AWH Placement Information

Send to your Education Provider - 4 weeks prior to placement:

Completed
- AWH Emergency Contact form
- AWH Privacy and Security Agreement
- AWH Student Undertaking form
- AWH IT System Access form

Before placement:

- Confirm the type of placement and area of work (including campus)
- Confirm your start time / meeting place / roster
- Confirm staff parking area
- Read the discipline-specific annex at the end of the orientation package and complete any pre-reading / preparation
- Read the Code of Conduct
- Complete the hand hygiene package and print the certificate
- Review relevant course information, placement objectives, assessment criteria
- Write your learning objectives

On your first day please bring:

- Original Police check
- Working with children Card
- Relevant university / TAFE documents
- Name tag (displayed)
- Pen and note book

Nursing Students

All nursing students require $20.00 CASH - for deposit for security Fob ($20.00 is returned at end of placement on return of swipe)

Albury Campus- meet at Albury Hospital foyer at 0830 am

Wodonga Campus- Meet at Wodonga Hospital foyer at 0830am

Albury Community Health-Meet at 596 Smollet Street Albury at 0830 am

Allied Health Students

All campuses – Please confirm with supervisor pre placement- time and place to meet
STUDENT EMERGENCY CONTACT DETAILS

Surname: ......................................................... Given Names: ..........................................................

Student Number: ........................................... DOB: ....... / ....... / .......

Dates of Placement / Discipline / Year Level: ..........................................................................................

Education Provider: ..............................................................................................................................

Are you a current employee of AWH? If so, please give details: ..........................................................

Do you have any allergies or medical conditions that may impact on your capacity to complete placement? (Please circle)

Yes  (If yes, please discuss this with your facilitator on your first day)  No

Your contact address whilst on clinical placement:

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Your contact telephone number whilst on clinical placement: ..........................................................

Next of Kin or person to be notified In the event of an emergency:

1. Name: ............................................................................................................................................

   Address: ........................................................................................................................................

   Telephone Number: .....................................................................................................................
PRIVACY, CONFIDENTIALITY & SECURITY AGREEMENT
(For all persons, including Albury Wodonga Health, contractors, volunteers and students)

As part of my position/employment at Albury Wodonga Health (AWH) I am required to understand and agree to the following:

1. I WILL ONLY access information I need to do my job.
2. I WILL NOT disclose, copy, release, sell, alter or destroy any confidential information unless it is part of my job. If it is part of my job to do any of these tasks, I will follow the correct procedure (such as putting confidential papers in appropriate shredding bins or using appropriate AWH Procedures).
3. I WILL NOT misuse or be careless with confidential information.
4. I WILL NOT disclose my personal computer passwords and will only use shared passwords in authorised situations.
5. I ACCEPT responsibility for all activities I have undertaken using my password, and those activities undertaken by persons to whom I have provided my password.
6. I KNOW that my access to confidential information may be audited.
7. I WILL NOT remove confidential information (e.g. medical records, photocopied patient forms or electronic data) from AWH unless it is an authorised work practice. I understand that this includes sending data via unsecured e-mail or to my home computer.
8. I WILL NOT disclose AWH building entry codes to or share my Security Swipe Card with unauthorised people.
9. I WILL report any activities to my manager that I suspect may compromise the confidentiality of information. I understand these reports, made in good faith, will be held in confidence to the extent permitted by law.
10. I WILL endeavour to wear my AWH identification badge at all times whilst on AWH premises.
11. I WILL protect the privacy of AWH patients and employees.
12. I AM RESPONSIBLE for my use or misuse of confidential information.
13. I UNDERSTAND my obligations under this Agreement will continue after termination of my employment.

Albury Wodonga Health is committed to ensuring it complies with relevant privacy, confidentiality and security legislation – to protect our clients; our staff; and our organisation. As part of this, individuals are required to understand their obligations and responsibilities, including what it means to sign this agreement.

All persons, including Albury Wodonga Health staff, contractors, volunteers and students who come into contact with, or have access to, confidential information have a responsibility to maintain the privacy, confidentiality and security of that information.

Confidential information may include information relating to:
- PATIENTS AND/OR FAMILY MEMBERS
  Such as medical records, conversations and financial information
- EMPLOYEES, CONTRACTORS, VOLUNTEERS, STUDENTS
  Such as salaries, employment records, disciplinary actions
- BUSINESS INFORMATION
  Such as financial records, reports, memos, contracts, computer programs, technology
- THIRD PARTIES
  Such as vendor contracts, computer programs, technology
- OPERATIONS IMPROVEMENT, QUALITY IMPROVEMENT, RISK MANAGEMENT, PEER REVIEW
  Such as reports, presentations, survey results

To assist Albury Wodonga Health in complying with legislation a range of policies and procedures have been developed and implemented. Staff are encouraged to make themselves aware of the content of the following documents and the impact they have on their role.

Policies relating to privacy, confidentiality and security are available via the AWH Intranet site. These policies are amended from time to time as the need arises.
- Privacy and Confidentiality Policy
- Release of Patient / Client Information Procedure
- Electronic Mail & Web Services (Use of) Policy
- Information Systems System Access Form
- Other relevant policies as developed from time to time
Examples of Breaches

(WHAT YOU SHOULD NOT DO!)

**NOTE:** These are examples only. They do not include all possible breaches of privacy, confidentiality or security covered by this agreement. Staff should read and understand relevant Albury Wodonga Health policies and procedures. These are listed with this agreement and can be accessed via the AWH Intranet.

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**Accessing information that you do not need to know to do your job:**
- Unauthorised reading of a patient’s medical record or an employee file.
- Random searching of Patient Master Index for familiar names and details, such as phone numbers.
- Accessing information on self, family, friends or coworkers.
- Reading pathology results of self, family, friends or coworkers.

**Divulging personal information without individual’s consent:**
- Discussing or “gossiping” about patient details in situations unrelated to direct patient care.
- Conducting a conversation relating to patient or staff information in a public place.
- Telling a relative or friend about a patient or staff member you had seen.
- Discussing confidential information in a public area such as a waiting room, public corridor or dining room.

**Sharing your password:**
- Telling a co-worker your password so that they can access your work.
- Telling an unauthorised person the access codes for employee files or patient accounts.
- Using unauthorised shared passwords.

**Using another person’s password:**
- Using a co-worker’s password to log in to the Health Service’s computer system.
- Unauthorised use of a password to access employee files or patient accounts.
- Using a co-worker’s application for which you do not have rights after he/she is logged in.

**Disclosing patient information without following AWH guidelines:**
- Faxing without including an appropriate fax cover sheet that includes a disclaimer.
- Sending unsecured e-mails.
- E-mail information to home computers.

**Leaving a secure information system (ie system that is password protected) unattended while logged on:**
- Being away from your desk (eg. tea or lunch breaks) while you are logged into a secure system.
- Allowing a co-worker to use a secure system for which he/she does not have access after you have logged in.

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**Further Information**
If you have any questions or concerns relating to privacy, confidentiality or security of information whilst at Albury Wodonga Health, contact the:

Privacy Officer
Clinical Services
Albury Wodonga Health
Wodonga Campus
Phone: (02) 6051 7111
Fax: (02) 6051 7477
Email: privacy@awh.org.au

I am aware that failure to comply with this agreement may result in the termination of my position/employment at Albury Wodonga Health and/or civil or criminal legal penalties.

Signature: ________________________________ Date: ________________________________

Print Name: ________________________________ Department: ________________________________
AHW STUDENT UNDERTAKING (SCHEDULE 3 - STUDENT PLACEMENT AGREEMENT)

Name of Student: ____________________________ Telephone: ____________________________

Address: _______________________________________________________________________

Email address: __________________________________________________________________

Emergency contact person: ______________________ Telephone: _________________________

Education Provider: ______________________________________________________________________

Student Placement Provider unit/department: ______________________________________________________________________

Range of Student Placement dates: ______________________ to ______________________

I acknowledge that [please tick]:

☐ I am not an employee of the Student Placement Provider for the purpose of this placement;

☐ I have provided evidence that I am immunised in accordance with the Student Placement Provider's recommendations to my Education Provider;

☐ Both parties to the Student Placement Agreement can enforce this Undertaking;

☐ I have informed the Student Placement Provider and provided all relevant details if:
   I have ever had any restrictions on my student registration with the relevant National Board;
   I have ever been disciplined by a relevant professional body;
   I have ever been imprisoned, or found guilty of a violent or sexual offence;
   I have been found guilty of a criminal offence (other than a minor traffic offence) in the past 10 years; or
   I am currently subject to charges or under investigation for a criminal offence (other than a minor traffic offence).

In relation to the Student Placement, I undertake that [please tick]:

☐ I have read, understood, signed the agreement and will abide by the 'Albury Wodonga Health Privacy, Confidentiality & Security Agreement' (a component of the AWH online orientation package);

☐ I have read, understood, signed the agreement and will abide by the 'Albury Wodonga Health System Access Form' (a component of the AWH online orientation package);

☐ I will not communicate, publish or release any confidential information of the Student Placement Provider and will keep all patient information strictly confidential. I am aware that unlawful disclosure of patient information is a criminal offence;

☐ I will comply with all policies, procedures & reasonable directions of the Student Placement Provider;

☐ I have read, understood and agree to abide by the 'Albury Wodonga Health Code of Conduct' (a component of the AWH online orientation package);

☐ I will behave at all times in such a way as to cause no unreasonable or unnecessary disruption to the routines or procedures of the Student Placement Provider or its patients or staff;

☐ I have been encouraged to notify the Student Placement Provider of any existing medical conditions or allergies which may impact on my capacity to complete placement so that appropriate supports can be put into place to make my placement a successful one

☐ I will promptly inform the Student Placement Provider if I feel unwell or my health status changes;

☐ I will promptly inform the Student Placement Provider of any accident or incident that occurs; and

☐ I will promptly inform the Student Placement Provider and provide all relevant details if:
   I have any restrictions on my student registration with the relevant National Board;
   I am disciplined by a relevant professional body;
   I am found guilty of a criminal offence (other than a minor traffic offence); or
   I am charged or investigated for a criminal offence (other than a minor traffic offence).

_________________________________________  ____________________________
Signature of student  Date
ALBURY WODONGA HEALTH
SYSTEM ACCESS FORM

Information Communication Technology Systems Policy Statement

PLEASE COMPLETE in Block Letters

I ____________________________ of Dept ____________________________ Campus ____________________________
(full name) (full name of Dept in which you are employed)

Status: FT, PT, Casual, Student Other
(circle appropriate status)

Start Date: / / Finish Date: / /

understand that,

Confidentiality: Employees (including temporary, contract, casual and agency staff) are expected to preserve the confidentiality of all information belonging to Albury Wodonga Health (AWH) and are only to divulge it to members and other staff on an "as needs" basis. Additionally, employees are informed that Commonwealth, NSW and Victorian Acts apply to some components of AWH data. Refer to AWH Privacy and Confidentiality Policies (Albury & Wodonga).

Software Copyright: AWH licenses the use of its computer software from a variety of outside companies. AWH does not own copyright over this software or its related documentation and, unless authorised by the software developer, does not have the right to copy / share the software. With regard to use on local area networks, wide area networks or on multiple machines, employees may use the software only in accordance with the license agreement.

I understand that any copying of computer software by me or instructions given to me to make such copies without authorisation from the copyright owner is in breach of the law and against the policy of my employer, and that such action can expose me to severe disciplinary measures including termination of employment and/or legal action.

I understand that under Australian copyright law, unauthorised duplication and distribution of software can expose my employer and myself to litigation and claims for civil damages.

I agree to use only software legitimately acquired in accordance with organisational policy to comply with all license conditions accompanying any software acquired or used and to notify any violations, by any person, of which I become aware to the Chief Executive Officer.

Virus Avoidance: The threat of computer virus infection is real and the consequences potentially catastrophic to the ICT system. To minimise the risk of damage ALL floppy disks, DVD’s, CD Roms and Memory Sticks, etc, are to be Virus Scanned by employees as soon as they are inserted onto the AWH system.

System Security: Employees of AWH may be issued with one or more system logon IDs and associated passwords for their use. Employees who divulge their IDs will automatically assume responsibility for any illegitimate system access.

If any employee is concerned that their password security has been compromised they should change the password immediately or request a new password from ICT Department.

AWH will not tolerate breaches of system security.

Laptop Computers: Laptop computers are issued to AWH employees for work related purposes. Floppy disk, DVD, CDRom drives, UBS Ports etc will be available. Alterations to Laptop hardware and software configurations are not permitted.

Email/Internet: Employees of AWH will be given access to e-mail and Internet. These systems are for work related issues only. No Patient identifying, staff or financial data is to be transferred by unsecured e-mail or web based systems or to home computers. E-mail and Internet usage is monitored via software and use for any non-work related purpose will result in disciplinary action.

I have read and understand the Information Systems Policy Statement as detailed above and the ICT Policies as per the Corporate Services Program Manual of Albury Wodonga Health, and agree to comply with these policies.

NAME:(PRINT) WITNESS NAME: (PRINT)

SIGNATURE: SIGNATURE

DATE: DATE: