

Employment

## Position Description

<b>Position:</b>	Practice Nurse
<b>Award:</b>	Nurse Award 2020
<b>Classification:</b>	As per Modern Award
<b>Status:</b>	As per Contract of Employment
<b>Qualifications:</b>	Current Nursing Registration

### Position Objective(s)

To contribute to the smooth and efficient functioning of the practice and provide an exceptional standard of care to our patients

### Lyndoch Living Vision

By recognising each person for the individual they are, we will strive to provide them with the specific services, care and support they need to enjoy a lifestyle that is their own – dignified, engaging, fulfilling and rewarding.

### The Lyndoch Way

To support a positive work environment and culture that we believe will best fit the future we are strategically planning for, “seven pillars” have been identified.

#### **One Team**

We value and recognise individuality as a vital part of developing a unified voice.

#### **Pride**

We support pride and passion in our work and in doing so, we attract others who share our values.

#### **Welcoming Workplace**

We encourage warm, friendly and respectful interactions across all aspects of our service.

#### **Yes Culture**

We always start with ‘yes’ in every deliberation.

#### **Customer Service**

We ensure that customers feel engaged and valued in every interaction.

#### **Innovation**

We will enhance our services and exceed customers’ expectations, by embracing innovation and fresh ideas.

### **Fun and Enjoyment**

We recognise that fun and enjoyment are critical to success.

### **Social Purpose**

Through the social conscience of the staff and consumers we actively engage with causes that impact the local community.

### **Safety**

We actively promote safety and wellbeing through the provision of innovative and high quality training, monitoring of risk, and compliance with OHS regulations.

## Key Responsibilities and Duties

### **CRITICAL RELATIONSHIPS:**

- Practice Manager
- Partners, associates, assistant doctors and registrars
- Medical and nursing students
- Administration support staff
- Patients
- Pharmacists
- Aged care facilities
- Specialist, allied health practitioners and GP clinics
- Hospitals
- Great South Coast Medicare Local
- Indigenous health groups

### **REQUIREMENTS:**

- Current nursing registration
- Professional indemnity, according to the Professional indemnity insurance arrangements registration standard
- Commitment to continuing professional development as per the Continuing professional development registration standard, including annual CPR training and anaphylaxis training for immunisation nurses

**FUNCTIONALITY:** Hours may range between 8.15 am and 6.30pm

### **DUTIES & RESPONSIBILITIES:**

- Chronic Disease
  - Chronic disease management, including health assessments, care planning and visits to aged care institutions, as required.
- Clinical
  - Assist with medical and surgical procedures
  - Perform clinical duties within required level of clinical competency, according to best available evidence
  - Explain procedures to patients, providing them with support and reassurance
  - Duties include triage, immunisations and other infections; wound management, ECG's, Spirometry and the collection of pathology samples

- Maintain clinical documentation
- Patient services
  - Assist with triage, data management, diagnostic services and networking with other providers\
  - Planning and management of patient care
  - Advise patients of test results as directed by medical staff
- Improvement of patient health outcomes
  - Conduct preventative/screening procedures
  - Assist with patient education
  - Coordinate patient recall
  - eHealth – patient summary uploads
- Equipment and supplies
  - Maintenance of clinical equipment
  - Maintain stocks of clinical supplies, including correct storage (such as refrigeration), removal of out-of-date stock and ordering supplies
  - Provide input in purchasing relevant clinical equipment and supplies
- Maintain doctors' rooms
- Assist with other practice duties as required

**COMPLIANCE** with the following is essential

- Code of Ethics for Nurses in Australia
- Code of Professional Conduct for Nurses in Australia
- Warrnambool Medical Clinic's Code of Conduct for Nursing Staff
- Cold chain procedures as set out in WMC's Policy & Procedure Manual RACGP's Standards for General Practice (4<sup>th</sup> edition) and Strive for 5
- Infection control procedures as set out in WMC's Policy & Procedure Manual RACGP's Infection Control Standards for Office Based Practices (4<sup>th</sup> edition) and The Blue Book
- Awareness of accreditation requirements
- OHS requirements
- Attendance at in-house Nurses' and/or Clinical Meetings, as required
- Competency Standards for nurses in general practice

### Organisational Relationships

**Reports to:** Clinical Lead Practice Nurse

**Internal Contacts:** All staff, residents, clients, families, patients

**External Contacts:** Members of the public, contractors, suppliers and government departments

### General

- Conduct work in line with all relevant OH&S legislation and in accordance with organisational policies and procedures

- Participate in quality activities within the work area to improve the efficiency of the Department
- Participate in relevant training to ensure continued professional development for the betterment of the organisation
- There is an expectation that the role will include direction to perform other duties that must be reasonable in relation to the employee's skills and abilities

### Agreement

I accept and agree to the duties in this Position Description. I understand that this Position Description is to be read in conjunction with the General Terms and Conditions of Employment and I agreed to abide by terms and conditions stipulated therein.

Name (Please print)	
Signature	Date

Authorised by: Direct of Nursing

Date: May 2020

## General Conditions of Employment

### **Terms and Conditions of Employment**

The conditions of employment are in accordance with the relevant Award and Agreement to which you are employed under. Copies of Awards and Agreements are available from the Human Resources Department.

### **Performance Review**

In order to assist your development in your role, your manager and you will annual review your personal effectiveness in your role.

The performance review is a formal means of receiving feedback on your performance and of discussing training, development and career opportunities.

### **Probationary Period**

This position is subject to a six (6) month probationary period during which time mutual suitability will be determined. During the probationary period either party may terminate the employment by giving two weeks' notice in writing.

At the expiration of the probationary period, should the appointment be confirmed, the terms of the Position Description and these Conditions of Employment will continue to apply to your employment.

### **Termination**

Employment may be terminated in accordance with the provisions of the relevant Agreement.

### **Policy and Procedures of the Employer**

The Employer directs you to abide by the policies and procedures of the Employer as varied from time to time.

### **Apparel and Equipment**

You are required to use/wear safety equipment and apparel provided to you by the Employer and to abide by all the Employer's safety rules and regulations.

### **Notification of Prior Injury**

Under the Accident Compensation Act 1985, the Employer requires you to disclose all pre-existing injuries and diseases which you foresee could be affected by the nature of your employment. Failure to do so may render you ineligible for Workers' Compensation in some circumstances. You are required to complete and return the Pre-injury Declaration Form as attached.

Appendix 2  
Pre-existing Injury Declaration Form

**Please complete and return with your Application for Employment**

In accordance with s.82(7)-(9) of the *Accident Compensation Act* 1985 (Vic) ("the Act"), you are required to disclose any or all pre-existing injuries, illness or disease (pre-existing conditions) suffered by you which could be accelerated, exacerbated, aggravated or caused to recur or deteriorate by your performing the responsibilities associated with the employment for which you are applying with Lyndoch Healthcare ("the employment")

In making this disclosure, please refer to the attached position description, which includes a list of responsibilities and physical demands associated with the employment.

Where you have a pre-existing condition, consideration will be given to reasonable modification to the environment or tasks if at all possible or practicable.

Please note that, if you fail to disclose this information or you provide false and misleading information in relation to this issue under s.82(8) and s.82(9) of the Act you and your dependents may not be entitled to any form of workers compensation as a result of the recurrence, aggravation, acceleration, exacerbation or deterioration of a pre-existing condition arising out of, in the course of, or due to the nature of your employment.

Please note that the giving of false information in relation to your application for employment with Lyndoch Healthcare may constitute grounds for disciplinary action including termination of your contract.

Employee Declaration

I \_\_\_\_\_ (print name) declare that:

I have read and understood this form, position description and have discussed the employment with Lyndoch Healthcare I understand the responsibilities and physical demands of the employment.

I acknowledge that I am required to disclose all pre-existing conditions which I believe may be affected by me undertaking the employment.

I acknowledge that failure to disclose the information or providing false and misleading information may result in invoking section 82(7)-(9) of the *Accident Compensation Act* 1985 (Vic) which may disentitle me or my dependents from receiving any workers compensation or any pre-existing condition which I may have arising out of, in the course of, the employment.



Please delete whichever of the following statement is **NOT** applicable

I have suffered no prior injuries that may recur or deteriorate, accelerate or be exacerbated or aggravated by the employment.

**OR**

I have suffered the following conditions that may recur or deteriorate, accelerate or be exacerbated or aggravated by the employment.

**Please list details for all pre-existing conditions**

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I acknowledge and declare that the information provided in this form is true and correct in every particular.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Print name of Applicant

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Print name of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Office Use Only**

Additional Comment/ Requisite Modifications  
(To be completed by Senior Manager/ CEO)

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