assimilation of theory with nursing practice. Ongoing education is in the form of workshops and in-services. Review and debriefing sessions relating to professional and clinical progress are conducted throughout the program.
- The opportunities to further develop skills, knowledge and confidence required for the role of an Enrolled Nurse is a principal component of the program.

### Outline of Program:

Date:	Topic:	Location:	Overview:
5 <sup>th</sup> March 2018	Day 1 Corporate/Facility Orientation	RPAH	All new employees are expected to complete one full day of face-to-face orientation
6 <sup>th</sup> March 2018	Day 2- Orientation	CEWD, Rozelle	The three days will cover Nursing Orientation, introduction into the 12 month program eMR2 & eMeds training, and Basic Life Support Assessments
7 <sup>th</sup> March 2018	Day 3 - Orientation	RPAH	
8 <sup>th</sup> March 2018	Day 4 - Orientation	CEWD, Rozelle	
9 <sup>th</sup> March 2018	Supernumerary day in the ward / unit	Allocated Hospitals	Ward orientation, introduction to the role of the EN in this area, any ward based accreditation that needs to occur
12 <sup>th</sup> March 2018	Supernumerary day in the ward / unit	Allocated Hospitals	
16 <sup>th</sup> May, 2018	Face to face study day	CEWD, Rozelle	The study days are designed to provide facilitated learning sessions based on practice development ideology.
2018	Face to face study day	TBA	

## Facility Clinical Supervision Sessions

All participants within the Enrolled Nurse Transition to Practice Program are expected to engage in Clinical Supervision. It is an expectation that a minimum of 50% attendance is required to complete the program. Participants are only expected to attend supervision at their accolated facility. It is recommended that you liaise with your Nursing Unit Manager in regards to your availability to attend supervision. The Enrolled Nurse Coordinator will email the NUM and CNE prior to each session to inform you of the location.

## Provision of Annual Leave

- It is expected that each participant of the program will be allocated 2 weeks annual leave within their first 12 months of employment.
- Please see your Nursing Unit Manager to discuss this and arrange a suitable time.



## Clinical Rotations:

All participants will be asked to submit their workplace preferences prior to the commencement of the program. We will endeavor to meet all requests, however depending on availability of preferences this may not be possible. During the course of the 12months, there will be two six-month rotations.



## Key contact people to support you:

Role	Support offered	Contact Numbers
SLHD Nursing and Midwifery Workforce Manager	Oversee Program and recruitment	9515 9647
SLHD Enrolled Nurse Clinical Practice Development Co-ordinator	Oversee EN transition to practice program and available for clinical and supervision support	0459 851 347
CEWD Nurse Educator	Oversee EN transition to practice program and available to coordinate clinical support	8755 3504
Concord Clinical Nurse Educator	Available to offer clinical support at Concord Hospital	Phone 9767 6854 Page: 60217

## Expectations and Professional Behaviour

Providing care with a patient and family centred focus is a fundamental value required of all Nursing staff. It is expected that staff working within SLHD will demonstrate compassion, empathy and respect to all patients, carers and colleagues. All Nursing staff has a professional responsibility to work within a legal and ethical framework.

The following documents provide a framework for professional standards within Nursing and Midwifery practice:

- NSW Health Code of Conduct
- Nursing and Midwifery Board of Australia: Code of Professional Conduct for Nurses in Australia
- Nursing and Midwifery Board of Australia: Code of Ethics for Nurses in Australia
- Nursing and Midwifery Board of Australia: A Nurses Guide to Professional Boundaries
- Nursing and Midwifery Board of Australia: A Midwives Guide to Professional Boundaries
- Nursing and Midwifery Board of Australia Standard for Practice: Enrolled Nurses

## Professional Appearance

- Nursing and Midwifery staff are expected to wear an appropriate uniform and present to work in a way that meets the requirements of the district's policy and reflects our standards of professionalism and code of conduct.
- An identification badge must be visible at all times. Please discuss with your Nursing Unit Manager to have this arranged.
- For Orientation, wear smart casual clothes.

**You will be able to order your uniform once you have an employee number. Further information regarding uniforms can be found via the following link:**



<http://intranet.hss.health.nsw.gov.au/about/healthshare/finance/uniforms>

The TAMS ordering system is linked to payroll data. Generally, for new employees to NSW Health access to TAMS will occur the day preceding your first pay. **Until you are active on the payroll system, you will not be able to order a uniform.** All available items will be delivered within 6 working days.

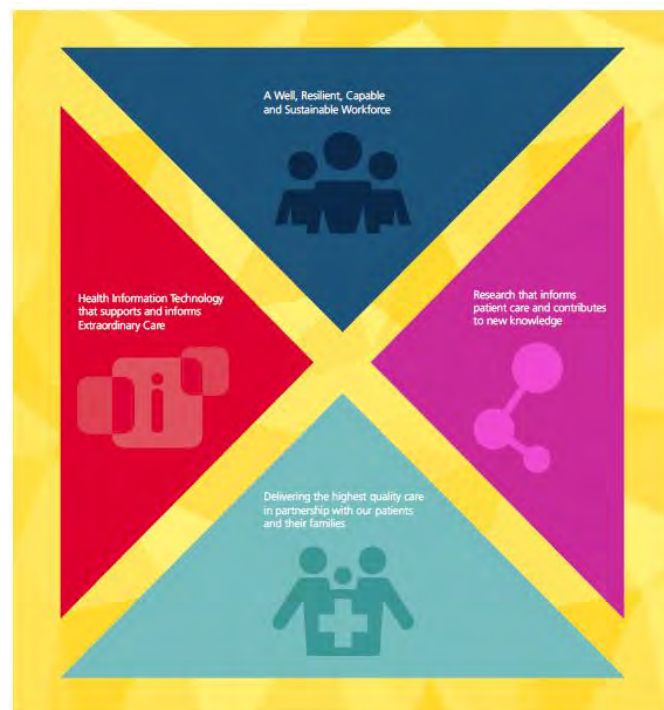
## SLHD Nursing Strategic Goals

Sydney Local health District Nursing and Midwifery Service is committed to delivering excellent patient care and meeting our vision:

***“An Extraordinary Profession, Leading Extraordinary care”***

This is what underpins our key strategic priorities:

- Clinical Practice
- Workforce
- Information & Communication Technology
- Research



## Our Vision & Mission

Within SLHD, our vision & mission is what drives us to achieve the highest quality care for our patients:

***“To achieve excellence in Healthcare for All”***

<b>Our core values are:</b>	
<b>Collaboration</b>	Improving and sustaining performance depends on everyone in the system working as a team.
<b>Openness</b>	Transparent performance monitoring and reporting is essential to make sure the facts are known and acknowledged, even if at times this maybe uncomfortable.
<b>Respect</b>	The role of everyone engaged in improving performance is valued.
<b>Empowerment</b>	There must be trust on all sides and at all levels for people to improve performance in a sustainable way.

[https://www.slhd.nsw.gov.au/about\\_goals.html](https://www.slhd.nsw.gov.au/about_goals.html)

**SLHD Enrolled Nurse Transition Program  
Day 1 Corporate Orientation 5<sup>th</sup> March 2018**

**Kerry Packer Education Centre Level 4 RPAH**

<b>Start time</b>	<b>Session topic</b>	<b>Presenter</b>
08:00	Welcome	Orientation Coordinator
08:15	EAP	Chris Patchett
08:30	Security Awareness	Michael Evans
08:45	Human Resources Information	HR Officer
09:15	SLHD Salary Packaging	Smartsalary
09:25	HSU/NSW Nurses Midwives Association	Nurses Midwives Health
09:50	<b>Morning Tea</b>	
10:10	Welcome by General Manager	
10:30	Fire Safety Training Be prepared video Demonstration of fire extinguishers Bomb white level search	Rod Brown
11:10	Patient and Family Centred Care Small Acts of kindness video	Orientation Coordinator
11:30	Workplace Giving Program	John O'Grady
11:45	Chaplains Services	Chaplain: Phil Cardew
11:55	Superannuation Representatives	
12:00	<b>Lunch</b>	
13:00	Between the flags VIDEO	Orientation Coordinator
13:20	Medical Emergency/ CERS Awareness	Jennifer Coakley
13:40	Work Health & Safety	Catherine Mackay
14:00	Quality Improvement/National Standards/Patient Safety	Cindy Haines
14:20	Infection Prevention and Control	Elizabeth White
14:50	<b>Afternoon break</b>	
15:00	Introduction to Intranet/CEWD	Orientation Coordinator
15:20	Manual Handling-Patient Handling Manual Handling-Object Handling	Leo Dimarco
16:30	End of Program	Orientation Coordinator

## SLHD Enrolled Nurse Transition Program

### Day 2 Orientation Tutorial Room 1 CEWD, Rozelle

6<sup>th</sup> March 2018

<u>Time</u>	<u>Topic</u>	<u>Presenter</u>
08:00-08:05	Welcome	Enrolled Nurse Coordinator
08:05-08:15	SLHD Nursing and Midwifery Strategic Priorities	Director of Nursing
08:15-08:30	Program Overview	Enrolled Nurse Coordinator
08:30-09:00	Oral Care	Karen Bowen
09:00-10:00	Pressure Injury Prevention & Management	Ashleigh Dolton
<b>10:00-10:30</b>	<b>Morning Tea</b>	
10:30-11:15	Documentation Standards/Clinical Handover	Andrew Holdem
11:15-12:15	Safety Culture	Sarah Fletcher
<b>12:15-13:00</b>	<b>Lunch</b>	
13:00-14:00	Infection Control	Jacquelyn Saunders Jacqui Tapon
14:00-15:30	Medication Management: everything you need to know about safe medication practice.	Hanh Dinh
15:30-16:00	Reflective Practice and Evaluation	Enrolled Nurse Coordinator



## SLHD Enrolled Nurse Transition Program

### Nursing Orientation Day 3 RPAH KPEC 6.1

7<sup>th</sup> March 2018

It is estimated that completion of eMR and eMeds training will take approximately 6 hours.

**You must arrive on time for each session.**

<u>Time</u>	<u>Topic</u>	<u>Presenter</u>
08:00 – 08:05	Welcome	EN Coordinator
08:05 – 10:05	eMR and eMed Training	eMR Team
<b>10:05 – 10:30am</b>	<b>Morning Tea</b>	
10:30 – 12:30	eMR and eMed Training	eMR Team
<b>12:30– 13:15</b>	<b>Lunch</b>	
13:15 – 14:15	Communication- RPAH Executive Board Room Level 5	Karen Bowen
14:15 – 14:45	HR Meet & Greet	Stuart Knapman
<b>14:45 – 15:15</b>	<b>Afternoon Tea</b>	
15:15 – 16:00	Falls- KPEC 2.6	Annie Hepworth
16:00 – 16:30	Reflective Practice and evaluation	EN Coordinator

### Nursing Orientation Day 4 Matilda Room CEWD, Rozelle

8<sup>th</sup> March 2018

<u>Time</u>	<u>Topic</u>	<u>Presenter</u>
08:00-08:30	Welcome and preparation	EN Coordinator
08:30-09:15	Medication Test	Sue Field
09:15-10:00	Medication Standards	Sue Field
<b>1000 – 1030am</b>	<b>Morning Tea</b>	
10:30-11:30	Basic Life Support Theory	Michele Davidson
11:30-13:00	Basic Life Support Assessments	Hanh, Alexis
<b>13:00– 13:30pm</b>	<b>Lunch</b>	
13:30 – 15:30	Makeup Maths Test/Manual Handling Assessments	Sue Field Michele Davidson
15:30-16:00	Reflective Practice and evaluation	EN Coordinator



## SLHD Enrolled Nurse Transition Program

### Day 5 and 6 Supernumerary Orientation

DATE: 9<sup>th</sup> and 12<sup>th</sup> March 2018

Location: **Allocated wards**

All participants will be required to report to their allocated wards at the commencement of the morning shift. This will be either 0700 or 0730 depending on facility. During your supernumerary days, you will be orientated to your allocated ward and partnered with a Registered Nurse or Enrolled Nurse to work with. You will not be expected to take a patient load. The supernumerary days will provide you with an opportunity to orientate yourself to your allocated unit, familiarise yourself with the ward routine, meet the Nursing Unit Manager (NUM) and your new colleagues.

Introduction to:	Completed
Tour of ward	
Introduction to staff members	
Rosters	
Leave requests	
Ward unit/routine	
Emergency trolley/Numbers/Alarms	
Ward/Hospital/District policies and procedures	
Ward Specific CERS Criteria	
Patient documentation(Waterlow/Falls)/Admission Packs	
Ward/Bedside Handover (Adhoc)	
eMR and eMeds	
Medication Administration CSAs	
Admission/Discharge Process	
Ordering of Uniform	
Email/Staff link/HETI Set-up	
Waste Management	
Set out expectations/goals	

## The role of your NUM

One of the most important relationships that you will form throughout your transition year will be with your NUM. The role of the NUM will be to allocate a preceptor, specify ward expectations and offer a formal orientation to your unit. She/He will also be responsible for rostering your shifts and therefore it is important to communicate with your NUM regarding your mandatory requirements to attend the facilitated learning sessions and supervision. As a new employee of Sydney Local Health District, you will be required to participate in regular performance reviews with your NUM to offer feedback and guidance throughout your transition to practice year.

## The role of your CNE

The Clinical Nurse Educator (CNE) and the Clinical Midwife Educator (CME) contributes to the promotion of the education, professional development, and accreditation of nursing and midwifery staff at all levels. The CNE/CME fosters a learning environment that is centred on evidence-based nursing and midwifery practice and supports a culture of learning and skills attainment in an endeavour to provide the highest possible standard of patient care. The CNE/CME are guided by the principles of life-long access to learning and are a role model within their specialty area. The CNE will be able to assist you in completing hospital based clinical skills assessments.

## Your role as the Enrolled Nurse


As an Enrolled Nurse, you will work with registered nurses (RN) as part of the health care team and demonstrate competence in the provision of person-centered care.

Core practice generally requires the EN to work under the direct or indirect supervision of the RN. At all times, the EN retains responsibility for his/her actions and remains accountable in providing delegated nursing care. The need for the EN to have a named and accessible RN at all times and in all contexts of care for support and guidance is critical to patient safety.

Although the scope of practice for each EN will vary according to context and education, the EN has a responsibility for ongoing self and professional development to maintain their knowledge base through life-long learning, and continue to demonstrate the types of core nursing activities that an EN would be expected to undertake on entry to practice.

ENs collaborate and consult with health care recipients, their families and community as well as RNs and other health professionals, to plan, implement and evaluate integrated care that optimises outcomes for recipients and the systems of care. You are responsible for the delegated care they provide and self-monitor their work.<sup>i</sup>

For more information on Enrolled Nurse Standards of Practice

 <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/enrolled-nurse-standards-for-practice.aspx>

## Documentation

- Be accurate statements of clinical interactions between the patient / client and their significant others, and the health service relating to assessment; diagnosis; care planning; management / care / treatment/ services provided and response / outcomes; professional advice sought and provided; observation/s taken and results.
- Be sufficiently clear, structured and detailed to enable other members of the health care team to assume care of the patient / client or to provide ongoing service at any time.
- Written in an objective way and not include demeaning or derogatory remarks.
- Distinguish between what was observed or performed, what was reported by others as happening and / or professional opinion.
- Made at the time of an event or as soon as possible afterwards. The time of writing must be distinguished from the time of an incident, event or observation being reported.
- Sequential - where lines are left between entries they must be ruled across to indicate they are not left for later entries and to reflect the sequential and contemporaneous nature of all entries.
- Be relevant to that patient / client.
- Only include personal information about other people when relevant and necessary for the care and treatment of the patient / client.

**Written in error** - all errors are must be appropriately corrected.

- No alteration and correction of records is to render information in the records illegible
- For electronic records, the history of audited changes must be retained and the replacement note linked to the note flagged as “written in error”. This provides the viewer with both the erroneous record and the corrected record.

### **Documentation by nurses and midwives**

Documentation by nurses and midwives must include the following:

- Care / treatment plan, including risk assessments with associated interventions.
- Comprehensive completion of all patient/client care forms.
- Any significant change in the patient / client’s status with the onset of new signs and symptoms recorded.
- If a change in the patient / client’s status has been reported to the responsible medical practitioner documentation of the name of the medical practitioner and the date and time that the change was reported to him/her.
- Documentation of medication orders received verbally, by telephone/electronic communication including the prescriber’s name, designation and date/time.



### **Frequency of documentation**

The frequency of documentation entries should conform to the following as minimum requirements.

#### **Acute Care Patient/clients:**

- Registered Nurse/Midwife, Enrolled/Endorsed Nurse should make an entry in the patient/client's health care record a minimum of once a shift. An entry by an Assistant in Nursing should **not** be the only entry for a shift. Entries should reflect in a timely way the level of assessment and intervention. The results of significant diagnostic investigations and significant changes to the patient/client's condition and/or treatment should be documented as these occur.

## Clinical Handover

Clinical handover is essential for effective continuity of care and to optimise safety for patients in situations where multiple staff or teams are involved in providing care, either concurrently or sequentially or on a rotational basis. There must be no point during a patient's journey where there is ambiguity about who has responsibility and accountability for that patient's clinical care.

#### **Clinical handover includes, but is not limited to:**

- Escalation of a deteriorating patient
- Patient transfers to/from another ward/ clinical area
- Shift to shift change over
- Patient transfers to/from a test or appointment
- Patient transfers to/from another hospital/ care facility
- Multidisciplinary team handover
- Interdisciplinary team handover
- Patient transfers to, from and within the community
- Electronic handover (using EMR)
- Patient transfers between Medical teams
- Patient transfers between Allied Health
- Identification of risks i.e. Falls, Pressure Injuries, Malnutrition, and Delirium.<sup>ii</sup>

## COMMUNICATING WITHIN YOUR HEALTH CARE TEAM

### CLINICAL DETERIORATION

#### INTRODUCTION

- Introduce yourself, your role and location
- Identify the patient

#### SITUATION

- State the immediate clinical situation

#### BACKGROUND

- Provide relevant clinical history and background
- Presenting problems and clinical history

#### ASSESSMENT

- Work through A-G physical assessment
- What clinical observations are of particular concern?
- What do you think the problem is?
- Remember to have current observations and information ready!

#### RECOMMENDATION

- What do you want the person you have called to do?
- What have you done?
- Be clear about what you are requesting and the timeframe
- Repeat to confirm what you have heard



### CLINICAL HANDOVER

#### INTRODUCTION

- Introduce yourself, your role and location
- Identify team leader
- Clearly identify patient and family and carer if present

#### SITUATION

- State the immediate clinical situation
- State particular issues, concerns or risks
- Identify risks - Deteriorating patient, Falls risk, Allergies, limitation to resuscitation

#### BACKGROUND

- Provide relevant clinical history referring to medical record and/or eMR

#### ASSESSMENT

- Work through A-G physical assessment
- Refer to observations, medication and other patient charts
- Summarise current risk management strategies
- Have observations breached CERS criteria?

#### RECOMMENDATION

- Recommendations for the shift
- Refer to medical record or eMR
- Provide expected date of discharge
- What further assessments and actions are required by who and when
- State expected frequency of observations
- Request that receiver read back important actions required









For further information on documentation and handover, please refer to the following policies:

[http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2012\\_069.pdf](http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2012_069.pdf)

[http://slhd-intranet.sswahs.nsw.gov.au/SSWpolicies/pdf/SLHD/SLHD\\_PCP2017\\_021.pdf](http://slhd-intranet.sswahs.nsw.gov.au/SSWpolicies/pdf/SLHD/SLHD_PCP2017_021.pdf)

## Principles for Safe Medication Administration

Safe and accurate medication administration requires the Six Rights ('the 6 R's') of: -

-  The Right **Patient**,
-  The Right **Drug**,
-  The Right **Dose**,
-  The Right **Time**,
-  The Right **Route** and
-  The Right **Documentation**

### The following principles should be observed on every occasion that an appropriately authorised staff member administers a medication: -

- The staff member administering the medication must refer directly to the prescriber's order on the medication chart, which must be clear, legible and not open to misinterpretation.
- If the staff member considers a medication order is unclear or ambiguous, or is concerned that the order may be incorrect or inappropriate for the particular medical condition, the staff member must contact the prescriber for clarification before administering the dose.
- Telephone orders must be written on the patient's medication record at the time the order is given, and then read back to the authorised prescriber
- A strict process should be followed for verifying the identity of the patient. The patient's allergies/previous adverse drug reactions must also be checked before administering.<sup>iii</sup>

## High-Risk Medications




A High-Risk Medicines Register consists of a list of drugs or drug groups used within the health facility considered to be at 'high-risk' of misadventure. The register must be maintained at each facility or group of facilities. The "A PINCH" table lists some essential medicine groups or medicines to be considered for inclusion in the high-risk medicines register. The "A PINCH" table is not an exhaustive list, there may be other medicines used within the facility that are considered to be high-risk.

### **APINCH**

- A**nti-infective agents,
- P**otassium and electrolytes, Panadol,
- I**nsulin,
- N**arcotics (opioids) and other sedative agents,
- C**hemotherapeutic agents,
- H**eparin and other anticoagulants.<sup>iv</sup>

HIGH RISK MEDICINES: REMEMBER "ADD A PINCH"	
<b>ADD</b>	= Antidepressants / Antipsychotics
<b>A</b>	= Antimicrobials
<b>P</b>	= Potassium and electrolytes, Paracetamol
<b>I</b>	= Insulin preparations
<b>N</b>	= Narcotics and Sedatives
<b>C</b>	= Chemotherapy
<b>H</b>	= Heparin & Anticoagulants
<b>Other</b>	= Neuromuscular Blocking Agents

**For further information on medication administration, high-risk medications and common medication terminology please refer to the following policies:**

-  [http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2013\\_043.pdf](http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2013_043.pdf)
-  [http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015\\_029.pdf](http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015_029.pdf)
-  <https://safetyandquality.gov.au/wp-content/uploads/2012/01/32060v2>.

## Important Numbers

Entity	Telephone Number
<i>HR Departments</i>	
Balmain <a href="mailto:SLHD-BalmainHR@health.nsw.gov.au">SLHD-BalmainHR@health.nsw.gov.au</a>	9395 2103
Canterbury <a href="mailto:SLHD-CanterburyHR@health.nsw.gov.au">SLHD-CanterburyHR@health.nsw.gov.au</a>	9787 0269
Concord <a href="mailto:SLHD-ConcordHR@health.nsw.gov.au">SLHD-ConcordHR@health.nsw.gov.au</a>	9767 6259
Royal Prince Alfred Hospital <a href="mailto:SLHD-RPAHEnquiries@health.nsw.gov">SLHD-RPAHEnquiries@health.nsw.gov</a>	A-L 9515 9888 M-Z 9515 9524
Aboriginal Workforce Consultant	9767 5435
Smart Salary (Salary Packaging)	1300 476 278
Recruitment Unit	9767 8570
<i>Employee Assistance Program</i>	
Balmain	9767 5437
Canterbury	9787 0244
Concord	9767 5437/9767 6726
RPAH	9515 9688 (InfoLine)
Sydney Dental	9515 9680
EAP District Manager	9515 9680
<i>Nurse Managers – Workforce</i>	
Canterbury	9787 0156
Concord	9767 7403
RPAH	9515 9534
SLHD	9515 9647
Centre for Education and Workforce Development	8755 3500
<i>Hospital Switchboard</i>	
RPAH	9515 6111
Canterbury	9787 0000
Concord	9767 5000
Balmain	9395 2111





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## References:

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Nursing and Midwifery- Enrolled Nurse Standards of Practice.

<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/enrolled-nurse-standards-for-practice.aspx>

Ministry of Health- Health Care Records - Documentation and Management Policy

[http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2012\\_069.pdf](http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2012_069.pdf)

Sydney Local Health District- Clinical Handover

[http://slhd-intranet.sswahs.nsw.gov.au/SSWpolicies/pdf/SLHD/SLHD\\_PCP2017\\_021.pdf](http://slhd-intranet.sswahs.nsw.gov.au/SSWpolicies/pdf/SLHD/SLHD_PCP2017_021.pdf)

Ministry of Health- Medication Handling in NSW Public Health Facilities

[http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2013\\_043.pdf](http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2013_043.pdf)

Ministry of Health- High Risk Medicines Management

[http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015\\_029.pdf](http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015_029.pdf)