



Professional Development Pathway for In Charge of Shift Registered Nurses and Midwives (ICOS)

South Western Sydney Local Health District
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SWD23/140256

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The Professional Development Pathway for In Charge of Shift (ICOS) Registered Nurses and Midwives

Introduction

The ICOS Professional Development Pathway aims to enhance the skills and knowledge of in-charge nurses and midwives. It serves as a guide for structured conversations between the RN/RM and their manager, facilitating competence development. The annual Performance Development Review could be used to identify readiness and willingness to commence the pathway.

The pathway begins with a meeting between the line manager and RN/RM to **discuss and sign the role details statement**, outline roles, set goals and expectations, and establish timeframes. Activities include partnering with experienced ICOS RNs and working under senior guidance.

While the pathway addresses overarching ICOS responsibilities, specialty-specific development is acknowledged through regular reporting between the RN/RM and the line manager. Completion of the pathway is considered a key step in succession planning for the RN/RM's career development.

Transforming Your Experience

The Pathway supports Focus Area 4. Effective Leadership and Empowered Staff in the Transforming Your Experience (TYE) Implementation plan 2017-2023 and provides a framework for ICOS to develop skills and achieve their full potential.

Target audience

Current or aspiring in charge of shift registered nurses and midwives. All ICOS currently undertaking the role will be required to enrol in the pathway. Their manager should meet with the RN/RM experienced in the ICOS role and assess the face-to-face requirements. Many of these may already be accomplished through previous experience in the role, and thus can be signed off by the line manager after discussion with the RN/RM.

Purpose

The purpose of the Pathway is to support career progression and succession planning as well as serve as a resource to guide professional development and maximizing safe patient care through competent leadership in the ward afterhours. It has been developed specifically to:

1. Provide clear expectations of the role with supports and guidance available to assist the RN/RMs to undertake the role of ICOS and clearly outline the accountabilities and responsibilities of the role in the "Role Details Statement."
2. Provide as much consistency of expectation across the district sites and services in relation to processes and practices of the ICOS and provide a clear support document to guide the novice ICOS
3. Be a living document that is updated as changes occur to the role and allow for modifications to the guidance in relation to each site and service need.
4. Provide a clearly documented pathway for registered nurses and registered midwives to develop their leadership skills and progress to the next level of leadership in the succession planning process of SWSLHD (South Western Sydney Local Health District) should they wish to do so.

In Charge of Shift Role

The importance of the ICOS role cannot be overstated, and this RN/RM is responsible for the safe running of all aspects of the ward management for 76% of the week in the absence of the NUM/MUM who are present on average for 24% of the week.

The level of confidence of the ICOS in being able to manage coordination of safe quality care in the ward / department needs to be as high as possible. The provision of a documented resource and education process on this role is vital to ensure that our nursing and midwifery vision of Safe Compassionate Care, Always is realised no matter who oversees the ward/department.

Consistency of expectation and practice is a strong focus of this guiding document. Any additions needed to meet the needs of the individual ward/dept should be added to the document to ensure that the training is relevant and targeted.

ICOS Professional Development Pathway Documents

Within this pathway, the following documents are provided to ensure that the ICOS has the information required for clarity on expectations, and support and guidance to undertake the role.

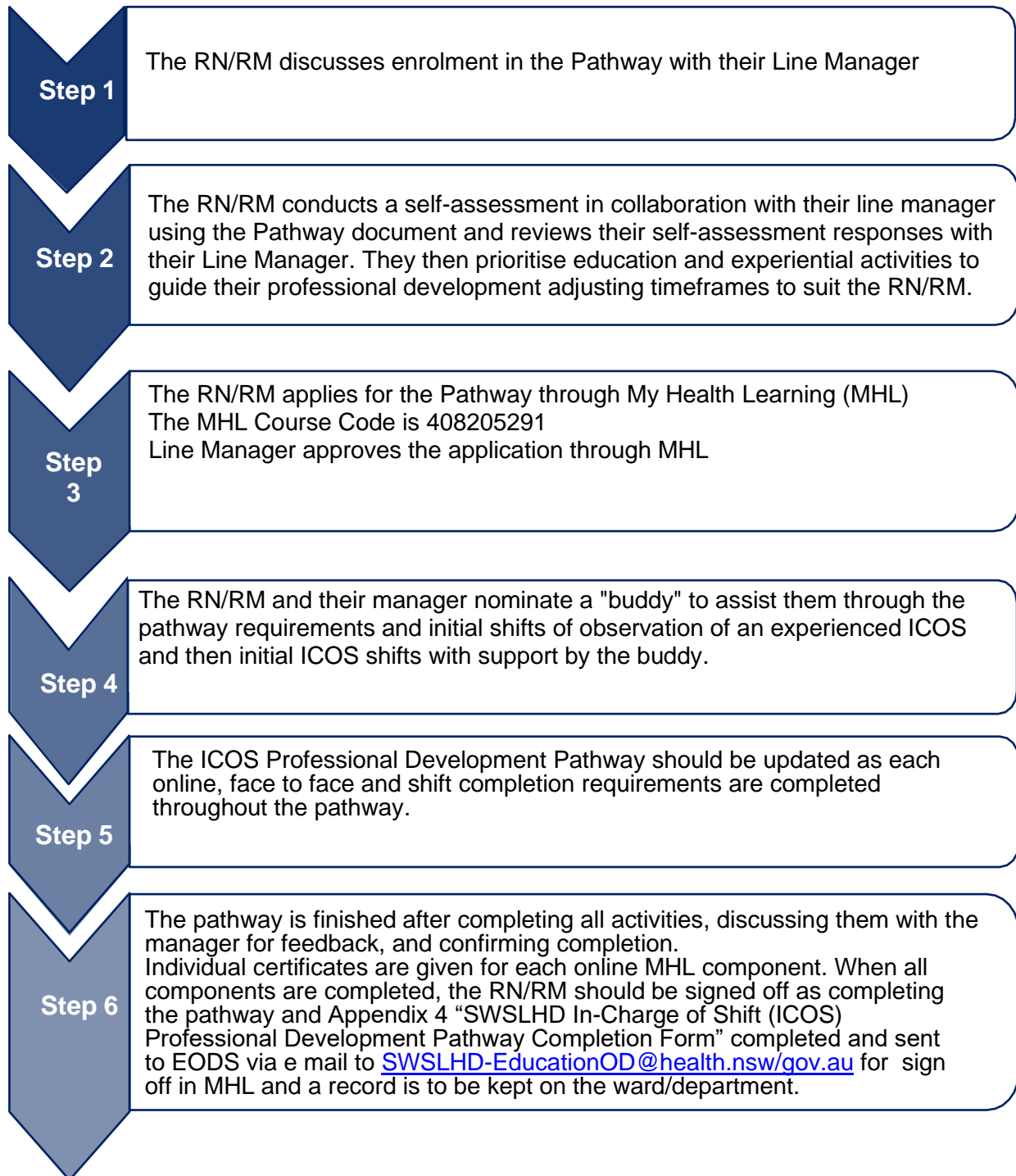
ICOS Role Details Statement SWD23/123182 – Appendix 1

Novice ICOS Checklist Guideline/Resource for initial shifts as ICOS SWD23/146484 – Appendix 2

ICOS Issues for Escalation to the AHNM or relevant senior manager SWD23/146488 - Appendix 3

SWSLHD In-Charge of Shift (ICOS) Professional Development Pathway Completion Form
SWD24/56325 – Appendix 4

Enrolment Process for RN/RMs to Enter the Pathway



Learning Outcomes

It is expected that by working through the Pathway within six months of commencement of the pathway that the ICOS will be able to

- Perform the requirements of the role of ICOS.
- Act as a mentor for others and provide strong and confident leadership to the teams during their shift.
- Advocate for nursing and or midwifery while working collaboratively with all the multidisciplinary teams.
- Show evidence of professional development in this initial career pathway.
- Complete all components of the pathway.

Evaluation

On completion of the pathway the participant will be invited to undertake an evaluation of the process via team's survey so that there can be contemporaneous feedback to assist ongoing review and improvement to the pathway process.

References

- SWSLHD In Charge of Shift Registered Nurse/Midwife Role Details statement SWD24/038194
- SWSLHD Nursing and Midwifery Succession Planning Framework - SWD24/38051
- Nursing and Midwifery Management Framework – SWD20/19199
- [Public Health System Nurses and Midwives \(State\) Award 2023](#)

Where to from here?

Once the RN/RM is proficient and signed off as able to undertake the role of ICOS for the ward/department there can be a progression to the next level of succession planning in SWSLHD. There are four primary areas of career pathway that the ICOS can consider during their career development. Discussion with the line manager would be advised to enable the ICOS to consider next career development goal with SWSLHD should they wish to do so. The four paths include: Clinical, Management, Research and Education.

Abbreviations

Abbreviation	Description
SWSLHD	South Western Sydney Local Health District
TL	Team Leader
TYE	Transforming Your Experience
RN	Registered Nurse
RM	Registered Midwife
ICOS	In Charge of Shift
AHNM	After Hours Nurse Manager
NM	Nurse Manager
ONM	Operational Nurse Manager
NUM	Nurse Unit Manager
MUM	Midwifery Unit Manager
EODS	Education and Organisational Development Service
EPJB	Electronic Patient Journey Board
PFP	Patient Flow Portal
MoH	Ministry of Health
eMR	Electronic Medical Record
CRC	Clinical Review Call
MET	Medical Emergency Team

The ICOS Professional Development Pathway Checklist

Staff Member's Name	
Staff member's current position	
Manager's Name	
Manager's Position	
Staff member's career goal if known	
Pathway Commencement Date and date of completion date goal	
Review meetings	

Support "buddy" Name: _____
(Senior ICOS RN/RM)

CONTACT: _____

Role Details Statement (Appendix 1) - SWD24/038194 provided to the RN/RM discussed and signed:

Staff Member Signature: _____

Manager Signature: _____

The timeframes for the Professional Development Pathway will be determined through discussions between the line manager and RN/RM, considering the RN/RM's experience level. If the RN/RM has prior experience, face-to-face requirements may be fulfilled, and competency can be assessed within six months of starting the pathway. Regardless of experience, all online courses must be completed.

An assigned support RN/RM ("buddy") must be knowledgeable about the pathway requirements. The buddy will initially work as the ICOS for the novice, allowing observation and learning. Subsequently, the buddy will support the novice for up to two weeks when the novice is in charge. Regular feedback from the buddy to the novice, whether immediate or post-shift, is crucial for the novice's learning and skill development.

ICOS Professional Development Pathway with Actions Required to Complete the Pathway

Subject Area	Online Modules	Completed
People Management	Manage and develop people (463413912) This module is part of the pathway called People Manager Fundamentals Program – Learning Pathway (464198639)	
Disaster management / Emergency Procedures	-Introduction to Health Emergency Management and Emergency Procedures (133766564) 30-40min	
Team building and communication	Communication during challenging situations (39966618) 30min	
Conduct Safety Huddles	Post incident safety huddles (221824316) 15min	
Coroners Cases	Verification of Death (98564783) 30min	
Duress calls and managing challenging behaviours	1. De-escalate aggressive behaviours (144147947) 25-30min 2. Manage aggressive behaviours (144148433) 25-30min	
Handover and Managing Staffing	1. Clinical Handover: Think, Talk and Write ISBAR (39831743) 45min 2. Clinical Handover (47857717) 25min	
Manage own patient workload and team leading	Managing your time (39966622) 30min	
Manage Patient Flow/ Journey Board	Key Principles of Smooth Patient Flow (40382709) 30min	
Managing Teams	1. Emotional Intelligence (93450040) 40min 2. Team Work – Personalities and Flexible Team Interactions (39966579) 45min	
Leadership	Introduction to Mentoring (58519943) 30min	
Self-care	Building Individual Resilience (1299044928) 45min	

Role Details Statement heading	Skills and behaviour development	Relevant Resource	Development actions if necessary	Completed/Competent Date and signature of line manager
N/A	Clinical Experience in the relevant ward/dept	Minimum of twelve months clinical experience or assessment by the NUM/MUM		
N/A	<ul style="list-style-type: none"> • Access to and competence with all relevant information systems (some will not be applicable) • Electronic Journey Boards • Internal “drives” • Downtime viewer • IMS+ • First Net / Surgi Net • PTS bookings for transport • Other 	PFP Resources and QRG's ICOS checklist for the PDP		
Leadership 1	Role Modelling and familiarisation of the <ul style="list-style-type: none"> • CORE Values • NSW Health Code of Conduct • Transforming your Experience 	NSW Health Code of Conduct TYE SWSLHD		
Leadership 3	Escalation of relevant issues to appropriate senior managers, i.e. AHNM (After Hours Nurse Managers)	Issues for escalation to the AHNM or relevant Manager SWD23/146484 (Appendix 2)	Ensure RN/RM has access to the Escalation document and can identify issues to escalate to the AHNM and or NUM/MUM	
Quality and Safety 7	Ensure awareness of	QARS intranet site	Ensure understanding and access/knowledge of the ward/dept auditing schedule and process.	

Quality and Safety 6	Ensure staff compliance to infection control policy	MoH Infection Control Policy	Ensures that the ICOS is familiar with – 1. Five moments of hand hygiene 2. Hand hygiene auditors and their role 3. Hand Hygiene Auditing periods 4. Cohorting of patients appropriately 5. General infection control principles outlined in the policy	
Quality and Safety 8	Bedside handover	SWSLHD Multidisciplinary Teams: Clinical Handover and Transfer of Care TYE Clinical Handover – Safety Essentials Any individual ward/dept expectations	Ensures that the ICOS oversees bedside handover of all patients	
Quality and Safety 9	Ensures IMS+ are attended on all incidents and near misses	IMS+		
Quality and Safety 9	For HARM score 1 – undertake a safety huddle as needed	TYE Safety Huddle Information	Ensures that the ICOS can undertake a post falls huddle or other post incident huddle and escalate incidents appropriately at the time of the incident	
Quality and Safety 10	Manage complaints within policy in a timely manner with the aim of resolution at the point of contact with the complainant	MoH Complaints Management Guidelines MoH Compliments Management	Ensure understanding of complaints process for the ward/dept and the importance of deescalating complaints at the time of concern raised by the patient/visitor Ensures that the ICOH knows the process of compliments communication to the NUM/MUM and team afterhours	
Operational 12	Patient flow	<ul style="list-style-type: none"> • PFP QRG for users • Script for Afterhours Bed Meeting 	Work with the ICOS re: processes for patient flow for the unit including ensuring access and use of the ePJB, declaring beds immediately, cohorting of patients.	

Operational 14	Admissions and discharges	Ensure ICOS has access to any specific ward/department processes re admissions/discharges	Discuss the ICOS role in overseeing admissions and discharges depending on the skill and experience of the rest of the team	
Operational 13 & 15	EJB use for patient flow and management	PFP Resources and QRG's Ensure access to PFP QRG information specifically: <ul style="list-style-type: none"> • Allocation of beds • Booking transport • Changing EDD • WFW management • Interward Transfer • Interhospital Transfer • Identifying 1 x 9 patients for the next day • Good to go • Discharge lounge • STEP plan update 	Ensure that the ICOS has been trained as per the PFP ICOS checklist relevant to your ward/dept	
Operational 15	Empty beds	N/A	Reinforce the importance of all staff communicating to the ICOS and then the ICOS declaring empty beds to the AHNM bed manager as discharges occur and not at the end of a shift	
Operational 16	Ensure that the S4/S8 keys are managed in accordance with the Poisons Act and policy	Poisons and Therapeutic Goods Act SWSLHD Medication Administration Policy	Ensure ICOS understands responsibility in management of S4/S8 keys and drugs Ensure ICOS knows the drug checking process and S4/S8 administration	
Operational 17	Ensure equipment checks are undertaken as per ward/dept policy	Management of SWSLHD Resuscitation Trolleys SWSLHD eMR Downtime Policy Cold Chain Management Policy	Ensure that the ICOS is aware of and can demonstrate knowledge of leading the team on the following checks: <ul style="list-style-type: none"> • Checking the emergency trolley/bag • Sepsis trolley checking • Checking the downtime viewer • Checking Oxygen and Suction • Checking medication fridges and the cold chain process 	

Operational 17	Any other checks that need to be done in the ward/dept specific to the area: <ul style="list-style-type: none"> Downtime procedure 	SWSLHD eMR Downtime Policy These will be specific to the ward/dept and should be added here Downtime procedure	Specific detail here from the NUM/MUM Can articulate the process for what to do in a downtime for eMR	
Operational 19	Be aware of the medical teams that are present after hours and follow up on orders and changes in treatment because of medical staff rounding		Ensure that the ICOS follows up on medical teams after rounding and ensures that management plans have been actioned.	
Operational 20	Increased supervision management	SWSLHD Assessment, Behavior Management and Increased Supervision of At-Risk Patients	Ensure that the ICOS knows how to review patients who have increased supervision and can follow the process necessary to continue the increased supervision or cease the increased supervision	
Operational 21	Harm Score 1 incident management follow up	TYE Safety Huddle Information	Ensure that the ICOS knows how to provide debriefing to staff should this be necessary after a Harm Score 1 incident if necessary	
Operational 22	Coroners Cases – initial management of same	MoH Coroners Cases and the Coroners Act 2009	Ensure that the ICOS knows the process for which deceased patients would require a coroners review and what the process is for following the policy	
Operational 23	Organ donation	SWSLHD Organ and Tissue Donation after Death policy	Ensure that the ICOS is aware of the organ donation process for the ward/dept, and has been afforded the policy	
Operational 24	Management of deteriorating patients	MoH Recognition of Deteriorating Patients	Ensure that the ICOS is confident in arranging a clinical review of a patient, and co ordinates any MET calls for the ward/dept Also ensure that the ICOS communicates expectations to the team re escalating clinical concerns to him/her for all patients	

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Operational 25	REACH calls management	CEC REACH Resources	Ensure that the ICOS can manage and document a REACH call as per policy	
Operational 16	Sourcing Medications after hours		Discuss with the ICOS the process for sourcing medications afterhours as per hospital policy	
Quality and Safety 9	Absconding patients	SWSLHD Absconded Patient – Inpatient Units and Emergency Departments	Ensure that the ICOS is familiar with the absconded patients policy and can follow the policy as needed including escalation of concerns	
Key Responsibilities	Respond to internal and external emergencies. White Level Inspection	Emergency procedure flipchart MHL White Level Inspections (114113696)	Ensure ICOS is familiar with the role of responding to internal and external emergencies and evacuation procedures. Ensure that the ICOS can undertake a white level inspection as per the site/service policy and document same.	
Workforce 26	Management of staffing – unplanned leave		Ensure that the ICOS can problem solve and replace unplanned leave taking into account skill mix, safe staffing, NHPPD and escalation of staffing concerns as per policy in conjunction with the after hours staffing manager or AHNM.	
Workforce 27	Management of staff behavior that is outside the Code of Conduct or CORE Values	NSW Health Code of Conduct	Discuss with the ICOS the expectations of “in the moment” feedback and difficult conversations and general management of behavior that falls short of the CORE values and Code of Conduct.	
Workforce 28	Monitoring of excessive staff workload		Discuss with the ICOS the need for regular rounding and welfare checking of the team members to identify any excessive workload issues	
Workforce 29	Redeployment of staff		Discuss with the ICOS the need for implementation of the redeployment of staff when appropriate or requested by the AHNM	

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Workforce 30	Compliance to NHPPD	NSW Nurses and Midwives Award	Ensure that the ICOS understands the basic principles of NHPPD and follows any instructions given to keep the NHPPD within the award requirements	
Workforce 31	Management of workforce injuries	Injury Management Process Liverpool Occupational Exposure to Blood and Body Fluids Management	Ensure that the ICOS has a basic understanding of the management of workplace injuries under the legislation. The need for an IMS+ and workplace injury notification and ensuring that the staff member has the relevant medical attention e.g. needlestick injury	
Workforce 32	Management of non-work-related injuries	Management of non-work-related injuries Premier Document 2010	Discuss the management of non-work-related injury with the ICOS and the need to escalate to the AHNM any concerns about the staff members presence at work if they appear unable to undertake the inherent duties of the role.	
Workforce 33	Management of return-to-work plans		Discuss with the ICOS the need to ensure that staff are following the return-to-work plan and following reasonable instruction	
Workforce 34	Scope of practice	Scope of Practice: EN RN RM	Discuss with the ICOS the need for diligence with ensuring that staff in the team work within their scope of practice. Manage or escalate any concerns of unresolved issues	
MISC	Staff support service communication	Staff Wellbeing & Support Service Webpage	Discuss with ICOS the importance of knowing when to refer staff under their supervision to the Staff	
MISC		EAP Policy	Wellbeing and Support Service. Ensure a supply of business cards for the service for the ICOS to hand to staff who have workplace or non-workplace issues in need of support.	
Pathway completion	Ensure that once commenced, the ICOS Professional Development Pathway is completed within six months.			

General Skill Development / Experience

Skill / Experience	Method	Timeframe	Progress Update or Unnecessary due to level of experience as an ICOS
Shadow with experienced ICOS buddy for a defined period (up to 2 weeks)	In person	Up to 2 weeks	
Undertake the ICOS role with support	In person	Up to 2 weeks	

A “Novice ICOS Shift guideline/resource” has been provided to utilise as necessary as a prompt during the initial shifts as a Novice ICOS. Refer to Appendix 3 - SWD23/146488

Role Details Statement- Appendix 1



OUR CORE VALUES

COLLABORATION OPENNESS RESPECT
EMPOWERMENT

*transforming your
experience*

Registered Nurse / Midwife In Charge of Shift

Role Details

The Registered nurse (RN)/ Registered midwife (RM) who is designated to manage a ward or unit during the day, evening or night shifts, when the Nursing/Midwifery Unit Manager is not rostered for duty. The in-charge is responsible and accountable for all aspects of clinical and operational management of the ward/unit and escalation of relevant issues throughout the shift.

This role works collaboratively with all levels of nursing, midwifery and the multidisciplinary team to provide guidance and support to the unit, ensuring that there is a focus on the provision of safe, compassionate and timely care for all patients.

Key responsibilities of the RN/RM in charge include:

- Leading and coordinating the team to provide safe patient care throughout the shift.
- Escalating issues of concern that are unable to be resolved or in need of more senior input for resolution.
- Address any issues of patient safety identified by members of the team, patients or visitors.
- Actively manage and support timely patient flow of the unit utilizing the electronic journey board (eJB).
- Ensure that safe and appropriate staffing is maintained across the shift, including allocations based on skill mix, with consideration for "Like for Like" award provision.
- Maintain close professional relationships with all staff across the service.
- Actively participate in own professional development and promote learning within the team.
- Support a positive workplace culture.
- Respond to any internal or external emergencies including undertaking white level inspections as necessary.

Leadership

1. Act as a role model to other staff members in accordance with NSW Health CORE Values, the Code of Conduct and Transforming your Experience.
2. Provide leadership as a resource person in all professional relationships, acting as a mentor.
3. Escalation of any issue related to the ward/unit to the After Hours Nurse Manager or other more senior nurse as appropriate.
4. Coordinate a risk huddle with the team at the commencement of the shift and/or as required.
5. Support and promote patient rounding.

Quality & Safety

6. Ensure compliance with infection control policy and procedures for all staff working in the unit.
7. Ensure that any QARS and other audits are undertaken on the shift as required.
8. Facilitate effective and timely bedside handover between shifts.
9. Ensure that any incidents or near misses are managed in a timely manner within policy i.e., IMs+ completion, post incident huddle, escalation as required.
10. Liaise with patients and families to acknowledge and address any compliments or complaints and escalate as required.
11. Manage and escalate any identified risk to patients or deviation from acceptable standards of care.

Role Details Statement- Appendix 1



Operational

12. Working with the team to ensure that patient flow occurs in a timely and consistent manner according to service need and attend any meetings as required.
13. Ensure that the eJB is updated and expectations documented in the "Patient Flow Portal Team Leader(TL)/In charge of shift (ICOS) Checklist".
14. Arrange and assess admissions and discharges as relevant to the unit.
15. Ensure that empty beds are **immediately** declared to the AHNM via the eJB and any patients allocated to the ward have a bed reserved on the eJB within half an hour of being allocated to the ward wherever possible.
16. Ensure that S4/S8 keys and drugs are managed in accordance with the Poisons Act and policy, in particular ensuring that the drugs are checked and accounted for and any discrepancies are escalated.
17. Ensure that equipment checks are undertaken according to ward/unit requirements. For example; emergency trolley / bag and other emergency equipment, downtime viewers, oxygen and suction, BGL machine, IV trolleys, medication fridges, sepsis trolleys, etc.
18. Ensure that medication fridges are checked as per policy.
19. Follow up with Medical Teams as required in relation to patient care management.
20. Ensure that any patient that has been identified as requiring increased supervision has been assessed, approved, documented and managed in accordance with the SWSLHD Increased Supervision Policy.
21. Escalate to AHNM the need for any safety huddles post Harm Score 1 and other significant events. Also consider debriefing requirements for staff.
22. Ensure that initial management of Coroners Cases is compliant to policy
23. Ensure that the Organ donation procedure is followed as relevant.
24. Leading and supporting MET Calls, managing clinical deterioration and ensuring that clinical reviews are arranged as necessary.
25. Appropriately respond to any REACH calls.

Workforce

26. Work with the relevant staffing manager (AHNM) to replace any unplanned leave as required to ensure that the ward/Unit is safely staffed.
27. Appropriately manage, escalate and document any staff conflict or inappropriate workplace behavior.
28. Monitor any excessive staff workload and manage any issues as required, escalating to the AHNM for support where necessary.
29. Support the redeployment processes as per requests by the AHNM according to relevant local processes.
30. Actively manage compliance with Nursing Hours per Patient Day (NHPPD) and appropriate skill mix.
31. Escalate to AHNM any workplace injuries and manage initial actions accordingly i.e. IMS+ and injury notification process after any medical care required is actioned.
32. When identified, escalate any work or non-work-related injuries to the AHNM or line manager and initiate initial actions i.e. IMS+, notification.
33. Upon discussion with the injured worker, ensure that staff maintain compliance with any Return to Work Plan that are in place following an injury.
34. Monitor nursing and midwifery classifications to ensure that staff are working to their scope of practice, e.g. EN, AIN, student nurse.

Learning & Development

35. Ensure that new staff, including redeployed, casual & agency, are orientated to the ward/Unit as per orientation guidelines.
36. Ensure that new staff and students are appropriately supported across the shift.
37. Ensure that all relevant staff attend any education programs and on-line training as arranged per the education calendar.

Other

38. Undertake the In-charge of shift Professional Development Pathway within 6 months of commencing in the role.

Role Details Statement- Appendix 1



Name:	_____
Signed by in-charge:	_____
Signed by Nursing/Midwifery Unit Manager:	_____
Date:	_____

Please provide a copy of this signed role statement to the registered nurse and keep a copy in your records.

In-Charge of Shift (ICOS) Issues for Escalation to the After-Hours Nurse Manager (AHNM) or Relevant Manager – Appendix 2

The following provides examples of issues relevant to be escalated to the AHNM or relevant manager for the shift. This is not an exhaustive list and will need to be modified to reflect the actual expectations of the DONM and teams. When in doubt escalate any issues meeting the “SUN” test i.e., anything significant, unusual or newsworthy.

Issues for the escalation:

- Empty beds
- Death of patients
- Coroners' cases
- Organ donation
- Priority for transfer of outliers to home wards
- Conflict between staff that has not been able to be resolved
- Staff who do not present for duty
- Sick leave
- Injury of staff/ visitors/ contractors/ patients
- Aggressive behaviour from staff, patients, or visitors unable to be deescalated locally
- Code Black and any other emergencies requiring actions from the emergency procedure flip chart.
- Theft of hospital property
- Loss of utilities (water, electricity, power, phones, nurse call/MET call, duress alarms and any other essential services).
- S4/S8 discrepancies in counts
- Patient falls resulting in harm
- Security Breaches
- White level inspections where suspicious items/ behaviours have been identified
- Absconding patients
- Media located on the premises that has not been approved by hospital executive and any media enquiries.
- Discharge against medical advice
- Retrieval of patients to tertiary services
- Any other issue of concern that you have any doubt about whether to escalate.

Novice In-Charge of Shift (ICOS) Shift Guideline / Resource – Appendix 3

This checklist has been developed to provide a “Survival Guide” whilst you gain confidence and experience in the role. It should be used for the first few shifts if needed and can be modified overtime to ensure that it reflects current practice.

Leadership	
	Communicate your expectations for the shift to the team re your way of working to ensure safe patient care.
	Ensure that a risk huddle occurs at the commencement of or soon after the commencement of the shift
	Ensure that you are aware of patient acuity especially high-risk patients after initial patient rounding
	Reward good behaviour and performance by providing ‘in the moment’ feedback to staff of the shift

Quality & Safety	
	Escalate any concerns relating to work related and non-work-related injury management. i.e. IIMS, injury notification, escalation to the AHNM
	Ensure that you know what to do if a patient needs medical retrieval out to another hospital.
	Escalate all relevant issues to the AHNM. If in doubt, escalate! Use the SUN principle (Significant, Unusual and Newsworthy incidents should be escalated to the AHNM).
	Ensure patient meals are all arranged and that all patients are assisted with set up or feeding before staff leave the ward
	Ensure that the nursing team attend and update any risk assessments on admission and throughout the shift

Operational	
	Attend patient flow meeting and liaise with the AHNM to advise which patients are ready for discharge from the ward
	Ensure that any medication fridges are checked, and temperature recorded as per process
	Ensure that any pharmacy needs are met for the team
	Be familiar with the relevant disaster response plans and evacuation procedures.
	Ensure the handover updated in eMR
	Attend EPJB rounds as needed and update the EPJB to reflect current state
	Attended ward rounds with the medical staff wherever possible and communicates changes to plans with the team.
	Undertakes a white level inspection on the patient round



	Order schedule drugs as per the ward process
	Ensure staff allocation has occurred according to patient acuity, skill mix of staff and staffing numbers. Changing the model of care as necessary to ensure safe patient care.
	Review patients with increased supervision to either continue or cease reliant upon the risk assessment and review process.
	Make sure all staff have signed on and off at the end of the shift as per WH&S
	Ensure all admissions and discharges are recorded
	Ensure the MET trolley/bag is checked as per department
	Ensure that all 'extra duties' are allocated and attended.
	Allocate staff for the next shift, reviewing skill mix, as per unit procedure.
	Assist team with any MET/ clinical reviews
	Ensure that the team update the patient bed boards on their first round of the patients
	Allocate single rooms re patient clinical condition and private insurance

Workforce	
	Allocate nursing students with senior staff
	Address any patient complaints proactively to resolve any problems, which are often communication gaps for patients/carers. Only refer to the PLO if all else fails
	Address unacceptable performance or behaviour at the time of the occurrence, seeking assistance if needed and providing feedback to the NUM/MUM via e mail or the ward process re what the issue was during the shift and how it was managed.
	Ensure any casual staff are orientated to the ward within the organisational CORE values
	Allocate meal breaks of staff as per the award requirements and ensure that breaks are taken
	Ensure that you undertake a welfare check with all staff
	Communicate any important events of the shift to the NUM/MUM
	Ensure that the nursing team attend and update any risk assessments on admission and throughout the shift
	Handover to the next team leader

Learning & Development	
	Facilitate the presence of any staff for in-service training



SWSLHD In-Charge of Shift (ICOS) Professional Development Pathway Completion Form

– Appendix 4

This form confirms that the participant has completed all requirements of the ICOS Professional Development Pathway and can be issued a certificate of completion in My Health Learning (MHL).

Participant Name		Employee Number	
Department		Facility/Service	
Date		Participant Signature	
Line Manager Confirmation			
<input type="checkbox"/> I confirm that the participant has completed all requirement of the Pathway including additional workplace experiential activities that are required as part of this pathway.			
Manager Name		Manager Role	
Date		Manager Signature	

Continuing Professional Development (CPD) Points

The ICOS Pathway includes the following online modules that have an approximate duration as shown below. An equivalent CPD point is allocated to each course.

Course Name	Course Code	CPD Point
Introduction to Health Emergency Management and Emergency Procedures	133766564	0.5
De-escalate Aggressive Behaviours	144147947	0.5
Manage Aggressive Behaviours	144148433	0.5
Post Incident Safety Huddles	221824316	0.5
Verification of Death	98564783	0.5
Key Principles of Smooth Patient Flow	40382709	0.5
Managing Your Time	39966622	0.5
Emotional Intelligence	93450040	0.5
Communicating During Challenging Situations	39966618	0.5
Clinical Handover: Think Talk and Write ISBAR	39831743	0.5
Clinical Handover	47857717	0.5
Team Work - Personalities and Flexible Team Interactions	39966579	0.5
Introduction to Mentoring	58519943	0.5
Building Individual Resilience	129904928	0.5
TOTAL PATHWAY CPD POINTS		7 POINTS
CPD points allocated for additional workplace activities completed and approved by the Manager		
TOTAL PROGRAM CPD POINTS		

Submit the completed and signed form to the Education and Organisational Development Service (EODS) via email at SWSLHD-EducationOD@health.nsw.gov.au for sign off in My Health Learning.

