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| Registered Undergraduate Student of Midwifery (RUSOM) Duties List |
| March 2022 |

What is a RUSOM?

A student currently enrolled at a University to undertake undergraduate midwifery study, who is registered with Ahpra as a student midwife, and who at commencement, has successfully completed not less than 12 months of the Bachelor of Midwifery Degree or not less than two years of the Bachelor of Nursing and Midwifery dual degree. Clause 106.1 *Nurses and Midwives (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2020-2024*

RUSOMs can only undertake activities that have been delegated and supervised by a midwife in accordance with the *NMBA Registered nurse standards for practice* (2016) [Nursing and Midwifery Board of Australia - Midwife standards for practice (nursingmidwiferyboard.gov.au)](https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/Midwife-standards-for-practice.aspx) and the *NMBA Decision Making Framework for Nursing and Midwifery* <https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD19%2f29157&dbid=AP&chksum=9LilUkdFvM5AJeKIaJZd1A%3d%3d>

Midwives can only delegate aspects of care to a RUSOM, which are consistent with the educational preparation, skill level and assessed competencies of the RUSOM.

**Clinical assessment of patients must be conducted by the midwife responsible for delegation.**

RUSOMs are not to be given sole allocation of patients.

In order to balance the RUSOMs academic obligations and the needs of the Employer, the rostered work of students will be in shifts of not less than four hours on day or evening shifts, or 10 hours on night shifts, Monday to Sunday.

The following Core Activity List has been developed to assist staff to understand the activities a RUSOM may undertake under the delegation and supervision of the midwife. In exercising clinical judgment, the midwife will also take into account the patient’s acuity and risk of clinical deterioration.

RUSOMs allocated to Birth Suites and Maternity Assessment areas are to be final year undergraduate students. Delegation of tasks should occur with consideration of the woman’s acuity/risk. RUSOM’s should only be allocated to Special Care Nurseries where a separate duties/exclusion list has been agreed with the Australian Nursing nd Midwifery Federation.

| **Area of care** | **Activities** |
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| **Hygiene** | • Assist with personal hygiene of woman * Assist with caesarean section/ perineal wound hygiene

• Assist with dressing and undressing • Removal of make-up and nail polish for procedures • Hand-hygiene • Pre-operative site preparation (with surgical clippers only) * Assist with baby bathing and hygiene needs
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| **Toileting** | * Change soiled bedding / under pads
* Assist with changing of maternity pads
* Provide, record and empty urinal pans for women on fluid balance charts
* Empty and record urinary catheter bag drainage
* Document and report lochia and elimination amounts to Registered Midwife
* Assist nappy changing of baby
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| **Manual Handling & Mobility** | * Assist with transfers, sitting women out of bed/on toilet/commode
* Assist women to change position in bed
* Provide pressure area care
* Assist with mobilizing women
* Assist in the use of manual handling hoists/aids
* Transport for discharge
* Assist with infant care and settling
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| **Nutrition** | * Assist with safe meal set up, adjusting table and opening packages as required for women
* Provide water/refilling water jugs or making drinks for women
* Assist with infant feeding per care plan and women’s preferred methods
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| **Environment** | * Ensure falls prevention strategies for mothers are in place – call bell, phone, bedside table in reach, bed lowered, trip hazards removed as per current Safe sleeping guidelines
* Maintain safe and tidy ward environment
* Placing flowers in vases, water changes for flowers/vases
* Making beds and cots
* Assist safe infant sleeping practices as per current Safe sleeping guidelines
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| **Communication** | * Answering call bells including staff assist
* Reporting and/or escalating all care and concerns to supervising registered midwife/s
* Clerical answering and transferring calls/intercom (Exclusion: Advice, clinical or confidential information)
* Assist with communication tools for women (iPads/ Wi-Fi etc)
* Referring all aspects of care out of scope to RM
* Direct visitors to ward or RM for assistance
* Respond to, and report emergencies as per hospital policy within scope of the RUSOM and which are consistent with the educational preparation, skill level and assessed competencies
* Attend handover and local team meetings or education sessions
* Orientate women and family/carers to ward environment
* Seek regular feedback from supervising RM/s and reflect on practice
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| **Documentation** | * Complete fluid balance chart: Oral input and urine output, report to Registered Midwife
* Complete infant feeding chart and report to registered midwife
* Complete infant output chart and report to registered midwife
* Complete baby weight, document and report to Registered Midwife
* Assist in the documentation of valuables
* Assist in filling out bedside communication boards
* Complete incident reporting as per local hospital policy
* Access and undertake documentation in Electronic Medical Record EMR
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| **Maintenance** | * Restock non-emergency supplies and equipment
* Cleaning and putting away equipment between use i.e. – infusion pumps
* Calibration of glucometer
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| **Other duties** | * Support midwives in gathering/provision of equipment i.e warm water jugs for perineal compress, ‘scout/runner’ in an emergency situation
* Assist packing and unpacking women’s belongings when required
* Attend professional development sessions
* Attend and report at staff meetings
* Initiate emergency response alarms as per organisational policy
* Running simple errands within hospital grounds
* Measurement and initial fitting of anti-embolic stockings, reporting to midwife once complete
* Re- application of anti-embolic stockings
* Conducting ward audits and surveys
* Observation of midwifery procedures performed by RM if time permits
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| **Personal Protective Equipment (PPE) Spotter** | Undertaking PPE Spotter activities consistent with the PPE Spotter Position Description published by the Healthcare Infection Prevention & Wellbeing Taskforce, including: * Spotting and supervision of appropriate use of PPE, including observing, guiding, correcting technique during donning and doffing.
* Formal and informal monitoring and auditing of appropriate use of PPE within clinical settings (e.g. when providing care to patients) and non-clinical settings (e.g. breakrooms, cafes).
* Working with and supporting the Quality and Safety/Infection Prevention and Control/ (or other relevant area(s)) with:
* Undertaking risks assessments through audits and spot checks on adherence to infection prevention measures (such as physical distancing) including proposing and implementing remedial actions, where required, as part of a continuous improvement process to support behavioural change.
* Training and promotional activities to create the conditions for workplace culture and behaviour change (e.g. information sessions, emails, posters).
* Ongoing education and knowledge improvement of staff aligned with current public health advice.
* Responding to occupational health and safety issues for staff experiencing skin and/or pressure injuries associated with prolonged use of PPE.
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| **Clinical Practice Extension****Contribution to patient assessment** | Where the RUSOM has completed the services’ competency assessment and completed the necessary education relevant to the duty, as part of their bachelor program, the RUSOM may perform the following duties as delegated in appropriate contexts only by supervising registered Midwife:* Vital signs
* Blood glucose levels
* Urinalysis
* Simple wound dressing
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**Exclusion List**

The following aspects of care **cannot be delegated** to a RUSOM as part of the RUSOM Employment Model

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| **Area of Care** | **Activities** |
|  **Hygiene** | * Cutting/trimming nails - including babies nails
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| **Toileting** | * Insertion of urinary catheters
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| **Manual Handling** | * Transport of women or babies awaiting transfer to other facilities
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| **Nutrition** | * Refilling of water jugs or making drinks for women on fluid restrictions, modified diet/fluids or nil orally
* Develop or change infant feeding plans
* Provide infant feeding advice
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| **Environment** | * Checking emergency equipment (resuscitation trolley and bedside oxygen/suction/air)
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| **Communications** | * Provide clinical information and advice to women or families
* Taking verbal clinical orders from unregulated health care workers, administrative, medical or allied health staff
* Accepting delegated duties from an enrolled nurse (EN)
* Taking verbal pathology results via telephone
* Providing advice, counselling, confirming new diagnosis and communicating confidential information
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| **Documentation** | * Completing progress notes
* Completing patient details for handover sheets
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| **Maintenance** | * Restocking emergency supplies in resuscitation trolley
* Restocking medicine supplies
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| **Other** | * Initial observations of woman and baby
* Allocation as the primary midwifery carer for women or babies
* Escorts of women or babies, unless outlined in core duties list
* Fetal monitoring
* Sole clinician in room with labouring woman
* Collection and labelling of specimens
* Care of complex women or babies
* Medication administration (all routes, including drops and topical creams)
* Intravenous therapy management
* Oxygen therapy
* Suctioning
* Complex wound management
* Emptying of wound and ICC drainage bags
* Allocated as CPO
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