

Visiting Allied Health Professionals (without a contract)

Minimum Expectations

Minimum expectations of visiting allied health professionals when on site at Barwon Health:

- Practice within your scope of practice that has been endorsed by the Allied Health Credentialing Committee
- Notify Barwon Health if there are any changes to your scope of practice, registration, fitness to practice or good standing
- Abide by the same Code of Conduct as Barwon Health employees, as detailed in the Barwon Health Code of Conduct.
- Abide by the Aged Care Code of Conduct, and aged care regulatory requirements including SIRS reporting, if working with Aged Care residents
- Abide by the NDIS Code of Conduct if working with NDIS participants
- Carry evidence when onsite that you have been credentialed by the Allied Health Credentialing Committee (AHCC) – e.g. have an electronic copy of the letter of endorsement from the AHCC
- Introduce yourself to the Barwon Health staff member who is in charge of the clinical area, including who you are visiting and the purpose of your visit
- Follow the infection prevention and Personal Protective Equipment (PPE) precautions required of staff in the clinical area you are visiting
- Do not operate any manual handling equipment, including, but not limited to hoists, hover mats or patslides
- Send for help and alert staff if you are concerned about deterioration of a patient or resident's physiological and/or mental state
- Ensure Barwon Health incident management procedures are followed, and any incidents are recorded in Riskman with the assistance of an appropriate Barwon Health staff member
- Liaise and collaborate with Barwon Health staff involved in the care of the patient/resident. Note that while patients/residents are under the care of Barwon Health, Barwon Health employees, in consultation with the consumer and their treating team, have responsibility for decision making related to their care.
- Write a clinical entry in the Barwon Health medical record*, that includes the following, at a minimum:
 - Date & time
 - Signature
 - Name
 - Profession
 - Contact (phone or email)
 - Reason for consultation
 - Interventions/actions
 - Plan/handover

*For digital medical records, document on a paper form and return to a Barwon Health staff member to upload into the digital record

Note that visiting allied health professionals are not to alter the care plan for patients/residents, but may discuss recommendations with Barwon Health staff members.

I, _____ (name), agree to meet these minimum expectations when on site at Barwon Health.

Signed: _____

Date: _____