**WORK INSTRUCTION**

# Onboarding External Research staff at CAHS

| Scope (Staff): | CAHS Staff and other external research collaborators (e.g. Telethon Kids Institute, University staff, sponsor monitors) |
|---|---|
| Scope (Area): | Research Department |

| This document should be read in conjunction with this [disclaimer](#) |
|---|
| Research Policy (TBC) |

## Purpose

To enable external researchers to work on site at PCH, to access space, patients or health data (e.g. the Digital Medical Record) there are several tasks that may need to be completed by the new starter. Once completed the Clinical Researcher is then "authorised" so may work in clinical/patient facing areas at PCH.

It is the responsibility of the Principal Investigator that any staff working on the study have appropriate access and training requirements completed before the staff member has contact with patients and their data. Questions can be directed to email: [PCHChildHealthResearchAdministration@health.wa.gov.au](mailto:PCHChildHealthResearchAdministration@health.wa.gov.au)

| Task |
|---|
| 1) CAHS Health Screening *(e.g. sent by TKI HR)* – *required for patient contact* |
| 2) Working with Children Check Card – *required for patient contact* |
| 3) Non-CAHS Staff Training Requirements |
| 4) Research Clinic D Induction and Orientation *(N/A currently)* – *for Clinic D access* |
| 5) Health Computer Access *(HFN-030)* & System Access (inc DMR) |
| 6) Swipe Card Access |
| 7) Access for Sponsor Monitors |

## Definitions

**Principal Investigator (PI):** the individual that takes overall responsibility for the conduct of the research project.

## Instructions

1) **CAHS Health Screening**

- TKI employee completes CAHS Health Screening Pre-Commencement Assessment form [Health Screen for non CAHS Employees and Volunteers](#) and submits to [HealthSafetyWellbeing@telethonkids.org.au](mailto:HealthSafetyWellbeing@telethonkids.org.au) at least 3 weeks prior to any patient contact. Workplace safety should then send onto CAHS Staff Health.

  Health Screen for Non CAHS Employee

- Staff member contacted directly by CAHS Staff Health if serology and/or vaccination is required and TKI cover the costs associated.

- Clearance sent to TKI, PCH Child Health Research Administration and individual by CAHS Staff Health. Final record kept by TKI.

- Staff cannot commence seeing patients until they have been cleared by both OSH and Staff Health, this is mandated by CAHS policy.


2) **Working with Children Check**

Child and Adolescent Health Service (CAHS) in accordance with the WA Health Working With Children Check Policy (the WA Health Policy) and to operationalise the legislative requirements of the WA Working with Children (Criminal Record Checking) Act 2004, therefore requires that all personnel working in client facing areas at PCH, regardless of employee to undertake a Working with Children Check (WWCC)

To do our checks, we require to sight one of the following:

- a copy of the WWC Card; or

- an Australia Post receipt showing that a WWC Card has been applied for; or

- a copy of an email to the individual from the WWC Screening Unit noting their application has been processed and they will receive their card within 3 weeks; or

- a copy of the letter their employer has received advising that their application has been approved and a copy of the WWC card will appear within the letter.

A copy of the WWC Card must be emailed to

[PCHChildHealthResearchAdministration@health.wa.gov.au](mailto:PCHChildHealthResearchAdministration@health.wa.gov.au)  once approved to validate.

Whilst we have oversight of WWC Check compliance at CAHS, it is the responsibility of external agencies to ensure their clinical researchers are compliant with the Act. Evidence is required, as per the above, before individuals will be permitted to work in clinical areas and / or child-related work at PCH. This applies for the initial application and subsequent renewal notices.

Three months prior to the expiration of an individual's WWC Card, the individual will receive a reminder letter from the WWC Screening Unit requesting that they re-apply for a new card if they wish to continue in child-related work. Card holders should re-apply at least one month before their WWC Card expires. External agencies are responsible for advising their staff about renewal for WWC Checks and co-signing the application forms for them.

## 3) Non-CAHS Staff Training Requirements

The only access to some of the training is via the CAHS SharePoint site (need access to the PCH intranet) for external (e.g. TKI or University) personnel and they will need a HE number to access the links below (see Section 5 below).

| Mandatory | Frequency | Time (mins) |
|---|---|---|
| Emergency Management PCH (Theory) | Annual | 30 |
| Emergency Management (Walkthrough) | Annual | 15 |
| Hand Hygiene | Annual | 20 |
| Infection Prevention and Control | Once | 30 |
| Basic Life Support or Hospital Paediatric Life Support (Theory)* | Annual | 30 |
| Basic Life Support or Hospital Paediatric Life Support (Practical)* | Annual | 15 |
| Good Clinical Practice (GCP)** | Every 3 years | 60-120 |

*Basic Life Support- Postdoctoral Researchers, Scientists, Research Assistants

*Hospital Paediatric Life Support- Medical Doctors, Nurses

**Onboarding/Safety Skills Training for Agency staff, Volunteers, External Contractors and NGO's** (HealthPoint: [Onboarding Training for Non-Health Employees](#))

The following training must be completed to meet the minimum safety and induction requirements for CAHS:

a) **Emergency Management Theory** - this version has been edited for Agency staff, Students, Volunteers, External Contractors and NGO's.

b) **Take 5s** - link to downloadable Take 5 resources.

- [NSQHS 3 Hand hygiene](#)
- [NSQHS 3 Staff Health: COVID screening](#)
- [NSQHS 3 Staff Health: When can I go to work?](#)

c) **Hand Hygiene Australia** - link to external online course and required by all CAHS workers. Select 'I want to set up a new NHHI LMS profile to do online training'. Register for an account in your name.

d) **Manual Tasks Theory** - as offered to all CAHS workers.

e) **CAHS Online Induction** - as offered to all CAHS workers.

f) Life Support – Theory

- BLS/HPLS certification - must be completed prior to any patient contact e.g. TKI Governance ([ResearchGovernance@telethonkids.org.au](mailto:ResearchGovernance@telethonkids.org.au)) have the quiz and then send through to [PCHChildHealthResearchAdministration@health.wa.gov.au](mailto:PCHChildHealthResearchAdministration@health.wa.gov.au) to score.

g) CAHS Emergency Preparedness Theory - must be completed prior to going into any patient areas at PCH. For non-CAHS employees the training can be accessed via the following link [http://www.health.wa.gov.au/elearning/emergency_preparedness/story.html](http://www.health.wa.gov.au/elearning/emergency_preparedness/story.html).

h) GCP – Individual seeks own training. Must be completed prior to the start of any research project involvement. There are numerous accredited Good Clinical Practice (GCP) courses available, which vary in time commitment, depth of knowledge and cost. The level of required training may depend on the roles and responsibilities that are delegated to team members for each specific research project and should be determined by the CPI/PI.

Once all mandatory modules are complete, evidence of successful completion needs to be sent to [PCHChildHealthResearchAdministration@health.wa.gov.au](mailto:PCHChildHealthResearchAdministration@health.wa.gov.au).

### *Recognition of Prior Learning (RPL)*

The Clinical Researcher may be eligible for Recognition of Prior Learning (RPL) for training/certification completed at other WA Health Service Providers (HSPs) or WA State Public Sector.

To apply for RPL a **Request form** needs to be completed by the Clinical Researcher or email CAHS Safety Skills Training CAHSLDCSSTF@health.wa.gov.au and attached copies of their training record/transcript or completion certificates.
Certificates that are dated more than two years prior to the date of application will not be eligible for RPL.

The following training courses are eligible for RPL assessment, and some may be subject to approval by the area of speciality:

- Aboriginal Cultural eLearning 2021
- Accountable and Ethical Decision Making
- Aseptic Technique
- BLS/HPLS (some Practicals)
- Blood Safe Australia
- **Central Venous Access Device (CVAD)**
- Essential Cyber Security
- Food Safety
- Hand Hygiene
- Languages Services
- Mandatory Reporting of Child Sexual Abuse
- Manual Tasks (some Practicals)
- Medication Safety
- My Health Record
- Open Disclosure
- Prevention of Workplace Violence and Aggression
- Recordkeeping Awareness Training
- Safe Infant Sleeping
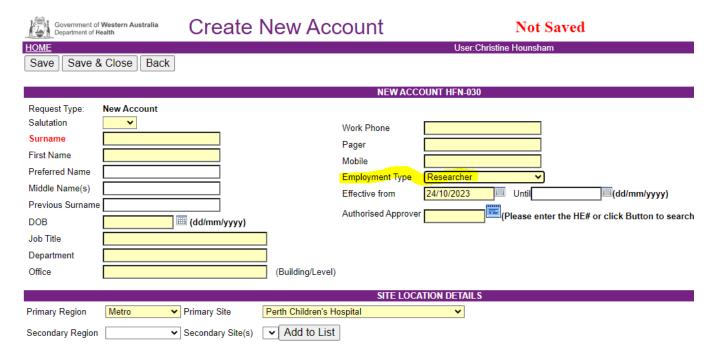- WA Mental Health Act

## 4) Clinic D induction

The Research Department provides a face-to-face Induction and Orientation program once mandatory training and health screening is complete. Note: currently the program is not being provided but clinic D access will be granted with induction to be completed later.

**5) Health Computer Access**

**HE Number & System Access (e.g. DMR)**

An eHFN-030 needs to be completed for Requesting a New Account with the Clinical Researchers details. The Principal Investigator (or CAHS supervisor) may be listed as the Authorised Approver unless DMR access is required (see more information below).

The Clinical Researcher will need to provide the following information for a New Account to be created:



Points to note:

- Only use Salutation "Dr" if medical doctor, as confuses allocation of iLearn training. See procedure *Non-CAHS staff access to iLearn* for explanation.
- Department is the CAHS Clinical department responsible for the person. Please list the external organisation (e.g. TKI, UWA, Curtin) in the free-text field.
- Office PCH then level e.g. PCH level 6 West
- Employment Type "Researcher"
- Maximum length of access is 2 years
- Yellow areas are mandatory although only one is required for Work Phone, Pager or Mobile
- Select Site Location and Queue Manager then submit
- Primary Region is Metro
- Primary Site is Perth Children's Hospital

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*Note: Allocation of a HE number does not provide non-health employees with a health email or Office 365 applications.  If a non-health employee requires a health email account, then a HFN-070 form will need to submitted to purchase an Office365 license. Before HSS will process, a CAHS cost centre needs to be added to the form with the signature of the cost centre approver.*

**DMR Access:**

If DMR Access is required, choose Application Group 'Core' and Application Name: 'DMR / BOSSnet'

- Site: Perth Children's Hospital
- Access Levels: Non-Clinical Access (read only)*
- Roles: Researcher

This access is "read only" in line with the licensing agreement for CAHS DMR; external staff are not able to enter information directly into the DMR.

The HFN-030 must be approved by Director Research Operations (Alexandra Robertson, [Alexandra.robertson@health.wa.gov.au](mailto:Alexandra.robertson@health.wa.gov.au)) as a delegate of the DMR Custodian (Executive Director Medical Serivces, Simon Wood). Please ensure the following is added to the free text box or the request will be declined:

- Organisation (e.g. TKI, UWA, Curtin etc)
- CAHS Line Manager & Department (i.e. the person the staff member is responsible to)
- RGS number (for approved studies they will be working on)

*If the role requires a clinical access level e.g. Nursing, then this must be approved by the CAHS clinical Head of Department who must ensure the staff are appropriate trained and credentialed for a clinical role.

| CHANGE ACCESS FOR OTHER HFN-030 | | |
|---|---|---|

Request Type: **Change Access For Other**

Salutation [ ▾ ]   HE # [        ] [icon]

**Surname** [        ]   Employee Number [        ]

First Name [        ]   Work Phone [        ]

Pager [        ]

Mobile [        ]

Job Title [        ]   Employment Type [ Researcher ]

Department [        ]   Effective from [ 25/10/2023 ] Until [        ] (dd/mm/yyyy)

Office [        ] (Building/Level)   Authorised Approver [        ] [icon] (Please enter the HE# or click Button to search by name)

| SITE LOCATION DETAILS |
|---|

Primary Region [ Metro ▾ ] Primary Site [ Perth Children's Hospital ▾ ]

Secondary Region [ ▾ ] Secondary Site(s) [ ▾ ] [ Add to List ]

| APPLICATIONS / COMPUTING RESOURCES | | |
|---|---|---|

Please select the application to add using the drop down list below. (Please wait until it populates on the form before continuing)
Multiple applications can be added by repeating this process for each application. If an application has been selected in error, please use the Delete button for that particular application.

Application Group: [ Core ▾ ]   Application Name: [ ▾ ]

| Application | Description | Sites | Access Levels | | |
|---|---|---|---|---|---|
| DMR / BOSSnet | Only select site(s) where you physically work. Users will have access to all DMR records for all sites. | Perth Children's Hospital / Pingelly Health Centre / Plantagenet Hospital / Quairading Hospital / Ravensthorpe Health Centre | Clinical Admin / Helpdesk / Medical Staff / Non Clinical Access / Nursing Staff | Roles | NurseWest / Pharmacist / Read only access / Researcher / Student | Delete |

\* MultiSelect: Hold down Ctrl to select multiple items.   \* SingleSelect: Select an item.   \* SingleSelect: Select an item.

## 6) Swipe card access

The above HFN-30 form can also be used to request swipe care access.

Note: TKI employees will have their own swipe access badges to which an area or department of PCH may added with the appropriate approvals. These swipe cards are managed by TKI Facilities Management (not PCH Security).

Once training, WWC, health screening, induction, etc is completed access can be arranged via TKI Facilities; for Clinic D access this will be done by the Research Department.

*Other Areas at PCH*

If swipe access to other areas of the hospital is required, then permission needs to be granted by the manager of that area (may then be added to the TKI swipe card) e.g. access to wards then the Clinical Nurse Manager of that ward needs to grant permission. It is the researcher's responsibility to find out who the manager is for the area(s) that they wish to access. The researcher should email the manager directly requesting access and the manager will need to provide an affirmative response before it can be added to the card.

Note: not all managers will grant access for non-CAHS staff to freely enter the ward/department. For the wards there is a buzzer entry which can be used, the same way that any visitor to the ward enters.

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Note for TKI staff: once the approval email is received then the TKI Facilities Team should be contacted as per process detailed above for the area to be added to the card. The approval email should be attached to the request.

**7) DMR Access for Sponsor Monitors**

For an external monitor to gain access to DMR, an HFN-030 must be completed to seek a HE number (if not already provided) and access to the DMR. The monitor must be given RESTRICTED ACCESS only to the participants who have consented to the study. Monitor access is granted for a period of 12 months. Thus, please add to the free text field:

- RGS number (for the approved study being monitored)
- Sponsor organisation (to be matched to the CTRA)
- "Restricted Access"
- "MRN numbers" of each consented participant

The HFN-030 request must be signed off by the **Clinical Trials Liaison Officer (Research Governance) –** su.min@health.wa.gov.au

Please allow **10 business days** for the approval of new monitors. Monitors must complete the DMR training prior to their first visit: DMR Guide for Clinical Users - Overview | Rise 360 (articulate.com)

For subsequent monitoring visits, to add the additional consented participants, please email CAHS.RGO@health.wa.gov.au with the following information:

- Monitor name and HE number
- RGS number
- "MRN numbers" of each consented participant

Alternatively departments with a "DMR Research Coordinator" may add their own participants to their monitor profiles.

# Compliance & Monitoring

Research at CAHS is monitored as per the NHMRC National Statement on Ethical Conduct in Human Research and the CAHS HREC CAHS HREC Standard Operating Procedures.

| Related internal policies, procedures and guidelines |
|---|
| Research policy (TBC) |
| Investigator Responsibilities in Research Policy (TBC) |
| CAHS HREC Standard Operating Procedures (SOPs) |
| Clinical Forms (health.wa.gov.au): MR112.0 & MR111.0 forms |
| HSS Generic Account Creation and Monitoring Procedure |
| HSS Information and Records Management Policy |
| Acceptable Use of Information and Communications Technology Policy |
| CAHS Access and Use of Health Records |

This document can be made available in alternative formats on request for a person with a disability.

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