

**Acceptance of ‘hot case’ practice offer at the Alfred ICU**

Melbourne Vic 3004 PO Box 315 Prahran Victoria 3181 Australia

Telephone 03 9076 2000 [www.alfred.org.au](http://www.alfred.org.au/)

**Acceptance**

I,

 Enter your first name and surname

of

 Enter your address

I am aware that my clinical privileges as an external CICM trainees only permits:

* Attendance at Ward Rounds and case discussions
* Review of patient health records and results on clinical information systems
(under supervision of Alfred Health medical staff)
* Attendance at relevant meetings with members of the Unit
* Observation of procedures and surgery if specifically agreed to by the surgeon performing the operation.

I agree to comply with the following:

* I will not scrub in on procedures or operations
* I will not participate in direct patient care (assessment and management)
* I will not undertake any procedures or document in the medical record
* I will ensure that patient confidentiality is maintained at all times
* I comply with all policies, procedures and reasonable directions of Alfred Health while undertaking the observership.
* I will comply with all infection prevention and entry point screening requirements as a visitor, and must wear appropriate PPE in clinical areas
* I will not attend Alfred Health if I have a fever, URTI, cough, COVID-19 symptoms, am otherwise acutely unwell or have been identified as a close contact of someone with COVID-19.
* If I become unwell during my practice, I will inform my Supervisor and take leave until I am medically clear to return.

I accept the terms of 'hot case’ practice at the Alfred ICU listed above. Signature:

Date: