

Position Description

All positions at Waminda will be required to work within the Model of Care, which includes the Cultural Framework and Balaang Healing Framework and will be supported by the Staff Wellbeing Framework. In your role at Waminda you are required to have an understanding of working in an Aboriginal Community Controlled context and with Culture as foundation of the service you are working by direction of our ways of being, knowing and doing through our Cultural protocols and practices.

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| Position Function: | The Endorsed Midwife role involves working together with clients, practice staff and other health services to coordinate care and services to Waminda clients. This position will contribute to the development and management of community based primary health care model, with a focus on quality, flexibility, teamwork and support in accordance with the Minga Gudjaga Midwifery Program guidelines. |
| Position Title: | Endorsed Midwife |
| Accountable to: | Senior Clinical Midwife |
| Location of Position: | Minga Gudjaga Gunyah Other Waminda outreach sites as required (across the Illawarra and Shoalhaven) |
| Classification: | Nurses Award, Level 2, Pay Point 4 |
| Infection Control Risk Classification: | <input checked="" type="checkbox"/> Category A (Protection against the specified infectious diseases is required), OR <input type="checkbox"/> Category B (Does not require protection against the specified infectious diseases as level of risk is no greater than that of the general community) (see Immunisation requirements attached) |
| Working Relationships: | Internal Waminda programs, medical providers included but not limited to pathology and specialist services. Illawarra Shoalhaven Local Health District and other key external service providers. |
| All Waminda employees must: | All Waminda employees must: <ul style="list-style-type: none"> • Comply with Waminda policies and procedures; • Have an understanding of, and comply with, legislation relevant to their role, with particular emphasis on Anti- |

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| | <p>Discrimination, Work Health & Safety and Child Protection laws;</p> <ul style="list-style-type: none">• Comply with the code of conduct and privacy and confidentiality agreements;• Uphold confidentiality, integrity and professionalism in handling sensitive information;• Ensure that they take reasonable care of the work health & safety of themselves and others in the workplace and report any incidents, risks or hazards identified;• Participate in operational supervision and performance appraisal processes;• Participate in continuous quality improvement activities;• Participate in mandatory training;• Provide national criminal record check and cleared working with children check;• Inform the service of any incidents that may impact on their position within the service including criminal proceedings, driving offences, medical conditions etc.• Have an understanding of child protection issues and their role in relation to mandatory reporting requirements; |
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Scope of Position

Specific to this Role:

- Work within program guidelines, workplan and funding agreements;
- Ensure compliance with mandatory professional registration requirements through AHPRA and adhere to scope of practice set by the Nursing and Midwifery Board of Australia;
- Maintain Continuing Professional Development Program (CDP) credits to stay update with the latest practices and advancements in the field;
- Deliver appropriate clinical care to clients, ensuring accurate documentation in accordance with registration and service policies and procedures;
- Provide culturally safe and holistic maternity care that considers the clients cultural background, connecting them with culturally

Employee Initial

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| | <p>appropriate primary healthcare, allied health and specialist services necessary for their maternity care and to other medical needs;</p> <ul style="list-style-type: none"> • Offer maternal and practical advice, as well as support in areas such as breastfeeding, nutrition and monitoring early childhood development milestones, including immunisation, weight, hearing, sight, speech and other identified developments; • Collaborate with clients accessing the service to address their health needs, conducting skilled health assessments, developing management plans, coordinating team care arrangements and providing treatment services; • Provide a triage system for clients accessing Waminda clinics, conducting observation to assist in diagnosing and addressing their presenting issue; • Organise in-service professional development opportunities to enhance the skills and knowledge of the team. |
| <p>Service Delivery:</p> <hr/> <p>Employee Initial</p> | <ul style="list-style-type: none"> • Collaborate with project partners to support the development and implementation of the Birth on Country and Midwifery Group Practice Projects • Deliver the program in clients homes and outreach setting in targeted areas across the Shoalhaven; • Refer clients appropriately to other health services and providers with their needs exceed the scope of care provided by the service; • Ensure the provision of high quality, evidence based clinical care to clients, including appropriate clinical services across the services; • Coordinate and support the team in delivering culturally safe, integrated wrap around services; • Take responsibility for developing partnerships with relevant stakeholders to enhance outcomes for clients accessing services; • Possess an in-depth knowledge of service providers in the area to ensure seamless referral systems for clients; • Collaborate with to the programs within the service to ensure in implementation of a high quality and consistent framework for clients. |

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| <p>Accountability:</p> <hr/> <p>Employee Initial</p> | <ul style="list-style-type: none"> • Be accountable to your operational manager on all key aspects of the role and performance and report any issues to management; • Proficiently maintain accurate and up to date records to ensure accountability and compliance; • Be responsible of executing administrative duties in a timely manner; • Other activities and duties as required; |
| <p>Continuous Quality Improvement:</p> <hr/> <p>Employee Initial</p> | <ul style="list-style-type: none"> • Attend training related to program brief; • Attend in-service and interagency meetings related to position; • Attend scheduled all staff gathering; • Use external supervision to advance professional development; • May be involved in the development, implementation and evaluation of community consultations to identify and meet the needs within the community from a service prospective; |
| <p>Essential Criteria: (all positions)</p> | <p>All Waminda employees must have:</p> <ul style="list-style-type: none"> • Ability to work within a multi-disciplinary team, prioritise workload, be accountable and responsible for own actions within the position; • Current NSW/ACT driver's license; • Commitment to undertake continuous learning. |
| <p>Role Specific Essential Criteria:</p> | <ul style="list-style-type: none"> • Female; <p>(An applicant's gender and race is a genuine occupational qualification under section 31 of the Anti-Discrimination Act 1977(NSW)).</p> <ul style="list-style-type: none"> • Hold a currently registration as a Registered Nurse authorised by AHPRA and have a minimum of 3 year's experience working as a midwife either in a hospital or community based service; • Have successfully completed midwifery endorsement and registered through AHPRA and Medicare; • Demonstrated ability to communicate and work constructively within culturally diverse settings, including a demonstrated |

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| | <p>knowledge and understanding of Aboriginal culture, family and community structures;</p> <ul style="list-style-type: none"> • Demonstrated capacity to prioritise and manage high volume of clients, working holistically and from a strengths based philosophy; • Demonstrated ability to establish and maintain effective working relationships with partner agencies in and integrated service delivery model; • Experience in working effectively with general practitioners, nurses, Aboriginal health workers/practitioners and other specialists in a holistic social model of healthcare framework; • Recent broad clinical experience in midwifery and a demonstrated understanding of the principles of continuity of midwifery care across the continuum of pregnancy including antenatal, intrapartum and postpartum periods. |
| <p>Desirable Criteria:</p> | <ul style="list-style-type: none"> • Identify as an Aboriginal and or Torres Strait Islander descent; <p>(An applicant's race is a genuine occupational qualification under section 14(d) of the Anti-Discrimination Act 1977(NSW));</p> |

Immunisation Requirement based on Duties

Occupational assessment, screening and vaccination
against specified infectious diseases

NSW HEALTH
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INFORMATION SHEET 1. – Risk categorisation guidelines

Category A

Protection against the specified infectious diseases is required

Direct physical contact with:

- patients/clients
- deceased persons, body parts
- blood, body substances, infectious material or surfaces or equipment that might contain these (eg soiled linen, surgical equipment, syringes)

Contact that would allow the acquisition or transmission of diseases that are spread by respiratory means.

Includes persons:

- whose work requires frequent/prolonged face-to-face contact with patients or clients eg interviewing or counselling individual clients or small groups; performing reception duties in an emergency/outpatients department;
- whose normal work location is in a clinical area such as a ward, emergency department, outpatient clinic (including, for example, ward clerks and patient transport officers); or
- who frequently throughout their working week are required to attend clinical areas, eg food services staff who deliver meals.

All persons working with the following high risk client groups or in the following high risk clinical areas are automatically considered to be Category A, regardless of duties.

High risk client groups

- Children less than 2 years of age including neonates and premature infants
- Pregnant women
- Immunocompromised clients

High risk clinical areas

- Ante-natal, peri-natal and post-natal areas including labour wards and recovery rooms
- Neonatal Intensive Care Units and Special Care Units
- Paediatric wards
- Transplant and oncology wards
- Intensive Care Units
- Emergency Departments
- Operating theatres, and recovery rooms treating restricted client groups
- Ambulance and paramedic care services
- Laboratories

All health care students are Category A.

Category B

Does not require protection against the specified infectious diseases as level of risk is no greater than that of the general community

- Does not work with the high risk client groups or in the high risk clinical areas listed above.
- No direct physical contact with patients/clients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might contain these.
- Normal work location is not in a clinical area, eg administrative staff not working in a ward environment, food services staff in kitchens.
- Only attends clinical areas infrequently and for short periods of time eg visits a ward occasionally on administrative duties; is a maintenance contractor undertaking work in a clinical area.
- Although such persons may come into incidental contact with patients (eg in elevators, cafeteria, etc) this would not normally constitute a greater level of risk than for the general community.

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INFORMATION SHEET 2. – Checklist: Evidence required from Category A applicants

| Evidence required to demonstrate protection against the specified infectious diseases | | | |
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| <p>1. Acceptable evidence of protection against specified infectious diseases includes:</p> <ul style="list-style-type: none"> a written record of vaccination signed by the medical practitioner, and/or serological confirmation of protection, and/or other evidence, as specified in the table below. NB: the health facility may require further evidence of protection, eg serology, if the vaccination record does not contain vaccine brand and batch or official certification from vaccination provider (eg clinic/practice stamp) <p>2. TST screening is required if the person was born in a country with a high incidence of TB, or has resided for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at: http://www.health.nsw.gov.au/infectious/tuberculosis/Documents/countries-incidence.pdf</p> <p>3. In certain specialised clinical settings, for example, in transplant, oncology or neonatal wards, the health facility may require serological evidence of protection (in addition to evidence of vaccination or other evidence) to ensure that the risk to vulnerable patients is minimised.</p> | | | |
| Disease | Evidence of vaccination | Documented serology results | Other acceptable evidence |
| <i>Diphtheria, tetanus, pertussis (whooping cough)</i> | <input type="checkbox"/> One <u>adult</u> dose of diphtheria/ tetanus/ pertussis vaccine (dTpa). <u>Not ADT.</u> | Serology will not be accepted | Not applicable |
| <i>Hepatitis B</i> | <input type="checkbox"/> History of completed age-appropriate course of hepatitis B vaccine. Not “accelerated” course. | <input type="checkbox"/> Anti-HBs greater than or equal to 10mIU/mL | <input type="checkbox"/> Documented evidence of anti-HBc, indicating past hepatitis B infection |
| <i>Measles, mumps, rubella (MMR)</i> | <input type="checkbox"/> 2 doses of MMR vaccine at least one month apart | <input type="checkbox"/> Positive IgG for measles, mumps and rubella | <input type="checkbox"/> Birth date before 1966 |
| <i>Varicella (chickenpox)</i> | <input type="checkbox"/> 2 doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person was vaccinated before 14 years of age) | <input type="checkbox"/> Positive IgG for varicella | <input type="checkbox"/> History of chickenpox or physician-diagnosed shingles (serotest if uncertain) |
| <i>Tuberculosis (TB)</i> | Not applicable | Not applicable | <input type="checkbox"/> Tuberculin skin test (TST) |
| See note 2 above for list of persons requiring TST screening | | Note: interferon-gamma release immunoassay (IGRA) is not generally accepted. In the event that an IGRA has been performed, screening by TST will be required if the IGRA result is negative or equivocal. Persons with positive TST/IGRA must be fully assessed by a TB service within 3 months of commencement of clinical duties or clinical placement and must be asymptomatic when commencing clinical duties or clinical placement. | |
| <i>Influenza</i> | Annual influenza vaccination is not a requirement, but is strongly recommended | | |

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INFORMATION SHEET 3. – Specified infectious diseases: risks, consequences of exposure and protective measures

The following table provides a brief description of the infectious diseases specified in this policy directive and links to further information, including risks of infection, consequences of infection and, where relevant, management in the event of exposure.

Fact sheets on each of the listed diseases are available in an A-Z list on the NSW Health website at: <http://www.health.nsw.gov.au/Infectious/factsheets/Pages/default.aspx>

The *Australian Immunisation Handbook (current edition)* is available online at: <http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home>

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| Hepatitis B (HBV) | Blood-borne viral disease. Can lead to a range of diseases including chronic hepatitis B infection, cirrhosis and liver cancer. Anyone not immune through vaccination or previous infection is at risk of infection via blood or other body fluids entering through broken skin, mucous membrane, injection/ needlestick, unprotected sex or from HBV positive mother to child during birth. Specific at risk groups include: health care workers, sex partners of infected people, injecting drug users, haemodialysis patients. Management in the event of exposure: see http://www.health.nsw.gov.au/Infectious/controlguideline/Pages/hepb.aspx |
| Diphtheria | Contagious, potentially life-threatening bacterial infection, now rare in Australia because of immunisation. Spread via respiratory droplets and discharges from the nose, mouth or skin. Infectious for up to 4 weeks from onset of symptoms. Anyone not immune through vaccination or previous infection is at risk. Diphtheria toxin (produced by the bacteria) can cause inflammation of the heart muscle, leading to death. Management in the event of exposure: see http://www.health.nsw.gov.au/Infectious/controlguideline/Pages/diphtheria.aspx |
| Tetanus | Infection from a bacterium usually found in soil, dust and animal faeces. Toxin from the bacterium can attack the nervous system. Although the disease is now fairly uncommon, it can be fatal. Not spread from person to person. Generally occurs through injury. Neonatal tetanus can occur in babies of inadequately immunised mothers. Mostly older adults who were never adequately immunised. Management in the event of exposure: see http://www.health.nsw.gov.au/Infectious/controlguideline/Pages/tetanus.aspx |
| Pertussis (Whooping cough) | Highly infectious bacterial infection, spread by respiratory droplets through coughing or sneezing. Cough that persists for more than 3 weeks and, in children, may be accompanied by paroxysms, resulting in a "whoop" sound or vomiting. Anyone not immune through vaccination is at risk of infection and/or transmission. Can be fatal, especially in babies under 12 months of age. Management in the event of exposure: see http://www.health.nsw.gov.au/Infectious/controlguideline/Pages/pertussis.aspx |

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| Measles | Highly infectious viral disease, spread by respiratory droplets - infectious before symptoms appear and for several days afterwards. Serious complications such as ear infection, pneumonia, or encephalitis can occur in up to 1/3 of cases. At risk are persons born during or after 1966 who haven't had 2 doses of MMR vaccine, babies under 12 months of age, before they have had a 1 st dose and children over 4 years of age who have not had a 2 nd dose. Management in the event of exposure: see http://www.health.nsw.gov.au/Infectious/controlguideline/Pages/measles.aspx |
| Mumps | Viral disease, spread by respiratory droplets. Now relatively uncommon in Australia because of immunisation. Anyone not immune through vaccination or previous infection is at risk. Persons who have the infection after puberty can have serious complications, eg swelling of testes or ovaries; encephalitis or meningitis may occur rarely. Management in the event of exposure: see http://www.health.nsw.gov.au/Infectious/controlguideline/Pages/mumps.aspx |
| Rubella (German Measles) | Viral disease, spread by respiratory droplets and direct contact. Infectious before symptoms appear and for several days afterwards. Anyone not immune through vaccination or previous infection is at risk. In early pregnancy, can cause birth defects or miscarriage. Management in the event of exposure: see http://www.health.nsw.gov.au/Infectious/controlguideline/Pages/rubella.aspx |
| Varicella (Chicken pox) | Viral disease, relatively minor in children, but can be severe in adults and immunosuppressed persons, leading to pneumonia or inflammation of the brain. In pregnancy, can cause foetal malformations. Early in the infection, varicella can be spread through coughing and respiratory droplets; later in the infection, it is spread through contact with fluid in the blisters. Anyone not immune through vaccination or previous infection is at risk. Management in the event of exposure: see http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/handbook10-4-22 |
| Tuberculosis (TB) | A bacterial infection that can attack any part of the body, but the lungs are the most common site. Spread via respiratory droplets when an infected person sneezes, coughs or speaks. At risk are those who spend time with a person with TB infection of the lung or respiratory tract or anyone who was born in, or has lived or travelled for more than 3 months in, a high TB incidence country. Management in the event of exposure: see http://www.health.nsw.gov.au/Infectious/controlguideline/Pages/tuberculosis.aspx |
| Seasonal influenza (Flu) | Viral infection, with the virus regularly changing. Mainly affects the lungs, but can affect the heart or other body systems, particularly in people with other health problems, leading to pneumonia and/or heart failure. Spread via respiratory droplets when an infected person sneezes or coughs, or through touch, eg handshake. Spreads most easily in confined and crowded spaces. Anyone not immune through annual vaccination is at risk, but the elderly and small children are at most risk of infection. Management in the event of exposure: see http://www.health.nsw.gov.au/Infectious/controlguideline/Pages/influenza.aspx |