



the royal victorian  
eye and ear  
hospital

# Honorary Researcher Information Handbook

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# **SECTION 1 - WELCOME & OVERVIEW**

We welcome all Researchers to the Royal Victorian Eye and Ear Hospital (Eye and Ear). This is a brief guide to help you orientate yourself at the Eye and Ear.

The Royal Victorian Eye and Ear Hospital has been here for Victorians, caring for their health for 150 years. The Eye and Ear is Australia's only specialist eye, ear, nose and throat hospital. From our base in East Melbourne and specialist clinics around Victoria, we reach about 220,000 patients in a typical year.

The Eye and Ear has over 60 different specialist clinics for the diagnosis, monitoring and treatment of vision and hearing loss and provides a 24 hour emergency eye, ear, nose and throat health service. The hospital has strong affiliations with regional health services and its ophthalmology registrars undertake a rotation across Victoria.

Since its beginnings in 1863, when the hospital was an infirmary treating diseases of the eye and ear amongst Melbourne's poor, the hospital has grown in size and reputation. As a world leader in eye, ear, nose and throat services, the hospital is now at the cutting edge of research and teaching. This is supported through its close association with the University of Melbourne Departments of Ophthalmology and Otolaryngology, the Centre for Eye Research Australia, the Hearing CRC and the Bionics Institute.

The Research Office (RO) is situated on level 4 at 32 Gisborne Street East Melbourne. Access is via the green lifts. Telephone contact is 9929 8525 and email is [ethics@eyeandear.org.au](mailto:ethics@eyeandear.org.au). Please feel free to contact us with any queries regarding your time at the Hospital.

## **SECTION 2 – THE AUSTRALIAN CHARTER OF HEALTHCARE RIGHTS**

The Charter describes rights that consumers, or someone they care for, can expect when receiving health care. These rights apply to all people in all places where health care is provided in Australia. This includes public and private hospitals, day procedure services, general practice and other community health services.

Patients have the right to:

- access;
- safety;
- respect;
- partnership;
- information;
- privacy; and
- give feedback.

You must observe patient's rights and ensure that they are informed of their rights.

## SECTION 3 – TRAINING REQUIREMENTS

When applying for an Honorary Researcher appointment at the Royal Victorian Eye and Ear, there are a number of training requirements, some of which are mandatory. Please refer below and to the Honorary Researcher Application form, which details the competencies required (based on the Scope of Practice requested).

### 3.1 NATIONAL POLICE CHECK

A National Police Check (dated within the past 3 months) is required as part of the Honorary Researcher credentialing process. A name only check is required (fee applies). Refer to Victoria Police website [http://www.police.vic.gov.au/content.asp?Document\\_ID=274](http://www.police.vic.gov.au/content.asp?Document_ID=274)

All Honorary Researchers have an obligation to report any change of status to the Police Check. This ongoing disclosure obligation is to advise the Eye and Ear if you come under investigation, are charged with or found guilty of any criminal offence other than minor traffic infringements. If this were to occur, it would not necessarily preclude the continuation of the appointment but would be considered, on a case by case basis, and with the support and advice of the Eye and Ear's Director of People and Culture.

### 3.2 WORKING WITH CHILDREN CHECK

A Working With Children Check is required as part of the Honorary Researcher credentialing process, if the researcher's project usually involves direct contact with children. Refer to Working With Children Check website (fee applies) <http://www.workingwithchildren.vic.gov.au/home/applications/>

### 3.3 HEALTH CHECK REQUIREMENTS

As an honorary researcher working within a health care facility, there are mandatory vaccination requirements. Based on the requested scope of practice, an occupational risk category is considered. Refer to table below:

Category	Risk Category Descriptor	Summary of the risk category
A	Healthcare workers at risk of acquisition and/or transmission of blood borne viruses and infectious spread via respiratory or enteric routes.	Healthcare workers with direct physical contact with patients, clients, deceased persons or body parts, blood, body substances, infectious material or surfaces or equipment that might contain these. For example, workers with prolonged face-to-face contact with patients or clients or where their normal work is in a clinical area
B	Healthcare workers at risk of acquisition and/or transmission of infections via respiratory or enteric routes.	Healthcare workers who rarely have direct physical contact with patients, clients, deceased persons or body parts, blood, body substances, infectious material or surfaces or equipment that might contain these.

C	Healthcare workers at risk of acquisition and/or transmission of infectious spread via respiratory routes.	Healthcare worker with no direct physical contact with patients, clients, deceased persons or body parts, blood, body substances, infectious material or surfaces or equipment that might contain these.
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Researchers are required to provide evidence of their health status based on their occupational risk category. The Honorary Researcher Health Survey must be completed and submitted along with the relevant evidence. This documentation will be provided to the Eye and Ear Infection Prevention and Control team for review and approval prior to commencing. Suitable proof will include an Australian immunisation certificate (or equivalent) and blood tests (serology) must be provided with suitable identifiers.

Researchers who fall under Occupational Risk Category A or B must provide evidence of receiving a seasonal influenza vaccination on an annual basis.

### **3.4 GOOD CLINICAL PRACTICE**

If an honorary researcher is involved in a clinical trial, it is a requirement that Good Clinical Practice (GCP) training is current. The training must be delivered by a TransCelerate listed provider and is valid for three years. Evidence of current GCP training is to be provided to the Research Office.

The Research Office does not recommend specific courses as each individual has their own requirements. For further information on courses that Eye and Ear staff have participated in can be found on the Eye and Ear research website.

### **3.5 ENGLISH LANGUAGE PROFICIENCY**

Honorary researchers wishing to interact with Eye and Ear patients for recruitment, consent, conducting interviews etc must meet a minimum standard of English proficiency.

The Eye and Ear will apply the [Australian Health Practitioner Regulation Agency \(AHPRA\)](#) English language skills and registration standards for Honorary Researcher appointments.

The applicant must specify which standard applies to their profession. If a Standard does not exist for the specified profession, then the English language skills registration standard will apply.

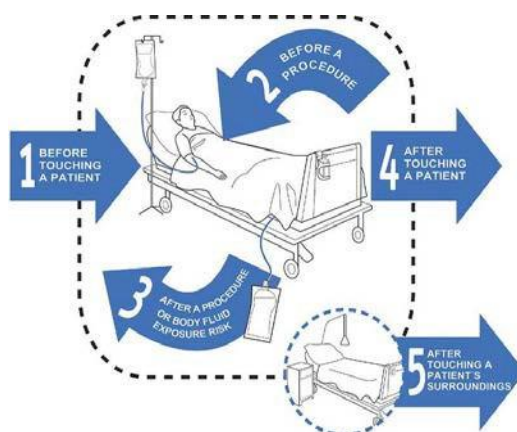
The applicant must specify which pathway they meet and provide evidence.

### 3.6 HAND HYGIENE

Hand hygiene must be performed before and after every episode of patient contact.

The 5 Moments for Hand Hygiene require hand hygiene to occur on the following occasions:

- o before touching a patient
- o before a procedure
- o after a procedure or body substance exposure risk
- o after touching a patient
- o after touching a patient's surroundings



Hand hygiene must also be performed after the removal of gloves.

Hand Hygiene Australia provides an online learning package. Refer to Hand Hygiene Australia website <http://www.hha.org.au/>

Honorary Researchers who are required to complete this package, save a copy of the certificate provided on completion of the course and submit a copy of the certificate as part of the Researcher Declaration package to the Research Office.

#### Choice of Product for Routine Hand Hygiene Practices

- Alcohol-based hand rubs – for routine practices in healthcare settings.
- Neutral pH soap and water – for visibly soiled hands, after contact with gastroenteritis or viral conjunctivitis.
- Surgical
- Surgical scrub formulation – for surgical procedures

#### Wearing of Gloves

Gloves must be worn as a single-use item for:

- o Each invasive procedure
- o Contact with sterile sites and non-intact skin or mucous membranes
- o Any activity that has been assessed as carrying a risk of exposure to blood, body substances, secretions and excretions.

Gloves must be changed between patients and after every episode of individual patient care. Sterile gloves must be used for aseptic procedures and contact with sterile sites.

### **3.7 STANDARD AND TRANSMISSION BASED PRECAUTIONS**

To protect yourself, patients and other staff all persons working within the Eye and Ear must follow Standard and Transmission Based Precaution at all times. If you are unaware what this entails, then please contact the Eye and Ear for a copy of our Standard and Transmission Based Precautions Procedure.

### **3.8 PATIENT IDENTIFICATION**

Patient identification is an important component of treating patients at the Eye & Ear. It is required that you refer to [Patient Identification Procedure](#) and Correct [Patient](#), Correct Site, Correct Procedure (Surgical Safety Checklist) Procedure. These procedures are available on the Eye and Ear Intranet site through Prompt.\*

At a minimum, you must identify the patient using the 3 unique identifiers:

Ask the patient to:

- state their name in full;
- state their date of birth; and
- state their address.

Never ask the patient "are you Mr XYs" as the patient might mis-hear and incorrectly agree.

If applicable, confirm side and site of procedure with consent form and the patient.

## SECTION 4 – CREDENTIALING FOR SPECIFIC SCOPE OF PRACTICE

When applying for an Honorary Researcher appointment at the Royal Victorian Eye and Ear, the scope of practice provided is limited to:

	<b>Evidence required</b>
<input type="checkbox"/> Access to medical records (including DHR)	<ul style="list-style-type: none"> <li>• Health Records Act training certificate (if not AHPRA registered)</li> </ul>
<input type="checkbox"/> Patient recruitment and obtaining consent <input type="checkbox"/> Conducting interviews/questionnaires	<ul style="list-style-type: none"> <li>• Health Records Act training certificate (if not AHPRA registered)</li> <li>• Hand hygiene certificate</li> <li>• Good Clinical Practice training certificate (if clinical trial)</li> <li>• English Language Proficiency (if education not from a recognised country listed above)</li> </ul>
<input type="checkbox"/> Physically located in non-public areas of Eye and Ear premises (please state areas)	<ul style="list-style-type: none"> <li>• If wishing to access operating theatres, Honorary Researcher Health Survey along with supporting evidence is required.</li> </ul>

Evidence is required as listed above.

Honorary researcher appointments will not be granted for:

- Any clinical treatment involving Eye and Ear patients
- Any research procedure as per the research protocol

Prior to an honorary researcher appointment being made, the applicant must be an approved research team member on a current research project. There also needs to be an Eye and Ear Head of Clinic/Unit/Department and/or Executive Director responsible for the honorary researcher during the period of appointment.

# **SECTION 5 – OCCUPATIONAL HEALTH AND SAFETY, EMERGENCY MANAGEMENT AND EQUAL EMPLOYMENT OPPORTUNITY**

The Eye and Ear is committed to ensuring a work environment free of discrimination and harassment on all grounds covered by equal opportunity legislation. Honorary appointees and observers are expected to comply at all times with the Eye and Ear's equal opportunity procedures and with state and federal equal opportunity and related legislation. These procedures are available on the Eye and Ear intranet site\*.

The Eye and Ear is committed to ensuring a safe and healthy workplace. Honorary appointees and observers are expected to comply at all times with the Eye and Ear's safety procedures and reasonable safety directions of the Eye and Ear employees, ensure that no unsafe areas or practices go unreported and take reasonable care for their own safety and the safety of others. The Eye and Ear is a smoke free environment.

## **Fire Awareness - Key Points**

- 1.** Evacuation Diagrams – each area has a wall mounted Evacuation Diagram posted.  
**You should note this Evacuation Diagram when working in an area.**
- 2.** When working in an area you are required to find out the:
  - location of Manual Call Points;
  - location of Emergency Exits;
  - location of Assembly Areas; and
  - names of the Area Wardens for your area.(In an emergency, the area warden will wear a yellow hat).
- 3.** At Eye and Ear, safety is everyone's responsibility, in that you are required to take responsibility for working safely, complying with safety procedures and raising safety concerns. It is a legal requirement under the Occupational Health & Safety Act 2004 that you work safely and that you do not harm others by your actions or omissions.
- 4.** All hospitals have a Colour Code system for the identification and calling of emergencies. They are:

Code Blue – Medical Emergency  
Respond MET – MET team required  
Code Yellow – Internal Emergency  
Code Red – Fire and smoke  
Code Orange – Evacuation  
Code Purple – Bomb Threat  
Code Grey – Personal Threat  
Code Black – Serious Personal Threat  
Code Brown – External Emergency



A **Code Purple** is called in relation to a **Bomb Threat**. Each non-patient phone at the Eye and Ear will have a bomb threat checklist nearby. If you are not familiar with these checklists, ask the manager of the area you are working in or any member of the nursing staff to show you an example. These checklists provide prompts for you to get support during a bomb threat and provide you with guidance in relation to the questions to ask if you receive a bomb threat by phone.

- 13.** You should direct any queries or concerns about safety issues to the manager of the ward or department you are working in.
- 14.** There is an OHS section of the Eye and Ear intranet\* under the **Health, Safety & Environment quick** link with key health and wellbeing information and emergency management information.
- 15.** [wellness@work](#) our health and wellbeing program provides opportunities for you to participate in a range of wellbeing activities. These activities are focused on five key wellbeing areas: physical activity, mental health and wellbeing, healthy eating, financial health and alcohol and other drugs and smoking. Information about [wellness@work](#) activities can be found on staff intranet OHS page, CEO Friday email, Staff Intranet banner and posted on staff OHS noticeboards.

### **Workplace Incidents**

Report as soon as possible to the Nurse Unit Manager or Nurse in Charge regardless of whether an injury has occurred or not.

A VHIMS Riskman report should be completed as soon as possible after the incident.

## SECTION 6 – PRIVACY AND CONFIDENTIALITY

The Office of the Health Services Commissioner provides an online learning package for the Health Records Act. <https://hcc-elearning.com.au/>

Researchers are required to complete this package, save a copy of the certificate provided on completion of the course and submit a copy of the certificate to the Research Office.

The Royal Victorian Eye and Ear Hospital is committed to protecting the privacy of all individuals. The hospital is required by law to protect the personal and health information contained in the medical and personnel records it holds. It complies with all Victorian legislation relating to confidentiality and privacy, including where relevant, the *Health Services Act 1988 (Vic)* and the *Health Records Act 2001 (Vic)*, and covers the following principles:

1. Information collection
2. Use and disclosure of information
3. Data quality
4. Data security and retention
5. Openness
6. Access to and correction of information
7. Identifiers
8. Anonymity
9. Trans-border data flows
10. Transfer and closure of practice health service provider
11. Making information available to another health service provider

The hospital procedure [Informed Consent and Copyright of Medical Photography & Videography Procedure](#), covers the nuts and bolts of patient consent for medical imaging. It is hospital policy to get patient consent before **identifiable** imaging -- especially any external image of the patient's face or body. Consent is obtained on a separate form to the Patient Request Form. This procedure is available on the Eye and Ear Intranet site through Prompt.\*

**Taking images on any device including cellular phones at any time is not permitted.**

Images form part of the patient medical record and as such it is not appropriate to provide any part of the medical record without the permission/consent of the patient.

Where a researcher requires access to the patient digital medical record, an Eye and Ear honorary researcher appointment is required. The researcher will need to complete, along with approval from their Department Head, the honorary researcher application form. The Research Office will arrange access to ICT systems once the appointment has been approved.

\* Access to the Eye and Ear Intranet site is available via the Research Office, CERA Reception or Department of Otolaryngology Reception.