



Medical Company Representative Access to Operating Theatre Declaration Form

Company Name

Representative Name

Purpose

This document is intended for the purpose of a Medical Company Representatives gaining access to the operating environment. It is to be read with the **Medical company representatives or technical support persons in the operating theatre policy**.

Access to SCH

A Medical Company Representative Invitee **must** be invited by a current credentialed practitioner such as a Surgeon and/or Anaesthetist in order to obtain access to the operating environment. Note: Patient consent is not required for regular medical representative attendance.

Name of the Credentialed Practitioner the Invitee is under the direction of:

Induction checklist for access to the operating environment

I _____ am aware that as part of Health and Safety at Work Act (2015) requirements, I have read and understood:

Southern Cross Healthcare Policies

- Medical company representative or technical support person in the operating theatre policy
- Southern Cross Healthcare health safety and wellbeing policy
- Infection prevention and control management policy and programme
- Visitor guidelines
- Surgical safety checklist policy
- Hand hygiene policy
- Privacy act policy
- NZMA Clinical Images and the use of personal mobile devices guide
- Medical devices policy

Hospital Policies and Procedures (accessed via local hospital)

- Security Policy
- Southern Cross Healthcare hospital emergency procedures
- Smoke free workplace policy

- Adverse event reporting and management policy
- Personal protective equipment (PPE) guidelines

Medical company representative/ technical support person declaration

I, _____

(PRINT full name in capital letters)

declare that as a result of me having access to any Southern Cross Hospital or operating theatre, all patient records and information pertaining to the business of Southern Cross Healthcare, and any information pertaining to any patient, or concerning the condition, treatment or medical history of any patient treated at a Southern Cross hospital ('Confidential information') shall be held in strict confidence by me, and I will not discuss such Confidential Information with or disclosed it to any person, or other medical/healthcare either during my visit or after leaving a Southern Cross Hospital premises, other than when I have been expressly authorised to do so by Southern Cross Healthcare, the patient, the medical specialist concerned or the General Manager of that Southern Cross hospital.

I will not identify Southern Cross Healthcare in any unauthorised documentation or reports.

I agree to adhere to all the requirements and conditions of the Southern Cross Healthcare Policy for medical company representatives or technical support persons who have been granted access to a Southern Cross Hospitals operating theatre.

Invitee signature: _____ Date:

Theatre Manager signature: _____ Date:

Minimum of 2 yearly refresher training is to be maintained by the Theatre Manager if access to the hospital is longer than 1 year.

This information will be stored by the Theatre Manager on file in accordance to SCH Privacy Policy.