

Policies that new staff need to be aware of and understand:



- 2.22.2 Patient Safety & Event Reporting
- 2.22.4 Wandering Patient
- 2.10.3 Consent for Treatment
- 2.3.5 Interpretation Services
- 2.11.34 Adult and Paediatric Death – Procedure and Documentation
- 2.11.35 Use of Cell Phone Cameras and other Recording Devices
- 2.1 Abbreviations – “Do-Not-Use” List of Symbols, Acronyms and Dose Designations
- 3.16.8 Standards Based Charting
- 3.1.2 Blood/Blood Product Request, Verification and Monitoring
- 3.16.5 Transfer of Accountability
- 3.16.4 Temporary Reassignment of Nurses
- 3.16.9 Capillary Blood Glucose Testing
- 3.18.9 Gender mix Room Assignment of Patients
- 3.18.10 Allergy Management
- 3.18.11 Enhanced Levels of Observation and Use of Sitters
- 3.16.6 Restraint Minimization
- 3.4 Pronouncement of Expected Death
- 3.18.5 Patient Valuables and Belongings
- 3.12 Medication Administration Times
- 3.12.13 Medication Profile and Administration Record
- 3.16.1 Management of Dangerous or Illegal Substances and Articles
- 3.12.18 Automated Dispensing Cabinets
- 3.18.3 Patient Identifiers and Identification Armbands
- 3.2.12 Organ and Tissue Donation
- 3.8.4 Intravenous Medication
- 3.11 Medical Assistance in Dying
- 3.12.1 Adverse Drug Reaction Reporting
- 3.12.14 Therapeutic Substitutions
- 3.18.6 Patient Transfer to and from Hospital
- 3.18.8 Fall Prevention and Post-Fall Management
- 3.6 Downtime – Electronic Documentation System
- 3.16.7 Service Standards of Care
- 3.2.19 Safe Handling of Hazardous Drugs
- 3.6.1 Documentation – Clinical Standards
- 3.11.3 Autopsy Authorization
- 3.11.5 Coroner’s Cases
- 3.11.8 Medical – Orders
- 3.12.5 Independent Double Checks – High Alert Medication Administration
- 3.12.7 Medication Administration
- 3.12.20 Medication Reconciliation
- 3.26 Behavioural Alert Flagging
- 4.4.39 Behaviour at Work