



**Cabrini
Institute**

Education
and Research

CABRINI HEALTH

RESEARCH GOVERNANCE MANUAL

2010

Adapted from the Australian Code for the Responsible Conduct of Research

Clinical practice at Cabrini Health should be evidence-based. A robust and responsible research culture is encouraged and supported.

Any research undertaken at Cabrini must comply with:

- 1 [The Australian Code for the Responsible Conduct of Research \(2007\)](#)
- 2 [VMIA toolkit](#) (relevant sections)
- 3 [The National Statement on Ethical Conduct in Human Research \(2007\)](#)
- 4 [Catholic Health Australia Code of Ethical Standards \(2001\)](#)
- 5 [Health Records Act 2001 \(Vic\) – Health Privacy Principles](#)
- 6 [Sections 95 and 95A of the Privacy Act 1988](#)
- 7 [Cabrini Health Mission and Values](#)
- 8 [Cabrini Health policies](#)
- 9 [The Australian Clinical Trial Handbook \(2006\)](#)
- 10 [NHMRC’s Making Decisions about Tests and Treatments: Principles for Better Communication between Healthcare Consumers and Healthcare Professionals \(2005\);](#)
- 11 [International Conference on Harmonisation \(ICH\) Guidelines for Good Clinical Practice;](#)
- 12 [Medicines Australia guidelines](#)
- 13 [Australian Clinical Trials Registry](#)
- 14 [Medical Board of Australia's Good Medical Practice: A Code of Conduct for Doctors in Australia,](#) particularly Chapter 11: Undertaking research

Please click to follow the link to the relevant source above.

See Appendix 1, Cabrini Research Governance Policy

All research projects must provide a completed Cabrini Research Governance and Costing form: [Cabrini Health Project Resourcing and Costing Template.doc](#)

References (click to follow links)

(from ACRCR, Appendix 3)

AIATSIS (2000). *Guideline for Ethical Research in Indigenous Studies*, (Australian Institute of Aboriginal and Torres Strait Islander Studies).

http://www.aiatsis.gov.au/data/assets/pdf_file/2290/ethics_guidelines.pdf

NHMRC (1997). *Joint NHMRC/AVCC Statement and Guidelines on Research Practice*, Commonwealth of Australia, Canberra.

<http://www.nhmrc.gov.au/funding/policy/researchprac.htm>

NHMRC (2002, 2005). *Statement on Consumer and Community Participation in Health and Medical Research* (the Statement on Participation), Commonwealth of Australia, Canberra.

<http://www.nhmrc.gov.au/publications/synopses/r22syn.htm>

NHMRC (2003). *Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research*, Commonwealth of Australia, Canberra.

<http://www.nhmrc.gov.au/publications/synopses/e52syn.htm>

NHMRC (2004). *Australian Code of Practice for the Care and Use of Animals for Scientific Purposes*, 7th edition (the Code of Practice), Commonwealth of Australia, Canberra.

<http://www.nhmrc.gov.au/publications/synopses/ea16syn.htm>

NHMRC (2007). *National Statement on Ethical Conduct in Human Research* (the National Statement), Commonwealth of Australia, Canberra.

<http://www.nhmrc.gov.au/publications/synopses/e72syn.htm>

Examples of published guidelines for authorship

APS Guidelines for Professional Conduct, American Physical Society.

http://www.aps.org/statements/02_2.cfm

Authorship Guidelines, The British Sociological Association.

http://www.britisoc.co.uk/Library/authorship_01.doc

Guidelines on Good Publication and the Code of Conduct, Committee on Publication Ethics.

<http://www.publicationethics.org.uk/guidelines>

Publication Policies, Nature.

<http://www.nature.com/nature/submit/policies/index.html>

Uniform Requirements for Manuscripts Submitted to Biomedical Journals, International Committee of Medical Journal Editors.

<http://www.annals.org/cgi/content/full/126/1/36?ck=nck>

Statement on biosecurity

IAP (2005). IAP Statement on Biosecurity, InterAcademy Panel on International Issues.

http://www.nationalacademies.org/morenews/includes/IAP_Biosecurity.pdf

Surveys of research misconduct

Geggie D (2001). 'A survey of newly appointed consultants' attitudes towards research fraud'. *Journal of Medical Ethics* 27(5):344-346.

Henry DA, Kerridge IH, Hill SR, McNeill PM, Doran E, Newby DA, Henderson KM, Maguire J, Stokes BJ, Macdonald GJ, and Day RO (2005). 'Medical specialists and pharmaceutical industry-sponsored research: a survey of the Australian experience'. *Medical Journal of Australia* 182:557.

Martinson BC, Anderson MS and de Vries R (2005). 'Scientists behaving badly'. *Nature* 435:737-738.

Sovacool, BK (2008). 'Exploring scientific misconduct: isolated individuals, impure institutions, or an inevitable idiom of modern science?'. *Bioethical Inquiry* 5:271-282

1 General Principles of Responsible Research

This document should be read in conjunction with the Australian Code for the Responsible Conduct of Research (ACRCR), which is the primary source for research governance in Australia and at Cabrini. This is additional information providing researchers at Cabrini with specific institutional details to facilitate full compliance with the ACRCR. All Victorian research needs to comply with the Victorian Managed Insurance Authority (VMIA) Toolkit.

Research governance at Cabrini is managed by the Manager of Research Governance (Anne Spence), ph. 9508 1375 and email: aspence@cabrini.com.au in the Cabrini Institute. All research must comply with relevant guidelines, legislation, policies and procedures (listed on page 3) relating to the conduct of research (ACRCR 1.1 and 1.2). If you are unable to access any of these documents on the Internet, please contact Anne's office. We encourage researchers to view these documents online so that they can always reference the most recent version, and so that waste is minimised.

The Cabrini Institute facilitates the collaboration of researchers within Cabrini Health, encouraging mutual cooperation and collegiality through our regular research meetings and our annual Research Day (ACRCR 1.1). Research presentations, in the form of narrated PowerPoints, will now be uploaded onto the Cabrini internet as a replacement for the morning seminars. The presentations will be available for viewing and downloading by all. More details will become available on the website as they are finalised:

<http://www.cabrini.com.au/cabriniinstitute/index.asp>

The ethical aspects of research at Cabrini must be approved by the Cabrini Human Research Ethics Committee (CHREC) or another appropriately constituted HREC. Instructions and forms are provided at:

<http://www.cabrini.com.au/cabriniinstitute/humanresearchethics.asp>

Researchers are advised not to save copies of these forms onto their hard drives in case of revisions. They are encouraged to visit the website each time they require a form so they are always up-to-date.

Cabrini Institute has joint departments in surgery, medical oncology, medicine and clinical epidemiology with Monash University, and in nursing with Deakin University through appropriate contractual arrangements (ACRCR 1.2.4).

Deakin University policy is available at <http://www.deakin.edu.au/research/admin/research-integrity/guidelines-and-approvals.php>.

Monash University policy is available at <http://www.policy.monash.edu/policy-bank/academic/research/mrgs/hdr-candidature-research-misconduct-policy.html>.

Annual reporting and audits form part of our monitoring processes for HREC and research governance (ACRCR 1.2.6) to ensure that processes utilised by researchers are in line with currently approved protocols. Each year, Cabrini's audit program focuses on a different aspect of research, for example, one year the focus may be on informed consent while the next year the focus may be on data management. The audit program also invites researchers to provide feedback to the research office suggesting improvements to its processes.

Training and mentoring are provided by supervisors within Cabrini Institute (mostly heads of departments) (ACRCR 1.3 and 1.4). This is supplemented by Cabrini Health's obligatory orientation procedures and the online research presentation series (Appendices 2 and 3).

Occupational Health and Safety is important at Cabrini (ACRCR 1.5). Refer to the Cabrini Intranet for the Hospital Policy and Procedure manual available at <http://healy/manuals/hospitalmanual/Index-Cabrini%20Health-Dec%202009.pdf>

2 Management of Research Data and Primary Materials

In line with ACRCR 2.1.1, we require that research data be retained for five years from the date of publication except in the case of clinical trials where the data must be kept for fifteen years. Data will be disposed of as per the Waste Handling Guidelines of Cabrini Health (Appendix 4, in particular, page 19). Research budgets must include an allowance for safe and secure storage of data, and for retrieval of data if needed. Research data and primary materials are the property of the institution that hosted the project and are under the control of the principal investigator at that institution unless otherwise specified in a clinical trial agreement or other agreement (ACRCR 2.2.3, 2.2.4 and 2.3).

Security and confidentiality of research data and primary materials (ACRCR 2.4, 2.6, 2.7) will be in line with all privacy legislation and guidelines, any approved protocol, and with the Cabrini Health Confidentiality Policy (Appendix 5). Advice regarding security of data, password protection of electronic material, separating identifying data etc. may be sought from the Manager of Research Governance (Anne Spence) in the Research Governance office.

3 Supervision of Research Trainees

Cabrini Institute is responsible for induction/orientation of all researchers including trainee researchers (ACRCR 3.2), see Appendix 2.

The policy and all key documents (guidelines, legislation, research information and Cabrini policy) are available from the Manager of Research Governance (Anne

Spence) in the Research Governance office or online, following the links provided on page 2.

Training of research trainees is the responsibility of the supervisor of the project and of the relevant head of the department within Cabrini Institute. This training is supported by the Research Governance office through online research presentations and workshops. The online research series can accommodate special requests for sessions in any area of interest or need to suit the requirements of the research community at Cabrini.

Any researchers who are not staff of the Cabrini Institute must familiarise themselves with all research codes (as listed on page 2). There are many courses on Good Clinical Practice. Please contact the Manager of Research Governance (Anne Spence) for more information.

4 Publication and Dissemination of Research Findings

All Cabrini research findings should be disseminated in the public arena. We understand that researchers do not have editorial control over medical journals. In addition to those external avenues of publication, we provide opportunities for dissemination of findings at our annual Research Day, on our website and through our own publications and newsletters. Cabrini Health has a marketing and communications department that can provide advice (ACRCR 4.3.1).

We encourage presentation of findings at conferences and meetings of peers. Please note that all findings must have de-identified participants before presentation.

Intellectual property is clearly articulated on Monash University's website: <http://www.mrgs.monash.edu.au/research/doctoral/chapter6a.html>.

This is recommended reading. All parties to a research project must reach an agreement regarding the ownership of potential intellectual property at the outset of any research project.

5 Authorship

Cabrini promotes the authorship guidelines of the ACRCR without variation. It is imperative that these guidelines be read at the time of the development of a study protocol so that all involved have a shared understanding of the authorship of each project. Any questions or complaints should be directed to the Manager of Research Governance (Anne Spence) on 9508 1375 or aspence@cabrini.com.au.

Monash authorship policy is available at: <http://policy.monash.edu.au/policy-bank/academic/research/research-outputs-and-authorship-policy.html>

6 Peer Review

Cabrini supports the peer review processes outlined in the ACRCR.

7 Conflicts of Interest

"Dualities and conflicts of interest are a common feature of modern life, reflect objective conditions and do not imply moral error" (RACP, 2006). Conflicts of interest may be perceived or they may be real. In either case, openness and full disclosure are imperative. Researchers, reviewers, staff, HREC members and any others involved in the research processes have many opportunities to disclose their interests through governance and HREC application processes. Researchers should avail themselves of all opportunities and ensure that any log of their interests is updated whenever a change occurs.

Members of any committee (e.g. HREC) must absent themselves from any part of a meeting where one of their projects is under discussion unless they are invited to remain to respond to questions.

The Royal Australasian College of Physicians' "Guidelines for ethical relationships between physicians and industry" (3rd edition, 2006) is recommended reading. Other references include:

S. Van McCrary, PH.H., J.D., M.P.H.; Cheryl B Anderson, PH.D.; Jelena Jakovljevic, B.S.; Tonya Khan, B.S.; Laurence B McCullough, PH.D.; Nelda P. Wray, M.D., M.P.H.; and Baruch A Brody, PH.D. 'A National Survey of Policies on Disclosure of Conflicts of Interest in Biomedical Research', *The New England Journal of Medicine*, 343: 1621-1626 (Abstract).

J. P. Newcombe and I.H. Kerridge. 'Assessment by human research ethics committees of potential conflicts of interest arising from pharmaceutical sponsorship of clinical research', *Intern Med J.* January, 2007, 37(1): 12-7.

Catherine H Cole. *Patients expect transparency in doctors' relationships with the pharmaceutical industry* (Letter).

Martin B Van Der Weyden. 'Doctors and the pharmaceutical industry: time for a national policy?' *Medical Journal of Australia*, 2009, 190(8): 407-408.

Robert Steinbrook, M.D. 'Online Disclosure of Physician-Industry Relationships', *The New England Journal of Medicine*, 360: 325-327.

Anastasia Hutchinson and Abe R Rubinfeld. 'Financial disclosure and clinical research: what is important to participants?', *The Medical Journal of Australia*, 2008, 189(4): 207-209 (Abstract).

S Y H Kim, R W Millard, P Nisbet, C Cox, E D Caine. 'Potential research participants' views regarding researcher and institutional financial conflicts of interest', *Journal of Medical Ethics*.

Kevin P Weinfurt, PhD, Joelle Y Friedman, MPA, Jennifer S Allsbrook, BSPH, Michaela A Dinan, BS, Mark A Hall, JD, Jeremy Sugarman, MD, MPH, MA. 'Views of Potential Research Participants on Financial Conflicts of Interest: Barriers and Opportunities for Effective Disclosure', *Journal of General Internal Medicine*, September 2006, 21(9): 901-906.

'The politics of disclosure', *The Lancet Editorial*, 348(9028): 627.

Associate Professor Colin Thomson, Consultant in Health Ethics. 'Clarifying Conflicts of Interest', *National Health and Medical Research Council* (Draft discussion paper).

8 Collaborative Research across Institutions

Cabrini encourages collaborative research across departments, with university partners and with other individuals and institutions. Appropriate agreements, in writing, covering the items listed in the ACRCR, are required before research commences. If a collaborative project has been approved by another institution's HREC, the CHREC will recognise this approval. This may allow expedited approval at Cabrini.

9 Breaches of the Code of Misconduct in Research

All complaints and allegations of research misconduct should be lodged promptly with the Manager of Research Governance (Anne Spence) in Cabrini's Research Governance Office. She will then draw them to the attention of the Executive Director of Cabrini Institute. All reports will be reviewed according to the ACRCR guidelines. The level of review will be proportional to the seriousness of the allegation.

All complaints will be taken seriously. All efforts will be made to ensure complaints are not misunderstandings or mischievous. The first action will be to acknowledge the complaint, then to contact the researcher under allegation to ensure they have the opportunity to explain and respond. If, following initial review of the researcher's response, the complaint remains, then the matter will be reported to the CEO of Cabrini Health.

In this instance, a committee of the Manager of Research Governance, the Executive Director of Cabrini Institute and three members of Cabrini Institute Council or its Scientific Advisory Committee will review the complaint and gather evidence. Any findings of misconduct will be reported to relevant authorities, including all research partners, all funding bodies, all university partners, or any other relevant party.

Cabrini Institute is committed to the aims and objectives of the Whistleblower Protection Act. It does not tolerate improper conduct by its employees, officers or members, nor the taking of reprisals against those who come forward to disclose such conduct.

The Institute recognises the value of transparency and accountability in its administrative and management practices, and supports the disclosure of corrupt conduct, conduct involving a substantial mismanagement of public resources, or conduct involving a substantial risk to public health and safety or the environment.

The Institute will take all reasonable steps to protect people who make such disclosures from any reprisal for making the disclosure. It will also afford natural justice to the person who is the subject of the disclosure.

To read the Victorian Whistleblower Protection Act, follow this link:

http://www.diird.vic.gov.au/_data/assets/pdf_file/0009/198927/DIIRD-whistleblower-protection-procedures-2010.pdf

Any allegations of research misconduct where partner universities are involved should be directed to the Manager of Research Governance (Anne Spence) in the first instance (ACRCR 1.2.5), who will then liaise with her counterpart at the relevant collaborator institution.

Appendix 1



Document Name:	Research Governance	Version No:	1
Approved By:	Institute Council	Date:	27/06/2007
Authorised By:	Governing Board	Date:	04/07/2007
Applicability:	Cabrini Health – all facilities & entities		

The purpose of this policy is to identify the roles and responsibilities of the different Cabrini Health entities in the governance of the conduct of research and the quality of research.

Overview

The Governing Board of St Francis Xavier Cabrini Hospital Governing Board Inc (Cabrini Health) has delegated to the Cabrini Institute Council the responsibility for the conduct of research and clinical education (which leads to post-graduate qualifications or their equivalents) at Cabrini Health.

- The conduct of the Cabrini Institute Council is governed by Rules, which are approved by the Governing Board. (*refer Cabrini Institute Rules*).
- The Executive Director of the Cabrini Institute is an employee of Cabrini Health, and has day today responsibility for ensuring that the Institute's responsibilities for research at Cabrini Health are fulfilled.

The Cabrini Human Research Ethics Committee (Cabrini HREC) is a committee of the Governing Board of Cabrini Health. The Cabrini Institute provides the administrative support for the Cabrini HREC.

The approval of research at Cabrini Health is a two phase process.

- The Cabrini HREC is responsible for the ethical aspects of human research.
- The Executive Director of the Cabrini Institute is responsible for ensuring that the research projects fit within the research agenda of Cabrini Health and that the insurance and financial risks, as well as potential reputation risks, are assessed and managed for Cabrini Health and the Cabrini Institute.

The Executive Director of the Cabrini Institute and the Manager of the Cabrini HREC meet regularly to consider projects submitted to and approved by the Cabrini HREC, in order to perform their respective duties with regard to risk assessment. (*See Risk Management below*).

Reporting of the Cabrini HREC and the Cabrini Institute Council

- All minutes of the Cabrini HREC and of the Cabrini Institute Council are provided to the Governing Board of Cabrini Health.
- All minutes of the Cabrini HREC are provided to the Cabrini Institute Council.

The relationship of the Governing Board of Cabrini Health and membership of the key organizations involved in the governance of research at Cabrini Health.

- The members of the Cabrini HREC and of the Cabrini Institute Council are appointed by the Governing Board of Cabrini Health.
- There is a nominated member of the Governing Board on the Cabrini Institute Council (*refer to the Cabrini Institute Rules*).

The membership of the Cabrini HREC is in accordance with the requirements of the NH&MRC.

**Who carries out human research projects at Cabrini Health?**

Research projects at Cabrini Health are conducted either by researchers located within the Cabrini Institute academic departments (Nursing, Surgery, Medicine, Medical Oncology or Clinical Epidemiology) or by medical practitioners affiliated with Cabrini Health within their private practices.

The research projects may be researcher initiated or sponsored trials.

The research agenda of each academic department of the Cabrini Institute is reviewed annually by the Cabrini Institute Council.

The Heads of the academic departments within the Cabrini Institute are responsible for the supervision of all research staff and projects within their departments, and are responsible for these activities to the Executive Director of the Cabrini Institute.

Risk Management aspects of research at Cabrini Health

- All pharmaceutical company sponsored trials at Cabrini Health must be indemnified and insured, in accordance with Medicines Australia Guidelines.
- All other studies are reviewed by the Manager of the Cabrini HREC and the Executive Director of the Cabrini Institute. Any study which potentially produces an insurance risk for Cabrini Health, is reviewed and a decision is made as to whether the study should proceed after discussions with the Cabrini Health insurance carrier and the Chief Executive Officer of Cabrini Health.

The Cabrini Human Research Ethics Committee (Cabrini HREC)

The CHREC is established under the NHMRC National Statement on Ethical Conduct in Research Involving Humans, and submits an annual return to that body annually, to ensure compliance.

The CHREC Handbook and application forms are available on www.cabrini.com.au.

The CHREC is a registered Institutional Review Board (IRB) and Independent Ethics Committee (IEC) with the US Department of Health and Human Services.

Research approved by the CHREC must comply with

- Cabrini Health's Mission Statement,
- Chapter 6: *Research* of Catholic Health Australia's Code of Ethical Standards for Catholic Health and Aged Care Services in Australia (2001); and
- Privacy Act 1988 (Commonwealth); and the Health Records Act 2001 (Victorian).

The Cabrini HREC recommends to researchers that their research also comply with:

- NHMRC's Making Decisions about Tests and Treatments: Principles for Better Communication between Healthcare Consumers and Healthcare Professionals (2005);
- International Conference on Harmonisation (ICH) Guideline for Good Clinical Practice;
- The Joint NHMRC/AVCC Statement and Guidelines on Research Practice 1997.

All investigators submitting clinical trials to the Cabrini HREC are required to register the trial on the Australian Clinical Trials Registry or international equivalent registries.

Legislation/Standard Reference NHMRC National Statement on Ethical Conduct in Research Involving Humans.	Accreditation Standard/Criteria Reference ACHS Accreditation Criteria 2.5
Contact Executive Director, Cabrini Institute	Proposed Review Date June 2009

Appendix 2



Document Name:	ORIENTATION & MANDATORY EDUCATION	Version No: 4
Approved By:	Cabrini Health Quality & Standards Committee	Date: Nov 2009
Authorised By:	Cabrini Health Quality & Standards Committee	Date: Nov 2009
Applicability:	All Cabrini Health Facilities	

The provision of, and attendance at orientation and at mandatory education/training is recognised as a vital component of providing compassionate and competent care and is compulsory for all employed staff excluding interstate or overseas employees (Chemtronics).

ORIENTATION

The Human Resources Department, Nursing Administration (Cabrini Malvern) and the Human Resources Officer at Chemtronics, are required to notify the Education and Staff Development Department of all newly appointed staff. Staff recommencing employment after an absence of one year or more must attend orientation.

Managers are responsible for ensuring that all new staff are scheduled to attend orientation within four weeks of commencement.

The Manager, Education and Staff Development is responsible for the co-ordination and evaluation of the Orientation Program.

The content of the program addresses the needs of all new employees including

- History, Heritage, Mission and Values of Cabrini Health
- Policies and Procedures
- Organisational relationships
- Occupational Health and Safety
- Staff services, employee assistance, payroll services and professional development
- Physical layout of the facility
- Rights and responsibilities

Managers are responsible for providing specific site and work place orientation.

The orientation program will be evaluated and reviewed at least yearly.

RE - ORIENTATION

All employed staff are required to attend the Cabrini Health re orientation program every 5 years.

The aim of the reorientation program is to ensure all Cabrini Staff remain abreast of Cabrini's Mission, Values, policies and services.

Managers are responsible for scheduling staff to attend.

VOLUNTEER ORIENTATION

The Volunteer Services Manager is responsible for co-ordinating the program for volunteers. Refer Policy 3340.

MANDATORY EDUCATION

It is the responsibility of Cabrini Health to provide mandatory education/training.

It is the responsibility of Managers to ensure their staff attend and to keep a record of attendance. A facility is provided in CHRIS 21 for this purpose.



The requirements for mandatory education depend on the staff member's area of work.

In summary, the requirements are as follows:

Course/Training	Staff Group	Frequency
General orientation	All employed staff	Commencement of employment
Re orientation	All employed staff	Each 5 years
Emergency and evacuation procedures	All employed and volunteer staff.	Annual
Manual handling <ul style="list-style-type: none"> Nurse/team safe Non clinical manual handling 	All employed staff working in clinical areas. All other employed staff.	Annual Annual
Basic life support (BLS)	All nursing staff working in clinical areas.	Annual
Advanced life support	All nursing staff working in critical care areas.	Annual
Resuscitation of the new born	All nursing staff working in maternity unit and Children's Centre	Twice per year
Advanced resuscitation of the newborn (ALSO)	All nursing staff working 'in charge' in delivery suite.	Annual
New employees, medication learning package.	All nursing staff who administer medication and provide medication administrative support	Within 3 months of employment
Medication review	All nursing staff who administer medication and provide medication administrative support	Annual
CTG monitoring & interpretation	All nursing staff working in maternity unit	Annual.
Food safety	All food services and Cabrine Terrace staff. Occupational Therapy Staff - Hopetoun	Annual
Pool Rescue & Safety	Physiotherapy & Allied Health Staff – Hopetoun	Annual
Functional Independence Measure (FIM) Tool	All clinical staff – Hopetoun	Bi Annual

Additional education programs are provided to ensure patient and staff safety. Staff members are expected to maintain their knowledge and skills in their area of work.

Legislation/Standard Reference Occupational Health & Safety Act 2004	Accreditation Standard/Criteria Reference ACHS Accreditation Standards 2.2.3, 3.2.1. AS/NZS ISO 9001:2008 6.2.2 Competence, awareness & training, 6.3 Infrastructure, 6.4 Work environment
Contact Director of Human Resources	Proposed Review Date November 2011

Appendix 3



Cabrini Institute Orientation Program

All new staff (including Monash and Deakin employees) will meet with the Institute Manager on commencement.

All ESTP trainees will meet with the ESTP programme coordinator.

Name: _____

Position: _____

Commencement date: _____

To be completed by: _____ (date)

Hospital Orientation

Cabrini Health orientation has been booked by _____ for _____ (date)

I attended the hospital orientation program on _____ Signed _____

Please note: The Maxxia, EFM and payroll sessions are only relevant if you are employed by Cabrini Health.

OH&S Manual Handling (Office) Training

OH&S Manual Handling (Office) has been booked by _____ for _____ (date)

I attended the OH&S Training on _____ Signed _____

Cabrini Mission

I have attended an Institute Mission information session:

Signed _____ Date _____

I have received the Mission documentation

Signed _____ Date _____

Mission coordinator:

Signed _____ Date _____

Policy & Procedure Manual**

I can locate both the hard copy and electronic version of the Cabrini Health Policy & Procedure Manual

Signed _____ Date _____

Research Governance Policy**

I have read and understood the Cabrini Health Research Governance Policy (policy number 2440)

Signed _____ Date _____

Privacy Policy**

I have read and understood the Cabrini Health Privacy Policy (policy number 2450)

Signed _____ Date _____

Emergency Procedures Manual**

I can locate both the hard copy and electronic version of the Emergency Procedures Manual

Signed _____ Date _____

OH&S Manual**

I can locate both the hard copy and electronic version of the Cabrini Health OH&S Manual

Signed _____ Date _____

OH&S Training

I have read and understood the Cabrini Health Orientation and Mandatory Education Policy (policy number 4221). I am aware that I am required to update my OH&S training annually.

Signed _____ Date _____

I have been issued with my:

Security Card Signed _____ Date _____

Name Badge Signed _____ Date _____

Computer Access Signed _____ Date _____

Approved by:

Name _____

Position _____

Signed _____ Date _____

**** To be completed within 5 working days of commencement**

Appendix 4

Reviewed 14/02/2007

Cabrini Health Waste Management - Cabrini Health Staff Waste Handling Guidelines.

The purpose of these guidelines is to assist staff in meeting their responsibilities in the handling and segregation of waste.

The Engineering Maintenance Manager has responsibility for the management of all waste, at all Cabrini sites.

Cabrini Health has a comprehensive waste management system in operation at all its sites; the system complies with all relevant regulations, standards, policies and guidelines, and all sites have appropriate recycling programmes in operation.

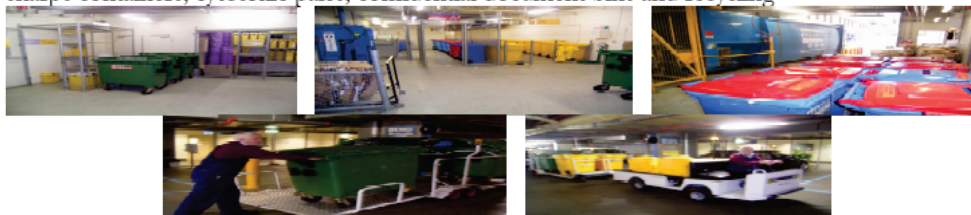
A range of in house and contract staff are engaged in the collection, disposal and recycling of the various categories of waste, and the supply of equipment used in its handling.

All contractors & staff have a responsibility to handle/dispose of waste in accordance with EPA regulations, State Government Guidelines, the Health (Radiation Safety) Regulations 1984, OH&S requirements and the Cabrini Health Waste Management Policy.

The Cabrini Health Waste Management Policy, policy 4300, is contained in the Infection Control Policy Manual. The policy defines the categories of waste and briefly outlines the appropriate procedures to be followed in the handling and disposal of waste. It is our aim to maximise safe handling of waste in accordance with statutory regulations whilst remaining mindful of the environmental impact of waste generation and disposal, and to encourage recycling wherever possible. All waste is segregated at source and directed into the appropriate waste stream, all waste streams are identified by colour, symbol or a combination of both.

Manual handling is minimised by the use of appropriately sized containers, specifically designed waste transport equipment and the provision of a central waste management facility with a dedicated loading dock.

The central waste management facility (Malvern) located in the basement of the main building, receives, stores and accommodates the handling, preparation and collection of the great majority of the categories of waste and recycled materials. It also acts as a store for the provision of sharps containers, cytotoxic pales, confidential document bins and recycling



A smaller facility located in the basement of Theatre Block accommodates the waste for that building; the facility has a dedicated lift with direct access to the buildings waste handling areas. Tugs and trailers are used to transfer waste and materials between the two facilities.

The Malvern waste handling facilities are manned 7 days a week by a combination of Engineering, Monday to Friday, 6.30am to 4.00pm and Environmental Services staff at weekends. ***For all enquiries telephone extension 1300.***

Facilities and waste handling practices are in place at all other Cabrini Health sites, which are specifically designed to meet the needs of each site, and further guidance is available from the relevant manager of the site.

Reviewed 14/02/2007

Waste is categorised and segregated as follows:

- **Non Infectious Waste** – General waste food, paper, cardboard, bottles, cans, cartons etc, this is waste that can be safely sent to normal landfill, this category of waste has potential for recycling – it is to be placed in tied Green bags, into **Green** bins in the waste facility and then into the compactor.



- **Clinical Waste** – Waste contaminated with human body fluids, this is waste that cannot be safely sent to normal landfill, we use tied Yellow bags and **Yellow** bins for this waste, never use waste chutes for Clinical Waste.



- **Cytotoxic/Pharmaceutical Waste** – Pharmaceutical drugs or waste which is or may be contaminated with a Cytotoxic drug, this is waste that can only be disposed by high temperature incineration – we use **Purple** pales or sharps containers for this waste



- **Sharps Waste** – Needles/syringes, we use sharps containers for this type of waste. Do not overfill sharps containers and always lock them when full.



- **Radioactive Waste** – This is waste that is radioactive or has become irradiated. We transport and store the waste in appropriate containers and monitor it until it is sufficiently depleted, before disposing of the waste via the relevant waste stream.
- **Hazardous Waste** – Flammable waste is stored in the flammable waste store and routinely collected for disposal, chemicals, Mercury and other wastes are disposed of as and when required by arrangement with the Engineering Maintenance Manager.
- **Human Tissue** – The Engineering Maintenance Manager arranges for disposal of this category of waste at the request of Nursing Administration as and when required.

Reviewed 14/02/2007

- **Recycled Waste** – cardboard, paper, confidential documents (after shredding) and commingle (bottles, cans & cartons) are all recycled.



- **Cardboard** for recycling can be deposited after flattening in the central waste management facility at any time. The cardboard is baled on site and collected for recycling.



- **Paper** for recycling can be deposited in the **Red** and **Blue** bins located in the central waste management facility.
- **Confidential Document Red** and **Blue** bins (locked) are provided for the collection of confidential documents, which are shredded and recycled.



- **Commingle** (bottles, cans & cartons) are deposited in **Red** bins and collected for recycling.



Appendix 5



Document Name:	CONFIDENTIALITY - GENERAL POLICY	Version No: 2
Approved By:	Hospital Executive	Date: August 2008
Authorised By:	Hospital Executive	Date: August 2008
Applicability:	All Cabrini Health Facilities	

PATIENT INFORMATION

The confidentiality policy aims to protect patient and resident information in accordance with the Health Records Act 2001, (VIC) and The Privacy (Private Sector Amendment) Act 2000, (Cth).

Patient/resident information includes all demographic, clinical and financial information both written and electronic relating to a patient or resident.

All staff have a responsibility to maintain and protect the confidentiality of patient and resident information. Failure to do so may result in serious disciplinary action.

Staff, including accredited medical staff do not have an automatic right to access patient or resident information.

Access by staff to written and electronic patient or resident information is restricted to information required for the care of a patient or resident or to perform the tasks related to that staff member's position.

Conversations regarding patient or resident information must not be conducted in the presence of, or overheard by those not entitled to access that information.

Also refer to	Policy 2450	Privacy Policy
	Policy 5210	Access to Medical Records & Release of Information
	Policy 5220	Requests for historical medical record information relating to stillbirths, miscarriages, and neonatal deaths.

CABRINI HEALTH AND STAFF INFORMATION

The same principles outlined above have application to Cabrini Health business information and staff information. Staff information is not released without the permission of the staff member.

MEDIA

All enquiries from the media must be referred to Public Relations or to the Hospital Coordinator in the after hours situation. Media enquiries of a sensitive nature must be referred to the Chief Executive Officer. Under no circumstances may any unauthorised statement be made to the media.

Legislation/Standard Reference Health Records Act 2001, (VIC) and The Privacy (Private Sector Amendment) Act 2000, (Cth).	Accreditation Standard/Criteria Reference ACHS Accreditation Standards Criteria 2.2.2 AS/NZS ISO 9001:2000 7.5.4 Customer property
Contact Hospital Project Manager	Proposed Review Date July 2010

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