

## PROCEDURE C26.0-P26.0

### EXTERNAL CLINICS

#### 1.0 INTRODUCTION

##### 1.1 Related Policy

External Clinics Policy

##### 1.2 Purpose

The Purpose of this procedure is to outline the ACHW and Third-Party Partner (TPP) responsibilities and processes involved in approving and contracting a new clinic, monitoring and auditing a clinic to ensure standards are maintained, inducting students to a clinic, and ensuring the safety and wellbeing of students and staff in the clinic.

##### 1.3 Scope

This procedure applies to all ACHW and TPP staff and students who are involved in any way with external clinics. This includes, but is not limited to, senior staff with overall responsibility for ACHW's activities and services, staff coordinating, teaching and supervising students in clinics, students being taught in clinics, staff and committees conducting due diligence and approving a new clinic, staff developing agreements with clinics, and staff and committees conducting quality assurance of clinic facilities.

This procedure applies to all External Clinics, including those whose facilities are hired by ACHW for the purposes of teaching clinical skills to students, and where the clinic is part of a TPP.

##### 1.4 Scope Exceptions

This procedure does not apply to staff who have no involvement in processes related to external clinics.

#### 2.0 RESPONSIBILITIES

1. All ACHW and TPP staff and students involved in External Clinics are responsible to adhere to this procedure, other relevant ACHW and Scenia Group policies and procedures, External Clinic procedures provided to them by Facilitators, and all relevant legislation.
2. All ACHW and TPP staff and students are responsible to adhere to their responsibilities under the Work Health and Safety Act (2011) and State Acts and Codes.

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3. The Head of School, ACHW and the National Clinic Coordinator are responsible to liaise with and communicate with External Clinics.
  4. The Head of School, ACHW and the National Clinic Coordinator are responsible for the due diligence and audit of a prospective External Clinic.
  5. The Work Health and Safety (WHS) Committee is responsible to annually audit External Clinics and monitor clinic quality assurance.
  6. The Head of School, ACHW and the National Clinic Coordinator are delegated by the WHS Committee to action the annual audit.
  7. The WHS Committee is responsible to recommend to the ACHW Teaching and Learning Committee (TLC), via the Head of School, ACHW, the contracting of new clinics and the cancellation of clinics not meeting standards.
  8. The ACHW TLC is responsible to approve the recommendation for a new External Clinic and cancellation of clinics not meeting standards and to provide the approvals or cancellations to the ACHW Academic Board for noting.
  9. The National Clinic Coordinator is responsible to coordinate External Clinics across the nation on behalf of ACHW, record evidence of students' Hepatitis B immunisation and provide ACHW Facilitators with a list of students who have registered to attend clinics.
  10. ACHW Facilitators are responsible to provide health and safety and equipment demonstrations, clinical teaching, supervise students and model good and safe practice in clinics.

## 3.0 PROCEDURE

### 3.1 Due Diligence, approval and contracting a new clinic

1. Due diligence of a proposed new clinic is conducted by the Head of School and National Clinic Coordinator, and includes:
  - a. the viability of the clinic - to ensure ACHW that the clinic is not trading while insolvent;
  - b. the facilities are suitable, including:
    - the condition of the building, that it is a safe and pleasant environment for staff and students, that it is reasonably close to transportation, and it can accommodate the student numbers;
    - the clinic has the required industry/professional accreditation and registration;
    - the clinic has approved room capacity notices for each room;
    - health and safety requirements are met, and comply with council and/or regulatory bodies, including adequate evacuation plans,

fire extinguishers, first aid facilities and links to emergency services; and

- the required equipment is available and in good working order.
2. If the clinic is found to be unsuitable, the Head of School, ACHW will write to the clinic notifying them that ACHW will not be using the clinic.
  3. If the clinic is found to be suitable, the Head of School will provide a recommendation to the ACHW Teaching and Learning Committee (TLC) for approval of the clinic as an External Clinic facility.
  4. The ACHW TLC will provide the approval to ACHW Academic Board for noting and the Head of School, ACHW will notify the National Clinic Coordinator.
  5. The Head of School, ACHW and National Clinic Coordinator will liaise with the External Clinic to develop a room hire agreement, which must include:
    - quality assurance;
    - health and safety;
    - approval of entry by ACHW to audit;
    - exit clauses; and
    - that the clinic must inform ACHW if it has been notified/found that it is in breach of any regulatory requirements.
  6. Signed copies of the agreement are kept by ACHW and the External Clinic.

### 3.2 Quality Assurance of Clinics

1. External clinics are audited on-site annually by the WHS Committee, with the audit addressing similar aspects to those listed in 3.1.1. The Head of School, ACHW and the National Clinic Coordinator action the audit.
2. An audit is also carried out should a complaint from a staff member, student or client raise a serious concern.
3. The Head of School, ACHW provides a report on the outcomes of the audit to the WHS Committee.
4. If the report indicates there is a Health and Safety quality issue, the External Clinic will not be used until the issue has been addressed, and the Head of School, ACHW notifies the clinic and WHS Committee of this.
5. If there is an issue which is not related to health and safety, the WHS Committee notifies the ACHW TLC, which decides if the External Clinic can be used, or not.

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6. The Head of School, ACHW and National Clinic Coordinator liaise with the External Clinic to discuss the quality issue and whether it can be rectified.
    - a. If a health and safety issue cannot be rectified, the Head of School, ACHW notifies the WHS Committee, which provides a recommendation to the ACHW TLC, via the Head of School, ACHW, that the facilities hire agreement with the External Clinic is to be cancelled. The ACHW TLC provides its approval of the cancellation and sends this to the ACHW Academic Board for noting. The Head of School, ACHW notifies the External Clinic, in writing, of the decision.
    - b. If the issue is not a health and safety one, and cannot be rectified, the Head of School, ACHW, notifies the ACHW TLC and the process of cancellation follows the process noted in 3.2.6.a.
  7. If the Head of School, ACHW and the External Clinic believe the quality issue can be rectified, a Quality Improvement Action Plan ('the action plan') is developed and agreed by both parties.
    - a. The Head of School, ACHW provides a report on the quality issues, along with the action plan, to the WHS Committee or ACHW TLC, depending on the type of issue. Further reports are provided as indicated in the action plan and in Committee/Board terms of reference.
    - b. The Head of School, ACHW and National Clinic Coordinator liaise with and monitor the External Clinic's actions to address the issue, in accordance with the action plan, and report progress to the WHS Committee or ACHW TLC. The WHS Committee is responsible to provide updates and recommendations to the ACHW TLC if the issue involves health and safety.
    - c. If the quality issue is not addressed in the time frame indicated in the action plan, the process to cancel the room hire agreement - clause 3.2.6.a. - is implemented.
  8. If the External Clinic is notified or found to be in breach of any regulatory requirements:
    - a. the External Clinic must notify the Head of School, ACHW of the regulatory authority's communication, and the Head of School, ACHW will notify the WHS Committee (for WHS related breaches) or ACHW TLC (for non WHS related breaches);
    - b. the Head of School, ACHW contacts the regulatory authority regarding the extent of the breach and the authority's plans in regard to how this breach will be handled;
    - c. the Head of School, ACHW notifies the WHS Committee or the ACHW TLC, depending on the type of breach, and the WHS notifies the TLC if the breach involves health and safety;

- d. the External Clinic is not used until ACHW receives written confirmation (from the regulatory authority, not the clinic) that confirms the regulatory authority has deemed the External Clinic to now be compliant with Regulations; and
  - e. if compliance with regulations does not occur in the timeframe required by the regulatory authority, the agreement with the clinic is cancelled.
9. Whenever an External Clinic agreement is cancelled or is not used while a quality issue is being addressed, the National Clinic Coordinator ensures that students are not negatively impacted, by arranging an alternative venue or rescheduling the timing of the clinical workshop.
10. Facilitators must ensure that students are kept informed of changes and that all efforts are made to deal with student concerns.

### 3.3 Student attendance in clinics

1. As part of the application process to the course, students are notified they must produce evidence that they have had Hepatitis B immunisation before they can attend External Clinics. This requirement is also notified to students via the Student Handbook and in the Registration Form for Attending Clinical Workshops.
2. Students must provide the evidence of Hepatitis B immunisation to the Clinical Coordinator at least 1 week prior to the commencing date for the clinical workshop. Students will not be allowed to attend External Clinics if this evidence is not provided.
3. Students must complete the Registration Form for Attending Clinical Workshops and provide this to the National Clinic Coordinator at least 1 week prior to the commencing date for the clinical workshop. This form provides the information needed to ensure the number of students attending the workshop matches with the capacity requirements of facilities. If this form is not completed and provided to the National Clinic Coordinator, the student will not be included on the list of students authorised to attend the clinical workshop, even if they have complied with the immunisation requirement, and may be turned away if the facilities are full.
4. The National Clinic Coordinator provides confirmation of the student's immunisation and registration to the Facilitator supervising the clinical workshop.
5. Students who have not met the requirements for attending a clinical workshop - refer to 3.3.2 and 3.3.3 - will have the option to attend in the future provided they meet the requirements.

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### 3.4 Inducting students and staff to a clinic

1. ACHW's dedicated Clinic Information webpage provides links to the Student Handbook, the Clinic Work Health and Safety Manual and the Clinical Quality Assurance Framework.
2. Students are provided with the dates, times and location of the clinical workshops by the National Clinic Coordinator.
3. Facilitators conduct a clinic induction at the beginning of the clinical workshop that includes a tour of the location and facilities, and a brief on health, safety and emergency procedures.
4. A detailed staff and student induction checklist is set out in the Clinic Quality Assurance Framework and must be signed off, in both cases, by the National Clinical Coordinator. It includes:
  - a. discussion of the Clinic Work Health and Safety Manual
  - b. information about infection control;
  - c. management of sharps injury;
  - d. hand washing and hand hygiene;
  - e. implementing standard and additional precautions; and
  - f. information about how to prevent disease through serology and immunisation.

### 3.5 Privacy in clinics

1. The rights of every client are to be respected. All information collected by ACHW and TPPs in providing a service is deemed to be private and confidential.
2. ACHW complies with Federal and State privacy regulations including the Privacy Act 1998 and the Privacy Amendment (Private Sector) Act 2000.
3. Under no circumstances are ACHW and TPP staff or students to discuss or in any way reveal client conditions or documentation to unauthorised staff, colleagues, other client, family or friends, whether at the clinic or outside it, such as in the home or at social occasions.
4. All ACHW and TPP staff and students are aware of confidentiality requirements for all client encounters and recognise that significant breaches of confidentiality may provide grounds for disciplinary action which may result in dismissal or exclusion from study.

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### 3.6 Clinic clients and informed consent

1. The National Clinic Coordinator promotes the clinics, books the client appointments, and prepares the information given to clients.
2. All ACHW staff and students must inform their clients of the purpose, importance, benefits, and risks of all treatments. Clients need to receive sufficient information to allow them to make informed decisions about their care.
3. When communicating to client the risks, benefits, importance and purpose of proposed treatments or investigations, the following factors are taken into consideration:
  - a. language barriers including written material in languages other than English;
  - b. the client's ability to provide comprehensive understanding and informed consent; and
  - c. issues of personality, personal fears and expectations, beliefs and values.
4. Where ACHW staff and students use written material including diagrammatic representations to assist the client to understand the proposed treatments/investigations, records are made in the client's health file.
5. Clients must also be advised of possible costs involved, including additional out-of-pocket costs, for procedures, investigations and treatments conducted on site prior to them being conducted.
6. Clear communication must be provided about the potential for out-of-pocket costs including any unexpected developments and the possible costs of additional treatments or procedures before proceeding.
7. All advice relating to the proposed clinical care of a client must be provided by ACHW staff and students who have adequate training to supply such information.
8. Consent to a procedure must be provided by the client in order for the procedure to go ahead.

### 3.7 Health, Safety and Infection Control in Clinics

1. A detailed Clinic Work Health and Safety Manual is available to staff and students.
2. Students in External Clinics are supervised by ACHW Facilitators at all times.
3. All pieces of equipment have operating procedures and are tested for electrical safety.
4. Risks and hazards are managed in accordance with the Clinic Work Health and Safety Manual.

5. Students and staff must report any incidents in accordance with the process outlined in the Scentia Group's Health, Safety and First Aid in the Workplace Policy and Procedure. External clinics may also provide protocols.
6. Client incidents must be managed according to the Client Incidents and Injury and Adverse Client Events Procedure in the Clinic Quality Assurance Framework.
7. Students and staff must manage infection risks in accordance with the Infectious Diseases and Infection Prevention and Control Policy and the infection control procedures within the Clinic Work Health and Safety Manual.
8. Critical incidents are managed in accordance with the Critical Incidents Policy and Procedure.
9. Facilitators must open and close clinics daily in accordance with the Clinic Opening Checklist which requires checking of health and safety compliance at the beginning and end of a day.

### 3.8 Clinic equipment

1. Before the commencement of each clinical workshop, ACHW assesses whether the External Clinic has the required equipment at the standard required. If the clinic does not have this, the ACHW National Clinic Coordinator sources the equipment.
2. All equipment in External Clinics contain specific hazards. Each piece of equipment has an operating manual which must be complied with. Students are always supervised when using equipment.
3. Procedures for each piece of equipment are provide in the Equipment Procedures manual which is standardised across all External Clinics and complies with Australian standards as required. In addition, External Clinics provide other information as required.

## 4.0 DEFINITIONS

- **External Clinics** - clinics not owned by ACHW, which ACHW has an agreement with to use the clinic's facilities for teaching specific clinical skills.
- **Informed Consent** - agreement or permission to do something from an adult who has been given full information about the possible effects or results of what is being asked, for example, consent for a medical procedure.
- **Third-Party Partner (TPP)** - an organisation, other than ACHW, providing education services to students on behalf of ACHW, such as delivering an ACHW unit or course.



## 5.0 REFERENCES AND ASSOCIATED INFORMATION

- ACHW documents specifically for clinics
  - Australian Standard on Laser Safety
  - Clinic Opening Check List
  - Clinical Quality Assurance Manual
  - Clinic WHS Manual
  - Equipment Procedures
  - Registration Form for Attending Clinics
- Australian Privacy Principles (2014)
- Critical Incidents Policy
- External Clinics Policy
- Health, Safety and First Aid in the Workplace Policy
- Higher Education Standards Framework (2021)
- Infectious Diseases and Infection Prevention and Control Policy
- Privacy Act (1998)
- Staff Code of Conduct
- [State-based Work, Health and Safety Acts and Codes](#)
- Student Code of Conduct
- Work Health and Safety Act (2011) (Commonwealth) and Regulations

## 6.0 POLICY/PROCEDURE OWNERSHIP

Policy Owner	Head of School, ACHW
Status	New
Approval Authority	ACHW Academic Board
Date of Approval	14 September 2021
Effective Date	07 October 2021
Implementation Owner	Head of School, ACHW
Maintenance Owner	Senior Policy and Compliance Officer
Review Due	August 2024
Content Enquiries	Candice Heskey - Head of School, ACHW Email: <a href="mailto:cheskey@achw.edu.au">cheskey@achw.edu.au</a>

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## 7.0 AMENDMENTS

Version	Amendment Approval (Date)	Amendment Made By (Position)	Amendment Details
C26.0-P26.0	14/09/2021	ACHW Academic Board	New Procedure