



# ***New User Registration Guide 2021***

## ***VICNISS Website***

***Version: 1***

Date of Issue: January 2021

### ***VICNISS Coordinating Centre***

*The Peter Doherty Institute  
for Infection and Immunity  
792 Elizabeth Street  
Melbourne, Victoria,  
Australia  
[www.vicniss.org.au](http://www.vicniss.org.au)*



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# Section 1: User Registration for VICNISS Website & Web forms

This user guide is designed for staff working in healthcare and aged care facilities wishing to register for the VICNISS website. To enter data, generate reports and access resources you must be a registered VICNISS user. Please contact VICNISS by email [vicniss@mh.org.au](mailto:vicniss@mh.org.au) for any queries. See instructions below for registration:

## 1.1. Select the 'register' link on the homepage.



## 1.2. The 'User Portal Registration' page will be displayed

The image shows the 'User Portal Registration' form. It is divided into several sections: 1. 'User Portal Registration' header with radio button options: 'I work at a health care facility participating in VICNISS', 'I work at an aged care facility', 'I work for the state department of Health - Victoria', 'I am an external user', and 'I am a VICNISS staff member'. 2. 'CONTACT INFORMATION' section with fields for Prefix, First Name, Last Name, Job Title, and Employer. A note states: 'Your name will be used by VICNISS to confirm your identity.' There is also a text area for 'Reason for registering for access to the VICNISS website' with a small example text: 'e.g. Access to SSU reports, VICNISS compliance/credentialing, manuals etc.'. 3. 'Contact Details' section with fields for Phone Number, Alternate Phone Number, and Mobile. 4. 'ACCOUNT INFORMATION' section with fields for Email (pre-filled with 'andrea.brebner@mh.org.au'), Password, and Confirm password. A note states: 'IMPORTANT! This email address will be used to proceed with your registration process and will be needed to reset your password. Should you require access to hospital specific resources (web-forms and reports), please register using your work email address.' Another note states: 'Your minimum password length is 8. Passwords must have at least one lowercase (a-z) and one digit (0-9)'. 5. 'SECURITY' section with a 'Security Question' field containing a checkbox for 'I'm not a robot' and a CAPTCHA image. A note states: 'The CAPTCHA is for preventing abuse from automated programs. Follow the instructions to verify you are a person. This could be a box to check characters printed in an image, you must enter a set of images to select from. (If you are not sure what the images are, you can try getting another CAPTCHA or an audio CAPTCHA.' At the bottom right is a 'SUBMIT' button.

### 1.3. Complete all details on the user portal registration page

Note: Data fields marked with \* are required to complete registration

#### 1.3.1. Choose the registration type

**User Portal Registration**

I work at a health care facility participating in VICNISS

I work at an aged care facility

I work for the state department of Health - Victoria

I am an external user

I am a VICNISS staff member

#### 1.3.2. Facility Information

Choose your facility from the drop down list. You can only register for one facility but once registered you can add additional facilities (see below, Section 2)

**FACILITY INFORMATION**

Facility

#### 1.3.3. Choose your modules

There will be a list of modules for you to choose from. The list will contain either aged care modules or acute care modules, depending on the facility you selected. If you are not sure of all modules you require, they can be added at a later date, once your registration is complete and approved.

##### Aged Care Modules

**MODULE ACCESS**

Please tick modules you wish to access

- Aged Care National Antimicrobial Prescribing Survey (Aged Care NAPS)
- Aged Care Resident Clinical Assessment
- Annual Surveillance Plan
- Carbapenemase-producing Enterobacteriaceae (CPE)
- Clostridioides difficile Infection (CDI)
- COVID-19 Asymptomatic Testing of Aged Care Workers
- Dashboard
- Hepatitis B Immunity - Healthcare Worker (HCW)
- Influenza Vaccination - Healthcare Worker (HCW)
- Measles Immunity - Healthcare Worker (HCW)
- Methicillin Resistant Staphylococcus aureus (MRSA)
- Occupational Exposures (OE)
- Resident Vaccination
- Vancomycin Resistant Enterococci (VRE)

##### Acute Care Modules

**MODULE ACCESS**

Please tick modules you wish to access

- Annual Surveillance Plan
- Central Line Insertion Practices (CLIP) Adherence Monitoring
- Central Line-associated Bloodstream Infection (CLABSI) & Peripheral Line-associated Bloodstream Infection (PLABSI)
- Clostridioides difficile Infection (CDI)
- COVID-19 Patient Monitoring System
- COVID-19 Surveillance Testing of Healthcare Workers
- Dashboard
- Data Submission and Quality
- Emerging Pathogens
- Haemodialysis Event (HDE)
- Hepatitis B Immunity - Healthcare Worker (HCW)
- Influenza Vaccination - Healthcare Worker (HCW)
- Measles Immunity - Healthcare Worker (HCW)
- Methicillin Resistant Staphylococcus aureus (MRSA)
- Occupational Exposures (OE)
- Peripheral Venous Catheter Use (PVC)
- Signal Event - Surgical Infection (SESI)
- Staphylococcus aureus bacteraemia (SAB)
- Surgical Antibiotic Prophylaxis (SAP)
- Surgical Site Infection (SSI)
- Vancomycin Resistant Enterococci (VRE)
- Ventilator Associated Event (VAE)

#### 1.3.4. Contact Information

Provide details as requested. 'Reason for Registering' will provide more information to enable assessment of your requirements to ensure suitable registration

**CONTACT INFORMATION**

Prefix

First Name \*  Your name will be used by VICNISS to confirm your identity.

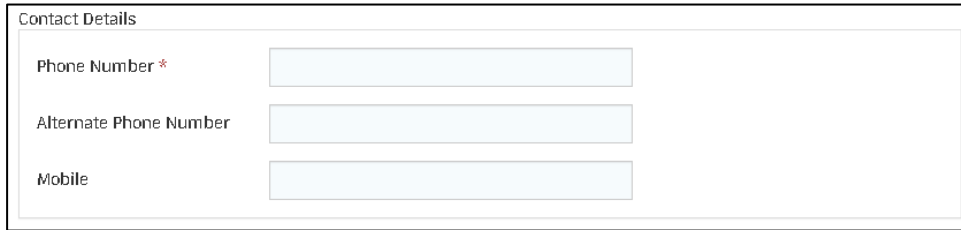
Last Name \*

Employer \*

Reason for registering for access to the VICNISS website   
e.g. Access to SSI reports, VICNISS competency/credentialing, manuals etc.

### 1.3.5. Contact Details

Provide phone number on which you can be reached if there are any issues/questions with your registration



Contact Details

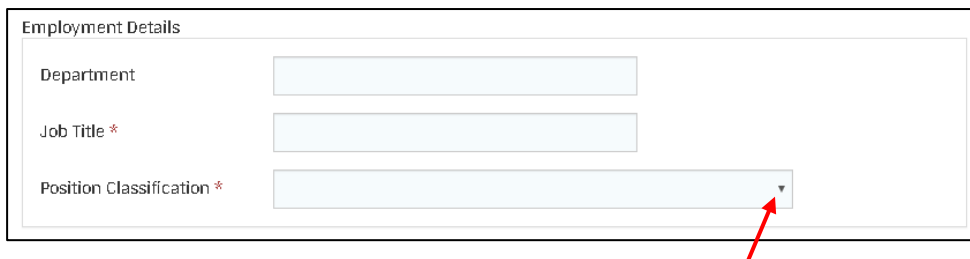
Phone Number \*

Alternate Phone Number

Mobile

### 1.3.6. Employment Details

Enter the department in which you work, relevant to **this** registration and your job title.



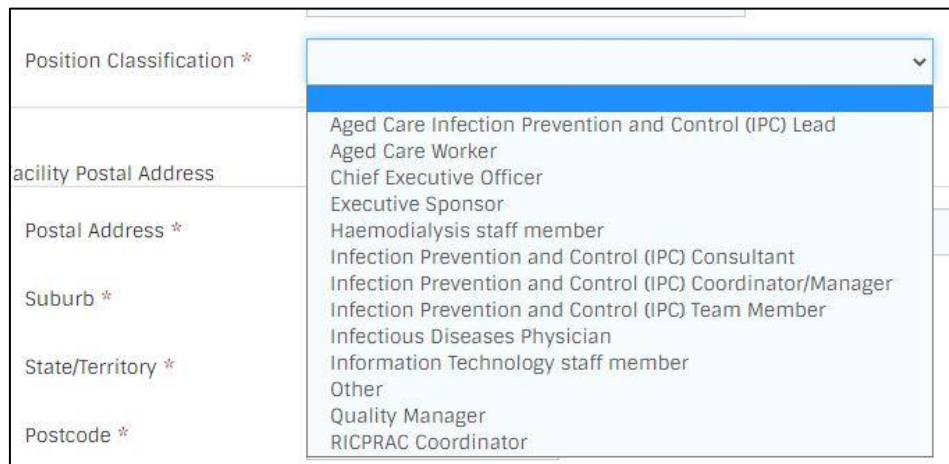
Employment Details

Department

Job Title \*

Position Classification \*

Select the Position Classification from the drop down list:



Position Classification \*

Facility Postal Address

Postal Address \*

Suburb \*

State/Territory \*

Postcode \*

- Aged Care Infection Prevention and Control (IPC) Lead
- Aged Care Worker
- Chief Executive Officer
- Executive Sponsor
- Haemodialysis staff member
- Infection Prevention and Control (IPC) Consultant
- Infection Prevention and Control (IPC) Coordinator/Manager
- Infection Prevention and Control (IPC) Team Member
- Infectious Diseases Physician
- Information Technology staff member
- Other
- Quality Manager
- RICPRAC Coordinator

- **Aged Care Infection Prevention and Control (IPC) Lead**
- **Aged Care Worker**
- **Chief Executive Officer**
- **Executive Sponsor** (*Line Manager for the Infection Control Department*)
- **Haemodialysis staff member** (*Work in haemodialysis unit*)
- **Infection Prevention and Control (IPC) Consultant** (*Infection Prevention & Control professional or equivalent, e.g. clinical nurse consultant*)
- **Infection Prevention and Control (IPC) Coordinator/Manager** (*coordinator or manager of the Infection Prevention & Control department at your health service, hospital or like facility e.g. ACH*)
- **Infection Prevention and Control (IPC) Team Member** (*employed as part of the infection control team but not an IPC e.g. secretary, staff health*)
- **Infectious Diseases Physician**
- **Information technology staff member**
- **Other** (*Does not fit any other listed categories e.g. Director of Nursing Quality Manager - Manager of quality unit in the facility*)
- **RICPRAC Coordinator** (*Coordinator of a Rural Infection Control Practice (RICPRAC) Group*)

### 1.3.7. Facility Postal Address

Provide details of place of employment address



Facility Postal Address

Postal Address \*

Suburb \*

State/Territory \*

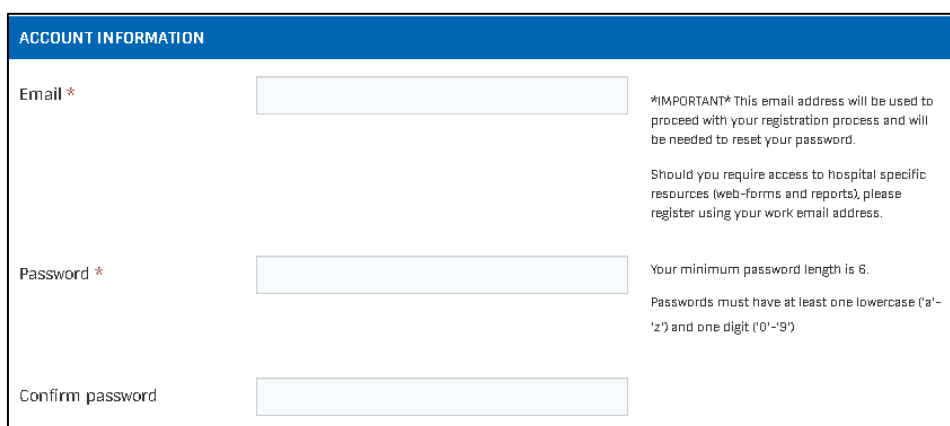
Postcode \*

### 1.3.8. Account Information

- Enter email address – please use **work email address**. This will be used as part of verification that you work at the facility you are registering for.

- Password – You can create your own password.

\*You will need to remember this password when logging in



ACCOUNT INFORMATION

Email \*  \*IMPORTANT\* This email address will be used to proceed with your registration process and will be needed to reset your password.  
Should you require access to hospital specific resources (web-forms and reports), please register using your work email address.

Password \*  Your minimum password length is 6.  
Passwords must have at least one lowercase ('a'-'z') and one digit ('0'-'9')

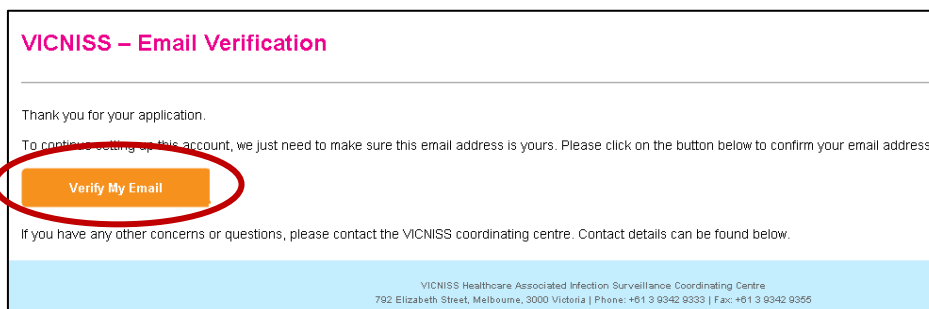
Confirm password

### 1.4. Submit Form

When all data fields and security question is complete click on the submit button:



### 1.5. Email verification: An email will be sent to the address provided by the user. **Select the link in the email** to verify your email address.



VICNISS – Email Verification

Thank you for your application.

To continue setting up this account, we just need to make sure this email address is yours. Please click on the button below to confirm your email address:

[Verify My Email](#)

If you have any other concerns or questions, please contact the VICNISS coordinating centre. Contact details can be found below.

VICNISS Healthcare Associated Infection Surveillance Coordinating Centre  
792 Elizabeth Street, Melbourne, 3000 Victoria | Phone: +61 3 9342 9333 | Fax: +61 3 9342 9355

1.6. After selecting the link in the email (see above) and the verification is successful, this message will be displayed on the webpage (see example below).

**Email Verified**

Your email has been successfully verified.

An email has been sent to the VICNISS site facility manager(s) or VICNISS staff for approval of your application. After they have reviewed your application, you will then receive a follow up email advising you of your status.

1.7. You will receive an email similar to the following to indicate your registration has been sent for approval

**VICNISS - Awaiting Approval**

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Thank you for your application.

An email has been sent to the VICNISS site facility manager(s) at **HappyLodge** for approval. After they have reviewed your application, you will then receive a follow up email advising you of your status.

If you have any other concerns or questions, please contact the VICNISS coordinating centre. Contact details can be found below.

VICNISS Healthcare Associated Infection Surveillance Coordinating Centre  
792 Elizabeth Street, Melbourne, 3000 Victoria | Phone: +61 3 9342 9333 | Fax: +61 3 9342 9355

1.8. When your new registration is approved by VICNISS Coordinating Centre, you will receive an email to confirm the registration.

**VICNISS - Facility Registration Approved**

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**Congratulations!**

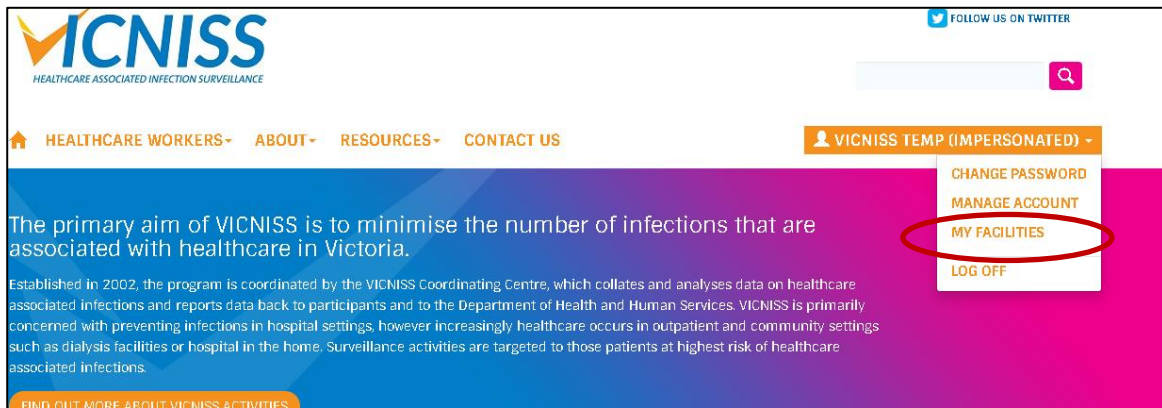
You have now successfully been authorised to be a registered user at **Albert Road Clinic** for VICNISS site.

If you have any other concerns or questions, please contact the VICNISS coordinating centre. Contact details can be found below.

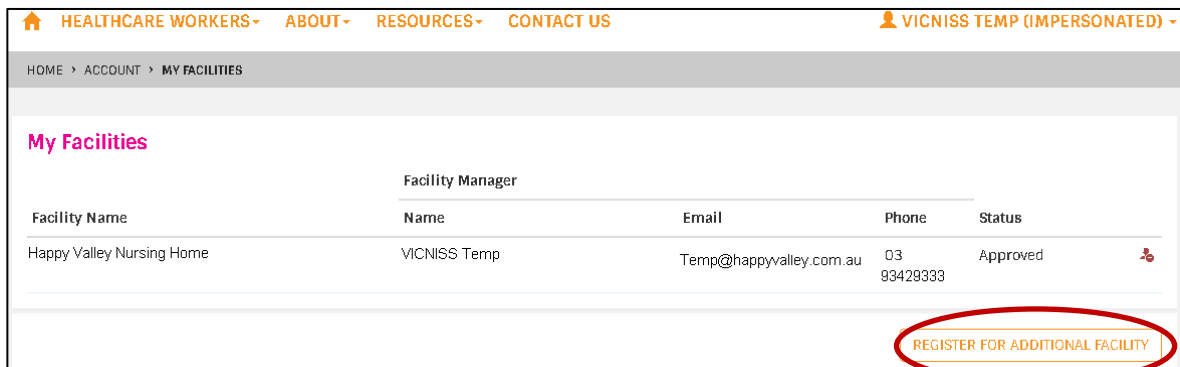
VICNISS Healthcare Associated Infection Surveillance Coordinating Centre  
792 Elizabeth Street, Melbourne, 3000 Victoria | Phone: +61 3 9342 9333 | Fax: +61 3 9342 9355

## Section 2: Request Access to Additional Facilities

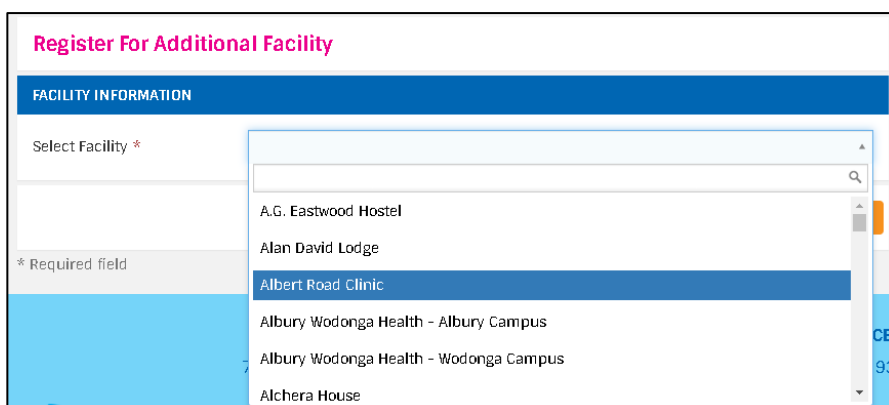
2.1. If a user would like to request access to another facility, click on arrow next to your name to see drop down list. Click on 'My Facilities'.



2.2. The name of facility/s for which are registered can be seen here. To add a new facility click on 'Register for Additional Facility' button



2.3. Choose additional facility from drop down list. Note you can only choose one facility. You will need to repeat these steps for each additional facility.



2.4. Click on Register



2.5. Approval of request same as above