RICHMOND SHIRE COUNCIL

AGENDA

FOR

ORDINARY MEETING
TUESDAY 20 FEBRUARY 2024
COMMENCING AT 8:00AM

AGENDA AND TIMETABLE FOR ORDINARY MEETING

Commencement of Meeting

Signing of Attendance Book

Reading of Official Prayer

Leave of Absence

Confirmation of Minutes

Declarations of Interest

Business Arising from Previous Meetings

Item 1   Reports for Consideration – Works

Item 2   Reports for Consideration – Office of the Chief Executive Officer

Item 3   Reports for Consideration – Corporate Services

Item 4   Reports for Consideration – Community Services

Item 5   Reports for Consideration – Tourism and Marketing

Item 6   General Business

Item 7   Close of Meeting

Attachment "A" Unconfirmed Minutes from the General Meeting held Tuesday 16 January 2024.

COMMENCEMENT OF MEETING

SIGNING OF ATTENDANCE BOOK

READING OF OFFICIAL PRAYER

LEAVE OF ABSENCE

CONFIRMATION OF MINUTES

- Unconfirmed 16 January 2024 Minutes

DECLARATIONS OF INTEREST

MATTERS ARISING FROM PREVIOUS MEETINGS

RICHMOND SHIRE COUNCIL

UNCONFIRMED MINUTES

CONTENTS

PRESENT

Present when Mayor Wharton declared the meeting open at 8:37am were:

COUNCILLORS:
Cr Wharton, Cr Johnston

Cr Buick, Cr Fox and Cr Kennedy attended via Zoom

STAFF:
Chief Executive Officer – Peter Bennett, Director of Corporate Services – Peta Mitchell, Director of Community Services and Development – Angela Henry, Director of Works – Syed Qadir and Minutes Secretary Tiana Grant

PRAYER

Cr Johnston read the prayer.

APOLOGIES

Cr Kuhl

RESOLUTION 20240116.1
It was moved Cr Johnston seconded Cr Buick and carried that the Council accept the apology from Councillor June Kuhl.

CONFIRMATION OF MINUTES

RESOLUTION 20240116.2
It was moved Cr Johnston seconded Cr Buick and carried that the Minutes of the General Meeting of the Richmond Shire Council held in the Board Room, Richmond on Tuesday, 5 December 2023 be adopted as presented.

DECLARATIONS OF INTEREST

Mayor Wharton called for Declarations of Interest in matters listed on the Agenda:

Nil

BUSINESS ARISING

Nil

2.   REPORTS FOR CONSIDERATION – OFFICE OF THE CHIEF EXECUTIVE OFFICER

2.1   Local Government Remuneration Commission (LGRC) – Council Categories & Remuneration Levels – 1 July 2024

EXECUTIVE SUMMARY
The LGRC has released its report with the new council categories and maximum remuneration levels to apply from 1 July 2024.

OFFICER'S RECOMMENDATION
That Council: adopt the remuneration levels for Richmond Shire Council.

RESOLUTION 20240116.3
It was moved Cr Buick seconded Cr Kennedy and carried that Council adopt the remuneration levels for Richmond Shire Council.

REFERENCE DOCUMENT
- Nil

2. REPORTS FOR CONSIDERATION – OFFICE OF THE CHIEF EXECUTIVE OFFICER

2.2   Retirement Resignation Gift Policy

EXECUTIVE SUMMARY
The purpose of this Policy is to outline the process by which Richmond Shire Council ("Council") will recognise long term employees upon retirement/resignation.

This Policy is due to be reviewed.

OFFICER'S RECOMMENDATION
That Council: adopt the Retirement Resignation Gift Policy as presented.

RESOLUTION 20240116.4
It was moved Cr Kennedy seconded Cr Johnston and carried that Council adopt the Retirement Resignation Gift Policy as presented.

REFERENCE DOCUMENT
- Policy

2. REPORTS FOR CONSIDERATION – OFFICE OF THE CHIEF EXECUTIVE OFFICER

2.3   Exit Interview Policy

EXECUTIVE SUMMARY
The purpose of this Policy is to outline the process by which Richmond Shire Council ("Council") will collect and consider feedback from departing employees, with the aim of improving organisational performance.

This Policy is due to be reviewed.

OFFICER'S RECOMMENDATION
That Council: adopt the Exit Interview Policy as presented.

RESOLUTION 20240116.5
It was moved Cr Fox seconded Cr Buick and carried that Council adopt the Exit Interview Policy as presented.

REFERENCE DOCUMENT
- Policy

2. REPORTS FOR CONSIDERATION – OFFICE OF THE CHIEF EXECUTIVE OFFICER

2.4 Code of Conduct for Employees Policy

EXECUTIVE SUMMARY

The objects of this Code are to assist Staff to:

Comply with their statutory duty to act with integrity in the position held by the employee and in a way that shows a proper concern for the public interest; Provide a basic guide for identifying and resolving situations.

This Policy is due to be reviewed.

OFFICER'S RECOMMENDATION
That Council: adopt the Code of Conduct for Employees Policy as presented.

RESOLUTION 20240116.6
It was moved Cr Fox seconded Cr Johnston and carried that Council adopt the Code of Conduct for Employees Policy as presented.

REFERENCE DOCUMENT
- Policy

2. REPORTS FOR CONSIDERATION – OFFICE OF THE CHIEF EXECUTIVE OFFICER

2.5 Code of Conduct for Councillors Policy

EXECUTIVE SUMMARY

This Code of Conduct sets out the standards of behaviour that Council expects of their Councillors of the Richmond Shire Council.

This Policy is due to be reviewed.

OFFICER'S RECOMMENDATION
That Council: adopt the Code of Conduct for Councillors Policy as presented.

RESOLUTION 20240116.7
It was moved Cr Kennedy seconded Cr Buick and carried that Council adopt the Code of Conduct for Councillors Policy as presented.

REFERENCE DOCUMENT
- Policy

2. REPORTS FOR CONSIDERATION – OFFICE OF THE CHIEF EXECUTIVE OFFICER

2.6 Mobile Vendor Policy

EXECUTIVE SUMMARY

To introduce an annual and daily permit fee to regulate mobile vendors (including food).

OFFICER'S RECOMMENDATION
That Council: adopt the Mobile Vendor Policy as presented.

RESOLUTION 20240116.8
It was moved Cr Johnston seconded Cr Fox and carried that Council adopt the Mobile Vendor Policy as presented.

REFERENCE DOCUMENT
- Policy

2. REPORTS FOR CONSIDERATION – OFFICE OF THE CHIEF EXECUTIVE OFFICER

2.7   Hardship Policy

EXECUTIVE SUMMARY
To set out Richmond Shire Council's guidelines for the assessment of requests for rating relief due to financial hardship.

OFFICER'S RECOMMENDATION
That Council: adopt the Hardship Policy as presented.

RESOLUTION 20240116.9
It was moved Cr Buick seconded Cr Kennedy and carried that Council adopt the Hardship Policy as presented.

REFERENCE DOCUMENT
- Policy

2. REPORTS FOR CONSIDERATION – OFFICE OF THE CHIEF EXECUTIVE OFFICER

2.8   Caretaker Period for Local Government Elections 2024

EXECUTIVE SUMMARY
Legislation places limits during the caretaker period before quadrennial local government elections on publishing election material and making major policy decisions. This ensures that there are no significant policy decisions made near the end of a council term that bind future elected councils.

OFFICER'S RECOMMENDATION
That Council: note the information received.

Noted.

CEO Peter Bennett noted that the Electoral Commission Queensland Returning Officer will be here between 5-15 February 2024.

REFERENCE DOCUMENT
- Letter

3.   REPORTS FOR CONSIDERATION – CORPORATE SERVICES

3.1   Monthly Financial Statements

EXECUTIVE SUMMARY
In accordance with Section 204 of the *Local Government Regulation 2012* requires financial statements to be presented to Council at its ordinary meeting each month.

OFFICER'S RECOMMENDATION
That Council: receive the monthly financial report presenting the progress made as at 31 December 2023 in relation to the 2023/24 budget and including the:
- *Statement of Financial Position*
- *Statement of Comprehensive Income*
- *Statement of Cash Flows*

RESOLUTION 20240116.10
It was moved Cr Buick seconded Cr Johnston and carried that Council receive the monthly financial report presenting the progress made as at 31 December 2023 in relation to the 2023/24 budget and including the:
- *Statement of Financial Position*
- *Statement of Comprehensive Income*
- *Statement of Cash Flows*

REFERENCE DOCUMENT
- Statement of Financial Position
- Statement of Comprehensive Income
- Statement of Cash Flows

3.   REPORTS FOR CONSIDERATION – CORPORATE SERVICES

3.2   Operational Plan

EXECUTIVE SUMMARY
As required by Section 174(3) of the *Local Government Regulation 2012,* a progress report on the implementation of Council's 2023/2024 Operational Plan at the end of the December quarter is tabled for Council's consideration.

OFFICER'S RECOMMENDATION
That Council: receive and note the Quarter 2 progress report of RSC 2023/2024 Operational Plan for the December 2023 reporting period.

RESOLUTION 20240116.11
It was moved Cr Buick seconded Cr Johnston and carried that Council receive and note the Quarter 2 progress report of RSC 2023/2024 Operational Plan for the December 2023 reporting period.

DCS Peta Mitchell advised that a change has been made that the bulk rubbish collection would be put off until the end of 2024.

REFERENCE DOCUMENT
- Operational Plan

3. REPORTS FOR CONSIDERATION – CORPORATE SERVICES

3.3 Fees and Charges – Road Trading Operations

EXECUTIVE SUMMARY

A change has been proposed to the Mobile Vendor Policy that will impact the wording of the Roadside trading operations fees and charges so that they align with the temporary food licence in Environmental health.

OFFICER'S RECOMMENDATION

That Council: adopt the change for fees and charges for the roadside trading operations as presented.

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RESOLUTION 20240116.12

It was moved Cr Johnston seconded Cr Fox and carried that Council adopt the change for fees and charges to the roadside trading operations.

REFERENCE DOCUMENT

- Operational Plan

Meeting Adjournment

RESOLUTION 20240116.13

It was moved Cr Buick seconded Cr Johnston and carried that Council adjourn the meeting to meet with the Minister for Energy and Clean Economy Jobs at 8:47am.

RESOLUTION 20240116.14

It was moved Cr Fox seconded Cr Buick and carried that Council resume the meeting at 12:54pm.

Attendance

Cr Kennedy entered the meeting at 12:54pm

2. REPORTS FOR CONSIDERATION – OFFICE OF THE CHIEF EXECUTIVE OFFICER

2.9 Richmond Wagon Adventures

EXECUTIVE SUMMARY

Council has received a letter from Richmond Wagon Tours requesting permission to use Council venues for their business.

OFFICER'S RECOMMENDATION

That Council: discuss the request and decide on an outcome.

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RESOLUTION 20240116.15

It was moved Cr Johnston seconded Cr Kennedy and carried that Council support the request to use public venues for Richmond Wagon Adventures. Council requires a copy of the businesses Public Liability Insurance to have on record.

REFERENCE DOCUMENT

- Letter

3.	REPORTS FOR CONSIDERATION – CORPORATE SERVICES

3.4   Operational Amended Budget

EXECUTIVE SUMMARY
The purpose of this report is to complete the first Budget Review for the 2023/2024 financial year. This has been workshopped with the Executive Team and presented for adoption in accordance with Section 170(3) of the *Local Government Regulations 2012*.

OFFICER'S RECOMMENDATION
That Council: accept the proposed Amended Operational Budget for 2023/2024 as presented.

RESOLUTION 20240116.16
It was moved Cr Buick seconded Cr Johnston and carried that Council accept the proposed amended Operational Budget for 2023/2024 as presented.

REFERENCE DOCUMENT
- Operational Amended Budget

3.	REPORTS FOR CONSIDERATION – CORPORATE SERVICES

3.5   Capital Works Amended Budget

EXECUTIVE SUMMARY
The purpose of this report is to complete the first Budget Review for the 2023/2024 financial year. This has been workshopped with the Executive Team and presented for adoption in accordance with Section 170(3) of the *Local Government Regulations 2012*.

OFFICER'S RECOMMENDATION
That Council: accept the proposed Amended Capital Works Budget for 2023/2024 as presented.

RESOLUTION 20240116.17
It was moved Cr Kennedy seconded Cr Fox and carried that Council accept the proposed amended Capital Works Budget for 2023/2024 as presented.

REFERENCE DOCUMENT
- Capital Works Amended Budget

CLOSED SESSION

1.	REPORTS FOR CONSIDERATION – WORKS

1.1   Tender 2324_02 Supply and Delivery of 1 Diesel Grader with 14-foot blade

RESOLUTION 20240116.18
It was moved Cr Kennedy, seconded Cr Johnston and carried that Council enter a closed session according to the Local Government Regulation 2012 275, (1) (c) the local government's budget;

RESOLUTION 20240116.19
It was moved Cr Fox, seconded Cr Buick and carried that Council exit a closed session according to the Local Government Regulation 2012 275, (1) (c) the local government's budget;

EXECUTIVE SUMMARY

This replacement machine is for local road maintenance. The acquisition of a new machine will provide the Works Department with the necessary equipment to fulfill their operational requirements.

OFFICER'S RECOMMENDATION
That Council: accept one of the quotes received.

RESOLUTION **20240116.20**
It was moved Cr Kennedy seconded Cr Buick and carried that Council accept the quote from Hastings Deering.

REFERENCE DOCUMENT
- Tender Quotes and Summary

1. REPORTS FOR CONSIDERATION – WORKS

1.2   Tender 2324_03 – Delivery of 1 Stabiliser/Recycler, Mixing Width 2.4m

RESOLUTION **20240116.21**
It was moved Cr Johnston, seconded Cr Buick and carried that Council enter a closed session according to the Local Government Regulation 2012 275, (1) (c) the local government's budget;

RESOLUTION **20240116.22**
It was moved Cr Kennedy, seconded Cr Fox and carried that Council exit a closed session according to the Local Government Regulation 2012 275, (1) (c) the local government's budget;

EXECUTIVE SUMMARY

It has become evident that our current stabiliser is in need of replacement. Owing to its outdated nature and complete mechanical overhaul requirements, procuring parts for the machine from its European manufacturer is a lengthy process. Furthermore, the machine's frequent breakdowns and maintenance requirements lead to lengthy periods spent in the workshop.

As a result, it is advisable to consider investing in newer machines which offer a multitude of benefits. These benefits include increased efficiency, superior technology, fuel efficiency, and long-term cost-effectiveness. In light of these advantages, replacing the current stabiliser with a newer machine is a judicious decision that will result in effective and reliable performance.

OFFICER'S RECOMMENDATION
That Council: accept one of the quotes received.

Council unanimously agreed to hold off on a decision until more research has been considered.

REFERENCE DOCUMENT
- Tender Summary and Quotes

GENERAL BUSINESS

Cr Buick asked if the letters were sent to Horse Paddock Lessees to use the Trucking Paddocks for a short period of time from January-March and if anyone took the offer up. CEO Peter Bennett noted that letters were sent out at the end of 2023 and a couple of people took the offer.

Cr Buick asked if data has been collected over the last six months with water charging and if it will be discussed. DCS Peta Mitchell noted that a spreadsheet is in the process with data and will be forwarded to Councillors for perusal. Billing will take place in January.

Cr Fox updated Council that she is having another meeting in Townsville with Matthew Green from Queensland Ambulance Service regarding a Paramedic in Richmond.

Cr Fox has also been in discussions with the State Government and Richmond Early Education Centre regarding funding for another shade cloth over the children's playground.

Cr Fox asked if Council would be interested in holding a gardening competition in conjunction with the Richmond Field Days. Council agreed to hold a decision over until April.

Cr Johnston advised Council that the pump track is now completed on their end. Council needs to complete some finishing touches before January 26, 2024. Council agreed to hold it's opening on January 26.

Cr Johnston asked if anyone received any feedback regarding the Local Buy campaign held in December. No one had received any feedback.

Cr Kennedy asked if a stockpile of ballast could be ready at the Cambridge Crossing for when the river level drops a bit more, it is ready to place. Cr Wharton noted it would be best to do it before more rain comes.

Cr Wharton gave an update to Council on the Maxwelton Farming and Maxwelton Saleyards.

CLOSE OF MEETING

RESOLUTION **20240116.23**
It was moved Cr Fox, seconded Cr Johnston, and carried that the information reports be received and noted.

Meeting closure

RESOLUTION **20240116.24**
It was moved Cr Buick, seconded Cr Fox and carried that the meeting close at 1:54pm.

Next Ordinary Meeting

20 February 2024.

I hereby confirm that this is a true and correct record of the minutes of the Richmond Shire Council Ordinary Meeting Tuesday 16 January 2024.

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Mayor

Item 2. Reports for Consideration – Office of the Chief Executive Officer

Item 2.1 Councillor Code of Conduct Policy

EXECUTIVE SUMMARY

This Code of Conduct sets out the standards of behaviour that Council expects of their Mayor and Councillors of the Richmond Shire Council when carrying out their roles, responsibilities, and obligations as elected representatives.

The Councillor Code of Conduct Policy has been updated to reflect the Local Government Act 2009 and the Code of Conduct for Councillors in Queensland Document received from the Department of State Development.

OFFICER'S RECOMMENDATION
That Council: adopt the Councillor Code of Conduct Policy as presented.

Budget & Resource Implications
N/A

Background
The Councillor Code of Conduct has had major changes to reflect the Local Government Act 2009 and the Code of Conduct for Councillors in Queensland Document received from the Department of State Development.

The Policy is now aligned with current legislation with changes to **9. Unsuitable Meeting Conduct and 10. Dealing with Conduct Breaches, Misconduct and Corrupt Conduct.**

Consultation (Internal/External)
Internal: Director of Corporate Services – Peta Mitchell

Attachments
Attachment A – Policy

Report prepared by **Tiana Grant (Executive Assistant)**

RICHMOND SHIRE COUNCIL
CODE OF CONDUCT FOR COUNCILLORS POLICY

POLICY NUMBER:	**070**
INFOXPERT REF:	**91237**
TIME PERIOD OF REVIEW:	**2 Year**
DATE OF NEXT REVIEW:	**December 2025**

1. OBJECTIVE

This Code of Conduct sets out the standards of behaviour that Council expects of their Mayor and Councillors of the Richmond Shire Council when carrying out their roles, responsibilities, and obligations as elected representatives.

The requirements of this Code are in addition to the roles, responsibilities and obligations of Councillors as set out in the *Local Government Act 2009* (the "Act") and the *Local Government Regulation 2012* (the "Regulation"). This Code has been adopted by resolution of Council.

Failure to comply with a procedure may be inappropriate conduct for the purposes of the Act.

2. BACKGROUND

Under section 150D of the Local Government Act 2009 (the LGA), the Minister for Local Government (the Minister) must make a Code of Conduct stating the standards of behaviour for Councillors in the performance of their responsibilities as Councillors. In addition to this, the Code of Conduct may contain anything the Minister considers necessary for, or incidental to, the standards of behaviour.

Before assuming public office, Councillors must understand and commit to complying with the local government principles and obligations of Councillors in accordance with section 169 of the LGA and 169 of the City of Brisbane Act 2010 (CoBA), as well as the standards of behaviour set out in this Code of Conduct.

All Councillors are required to make a declaration of office under the applicable legislation. As part of that declaration, Councillors must declare that they will abide by this Code of Conduct.

3. KEY RESPONSIBILITIES OF COUNCILLORS

Under The *Local Government Act 2009*

3.1 To perform all responsibilities under the Act in accordance with the local government principles:

(a) transparent and effective processes, and decision-making in the public interest; and

(b) sustainable development and management of assets and infrastructure, and delivery of effective services; and

(c) democratic representation, social inclusion and meaningful community engagement; and

(d) good governance of, and by, local government; and

(e) ethical and legal behaviour of Councillors.

3.2   To represent the current and future interests of the residents and ratepayers of the Shire.

3.3   To ensure the local government –

(f)   discharges its responsibilities under the Act;

(g)   achieves its corporate plan; and

(h)   complies with all applicable laws.

3.4   To provide high quality leadership to the local government and to the community.

3.5   To participate in council meetings, policy development and decision-making for the benefit of the local government area.

3.6   To be accountable to the community for the local government's performance.

3.7   The Mayor has additional responsibilities to –

(i)   lead and manage meetings of the local government;

(j)   prepare a budget to present to the local government;

(k)   lead, manage and provide strategic direction to the CEO;

(l)   direct the CEO and senior executive employees in accordance with the local government's policies;

(m)   conduct the CEO's performance appraisals;

(n)   provide information to the Minister upon request;

(o)   be a member of each standing committee; and

(p)   represent the local government at ceremonial or civic functions.

3.8   Abide by the caretaker period arrangements prior to a local government election.

3.9   To contact staff for assistance or information only in accordance with Council's approved acceptable requests guideline.

3.10   Not to use information acquired as a Councillor to gain, directly or indirectly, a financial advantage for anyone, or to cause detriment to the local government.

3.11   Not to release information the Councillor knows, or should reasonably know, is information that is confidential to the local government.

3.12   To correct and keep up to date the Councillors register of interests.

3.13   To disclose a material personal interest.

3.14   To declare conflicts and perceived conflicts of interest.

3.15   Not to give false or misleading information.

Councillors also have responsibilities under the *Work Health & Safety Act 2011,* including a general duty of any worker to take reasonable care for his/her safety, take reasonable care that his/her acts or omissions do not adversely affect the health and safety of others, comply with any reasonable instruction by the person conducting the business or undertaking, and co- operate with any reasonable policy or procedure relating to the health or safety of the workplace.

This list of responsibilities is not an exhaustive list. Councillors should maintain a good working knowledge of the Act and other legislation to the extent that they impose obligations on them. Examples include *Integrity Act 2009, Right to Information Act 2009, Local Government Electoral Act 2011,* and the *Public Sector Ethics Act 1994.*

4. KEY ETHICAL AND BEHAVIOURAL OBLIGATIONS

Councillors must:

4.1   ensure that their personal conduct does not reflect adversely on Council's reputation;

4.2   demonstrate respect for fellow Councillors, council employees and members of the community;

4.3   commit to honest, fair, and respectful engagement with the community;

4.4   conform to the requirements of Council's Meetings Standing Orders during formal meetings of the Council and any formal committees;

4.5   not communicate with the public on behalf of Council, through the media or otherwise, unless authorised to do so by the Mayor;

4.6   not commit Council to a position or outcome unless expressly authorised to do so;

4.7   when communicating to the public, through the media or otherwise, make it clear whether they are speaking on behalf of Council, or are expressing a personal opinion;

4.8   not provide information about Council to, or issue any instructions to any of Council's contractors or service providers;

4.9   refrain from harassing or bullying (see Clause 10 for definitions) another Councillor, Council employee or any other person; and refrain from supporting anyone else who behaves in such a manner; and

4.10   respect and protect the privacy and personal information of individuals.

5. DECISION MAKING

Councillors must comply with the statutory requirements covered in clause 2 above.

Additionally, Councillors are expected to:

5.1   prepare for meetings and workshops by allocating sufficient time to read and comprehend the information provided for that purpose;

5.2   attend all Council ordinary meetings unless given leave of absence and prioritise attendance at Councillor workshops;

5.3   be active participants in contributing to ideas generation, discussion and debate;

5.4   minimise distractions from phones and computers;

5.5   note that workshops are not decision-making forums and are held to inform, engage and consult with Councillors prior to formal consideration of matters in a public forum; and

5.6   respect that all information presented and discussed at workshops is confidential unless specifically documented to the contrary.

(Note – 'workshops' includes Councillor workshops and Mayor/Councillor meetings).

6. CONTACT WITH STAFF

The Acceptable Request Guideline, adopted by Council pursuant to the Act, details the arrangements that apply to Councillors seeking assistance or information from Council's employees.

Councillors should avoid seeking advice or information from staff who are not on the list attached to the Guideline. Councillors must also note section 170 of the Act as amended from time to time and the requirement not to direct staff or attempt to do so (see 'key responsibilities of Councillors above).

Councillors should take particular care to frame requests for assistance or information in such a way that they cannot be interpreted as instructions, or as attempts to exert improper influence over a process or decision.

Contact with directors and staff should be restricted to normal business hours unless the matter is urgent; i.e. it is of such significance that its resolution cannot wait until business hours resume.

Excessive and unnecessary copying of emails to groups of directors/staff should be avoided.

Unless specifically involved as a panel member of a staff recruitment process (such as required by section 196 of the Act – employing a senior executive employee where the Mayor, Deputy Mayor and Chief Executive Officer comprise the selection panel), Councillors are to distance themselves from such processes to avoid being perceived as using their office to improperly influence decisions relating to the employment or career advancement of Council staff.

7. USE OF ENTITLEMENTS

Councillors must ensure that public resources are used prudently and only in the public interest. Council has adopted the Councillor Expenses Reimbursement Policy which ensures that Councillors have the facilities and support to perform their duties whilst also ensuring compliance with community expectations and statutory requirements.

Councillors must not use Council resources for any purpose that is prohibited in any Council policy, guideline, or procedure. This includes the use of Council equipment and facilities for electoral purposes, or enlisting Council employees to assist with a Councillors private business. Councillors must take all reasonable care of Council equipment and must not permit the misuse of equipment, facilities, or other resources by any other person.

8. COUNCIL'S POLICIES, GUIDELINES AND PROCEDURES

To the extent that they are relevant, Councillors must comply with Council's approved policies, guidelines, and procedures.

9. UNSUITABLE MEETING CONDUCT

150H What is unsuitable meeting conduct
The conduct of a councillor is unsuitable meeting conduct if the conduct—
 (a) happens during a local government meeting; and
 (b) contravenes a behavioral standard.

150I Chairperson may deal with unsuitable meeting conduct
(1) This section applies if, at a local government meeting, the chairperson of the meeting reasonably believes the conduct of a councillor during the meeting is unsuitable meeting conduct. (2) The chairperson may make 1 or more of the following orders—
 (a) an order reprimanding the councillor for the conduct;
 (b) an order requiring the councillor to leave the place at which the meeting is being held, including any area set aside for the public, and stay away from the place for the rest of the meeting;
 (c) if the councillor fails to comply with an order to leave and stay away from the place—an order that the councillor be removed from the place.
(3) If the chairperson makes an order under subsection (2), the chairperson must ensure details of the order are recorded in the minutes of the meeting or, if minutes are not required for the meeting, in another way prescribed by regulation.

Note— See also sections 150DX and 150DY about recording orders made by the chairperson of a local government meeting under this section in the councillor conduct register.

150IA Dealing with unsuitable meeting conduct of chairperson
(1) This section applies if, during a local government meeting, a councillor reasonably believes the conduct of the chairperson of the meeting is unsuitable meeting conduct.
(2) The councillors at the meeting, other than the chairperson, may, by resolution—
 (a) decide whether the conduct is unsuitable meeting conduct; and
 (b) if the conduct is unsuitable meeting conduct—make an order reprimanding the chairperson for the conduct.
(3) If minutes are not required for the meeting, details of the order must be recorded in another way prescribed by regulation.

Note— See also sections 150DX and 150DY about recording orders under this section in the councillor conduct register.

150J Unsuitable meeting conduct that becomes inappropriate conduct
If the conduct of a councillor at a local government meeting is inappropriate conduct under section 150K (2), the local government—
 (a) is not required to notify the assessor about the conduct; and
 (b) may deal with the conduct under section 150AG.

10. DEALING WITH CONDUCT BREACHES, MISCONDUCT AND CORRUPT CONDUCT

150K What is inappropriate conduct
(1) The conduct of a councillor is inappropriate conduct if the conduct contravenes—
 (a) a behavioural standard; or
 (b) a policy, procedure or resolution of the local government.
(2) Also, the conduct of a councillor is inappropriate conduct if—
 (a) the conduct contravenes an order of the chairperson of a local government

meeting for the councillor to leave and stay away from the place at which the meeting is being held; or

(b) it is part of a course of conduct at local government meetings leading to orders for the councillor's unsuitable meeting conduct being made on 3 occasions within a period of 1 year.

(3) For subsection (2)(b), the conduct that led to the orders being made, taken together, is the inappropriate conduct.

(4) However, inappropriate conduct does not include conduct that is—

(a) unsuitable meeting conduct, to the extent the conduct is not conduct mentioned in subsection (2); or

(b) misconduct; or

(c) corrupt conduct.

150L What is misconduct

(1) The conduct of a councillor is misconduct if the conduct—

(a) adversely affects, directly or indirectly, the honest and impartial performance of the councillor's functions, or the exercise of the councillor's powers; or

(b) is or involves—

(i) a breach of the trust placed in the councillor, either knowingly or recklessly; or

(ii) a misuse of information or material acquired in, or in connection with, the performance of the councillor's functions, whether the misuse is for the benefit of the councillor or for the benefit, or to the detriment, of another person; or

(c) contravenes any of the following—

(i) an order of the local government or the conduct tribunal;

(ii) the acceptable requests guidelines of the local government under section 170A or the City of Brisbane Act 2010;

(iii) a policy of the local government about the reimbursement of expenses;

(iv) section 150R(2), 170(3), 171(3) or 175G;

(v) the City of Brisbane Act 2010, section 170(2) or 173(3).

(2) Also, the conduct of a councillor is misconduct if the conduct—

(a) is part of a course of conduct leading to the local government deciding to take action under section 150AG to discipline the councillor for inappropriate conduct on 3 occasions within a period of 1 year; or

(b) is of the same type stated in an order of the local government that if the councillor engages in the same type of conduct again, it will be dealt with as misconduct.

(3) For subsection (2)(a), the conduct that led to the 3 occasions of disciplinary action, taken together, is the misconduct.

(4) It does not matter if the conduct happened outside the State.

11. HOW COMPLAINTS ARE DEALT WITH

Complaints about the conduct and performance of Councillors are dealt with according to the requirements of the Act. Details of the processes followed are contained in Act.

12. DEFINITIONS

Workplace Bullying means the repeated less favourable treatment of a person by another or others in the workplace, which may be considered unreasonable and inappropriate workplace

practice. It includes behaviour that intimidates, offends, degrades, or humiliates a worker.

Workplace harassment means unlawful harassment occurs when someone is made to feel intimidated, insulted or humiliated because of their race, colour, national or ethnic origin, sex, disability, sexual preference, or some other characteristic specified under antidiscrimination or human rights legislation. It can also happen if someone is working in a 'hostile' – or intimidating – environment.

13. IMPLEMENTATION
This Policy will commence from the Policy reviewed date and will be made available to all corporate staff on Council's intranet site/network, and to all outdoor staff via their supervisor/coordinator. Council reserves the right to vary, replace or terminate this Policy from time to time. This Policy will typically be reviewed when a review has been deemed appropriate by organisational processes (e.g., audit recommendations), or when legislative requirements change.

14. RELATED DOCUMENTS

- Councillor Acceptable Requests Policy

15. LEGISLATION

- Code of Conduct for Councillors – DLGRMA
- *Local Government Act 2009*
- *Code of Conduct for Councillors in Queensland*

16. APPROVAL

Date of Adoption: 15 May 2018
Policy Reviewed: General Council Meeting 16 January 2024
Resolution Number: 20240116.8

Policy Authorised: Peter Bennett
                       Chief Executive Officer

Item 2.2 March Council Meeting

EXECUTIVE SUMMARY
The scheduled Tuesday, 12 March 2024 Council Meeting is required to be changed due to other commitments by the Mayor.

OFFICER'S RECOMMENDATION
That Council: reschedule the March 2024 Council Meeting to Thursday 14 March 2024.

Budget & Resource Implications
N/A

Background
Thursday 14 March 2024 has been proposed by the Chief Executive Officer for the March Council Meeting.

Consultation (Internal/External)
Internal: Chief Executive Officer – Peter Bennett

Attachments
Nil

Report prepared by **Tiana Grant (Executive Assistant)**

Item 4. Reports for Consideration – Community Services

Item 4.1 Minimising Potential Harm Care Policy

EXECUTIVE SUMMARY
Consumers may be at risk of harm due to a range of issues related to altered cognition, frailty, functional decline, reduced health and wellbeing, sensory losses, changes in environment and mental health.

OFFICER'S RECOMMENDATION
That Council: adopt the Minimising Potential Harm Care Policy as presented.

Budget & Resource Implications
N/A

Background
Updates have been made to this Policy to align with Legislation.

Consultation (Internal/External)
N/A

Attachments
Attachment B – Policy

Report prepared by **Angela Henry (Director of Community Services and Development)**

CONTENTS

3.3 MINIMISING POTENTIAL HARM: CARE POLICIES

OVERVIEW

Consumers may be at risk of harm due to a range of issues related to altered cognition, frailty, functional decline, reduced health and wellbeing, sensory losses, changes in environment and mental health.

Richmond Aged Care works with consumers through assessment, support planning, referral, review and monitoring to identify the risk of potential harm and uses strategies to reduce the risk of harm.

A range of practices are in place to reduce the risk of potential harm for consumers including:

- Handover
- Managing deterioration
- Supporting those living with cognitive impairment
- Managing delirium
- Supporting sensory impairments
- Falls and mobility impairments
- Supporting optimal nutrition and hydration
- Promoting oral and dental health
- Optimising continence care – bladder and bowel
- Medication management
- Supporting restful sleep
- Supporting pain management
- Providing end of life care
- Preventing pressure injury and promoting skin integrity
- Minimising the use of restrictive practices

CONSUMER-FOCUSED CARE POLICY

Quality and safe care is provided to all Richmond Aged Care consumers through the implementation of our Consumer-Focused Care Policy that is operationalised by:

- Consultation with the consumer (and their representative if requested/required by the consumer relative to their ability to participate) before, during and after admission to our service
- Identification of the consumer's expressed (SMART) goals and working with them to articulate how Richmond Aged Care can support them in achieving them whilst promoting independence
- Measuring and monitoring the consumer's achievement of their goals on an ongoing basis through consultation, review, and reassessment
- Using previously conducted assessments and referral information to inform our assessments
- Conducting assessments relevant to the consumer's need and using this information to inform the development of a consumer-approved support plan

- Delivering quality and safe services consistently by reviewing the consumer's progress in meeting defined goals, measuring our performance, auditing our performance, and conducting surveys, meetings and focus groups

- Referring consumers when necessary to services and suitably qualified health professionals and incorporating information from other service providers and health professionals into our support plans

- Identifying and minimising risk to consumers whilst supporting the 'dignity of risk' for every consumer

- Consistently documenting the care and services provided to tell the consumer journey, improve our services, and meet regulatory requirements

- Providing staff with training, support, supervision, and mentorship to deliver safe and quality services

- Improving our services by listening to and engaging with consumers, staff, contractors, volunteers, community, and other stakeholders

- Monitoring and reporting our practice through the review of clinical and care indicators through our clinical governance framework reporting.

Practice documents outline how we deliver our care policy as it relates to specific areas of care.

Item 4.2 Medication Management Policy

EXECUTIVE SUMMARY

Richmond Aged Care promotes the safe and effective use of medications for all consumers in line with current legislation and guidelines. Medication management can be provided to consumers by the Registered/Enrolled Nurse or Support Workers. The Registered/Enrolled Nurse is bound to follow professional guidelines[1] in the delivery of medications. Support Workers can only provide medication management support if they have been deemed competent to do so. Consumers are encouraged to remain independence in the management of their medications.

OFFICER'S RECOMMENDATION
That Council: adopt the Medication Management Policy as presented.

Budget & Resource Implications
N/A

Background
Updates have been made to this Policy to align with Legislation.

Consultation (Internal/External)
N/A

Attachments
Attachment C – Policy

Report prepared by **Angela Henry (Director of Community Services and Development)**

CONTENTS

3.4 MEDICATION MANAGEMENT POLICY

Richmond Aged Care promotes the safe and effective use of medications for all consumers in line with current legislation and guidelines. Medication management can be provided to consumers by the Registered/Enrolled Nurse or Support Workers. The Registered/Enrolled Nurse is bound to follow professional guidelines[1] in the delivery of medications. Support Workers can only provide medication management support if they have been deemed competent to do so. Consumers are encouraged to remain independence in the management of their medications.

This Policy is developed in line with contemporary guidance for medication management including:

- Australian Nursing and Midwifery Federation Nursing Guidelines: Management of Medicines in Aged Care 2013

- Department of Health and Ageing Guiding Principles for Medication Management in Residential Aged Care Facilities 2012

- Australian Pharmaceutical Advisory Council Guiding Principles for Medication Management in the Community 2012.

The legislation guiding medication management in WA is the Medicines and Poisons Act 2014 and Medicines and Poisons Regulations 2016; however, this legislation does not define the roles of support workers in medication management.

Each consumer is assessed to understand what medication supports they require to ensure safe and correct medication processes and promote their independence.

The practices supporting the medication policy include:

- [Medication Guiding Principles Practice](#)

- [Medication Management and Error Reporting Practice](#)

- [Support Worker Medication Support Practice](#).

Definitions

(See 3.1.7 Definitions.)

Responsibilities

Registered nurse responsibilities
Registered Nurses are able to administer medications (prescribed and non-prescribed) as per their scope of practice and in line with the requirements of the Health Practitioner Regulation National Law Act 2009, Health Practitioner Regulation National Law (WA), and the Medicines and Poisons Act 2014 and Medicines and Poisons Regulations 2016. The Registered Nurse is responsible for supporting consumers with their medications in the following ways:

- Ensuring they practice within their scope of practice to provide medication support

- Assessing the need for medication support for consumers where necessary

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[1]   Australian Nursing and Midwifery Federation Nursing Guidelines: Management of Medicines in Aged Care 2013

- Identifying the type of medications currently taken by the consumer and conducting medication reconciliation

- Liaising with the doctor and/or pharmacist as required

- Developing a medication plan for the consumer and identifying who will provide the medication support [this may include medication support by the Support Workers (blister packed medications and those Support Workers are competent to support the consumer with) or the Registered Nurse (other medications such as suppositories, insulin injections)

- Reviewing medication support during reassessment and if medication errors occur

- Ensuring the competency and supervision of Support Workers to provide medication support by providing medication support training and competency assessment

- Conducting annual audits of medication management and reports to the Clinical Care Committee meeting and participating in the Medication Advisory meeting in the Clinical Care Committee twice per year.

The Registered Nurse is responsible to Richmond Aged Care in relation to medication policy support in the following ways:

- Providing clinical advice and input into policies and procedures

- Participating in the review of Medication Error Reports to identify improvements and support staff development

- Participating in the Clinical Care Committee to inform improvements and development of policy/procedures relating to medication management.

Support worker responsibilities

The Support Workers are responsible for medication support by:

- Never being involved in the management and/or administration of consumer medication, beyond their skills and training

- Ensuring that they are competent to provide medication support and refresh their competency every 12 months

- Being adequately trained by attending organisation endorsed medication training, assessed as competent by the Registered Nurse, and feeling confident in performing the consumer medication assistance required of them

- Being adequately trained to identify potential adverse effects medication may have on the consumer (within their knowledge and skill)

- Liaising with their supervisor/Registered Nurse regarding medication support as required

- Following all medication support policies, procedures and practices

- Providing medication support as per the medication plan

- Reporting any medication incidents using a Medication Error Report

- Never providing medication advice or information to consumers/representatives.

Home care

Team leader responsibilities

The Team Leaders are responsible for medication support by:

- Reviewing the assessed need for medication support for home care consumers (self-administration is encouraged and supported through medication support aids such as blister packs)

- Liaising with the doctor, pharmacist and registered nurse as required

- Developing a medication plan for the consumer and identifying who will provide the medication support including medication support by the Support Workers (blister packed medications and other medications Support Workers are competent to support the consumer with) or the Registered Nurse (other medications such as suppositories, insulin injections)

- Reviewing consumers medication support during reassessment in consultation with the Registered Nurse

- Managing the follow up and implementation of improvements identified through the medication error reporting process.

See above for Support Worker medication responsibilities.

Consumer medication assessment

Where an assessment is needed to determine a consumer's capacity to participate in the management of his or her own medication, we use the following procedures:

Home care

A consumer Medication Consent Form is completed for all consumers we provide medication support for.

All consumers with capacity are encouraged to self-administer their medications. Strategies for assisting them to achieve this include the provision of blister packs, aids to open blister packs, prompting calls (telephone calls at medication administration times to prompt the consumer to take medications) and support to liaise with the medical practitioner to reduce the number and times medications are required. The Registered Nurse can assist in liaising with the medical practitioner as required.

Should medications require secure storage (due to a consumer accessing medications outside of the prescribed times) strategies for supporting safe storage such as a locked box are considered and implemented if deemed appropriate and detailed in the support plan.

Documentation requirements for the provision of medication

Home care requirements for medication support

If the consumer is having medication support, that is, the consumer is being prompted to take their medications, assisted with packaging and ensured the consumer has taken their medications the following is required:

- A Medication Consent Form is completed that outlines the type of medication assistance is to be provided (such as prompting for time of day or assistance with medication packaging)

- A Medication Order that details the doctor's prescription (which may be a signed patient medication summary, blister pack sheet provided by the pharmacist or a Medication Order form)

- A Medication Plan that describes the type of medication, assistance to be provided by the Support Workers including type, time, dose, and route of medication for the consumer is completed by the Registered Nurse

The consumer Medication Plan includes the following:

- o Consumer's name (including three identifiers)
- o Medication to be given
- o Dose to be administered
- o Specific route
- o Time/s to be given
- o Specific instructions regarding the medication, e.g. to be taken with food
- o Commencement date of medication
- o Cessation or review date of the medication.

- A Medication Record Sheet or signing sheet for Support Workers to notate:
  - o their initials if they have ensured the client has taken the medication
  - o 'S' for self-administered if they have observed the consumer self-administering their medications
  - o 'N' if the prescribed medication is not available
  - o 'R' if the consumer refuses the medication.

Limits to medication management practices

See [Medication Management Guiding Principles Practice](#).

Support workers are not placed in a position where they must make discretionary judgements concerning a consumer's health status when the consumer needs assistance from expert health professionals.

Examples of times when discretionary judgement may be required include:

- A consumer that needs to be monitored because of unstable health (unstable health is when a person's health is inconsistent and requires some intervention and changing of medication on a regular or ongoing basis).

- A consumer that consistently displays behaviour impacting on their ability to safely receive prescribed medications, e.g. takes too much medication, refuses to take medication, takes incorrect doses or misuses medication on a regular basis.

- Professional medication instructions are unclear, out of date, omitted or open to interpretation.

In these situations, the Support Worker informs the supervisor/Registered Nurse who contacts the consumer's doctor or other health professional for advice and ensure that the consumer is appropriately reviewed. The Registered Nurse provides medication management services to complex consumers.

Categories of medication

Medications are classified as either first category or second category medications. Support Workers may assist consumers with second category medications as specified in Table 3.4.1: Categories of Medication.

Table 3.4.1: Categories of Medication

First Category Medication	Second Category Medication
(Health Professionals only) Support Workers are not to provide support to consumers with this medication. The Registered/Enrolled Nurse can give medicines in this category that she is competent to give.	(Special skills/training required) Support Workers may assist consumers with this medication after receiving approved competency-based training and competency assessment that is updated on an annual basis.
	Scheduled 8 medications if in medication aid.
	Tablets, Patches and Wafers.
	Eye drops; Ear drops; Nose drops and Sprays.
	Topical, rectal and vaginal preparations (eg creams and ointments)
Any medications that are to be nebulised that have not been dispensed and prepared by a pharmacist into unit doses.	Any medications that are to be nebulised that have been dispensed and prepared by a pharmacist into unit doses. Metered dose inhalers that have been dispensed by a pharmacist.
Medicines given via feeding tubes (eg gastrostomy, jejunostomy) that have not been dispensed and prepared by a pharmacist into unit doses.	Medicines given via feeding tubes (eg gastrostomy, jejunostomy) that have been dispensed and prepared by a pharmacist into unit doses.
Medical Practitioner Only: • Intrathecal (into the spinal cord area) • Intraperitoneal (into peritoneum/ abdominal cavity) • Intraventricular (into ventricles of brain) • Epidural Registered Nurse: • Intravenous • Intramuscular • Subcutaneous • Enemas, pessaries and suppositories Enrolled Nurse: • Intramuscular or subcutaneous if checked by a Registered Nurse • Enemas, pessaries and suppositories	
All medications that are administered by the nasogastric route.	
Emergency situations: In an emergency situation Support Workers are not to practice outside of the scope of their ability and knowledge and are always to call for assistance (ambulance, Team Leader/Coordinator, Registered Nurse, medical practitioner, Pharmacist) if an emergency situation arises.	

Staff training for medication support

Registered nurses have the knowledge and skill to reconcile, manage, administer and coordinate the management of medications as part of their scope of practice. Should the Registered Nurse require further training and support in the management of medications, they seek professional development. Advice and support is sought by the Registered Nurse from medical practitioners and pharmacists as required. Enrolled nurses who have received appropriate medication training may administer medications within their scope of practice.

Support Workers are trained in the supervision, prompting and delivery of medications including medication awareness training and competency. The Registered Nurse assesses the competence of Support Workers in the management and administration of medications including assessing the competence of each Support Worker in the administration of approved category two medications. A range of competency forms are completed by the Registered Nurse and filed in the Support Worker's personnel file. Competency is assessed twice for the first assessment and once annually thereafter.

Policy review

This policy is reviewed by the Clinical Care Committee at least every twelve months to identify any required improvements and implements any improvements to the process. This policy review contributes to our clinical governance oversight of organisational practices with consideration to the ongoing review of medication errors.

Item 4.3 Restraint Minimisation and Use Policy

EXECUTIVE SUMMARY

Richmond Aged Care promotes a restraint free environment to ensure the safety and wellbeing of consumers and to ensure care is delivered in accordance with legislative, regulatory, standards, safety and best practice guidelines with relation to the application of restraint be it physical or chemical.

OFFICER'S RECOMMENDATION
That Council: adopt the Restraint Minimisation and Use Policy as presented.

Budget & Resource Implications
N/A

Background
Updates have been made to this Policy to align with Legislation.

Consultation (Internal/External)
N/A

Attachments
Attachment D – Policy

Report prepared by **Angela Henry (Director of Community Services and Development)**

CONTENTS

3.5 RESTRAINT MINIMISATION AND USE POLICY[12]

Richmond Aged Care promotes a restraint free environment to ensure the safety and wellbeing of consumers and to ensure care is delivered in accordance with legislative, regulatory, standards, safety and best practice guidelines with relation to the application of restraint be it physical or chemical.

The Restraint Minimisation and Use Practice outlines the details of the implementation of the Restraint Minimisation and Use Policy.

Home care
We do not restrain consumers at any time in the provision of home care. Consumers who require a seatbelt on mobility equipment (such as wheelchairs) is not considered restraint.

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[1] Australian Government Department of Health and Ageing 2012 Decision-making tool: Supporting a Restraint Free Environment in Residential Aged Care

[2] The Joanna Briggs Institute 2013 Aged Care Nursing Manual: Restraint Standards

Item 4.4 Complaints Management Policy and Procedure (Home Care)

EXECUTIVE SUMMARY
All clients of our Services who make a complaint about the home care service they receive should be able to do so without fear of losing the care or being disadvantaged in any way.

All staff members who make a complaint should be able to do so without fear of their employment being terminated or being subjected to harassment in the workplace.

OFFICER'S RECOMMENDATION
That Council: adopt the Complaints Management Policy and Procedure (Home Care) as presented.

Budget & Resource Implications
N/A

Background
Updates have been made to this Policy to align with Legislation.

Consultation (Internal/External)
N/A

Attachments
Attachment E – Policy

Report prepared by **Angela Henry (Director of Community Services and Development)**

CONTENTS

COMPLAINTS MANAGEMENT POLICY AND PROCEDURE (HOME CARE)

All clients of our Services who make a complaint about the home care service they receive should be able to do so without fear of losing the care or being disadvantaged in any way.

All staff members who make a complaint should be able to do so without fear of their employment being terminated or being subjected to harassment in the workplace.

We will:

a) record, respond and investigate as appropriate all complaints made regarding our services and our operations;

b) deal with every complaint fairly, promptly, confidentially and without retribution;

c) provide all reasonable information on our Complaints Management Policy and Procedure to all clients, staff members and other relevant stakeholders;

d) provide all reasonable information to clients, staff members and other relevant stakeholders on other mechanisms available to address complaints including external authorities and organisations; and

e) co-operate with and assist external authorities and organisations in the investigation of a complaint.

SCOPE

This policy and procedure applies to all:

a) staff members (including contracted agency staff) and volunteers; and

b) complaints made by a client, their representatives, staff members and other relevant stakeholders.

PURPOSE

The purpose of this policy and procedure is to:

a) provide a process for clients, client's representatives, staff members and other relevant stakeholders to make a complaint about our services and/or our operations;

b) ensure systems are in place to record, respond and investigate complaints;

c) ensure the protection of complainants;

d) ensure an open and transparent framework exists in which complaints may be made and are encouraged; and

e) ensure information and advice on mechanisms available to address complaints are made available.

LEGISLATIVE OBLIGATIONS

We will take all reasonable steps to comply with the obligations (including reporting obligations) imposed under all legislation relevant to the delivery of services to our clients and the workplace environment we provide for our staff members, including but not limited to:

a) *Fair Work Act 2009* (Cth);

b) *Aged Care Act 1997* (Cth); and

c) the *Aged care Principles*.

PROCEDURE

Provision of information

When a client starts receiving services, or a new staff member commences employment, we will endeavour to provide them with all reasonable information regarding the Complaints Management Policy and Procedure.

This information will include:

a) contact details of staff members to whom a complaint can be made;

b) access to advocacy (including the right to a support person); and

c) mechanisms for raising external complaints.

What is a complaint?

A complaint may include:

a) a staff member grievance; or

b) feedback or dissatisfaction by a client, their representative, a staff member or a relevant stakeholder about any aspect of a service we have provided.

Making a complaint

a) Internally

Staff members, clients, their representatives and other relevant stakeholders can lodge a complaint or provide feedback about our services either verbally or in writing.

i. Verbally

A verbal complaint can be made to the service manager.

A complaint can also be made directly to our CEO Peter Bennett

ii. Writing

A complaint can be lodged in writing using the applicable internal complaints form.

The complaint can be lodged either:

A. by handing it to the service manager;

B. by handing it to our CEO or

C. by posting it to our head office.

A complaint can also be made anonymously and in writing via the suggestion boxes located at our head office.

b) Externally

Various external agencies also provide an avenue for staff members, clients, their representatives, and other stakeholders to raise complaints and concerns.

Receipt and recording

We will document and record all complaints made, whether verbally or in writing.

If made verbally, the staff member to whom a complaint is made shall complete the applicable internal complaint's form on behalf of the complainant.

Immediately after a complaint is received, it should be referred to the service manager.

The service manager will acknowledge all complaints and respond to the complainant in writing within 7 business days.

The complainant should be informed of their right to a support person at any stage of the complaints management process.

Responding to a complaint

The complaint will be investigated by us in accordance with our Incident Reporting processes.

The complainant may be invited to participate in a conference by the staff member conducting the investigation. At the discretion of the service manager other interested parties may also be invited to participate in the conference to discuss the nature of the complaint and attempt to resolve it. This may include the presence or participation of a support person or advocate for the complainant.

The complainant will be provided with a response to their complaint within a reasonable timeframe after completion of any investigation. This response will be in writing and will include the outcome of the investigation, any proposed action and details of the right to lodge a complaint with any relevant external organisations.

Review

Once the agreed action is taken, the service manager must follow up with the complainant within a reasonable timeframe to ensure that the outcome is satisfactory.

Monitoring and evaluation

In order to ensure continuous improvement, we will aim to actively monitor:

a) the amount of time taken to resolve complaints;
b) whether recommended changes have been acted upon; and
c) whether satisfactory outcomes have been achieved.

The CEO (or their delegate) will annually review the Complaints Management Policy and Procedure to evaluate compliance and whether the processes are adequate and appropriate.

As part of the evaluation, our clients, their representatives and staff members may be asked to complete a survey which could include:

a) their awareness of the Complaints Management Policy and Procedure;
b) their satisfaction with our response to their complaint; and
c) their recommendations or suggestions for improvement.

Protection for complainants

We are committed to protecting and respecting the rights of a complainant who makes a complaint in good faith.

We will take all reasonable steps to ensure that no complainant is subject to:

a) reprisal;
b) demotion;
c) victimisation; or
d) discriminatory treatment.

However, making a complaint will not necessarily shield the complainant from the consequences flowing from the involvement in the conduct itself.

At our discretion, we may provide the complainant with immunity from organisational disciplinary proceedings.

We have no power to provide immunity from criminal prosecution.

Confidentiality

Confidentiality will be maintained at all stages of the complaint investigation.

Communication is limited to those people who need to be informed:

a) in order to resolve and action the complaint; or

b) as required by law.

Record keeping

We will maintain and store all records of the complaint, processes for handling the complaint, actions taken and the outcome.

The following are examples of details about the complaint that should be kept:

a) date complaint received;

b) nature of complaint;

c) actions resulting from complaint/decisions made; and

d) complainant and person who recorded complaint (if different).

External investigations and reporting obligations

To the extent required by law, we will cooperate and assist with any investigation conducted   by external agencies.

We will report any complaints in an accurate and timely manner to external authorities as required by law and/or in accordance with our internal policies and procedures.

Documentation

To support and implement this policy and procedure we refer to related documentation including:

a) policies;

b) procedures;

c) forms;

d) internal documents; and

e) external documents.

Item 4.5 CHSP Fees Policy

EXECUTIVE SUMMARY
The following Fees Policy principles address the issues of access, equity, affordability, user rights and privacy and ensure that fees generated by the *CHSP* Programme are used efficiently and for the benefit of *CHSP* consumers.

OFFICER'S RECOMMENDATION
That Council: adopt the CHSP Fees Policy as presented.

Budget & Resource Implications
N/A

Background
Updates have been made to this Policy to align with Legislation.

Consultation (Internal/External)
N/A

Attachments
Attachment F – Policy

Report prepared by **Angela Henry (Director of Community Services and Development)**

CONTENTS

8.5.1 CHSP FEES POLICY

Overview

The following Fees Policy principles address the issues of access, equity, affordability, user rights and privacy and ensure that fees generated by the *CHSP* Programme are used efficiently and for the benefit of *CHSP* consumers:

1. Inability to pay cannot be used as a basis for refusing a service to people who are assessed as requiring a service.

2. All consumers assessed as having the capacity to pay are charged fees. This is done in accordance with a scale of fees appropriate to their level of income, amounts of services they use, and any changes in circumstances.

3. *CHSP* funded agencies charge the full cost of the service where consumers are receiving, or have received, compensation payments intended to cover the cost of home care.

4. Consumers with similar levels of income and service usage patterns should be charged equivalent fees for equivalent services.

5. Consumers with high and/or multiple service needs are not to be charged more than a specified maximum amount of fees in a given period, irrespective of actual amounts of services used.

6. For purposes of this policy, solicited donations for services are equivalent to fees and are subject to all provisions of this policy.

7. Fees charged do not exceed the actual cost of service provision.

8. The fee charged for a service is all-inclusive and cover all material used in delivery of the service.

9. Fee collection is administered efficiently, and the cost of administration is less than the income received from fees.

10. The revenue from fees is used to enhance and/or expand *CHSP* services.

11. Procedures for the determination of fees, including assessment criteria, are clearly documented (in these policies and procedures) and publicly available (in the Consumer Handbook).

12. Procedures for the determination and collection of fees take into account the situation of special needs groups.

13. *The Richmond Aged Care Shire Aged Care Fees Policy is provided to potential consumers on request and to current consumers on request and in the Consumer Handbook. The Schedule of Fees is also available on request and is provided to consumers at their commencement meeting and whenever fees are changed.*

14. Assessment of a person's capacity to pay fees is as simple and unobtrusive as possible, with any information obtained treated confidentially.

15. Consumers and their advocates have the right of appeal against a given fee determination.

The relevant team members are responsible for monitoring fee and fee policy changes from CHSP, advising consumers of the revisions and for revising the information in this section of the Policies and Procedures as per our procedures.

Exclusions from fees

Fees are not charged for information, advisory and advocacy services, carer support, assessment/review services and friendly visiting.

Compensation consumers
Where consumers are receiving or will receive compensation to cover their costs, they are charged the full cost of the service.

Fees target
Richmond Aged Care Shire Aged Care is aiming over time to raise in fees, an amount equal to 15% of the CHSP operating costs.

Availability of CHSP fees policy
An up to date copy of the CHSP Fees Policy is maintained on our website and included in the Consumer Handbook.

Home care packages fees policy

Principles
Consumers have a right:

- To have their fees determined in a way that is transparent, accessible and fair

- To receive invoices that are clear and in a format that is understandable

- To have their fees reviewed periodically and on request when there are changes to their financial circumstances

- Not to be denied care and services because of their inability to pay a fee for reasons beyond their control.

Consumers have the responsibility:

- To pay any fee as specified in the agreement or negotiate an alternative arrangement with the provider if any changes occur in their financial circumstances.

Basic daily care fee
For the Basic Daily Care Fee, Richmond Aged Care Shire Aged Care follows the Department of Health Schedule of Fees and Charges for Residential and Home Care, that is updated twice per year.

Transparency of pricing
Richmond Aged Care Shire Aged Care includes all business related costs in the hourly rate of each service provided. We publish, and maintain up to date, pricing information in the standardised home care Pricing Schedule (the Schedule) on the My Aged Care website.

A printed version of the Pricing Schedule is also included in the Home Care Agreement and a copy of the Schedule is provided to consumers when changes are implemented and agreed to by the consumers. If we need to charge a different amount to that included in the Home Care Agreement we discuss and agree this amount with the consumer and detail the different price and the reason in the Agreement.

We also provide a website link for consumers and others to download our Detailed Pricing Schedule that includes information about all the services and costs that we may charge. Printed copies are also provided to consumers as required.

Consumer agreement on fees

Fees are charged with consideration to the consumer's ability to pay. The consumer's contribution is agreed upon prior to commencement of services between the consumer and the relevant team member once support requirements are assessed. Consumers who are financially disadvantaged are still eligible for services and a nominal fee is agreed upon. No consumer is denied a service if they are unable to pay. The agreed fees are included in the Home Care Agreement through the insertion of a copy of the agreed Pricing Schedule.

Review of fees

We review our Pricing Schedule annually and advise consumers of any changes. Consumer charges are revised with consideration to the consumer's ability to pay and only if the consumer consents to pay. Where charges are varied the Home Care Agreement is updated with a copy of the new agreed Pricing Schedule signed by Richmond Aged Care Home Care and the consumer or their representative.

Basic daily care fee considerations

For consumers whose package commenced before July 2014, consumers receiving a home care package are consulted about the fees which will not exceed those calculated in accordance with the *Aged Care Act 1997* and *User Rights Principles 2014* not exceeding 17.5% of consumer's total pension (for single and married consumers) if the consumer is in receipt of the basic pension. If a consumer's income is more than the basic rate of the single pension, they may be required to pay up to 17.5% of the person's income to the level of the basic pension plus up to 50% of income above the basic pension.

For consumers whose package commenced after July 2014, fees for full pensioners remain the same and a basic daily fee of up to 17.5% is charged to the consumer. If the consumer has more income than a full pensioner, we ask the consumer to contribute more to the cost of the care we provide through an income tested care fee. The amount that is charged is calculated by the Department of Human Services (Centrelink) or the Department of Veterans Affairs and advised to both the consumer and Richmond Aged Care Shire Aged Care.

Means not disclosed[1]

New consumers are able to complete the income test form to help determine their aged care fees and accommodation costs before or at the time they commence a HCP.

If the consumer does not complete their income test form within 35 days of commencing services, which includes two reminders from the Department of Human Services, the consumer will be classified as "Means not disclosed" and asked to pay the maximum income tested care fee.

Fee caps

The Australian Government has developed fee caps so that there is an annual limit on how much consumers can be charged. These are explained to the consumer whenever fees are revised and as required.

Individualised budget

Each consumer receives an individualised budget that includes:

- All income (Government subsidy, supplements, consumer contributions)

- All expenses (charges for agreed services, purchased services and income-tested care fee, when applicable)

8.5.2 FEE MANAGEMENT

Principles

Fee reduction
We recognise that some consumers have a limited capacity to pay for support; however, the payment of a fee for service by consumers who have the capacity to pay is endorsed. People who are assessed as needing support are eligible to receive support, regardless of their capacity to pay. Consumers are informed of the fee reduction process in the Consumer Handbook.

Information obtained about a consumer's income is treated as private and confidential.

Refusal to pay
Consumers are sent reminders if they do not pay as arranged or if invoices are not paid in a timely manner. If a consumer is identified as being in arrears, without prior arrangement, the relevant team member contacts the consumer or their representative to discuss the matter. The consumer is advised that they can have an advocate with them for this meeting. A payment plan or other arrangements are made to assist the consumer to meet their responsibilities regarding fee payment. Consumer financial circumstances are reassessed at this time. If a consumer has not already done so, they are also referred to Centrelink to discuss their financial hardship if appropriate.

If, after consultation the consumer is considered able to pay their fees and refuses to pay, they are provided with a letter outlining the action to be taken by us. This can include cessation of services.

Appeals on fees
Consumers can advise the relevant Manager that they wish to appeal a fee determination. The Manager explores and documents the reasons for the appeal. Consumers are also encouraged to provide written information to support their appeal. The Manager reviews the documentation and may meet with the consumer and/or their representative to discuss the appeal.

The Manager may discuss the appeal with the CEO. The decision of the Manager is final and is communicated to the consumer in writing within 30 days of the date of appeal. If the consumer or representative wishes to further appeal the decision, they may refer to the matter to an Independent Appeals Tribunal for decision.

No consumer is disadvantaged or penalised as a result of lodging an appeal and if appropriate, fees are reduced while the appeal is being considered. Consumers can also request assistance to lodge an appeal.

Paying fees

Invoices
Invoices are issued at the end of each month by the Finance Team. The Team also follows up on outstanding invoices in consultation with the Team Leaders.

Fee Payments
Consumers can pay their contribution for services by cheque, cash, EFT or direct debit. If consumers choose to pay by direct debit, they are provided with a Direct Debit Form to complete.

The necessary information for fee payments is included in the Consumer Handbook.

CHSP

Fee schedule
Fees charged for support services are set in accordance with the CHSP fees policy above and are revised annually in March/April for the next financial year. Current fee levels are shown in our Fee Schedule (which is based on the Department of Health information).

CHSP fee reductions
In assessing consumers' ability to pay for support the following applies:

- Consumers can nominate whether they wish to be considered for a fee reduction. Clear guidelines are included with the Fee Reduction Form to indicate the circumstances where a fee reduction might be appropriate

- To assist consumers, their general household circumstances are determined (whether they live alone, are part of a couple or family living together, live in a household of unrelated people or are in some other circumstance) and the consumer is given clear instructions about whose income is to be assessed (single, or couple)

- *The relevant team member considers any exceptional and unavoidable expenses the consumer may have, such as high pharmaceutical expenses*

- Income is assessed at service commencement to determine the consumer's ability to pay based on their individual circumstances

- *Consumers are asked to advise us within 30 days of any significant changes in circumstances which may alter their status in relation to the payment/non-payment of fees*

- *In cases of hardship or where consumers request assistance, the fee can be waived. Consumers are advised and reassured that support will not be refused or withdrawn if they are unable to pay the fee*

- *Consumers are advised of the result of their application for a fee reduction within 15 working days from the date of lodgment and the relevant team member makes the decision.*

HCPs

HCP fee reductions
If a consumer thinks they will face financial hardship when paying the required fees, they can ask to be considered for financial hardship assistance in regard to their basic daily fee and/or the income-tested care fee. This requires an application to the Department of Human Services/Centrelink. Each case is considered on an individual basis.

Item 4.6 Supporting Independence Policy

EXECUTIVE SUMMARY
Richmond Aged Care Program will support clients to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing or delaying their inappropriate admission to long term residential care.

OFFICER'S RECOMMENDATION
That Council: adopt the Supporting Independence Policy as presented.

Budget & Resource Implications
N/A

Background
Updates have been made to this Policy to align with Legislation.

Consultation (Internal/External)
N/A

Attachments
Attachment G – Policy

Report prepared by **Angela Henry (Director of Community Services and Development)**

CONTENTS

Independence Policy
Supporting Independence Policy

Richmond Aged Care Program will support clients to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing or delaying their inappropriate admission to long term residential care.

Rationale
This Policy supports a comprehensive, coordinated, and integrated range of basic maintenance and support services for frail aged people, younger people with a disability and their Carers. Richmond Aged Care will provide a flexible, timely service that responds to the needs of the consumer.

ACTION

PROCESS
Richmond Aged Care promotes Independency by:

- Encouraging the client to do as much as they can for themselves.
- Creating a sense of achievement
- Specific training in independency provided to all staff on a regular basis.
- Supervising activities to ensure safety
- encouraging clients and carers to participate in all aspects of service delivery, development, and management

CONTENT
Richmond Aged Care:

- Improve quality of life for clients, by encouraging participations in Education Workshops, Health and Wellness Screenings and recreational activities
- Promote maintenance of independence
- Reduce isolation and loneliness and promote socialization
- Assist in the maintenance of an obstacle home environment
- Regularly review capabilities

Item 4.7 Privacy Policy and Procedure (Residential and Home Care)

EXECUTIVE SUMMARY
We will use all reasonable efforts to protect the privacy of individuals' personal information and to comply with the obligations imposed by the *Privacy Act 1988* (Cth) (**Privacy Act**), the Australian Privacy Principles (**APPs**), the Aged Care Act and the Aged Care Principles.

OFFICER'S RECOMMENDATION
That Council: adopt the Privacy Policy and Procedure (Residential and Home Care) as presented.

Budget & Resource Implications
N/A

Background
Updates have been made to this Policy to align with Legislation.

Consultation (Internal/External)
N/A

Attachments
Attachment H – Policy

Report prepared by **Angela Henry (Director of Community Services and Development)**

CONTENTS

PRIVACY POLICY AND PROCEDURE (RESIDENTIAL AND HOME CARE)

POLICY

We will use all reasonable efforts to protect the privacy of individuals' personal information and to comply with the obligations imposed by the *Privacy Act 1988* (Cth) (**Privacy Act**), the Australian Privacy Principles (**APPs**), the Aged Care Act and the Aged Care Principles.

This policy applies to all staff (including contracted agency staff) and volunteers.

We will only collect personal information by lawful and fair means and will only collect personal information that is necessary for one or more of our organisation's functions or activities.

If it is reasonable and practicable to do so, we will collect personal information about an individual only from that individual.

In meeting our obligations with respect to the privacy of our clients we acknowledge that people with vision or hearing impairments and those of culturally and linguistically diverse people may require special consideration.

PURPOSE OF POLICY

The purpose of this policy and procedure is to:

   i)   ensure personal information is managed in an open and transparent way;
   ii)   protect the privacy of personal information including Health Information of clients, residents and staff;
   iii)   provide for the fair collection and handling of personal information;
   iv)   ensure that personal information we collect is used and disclosed for relevant purposes only;
   v)   regulate the access to and correction of personal information; and
   vi)   ensure the confidentiality of personal information through appropriate storage and security.

PROCEDURE

What is "Personal Information"?

Personal Information is information or an opinion, whether true or not, and whether recorded in a material form or not, about an individual whose identity is apparent, or can reasonably be ascertained, from the information or opinion.

What is "Sensitive Information"?

Sensitive Information includes information or an opinion about an individual's racial or ethnic origin, political opinions, membership of a political association, religious beliefs or affiliations, philosophical beliefs, membership of a professional or trade association, membership of a trade union, sexual preferences or practices, criminal record, biometric information, biometric templates, health information about an individual and genetic information.

What is "Health Information"?

Health Information is:

i) information or an opinion about:

A. the health or a disability (at any time) of an individual;

B. an individual's expressed wishes about the future provision of health services to him or her; or

C. a health service provided, or to be provided, to an individual that is also personal information; or

ii) other personal information collected to provide, or in providing, a health service;

iii) other personal information about an individual collected in connection with the donation, or intended donation, by the individual of his or her body parts, organs or body substances; or

iv) genetic information about an individual in a form that is, or could be, predictive of the health of the individual or a genetic relative of the individual.

What is "Unsolicited Information"?

Unsolicited Information is all personal information received from an individual that we did not actively seek to collect.

What is an "Employee Record"?

An Employee Record is a record of personal information relating to the employment of the employee. Examples of personal information relating to the employment of the employee are Health Information about the employee and personal information about all or any of the following:

i) the engagement, training, disciplining or resignation of the employee;

ii) the termination of the employment of the employee;

iii) the terms and conditions of employment of the employee;

iv) the employee's personal and emergency contact details;

v)   the employee's performance or conduct;

vi)   the employee's hours of employment;

vii)   the employee's salary or wages;

viii)   the employee's membership of a professional or trade association;

ix)   the employee's trade union membership;

x)   the employee's recreation, long service, sick, personal, maternity, paternity or other leave; and

xi)   the employee's taxation, banking or superannuation affairs.

COLLECTION, USE AND DISCLOSURE

We will collect and use information about you during the course of your relationship with us. We explain below when and how we may collect, use and disclose this information.

It is important that the information we hold about you is up to date. You must let us know when the information you have provided has changed.

COLLECTION OF PERSONAL INFORMATION

Purpose of collection of Personal Information

We will only collect Personal Information about an individual by fair and lawful means and only if the information is necessary for one or more of our functions as an aged care provider and collection of the Personal Information is necessary to:

i)   comply with the provisions of state or commonwealth law;

ii)   provide data to government agencies in compliance with state or commonwealth law;

iii)   determine eligibility to entitlements provided under any state or commonwealth law;

iv)   provide appropriate services and care;

v)   enable contact with a nominated person regarding a client's health status; and

vi)   lawfully liaise with a nominated representative and to contact family if requested or needed.

Some individuals may not want to provide information to us. The information we request is relevant to providing them with the care and services they need. If the individual chooses not to provide us with some or all of the information we request, we may not be able to provide them with the care and services they require.

We will not collect your Sensitive Information (including Health Information) unless the collection of the information is reasonably necessary for or directly related to one or more of our functions and:

i)   you have consented to the collection of this information; or

ii)   the collection of the information is required or authorised by or under an Australian law or a court/tribunal order; or

iii)   a permitted general situation exists to the collection of the information; or

iv)   a permitted health situation exists in relation to the collection of the information;

6 METHODS OF COLLECTION

Personal Information and Sensitive Information (including Health Information), may be collected:

i)   from a client or resident;

ii)   from any person or organisation that assesses health status or care requirements, for example the Aged Care Assessment Team;

iii)   from the health practitioner of a client or resident;

iv)   from other health providers or facilities;

v)   from family members or significant persons of a client or resident; and

vi)   from a legal advisor of a client or resident.

We will collect Personal Information from the client or resident unless:

i)   we have the consent of the client or resident to collect the information from someone else; or

ii)   we are required or authorised by law to collect the information from someone else; or

iii)   it is unreasonable or impractical to do so.

At admission, a client or resident should identify any parties from whom they do not wish Personal Information accessed or to whom they do not wish Personal Information provided. This should be recorded in the file of the client or resident and complied with to the extent permitted by law.

Unsolicited Information

If we receive Personal Information from an individual that we have not solicited and we could not have obtained the information by lawful means, we will destroy or de-identify the information as soon as practicable and in accordance with the law.

Staff records

We must keep a record in respect of staff about:

i)   basic employment details such as the name of the employer and the employee and the nature of their employment (eg part-time, full-time, permanent, temporary or casual);

ii)   pay;

iii)   overtime hours;

iv)   averaging arrangements;

v)   leave entitlements;

vi)   superannuation contributions;

vii) termination of employment (where applicable); and

viii) individual flexibility arrangements and guarantees of annual earnings.

We may also collect Personal Information about a staff member relating to their employment being Employee Records (as defined above).

Notification

We will at or before the time or as soon as practicable after we collect Personal Information from an individual take all reasonable steps to ensure that the individual is notified or made aware of:

i)   our identity and contact details;

ii)   the purpose for which we are collecting Personal Information;

iii)   the identity of other entities or persons to whom we usually disclose Personal Information to;

iv)   that our privacy policy contains information about how the individual may complain about a breach of the APPs and how we will deal with a complaint;

v)   whether we are likely to disclose Personal Information to overseas recipients and if so, the countries in which such recipients are likely to be located and if practicable, to specify those countries.

Use and disclosure of information

a) Permitted disclosure

We may not use or disclose Personal Information for a purpose other than the primary purpose of collection, unless:

i) the secondary purpose is related to the primary purpose (and if Sensitive Information directly related) and the individual would reasonably expect disclosure of the information for the secondary purpose;

ii) the individual has consented;

iii) the information is Health Information and the collection, use or disclosure is necessary for research, the compilation or analysis of statistics, relevant to public health or public safety, it is impractical to obtain consent, the use or disclosure is conducted within the privacy principles and guidelines and we reasonably believe that the recipient will not disclose the Health Information;

iv) we believe on reasonable grounds that the disclosure is necessary to prevent or lessen a serious and imminent threat to an individual's life, health or safety or a serious threat to public health or public safety;

v) we have reason to suspect unlawful activity and use or disclose the Personal Information as part of our investigation of the matter or in reporting our concerns to relevant persons or authorities;

vi) we reasonably believe that the use or disclosure is reasonably necessary to allow an enforcement body to enforce laws, protect the public revenue, prevent seriously improper conduct or prepare or conduct legal proceedings; or

vii) the use or disclosure is otherwise required or authorised by law.

If we receive Personal Information from an individual that we have not solicited, we will, if it is lawful and reasonable to do so, destroy or de-identify the information as soon as practicable.

b) Cross border disclosure

We will not disclose an individual's Personal Information to an overseas recipient. If we do, we will take all steps that are reasonable in the circumstances to ensure that the overseas recipient does not breach the Australian Privacy Principles, unless:

i) the overseas recipient is subject to laws similar to the Australian Privacy Principles and the individual has mechanisms to take action against the overseas recipient;

ii) we reasonably believe the disclosure is necessary or authorised by Australian Law; or

iii) the individual has provided express consent to the disclosure.

c) Disclosure of Health Information

We may disclose Health Information about an individual to a person who is responsible for the individual if:

i)   the individual is incapable of giving consent or communicating consent;

ii) the service manager is satisfied that either the disclosure is necessary to provide appropriate care or treatment or is made for compassionate reasons or is necessary for the purposes of undertaking a quality review of our services (and the disclosure is limited to the extent reasonable and necessary for this purpose); and

iii) the disclosure is not contrary to any wish previously expressed by the individual of which the service manager is aware, or of which the service manager could reasonably be expected to be aware and the disclosure is limited to the extent reasonable and necessary for providing care or treatment.

A person responsible is a parent, a child or sibling, a spouse, a relative, a member of the individual's household, a guardian, an enduring power of attorney, a person who has an intimate personal relationship with the individual, or a person nominated by the individual to be contacted in case of emergency, provided they are at least 18 years of age.

ACCESS

You have a right to request that we provide you access to the Personal Information we hold about you (and we shall make all reasonable attempts to grant that access) unless providing access:

i)   is frivolous or vexatious;

ii)   poses a serious threat to the life or health of any individual;

iii) unreasonably impacts upon the privacy of other individuals;

iv)   jeopardises existing or anticipated legal proceedings;

v)   prejudices negotiations between the individual and us;

vi)   be unlawful or would be likely to prejudice an investigation of possible unlawful activity;

vii) an enforcement body performing a lawful security function asks us not to provide access to the information; or

viii) giving access would reveal information we hold about a commercially sensitive decision making process.

Requesting access

Requests for access to information can be made orally or in writing and addressed to the service manager of the relevant service. We will respond to each request within a reasonable time.

Declining access

An individual's identity should be established prior to allowing access to the requested information. If unsatisfied with the individual's identity or access is requested from an unauthorised party, we can decline access to the information.

We can also decline access to information if:

    i)   there is a serious threat to life or health of any individual;

    ii)   the privacy of others may be affected;

    iii)   the request is frivolous or vexatious;

    iv)   the information relates to existing or anticipated legal proceedings; or

    v)   the access would be unlawful.

We will provide in writing the reasons for declining access to the requested information.

Granting access

On request (and after determining an individual's right to access the information) we should provide access to Personal Information.

Charges

If we charge for providing access to Personal Information, those charges will not be excessive.

PERSONAL INFORMATION QUALITY

We aim to ensure that the Personal Information we hold is accurate, complete and up-to-date. Please contact us if any of the Personal Information you have provided to us has changed. Please also contact us if you believe that the information we have about you is not accurate, complete or up-to-date.

CORRECTION

If an individual establishes the Personal Information held about them is inaccurate, incomplete, out-of-date, irrelevant or misleading we must take reasonable steps to correct the information.

If we refuse to correct the Personal Information as requested by the individual, we will give the individual written notice that sets out:

i)   the reasons for the refusal, except to the extent that it would be unreasonable to refuse;

ii)   the mechanisms available to complain about the refusal; and

iii)   any other matter prescribed by the regulations.

If we disagree with an individual about whether information is accurate, complete and up-to-date, and the individual asks us to associate with the information a statement claiming that the information is inaccurate, incomplete, out-of-date, irrelevant or misleading we must take reasonable steps to do so.

DIRECT MARKETING

Personal Information

We will not use or disclose Personal Information about an individual for the purposes of direct marketing, unless the information is collected directly from you and:

i)   you would reasonably expect us to use or disclose your Personal Information for the purpose of direct marketing; and

ii)   we have provided you a means to 'opt-out' and you have not opted out.

Sensitive Information

We will not use or disclose Sensitive Information about an individual for the purposes of direct marketing, unless the individual has consented to the information being used for direct marketing.

An individual's rights in relation to direct marketing activities

If we use information for the purposes of direct marketing the individual may:

i)   ask us not to provide direct marketing communications to them;

ii)   ask us not to disclose or use the information;

iii)   ask us to provide the source of the information.

PERSONAL INFORMATION SECURITY

We are committed to keeping secure the Personal Information you provide to us. We will take all reasonable steps to ensure the Personal Information we hold is protected from misuse, interference, loss, from unauthorised access, modification or disclosure.

Information of a Client or Resident

i) We must keep the records of a client or resident in a secure storage area.

ii) If the records are being carried while providing care only the staff member carrying the records will have access to them.

iii) Records of previous clients and residents and earlier unused volumes of current clients or residents shall be archived and stored in a locked service away from general use.

iv) Only health professionals attending to the care of a client or resident are to have access to information of the client or resident. All records shall only be used for the purpose it was intended.

v) A client or resident, or their representatives shall be provided access to records as requested and after consultation with the service manager. At these times, a qualified staff member is to remain with a client or resident or representative to facilitate the answering of any questions raised.

vi) Details of a client or resident are not to be provided over the phone, unless the staff member is sure of the person making the inquiry. If in doubt, consult the service manager.

vii) No staff shall make any statement about the condition or treatment of a client or resident to any person not involved in the care except to the immediate family or representative of the client or resident and then only after consultation with the service manager.

viii) All staff must be discreet with their comments at all times, protecting and respecting the privacy, dignity and confidentiality of all clients and residents.

ix) Handovers shall be conducted in a private and confidential manner.

Security measures

Our security measures include, but are not limited to:

(i) training our staff on their obligations with respect to your Personal Information;

(ii) use of passwords when accessing our data storage system; and

(iii) the use of firewalls and virus scanning tools to protect against unauthorised interference and access.

This applies to staff (including contracted staff) who are required to have up-to-date virus protection software and firewalls installed on any device used to access documents containing Personal Information.

Contractors working on our behalf are required to:

(i)   comply with the Australian Privacy Principles;

(ii)   have up-to-date virus protection software and firewalls installed on any device used to access documents containing Personal Information;

(iii)   notify us of any actual or potential breaches of security;

(iv)   indemnify us in relation to any loss suffered by a breach.

We will, as soon as practicable and in accordance with the law, destroy or de-identify any Personal Information that is no longer required for our functions.

MEDIA

No member of staff shall make any statement to the press, radio or television station or to any reporter for the media. If a staff member is approached to make a statement or comment they must refer the person to the CEO or Mayor

GRIEVANCE PROCEDURE

How to make a complaint

If you wish to make a complaint about the way we have managed your Personal Information you may make that complaint verbally or in writing by setting out the details of your complaint to any of the following:

(a) Manager of Community Services and Development

Phone: 0747413277

Fax 0747413308:

Email: angelah@richmond.qld.gov.au

(b) The CEO

Phone: 0747413277

Fax: 0747413308

Email: peterb@richmond.qld.gov.au

Alternatively, complaints may also be referred to a number of services as set out below:

(c) Australian Information Commissioner

The Australian Information Commissioner receives complaints under the Act. Complaints can be made:

Online: http://www.oaic.gov.au/privacy/making-a-privacy-complaint

By phone: on 1300 363 992

By fax: on +61 2 9284 9666

In writing:

Address your letter to the Australian Information Commissioner at the:

Office of the Australian Information Commissioner

GPO Box 5218

Sydney NSW 2001

OR

Office of the Australian Information Commissioner

GPO Box 2999

Canberra ACT 2601

(d) Aged Care Complaints Scheme

The Aged Care Complaints Scheme operates within the Department of Social Services receives complaints under the Act. Complaints can be made:

Online: http://www.agedcarecomplaints.govspace.gov.au/concern

By phone: on 1800 550 552.

Or if you need an interpreter you can phone the Translating and Interpretation Service on 131 450 and ask them to put you through to the Aged Care Complaints Scheme on 1800 500 552.

For hearing or speech impaired TTY users phone 1800 555 677 then ask for 1800 550 552.

For Speak and Listen users phone 1800 555 727 then ask for 1800 550 552.

For Internet relay users connect to https://www.iprelay.com.au/call/index.aspx and enter 1800 550 552.

In writing:

Address your letter to the Aged Care Complaints Scheme at the:

Australian Department of Social Services

GPO Box 9848

BRISBANE Q   4001

How we will deal with your complaint

The complaint will be investigated by us in accordance with our internal procedures and processes.

The complainant may be invited to participate in a conference by the staff member conducting the investigation. At the discretion of the CEO other interested parties may also be invited to participate in the conference to discuss the nature of the complaint and attempt to resolve it. This may include the presence or participation of a support person or advocate for the complainant.

The complainant will be provided with a response to their complaint within a reasonable timeframe after completion of any investigation. This response will be in writing and will include the outcome of the investigation, any proposed action and details of the right to lodge a complaint with any relevant external organisations.

PRIVACY OFFICER

The CEO is the appointed a Privacy Officer to manage and administer all matters relating to protecting the privacy of individual's Personal Information.

The CEO can be contacted if any relevant person wishes to obtain more information about any aspect of this policy or about the way in which we operate to protect the privacy of individual's Personal Information.

As stated above, complaints may also be made to the CEO if any person suspects we have breached this Privacy Policy, the Australian Privacy Principles or they are otherwise unhappy with the management of their or if they are responsible for another person, that person's Personal Information.

Item 4.8 Work Health and Safety (Home Care) Safety Policy and Procedure

EXECUTIVE SUMMARY

We are committed to taking all reasonably practicable steps to provide and maintain a working environment that is safe and without risk to employees, volunteers and contractors performing health care or community work in a workplace including a person's home (collectively, **Workers**) and any other person whose health or safety may be adversely affected by the conduct of our business including clients, agency staff, subcontractors and any other person (collectively, **Other Persons**).

OFFICER'S RECOMMENDATION
That Council: adopt the Work Health and Safety Policy and Procedure (Home Care) as presented.

Budget & Resource Implications
N/A

Background
Updates have been made to this Policy to align with Legislation.

Consultation (Internal/External)
N/A

Attachments
Attachment I – Policy

Report prepared by **Angela Henry (Director of Community Services and Development)**

CONTENTS

WORK HEALTH AND SAFETY POLICY AND PROCEDURE (HOME CARE)

INTRODUCTION

We are committed to taking all reasonably practicable steps to provide and maintain a working environment that is safe and without risk to employees, volunteers and contractors performing health care or community work in a workplace including a person's home (collectively, **Workers**) and any other person whose health or safety may be adversely affected by the conduct of our business including clients, agency staff, subcontractors and any other person (collectively, **Other Persons**).

Everyone in the workplace has duties and responsibilities in respect of workplace health and safety (**WHS**) and a cooperative approach is required in order to ensure WHS.

We take our responsibilities in respect of WHS extremely seriously and require Workers to do the same.

When Workers or Other Persons perform work at a client's home, the client's home is a workplace.

PURPOSE

The purpose of this policy and procedure is to ensure that Workers who work in people's homes are aware of:

a) the measures that we have put in place to help ensure WHS;

b) their own WHS obligations and responsibilities; and

c) the procedures for reporting injuries and/ or risks to health and safety.

SCOPE

This policy and procedure applies to all Workers whilst performing work for us at any location, including a client's home.

OUR OBLIGATIONS AND RESPONSIBILITIES

Under WHS legislation, we have a duty to ensure (so far as is reasonably practicable) the health and safety of Workers whilst they are at work and Other Persons who may be affected by the conduct of our business.

In order to meet our WHS obligations, we will endeavour to:

a) provide and maintain systems of work, work premises and work environments which are free from risks to health and safety;

b) ensure that all plant, equipment and substances are safe and without risk to health or safety when handled, used or stored in accordance with standard operating procedures;

c) undertake risk management activities to adequately manage risks to persons in the workplace (including conducting risk assessments and keeping a register of known hazards);

d) provide adequate facilities to protect the welfare of all Workers whilst at work;

e) provide such information, instruction, training and supervision to Workers as is necessary to enable them to perform their work in a manner that is safe and without risk to their own (or others') health or safety;

f) consult with Workers regarding WHS matters;

g) monitor the health of Workers and the conditions at the workplace for the purpose of preventing illness or injury;

h) comply with all relevant WHS standards and codes of practice;

i) allocate sufficient resources to facilitate the fulfilment of our WHS responsibilities; and

j) regularly review and evaluate WHS systems (including by holding regular meetings with management to discuss WHS performance and issues, and conducting regular audits).

WORKERS' OBLIGATIONS AND RESPONSIBILITIES

In order to maintain a safe and healthy working environment, Workers must also take responsibility for and cooperate with us in respect of WHS matters.

Under WHS legislation, Workers, including subcontractor s and agency staff, have a duty to:

a) take reasonable care for their own health and safety whilst at work;

b) take reasonable care to ensure that their acts or omissions do not adversely affect the health and safety of other persons;

c) comply with instructions given by the employer relating to the delivery of the care plan;

d) only undertake activities that have been agreed to in the client service agreement

e) keep their workplace clean and free of any potential safety hazard;

f) wear and use all safety equipment and clothing provided by us;

g) participate in all WHS training as directed by us;

h) participate in WHS consultation mechanisms;

i) promptly report any WHS Incidents to their Direct Supervisor

j) comply with any reasonable direction or instruction given by us or management in respect of WHS matters; and

k) cooperate with any reasonable policy or procedure of ours regarding WHS matters (including but not limited to this policy and procedure).

MANAGERS' OBLIGATIONS AND RESPONSIBILITIES

In addition to their obligations as Workers, to assist us meet our WHS obligations, persons holding a supervisory or managerial role are required to:

a) provide information, training and instruction to Workers regarding WHS matters (including potential or actual hazards or risks, and WHS procedures);

b) supervise Workers to ensure that work is being performed safely and that WHS procedures are being complied with;

c) regularly assess the work environment and work processes to identify hazards and risks;

d) comply with directions issued by senior management regarding:

   i. consultation with Workers; and

   ii. the control and management of risks to health and safety; and

e) ensure that WHS Incident Report Forms are completed in accordance with this policy and procedure and that WHS Incidents are promptly brought to the attention of the Safety and Compliance Officer

OBLIGATIONS AND RESPONSIBILITIES of Clients and/or primary carers of clients

Clients and primary carers of clients are required to:

f) maintain a safe work environment (e.g. repair broken steps, mow long grass, restrain animals, provide adequate lighting)

g) look after their own in-home safety (e.g. maintain electrical equipment and install smoke alarms and safety switches to switchboards)

h) cooperate with service providers and workers to ensure safe work procedures and a safe work environment (e.g. move furniture to allow adequate work space, use lifting equipment based on assessed needs)

i) keep their equipment safe, well maintained and in good order; and

j)   inform service providers and others of any known hazards.

REPORTING WHS INCIDENTS

WHS Incident Report Form

A WHS Incident Report Form must be completed in respect of all WHS Incidents.

WHS Incidents include identified hazards or safety risks, and all near misses, accidents and injuries (no matter how large or small) involving Workers or Other Persons in the client's home ie workplace.

The WHS Incident Report Form should be completed by the person reporting the incident and forwarded to their direct Supervisor straight away.

Failure to report a WHS Incident makes it difficult for us to take action to protect Workers and Other Persons from situations or work practices which pose risks to health and safety.

Stop work

Workers may refuse to perform certain work if they have reasonable grounds to believe that to perform the work would expose them (or another person) to immediate risks to their health or safety. The Director of Community Services and Development must be notified immediately in such situations and a WHS Incident Report Form must be completed.

Management action

The Director of Community Services and Development should review a WHS Incident Report From as soon as they receive it and liaise with the Safety and Compliance Officer (and where appropriate, affected Workers) regarding appropriate steps to take to address the situation.

FIRE AND EMERGENCY PROCEDURES

In the event of a fire or other emergency Workers must exit the client's home. If the Worker can safely remove the client from their home without risk to themselves, they should do so. If the Worker cannot safely remove the client from their home without risk to themselves, they should await the assistance of emergency services to remove the client from their home.

Workers are also required to:

a)   be aware of the location of exit doors in the client's home; and

b)   keep exits clear at all times.

SMOKING

We maintain a smoke free workplace.

Workers must not smoke on or within 5 meters of our premises or on or within 5 meters of a client's home.

HAZARD REPORTING AND MANAGEMENT

Overview

We have an ongoing obligation to:

a) identify hazards;

b) assess the risks that a hazard may have to health and safety;

c) minimise or eliminate those risks as far as is reasonably practicable; and

d) consult with Workers about workplace health and safety matters.

We have developed and implemented a systemic and documented process for hazard reporting and management.

We encourage all Workers and Other People (including clients and their carers) to identify and report hazards in accordance with this policy and procedure.

What is a hazard?

A hazard is a source or situation with the potential to cause harm to people, property or the environment such as:

a) physical hazards;

b) chemicals;

c) work practices such as repetitive jobs; and

d) aspects of workplace design.

Hazard identification

a) Overview

b) Hazard identification is the process used to identify the situations in the workplace with the potential to cause harm to people, property or the environment.

c) Hazard identification

The Service Co-Ordinator is responsible for implementing formal hazard identification procedures including but not limited to:

     i.   conducting an inspection of a client's home before providing any service to a client to identify potential hazards;

     ii.   considering potential hazards prior to purchasing new equipment or chemicals;

     iii.   reviewing industry information and updates for issues which may not have been considered;

     iv.   reviewing injury and incident data including near misses;

     v.   monitoring the work environment including observing work practices; and

     vi.   consulting with staff (and in some cases clients and visitors).

  d) Remedial control measures

When a hazard is identified and reported, a remedial control measure should be immediately applied, where it is appropriate to do so.

Reporting a hazard

Once a hazard has been identified it must be reported to the Director of Community Services and Development even where a remedial control measure has been applied.

A hazard may be reported using the Hazard Report Form (**refer to Annexure A**).

The Hazard Report Form can be lodged either:

  a) by handing it to the Director of Community Services and Development

  b) by posting it to our head office; or

  c) by emailing it to the angelah@richmond.qld.gov.au

A hazard may also be reported verbally to the Service Co-Ordinator either in person or by calling 0427 413 327

The following information should be provided when reporting a hazard:

  a) a brief description of the hazard and/or the health and safety issue;

  b) the location of the hazard;

  c) the time and date that the hazard was identified; and

  d) if any remedial actions were taken.

If a hazard is reported verbally, the staff member to whom a hazard report is made must complete the Hazard Report Form on behalf of the person who verbally reported the hazard.

Risk assessment

  a) Risk assessment

The Safety and Compliance Officer will conduct a thorough risk assessment of all hazards within a reasonable period after receipt of a Hazard Report Form or verbal notification.

The purpose of the risk assessment is to determine the potential outcome most likely to occur from exposure to a hazard.

b) Reasonably practicable

To meet WH&S obligations we must:

i. eliminate risks to health and safety so far as is reasonably practicable; or

ii. if it is not reasonably practicable to eliminate risks to health and safety, encourage minimising those risks so far as is reasonably practicable.

In determining what is reasonably practicable, the following matters should be taken into consideration when conducting the risk assessment:

i. the seriousness of the risk including:

A. the likelihood of the hazard or the risk concerned occurring; and

B. the degree of harm that might result from the hazard or the risk;

ii. what the person concerned knows, or ought reasonably to know, about the hazard or the risk, and ways of eliminating or minimising the risk;

iii. the availability and suitability of ways to eliminate or minimise the risk;

iv. the cost associated with eliminating or minimising the risk including whether the cost is grossly disproportionate to the risk; and

v. the client's care needs.

c) Risk response

As part of the risk assessment a risk response including the urgency for control measures to be implemented must be considered.

The higher the potential risk of an identified hazard, the more timely that control measures must be taken.

For example:

i. If the risk level of a hazard is major and the likelihood is high then an immediate response may necessary.

ii. If a risk level is insignificant and there is only a remote chance that it will occur then a reasonable period for response may be within 1 month.

Control measures

Hazard control is the process of applying the most effective control measure to eliminate or minimise the hazard having regard to the level of risk and what is reasonably practicable.

After having conducted a risk assessment, the Safety and Compliance Officer must consider and plan measures to implement to control the risk.

The Safety and Compliance Officer must document the control measure implemented to eliminate or minimise the risk in the Hazard Report Form.

Monitoring and evaluation

As part of our commitment to continuous improvement, we will take all reasonable steps to actively monitor:

a) the amount of time taken to minimise and/or eliminate identified hazards;

b) whether the control measure implemented was effective; and

c) whether satisfactory outcomes have been achieved.

External investigations and reporting obligations

To the extent required by law, we will cooperate and assist with any investigation conducted by external agencies.

We will report any hazards in an accurate and timely manner to external authorities as required by law and/or in accordance with our internal policies and procedures.

ISSUE RESOLUTION PROCEDURE

In the event of an issue or dispute regarding a WHS matter (**WHS Issue**) between us and affected Workers (**Parties**), the Parties must make a reasonable effort to resolve the issue in the workplace before seeking resolution of the issue by an external party.

In the event of a WHS issue, the procedure to adopt is as follows:

a) A party with a WHS issue must notify the other Parties that there is a WHS issue to be resolved and advise them in writing of the nature and scope of the issue.

As soon as the Parties are told of the WHS Issue, they must meet or communicate with each other to attempt to resolve the WHS Issue.

In resolving a WHS Issue the Parties must have regard to all relevant matters, including:

      i.   the degree and immediacy of risk to Workers or other persons affected by the WHS Issue;

      ii.   the number and location of Workers and other persons affected by the WHS Issue;

      iii.   the measures (both temporary and permanent) that must be implemented to resolve the WHS Issue; and

      iv.   who will be responsible for implementing the resolution measures.

b) A party to a WHS Issue may be assisted or represented by any person nominated by the party during the procedure set out in this section.

Where the WHS Issue is able to be resolved by the Parties:

      i.   details of the issue and its resolution will be set out in a written agreement in a form suitable to all Parties (such agreement to be prepared by us); and

      ii.   a copy of the written agreement will be provided to all Parties to the WHS issue and to all Workers.

Where a WHS Issue cannot be resolved using the procedure set out in this section, a party to the WHS issue may refer the matter to the regulator (Workplace Health and Safety Qld) to appoint an inspector to assist in resolving the matter.

BREACH OF POLICY

a) We will treat any breach of this policy by Workers very seriously.

b) Suspected breaches will be handled in accordance with our *misconduct policy and procedure.*

c) Disciplinary action will be taken against Workers found to have breached this policy and in most cases breach of this policy will result in summary termination.

d) In addition to internal disciplinary action being taken, Workers in breach of this policy could be subject to prosecution and fines for breach of their duties under WHS or other legislation.

REVIEW OF POLICY

We will endeavour to review this policy on an annual basis.

DOCUMENTATION

To support and implement this policy and procedure, we refer to our other documentation including:

a) example work instructions (attached as Annexure B);

b) policies;

c) procedures;

d) forms;

e) internal documents; and

f) external documents.

As relevant these documents are listed in Annexure C to this document:

Hazard Report Form

[Organisation to list these documents and attach as Annexure C]

ANNEXURE A: HAZARD REPORT FORM

<table>
<tr><td colspan="2" align="center">**HAZARD REPORT FORM**</td></tr>
<tr><td colspan="2" align="center">**SECTION 1 – DETAILS OF HAZARD**</td></tr>
<tr><td>**Date:**</td><td>**Time:** am/pm</td></tr>
<tr><td colspan="2">**Describe the Hazard**</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2">**Location details**</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2">**Describe any remedial control measures implemented**</td></tr>
<tr><td colspan="2"></td></tr>
</table>

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ANNEXURE A: HAZARD REPORT FORM

SECTION 2 - DETAILS OF PERSON WHO COMPLETED THIS FORM	
Name	
Position	
Signature	
Date	**Time** am/pm
Contact details:	**BH** **AH**
SECTION 3 – OFFICE USE ONLY	
RISK ASSESSMENT	

ANNEXURE A: HAZARD REPORT FORM

What is the worst possible consequence of this hazard?	
What is the likelihood of this occurring	

Risk rating for the hazard – tick as appropriate
☐ **Extreme Risk –** Immediate action required
☐ **Major Risk –** Action required as soon as possible
☐ **Moderate risk –** Action required within 1 month
☐ **Minor risk -** Monitor the hazard, minimal action required.

To be completed by the person who conducted the risk assessment

Name	

ANNEXURE A: HAZARD REPORT FORM

Position	
Signature	
Date	**Time** am/pm

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ANNEXURE B: EXAMPLE WORK INSTRUCTION – MANUAL HANDLING

PURPOSE

The purpose of this work instruction is to identify mechanisms that should be taken into account to reduce the risk of manual handling injuries.

WHAT IS MANUAL HANDLING?

Manual handling includes any activity involving the use of muscular force to push, pull, carry and restrain any object or person.

IDENTIFYING THE HAZARD

We will take all reasonable steps to identify manual handling hazards including:

a) reviewing injury, incident and near miss data;

b) reviewing potential manual handling problem areas and tasks during workplace inspections at our workplace;

c) talking to Workers to find out what the difficult manual handling jobs are; and

d) observing tasks undertaken at our workplace by Workers.

RISK ASSESSMENT

Hazard inspections and risk assessments will be performed by a senior staff member with the appropriate skills, who is, trained in assessing manual handling tasks, and in consultation with the staff member who routinely carries out the tasks.

As part of the risk assessment a risk response including the urgency for control measures to be implemented must be considered.

The higher the potential risk of an identified hazard, the more timely control measures must be taken.

CONTROL MEASURES

We have a 'no lifting approach' which means that staff members are not asked to physically support the weight of those that they are assisting to transfer or move. Mechanical and other aids will be used where possible instead.

Where a systemic manual handling hazard is identified, we will:

a) assess the effectiveness of the 'no-lifting approach' including its implementation at our workplace;

b) ensure that staff receive training in the correct use of aids and equipment; and

c) conduct workplace assessments and modifications where necessary to for example provide suitable space for equipment.

Where a manual handling hazard relates to an individual client we will, at a minimum:

a) evaluate and assess the client including their care plan; and

b) ensure that the most suitable lifting aid is being used for different tasks such as assisting a client from their bed to chair.

ANNEXURE B: EXAMPLE WORK INSTRUCTION – SLIPS, TRIPS AND FALLS

PURPOSE

The purpose of this work instruction is to identify measures that should be taken to reduce the risk of slips, trips and fall injuries in a client's home.

WHAT ARE SLIPS, TRIPS AND FALLS?

Slips, trips and falls are a common cause of injury.

Slips, trips and falls are classified as a 'mechanism of injury' that is, how an injury occurred including:

a) falls from a height;

b) falls on the same level including all slips and trip, even if a fall does not necessarily follow; and

c) stepping, kneeling or sitting on objects.

IDENTIFY THE HAZARD

We will take all reasonable efforts to identify slips, trips and falls hazards by:

a) consulting with our staff members to determine where slips, trips and falls occur at our workplace;

b) conducting regular workplace inspections and identifying areas of risk or potential risk;

c) examining if staff members wear appropriate dress and shoes including personal protective equipment; and

d) reviewing housekeeping, cleanliness and cleaning methods.

RISK ASSESSMENT

After we have identified a hazard relating to slips, trips and falls we will assess the level of risk and prioritise key areas to implement control measures.

CONTROL MEASURES

Given the diverse range of potential slip, trip and fall hazards, some possible control measures that we may consider include:

a) changing work practices to avoid creating a hazard;

b) applying non-slip and reflective tape on floor surfaces and stairs;

c) ensuring adequate lighting;

d) ensuring the floor surface is in good order and is free from damage, holes or uneven surfaces;

e) ensuring that spills and wet floors are dried quickly;

f) ensure workers wear appropriate footwear;

g) training staff to identify and manage slip, trip and fall hazards; and

h) restricting access to areas or equipment that is potentially hazardous.

ANNEXURE B: EXAMPLE WORK INSTRUCTION – CLIENT AGGRESSION

PURPOSE

The purpose of this work instruction is to minimise the risk of staff members being hurt by a client, either accidentally or deliberately and identify measures that must be taken to reduce the risk of client aggression.

WHAT IS CLIENT AGGRESSION?

Occupational violence, which is the legal term for aggression encountered in the workplace, has been defined as:

a) '*any incident in which an employee is abused, threatened or assaulted by fellow employees or by a member of the public [eg a client] in circumstances arising out of the course of his or her employment*'.

Occupational violence in an aged care context may also include being a witness to aggression, for example, between clients or between clients and their families/visitors. 'Verbal' aggression can take the form of swearing, insults, threats, gesturing, complaining and continued shouting.

IDENTIFY A HAZARD

We will take all reasonable efforts to identify client aggression hazards by:

    a) regularly reviewing Incident Reports relating to client aggression;

    b) conducting ongoing reviews of the physical, personal and social needs of our clients; and

    c) ensuring staff members are assessed for their competence in managing client aggression.

RISK ASSESSMENT

Once a hazard has been identified we will assess the risk including:

    a) identifying the frequency, duration and severity of the client aggression usually demonstrated;

    b) identifying triggers of client aggression; and

    c) assessing issues with client size or strength in comparison to staff.

CONTROL MEASURES

We will take all reasonable steps to:

    a) implement measures and train staff on techniques to reduce client restiveness and aggression;

    b) identify clients who have a pattern of engaging in client aggression;

    c) address the factors that may increase client aggression; and

    d) implement effective post incident management.

ANNEXURE B: EXAMPLE WORK INSTRUCTION – STRESS

PURPOSE

The purpose of this work instruction is to:

    a) provide a safe and healthy work environment;

    b) assist management to identify staff members who may be affected by stress; and

c) identify measures that must be taken to reduce the risk of and manage stress.

WHAT IS STRESS?

Work-related stress is the natural reaction of people to being put under intense pressure at work over a period of time. It is the physical and psychological response to a 'stressor' – and a stressor can be anything which we find upsetting or frightening, which makes us angry, frustrated or humiliated, anything which brings up negative emotions.

IDENTIFY THE HAZARD

Stress becomes a hazard if it adversely impacts on safety and health in the workplace.

We will take all reasonable steps to identify factors in the workplace that cause stress.

In order to gather information about stress in our workplace, we will also, where necessary:

a) examine unplanned absence rates;

b) review incident reports;

c) examine our compensation claims; and

d) consult with staff including supervisors.

RISK ASSESSMENT

We will assess the likelihood of stress causing injury or disease. If the risks are significant, we will put in place controls to eliminate or minimise them.

CONTROL MEASURES

We will use all reasonable efforts to implement stress management strategies which address prevention, early intervention and post-incident management.

We will also:

e) provide information to clients about how they are expected to behave and the consequences to service provision if these expectations are not met (check that the client clearly understands);

f) reviewing organisational and performance management systems; and

g) having policies and procedures for managing conflict and workplace harassment.

ANNEXURE B: EXAMPLE WORK INSTRUCTION – INFECTION CONTROL

PURPOSE

The purpose of this work instruction is to assist staff members to identify infection control issues and identify measures that should be taken to reduce the risk of infection control.

WHAT IS INFECTION CONTROL?

Infection control practices aim to prevent infection transmission by limiting the exposure of susceptible clients (hosts) to microorganisms (agents) that may cause infection.

IDENTIFY THE HAZARD

We will take all reasonable efforts to identify the possible sources of infection control hazards including:

a) client equipment;

b) wound and skin care;

c) continence management;

d) management of 'sharps';

e) food storage and handling;

f) infectious and general waste disposal; and

g) air conditioning plant.

RISK ASSESSMENT

We will assess the risk of hazards on a case by case basis. Risk assessments will be performed by a senior staff member with the appropriate skills, who is, trained in assessing infection control, and in consultation with the staff member who routinely carries out the tasks. We will take all reasonable remedial action to address any hazard identified.

CONTROL MEASURES

We will take all reasonable steps to implement prevention mechanisms to control infection, including:

a) providing workers with hand hygiene amenities(e.g. alcohol-based hand rub) where hand hygiene amenities are not readily available in a client's home;

b) providing immunisation (as appropriate);

c) providing personal protective equipment;

d) maintaining a clean, safe environment;

e) providing instruction on cough etiquette;

a) ensuring aggressive dogs are secured before the worker enters the workplace to prevent animal bites and animal excreta is hygienically cleaned; and

b) provide sharps management equipment.

We will also ensure that we have appropriate:

a) incident reporting mechanisms and that they are used and acted on;

b) equipment which is well maintained and which staff have been trained to use; and

c) disposal methods

ANNEXURE B: EXAMPLE WORK INSTRUCTION – HAZARDOUS SUBSTANCES

PURPOSE

The purpose of this work instruction is to assist staff members to identify risks associated with hazardous and dangerous substances and identify measures that should be taken to reduce the risk of hazardous and dangerous substance injuries.

WHAT ARE HAZARDOUS SUBSTANCES?

Hazardous substances are defined in terms of their direct health effects on people. Hazardous substances may be one or more of the following:

a) dust and fibres;

b) gas, vapours, smoke and fumes; or

c) chemical substances.

Some hazardous substances are acutely toxic and cause a reaction very quickly. Others build up over repeated exposures over time.

We recognise that hazardous and dangerous substances in our workplace are most likely to be in areas such as the kitchen, laundry, cleaners' store, gardeners' store and the maintenance workshop. We will have effective mechanisms for appropriately disposing of medical waste.

IDENTIFY THE HAZARD

We will take all reasonable efforts to identify chemical hazards and we will regularly conduct workplace audits of hazardous substances at our workplace.

RISK ASSESSMENT

We will assess the risks associated with the use of hazardous substances including:

a) reading the MSDS and label for information on risks and safe use practices; and

b) reviewing how and where the substance is being used at our workplace.

CONTROL MEASURES

We will aim to keep exposures to hazardous substances as low as possible. We will where possible, eliminate the hazardous substance from the workplace.

Where elimination is not possible, we will take all reasonable steps to minimise the risk including:

a) ensuring that any manufacturer's instructions for use are strictly followed;

b) ensuring that hazardous substances are properly stored;

c) providing appropriate training to any member of staff who is required to use the hazardous substance; ensuring that all hazardous substances are appropriately labelled;

d) implementing appropriate disposal processes for hazardous substances;

e) keeping a hazardous substances register that is accessible to everyone who use any of the products on the list;

f) regularly maintaining the hazardous substances register and updating it whenever new substances are purchased; and

g) ensuring appropriate personal protective equipment is being used when handling or using the hazardous substances.

ANNEXURE B: EXAMPLE WORK INSTRUCTION – PLANT AND EQUIPMENT

PURPOSE

The purpose of this work instruction is to assist staff members to identify risks associated with plant and equipment and identify measures that should be taken to reduce the risk of plant and equipment injuries.

WHAT IS PLANT AND EQUIPMENT?

Plant is a term used for all machinery, tools, appliances and equipment. It covers a diverse range of items from office equipment to industrial machinery.

IDENTIFY THE HAZARDS

We will take all reasonable efforts to identify plant and equipment hazards during routine inspections of the client's home.

RISK ASSESSMENT

We will promptly assess the risk of each identified hazard. We will, where appropriate, consult with staff during this process to determine priorities.

CONTROL MEASURES

We will take all reasonable steps to:

a) the extent possible, avoid use of any electrical equipment owned by the client;

a) if the client's equipment is to be used, then it **should** be visually inspected before use, with attention to damaged or missing parts (e.g. frayed leads, faulty switches, exposed wiring) – no equipment should be used with damaged parts;

b) ensure that plant and equipment is properly installed;

c) ensure that any manufacturer's instructions for use are strictly followed;

d) ensure that adequate training opportunities are provided to any member of staff who is required to use the plant and equipment;

e) ensure that the plant and equipment is properly maintained and repaired;

f) carry out regular routine inspections which will include checks on maintenance schedules and safety operating procedures, as well as the actual physical condition of the equipment.

PURPOSE

The purpose of this work instruction is to minimise or to the extent possible eliminate the risks associated with driving during a work day and to identify measures that must be taken to reduce the risks associated with driving.

IDENTIFY THE HAZARD

We will take all reasonable efforts to identify the risks associated with driving during the course of work.

Workers who drive during the course of their work may be exposed to the following risks:

h) driving when tired

i) poorly maintained vehicles (e.g. tyres, brakes, lights)

j) noise from driving long distances with windows down

k) unrestrained equipment in the vehicle

l) driving in poor conditions.

RISK ASSESSMENT

We will assess the likelihood of risk arising from driving during the course of work. If the risks are significant, we will put in place controls to eliminate or minimise them.

CONTROL MEASURES

We will use all reasonable efforts to implement strategies to minimise or to the extent possible eliminate the risks associated with driving during a work day including:

m) reducing driving times by:

- grouping clients by locality where possible
- checking that the required equipment or

n) consumables are packed before leaving the base

o) securing all equipment for transport (e.g. in the car boot or behind a cargo barrier)
p) developing a safe driving policy for the organisation, including road rules such as wearing seat belts and mobile phone use
q) verifying drivers are appropriately licensed and include this requirement in position descriptions
r) purchasing vehicles with safety accessories/extras (e.g. air bags, bull bars, ABS brakes, air conditioning, tinted windows)
s) ensuring staff transporting dangerous, awkward goods, or people with wheelchairs, are appropriately trained for the task
t) encouraging workers not to drive if the road conditions

are poor, unclear or unpredictable

u) ensuring information on road rules and defensive driving training is made available to all workers

v) ensuring drivers report defective vehicles and all incidents resulting in injuries or damage

w) maintaining a system of recording and monitoring incidents

x) ensuring daily motor vehicle checks are carried out by the driver (e.g. operational lights, condition of tyres)

y) ensuring an accredited mechanic carries out regular vehicle maintenance in accordance with vehicle requirements; and

z) ensuring vehicles are appropriately insured.

Item 4.9 Elder Abuse Policy

EXECUTIVE SUMMARY

The purpose of this policy is to guide commitment of all staff of Richmond Aged Care in preventing and responding appropriately to the abuse of older people in line with the Guideline for Elder Abuse Protocols, the National Plan to Respond to the Abuse of Older Australians and the Serious Incident Response Scheme (SIRS).   In addition, Richmond Aged Care will act in the best interests of the older person who has been abused by upholding their rights and ensuring that the dignity and respect of older people accessing services is upheld at all times.

OFFICER'S RECOMMENDATION
That Council: adopt the Elder Abuse Policy as presented.

Budget & Resource Implications
N/A

Background
Updates have been made to this Policy to align with Legislation.

Consultation (Internal/External)
N/A

Attachments
Attachment J – Policy

Report prepared by **Angela Henry (Director of Community Services and Development)**

CONTENTS

PURPOSE

The purpose of this policy is to guide commitment of all staff of Richmond Aged Care in preventing and responding appropriately to the abuse of older people in line with the Guideline for Elder Abuse Protocols, the National Plan to Respond to the Abuse of Older Australians and the Serious Incident Response Scheme (SIRS). In addition, Richmond Aged Care will act in the best interests of the older person who has been abused by upholding their rights and ensuring that the dignity and respect of older people accessing services is upheld at all times.

SCOPE

This policy applies to all Richmond Aged Care Staff in preventing and responding to the abuse of older people

POLICY STATEMENT

Richmond Aged Care is committed to ensuring that all older persons are protected from all forms of abuse

DEFINITION OF ELDER ABUSE

Richmond Aged Care has adopted the World Health Organisaton definition of elder abuse as cited in the Guide for Elder Abuse Protocols. Elder abuse can be defined as:

"A single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person"

Elder abuse can take various forms such as financial, psychological (including social isolation) emotional, physical and sexual abuse. It can also be the result of intentional or unintentional neglect.

KEY PRINCIPLES OF WORKING WITH OLDER PEOPLE

Richmond Aged Care recognises that abuse of older people does exist in the community and supports the general principle that older people have the right to:

- Be treated with dignity and respect
- Make their own decisions and choices
- Live in a safe environment
- Access the protections available to other adults in the community

COMMITMENT

Richmond Aged Care is committed to dealing effectively with the abuse of older people and is committed to:

- Creating a climate of trust where staff are encouraged, comfortable and confident about identifying and responding to the abuse of older people.
- Developing a process to deal with reports thoroughly and taking appropriate action to address the reported abuse and prevent it from reoccurring.
- Providing resources and training for staff about how to identify and respond to the abuse of older people
- Properly managing any workplace issues that the allegations identify or that result from a report or any other identified problem (e.g. Staff safety)
- Working collaboratively within the agency and across agencies to achieve the best outcome for the older person and prevent abuse from reoccurring (e.g. share and review effective intervention and prevention strategies)

IDENTIFYING ABUSE

All staff play an important role in identifying suspected abuse and protecting older people by responding to suspected cases of abuse. Richmond Aged Care recognises five (5) forms of abuse of older people within Qld: financial abuse, psychological abuse (including social isolation), neglect, physical abuse and sexual abuse. This policy embodies the view that social isolation is a key risk factor and that older people experiencing abuse often lack social connection. Staff have a duty of care to report incidents, suspected incidents and/or changes in well-being to their manger.

KEY CONSIDERATIONS IN RESPONDING TO THE ABUSE OF OLDER PEOPLE

Practises and Partnerships

Richmond Aged Care will respond promptly to situations of abuse of older people. Where abuse or risk of abuse of an older person has been identified Richmond Aged Care will, in the first instance assess the immediate safety of the older person. If there is no immediate risk, Richmond Aged Care will consider all possible referral options including ACAT, service providers working with older people and seeking advise from the Elder Abuse Helpline and Prevention Unit.

Emergency Response

Regardless of the victims views, agencies must ensure workers report to QLD Police any instances where:
- The abusive situation results in serious injury inflected on the victim
- The perpetrator has access to a gun and is threatening to cause physical injury to any person
- The perpetrator is using or carrying a weapon (including guns, knives or any other weapon capable of injuring a person) in a manner likely to cause physical injury to any person or likely to cause a reasonable person to fear for their safety
- An immediate serious risk to individual/s or public safety exists
- Workers are threatened

Mental Capacity and consent

In QLD there is a legal presumption that all adults have the mental (cognitive) capacity and ability to make their own decisions until proven otherwise.

A person lacking capacity to act or make decisions may need a guardian or financial manager if they have not appointed an Enduring Power of Attorney or Enduring Guardian while they are capable.

STAFF ROLES AND RESPONSIBILITIES

Managers and Supervisors

Managers and Supervisors play a lead role in identifying and responding to the abuse of older people in accordance with policies and procedures that are consistent with the National Plan to Respond to the Abuse of Older Australians.

Assess and respond to immediate and serious risk of harm of an older person and exercise duty of care to make reports to the Police
- Support staff that respond to an emergency situation and protect evidence
- Identify response options including collection of information about what the older person wants for referral options

- Discuss options with the older person
- Support the older person with empathy, asking what the older person wants and exploring needs
- Refer, if appropriate, to a specialist response agency for further assessment, investigation or to negotiate a support plan such as via the My Aged Care Portal
- Complete agency specific documentation
- Support the identifier of abuse, including providing access to debriefing and training such as an Employee Assistance Program
- Capacity decisions: referral to a specialist service or professional with the expertise to assess capacity such as legal practitioners, medical practitioners, specialist medical officers or Aged Care Assessment Teams.

Staff

Staff play a key role in responding to abuse situations by identifying abuse (potential, suspected or actual) reporting to the Manager or Supervisor, documenting and following agency procedures.

- In an emergency situation, contacting Qld Police and/or other emergency services and protect evidence
- Initial detection of abuse
- Support the older person with empathy, asking what the older person wants and exploring needs
- If safe to do so, inform the alleged victim of the responsibility to tell a senior staff member about concerns for the older persons health, safety or well being
- Ensure any property damage is assessed and rectified
- Ensure that any additional security measures, such as crim-safe screen doors are recommended
- Recommend client acquire a personal alarm for future emergencies
- Information Manager/Supervisor about what happened and what was noticed, said and done in the situation
- Referral, if appropriate, to a specialist response agency for further assessment, investigation or to negotiate a support plan
- Documentation and reporting
- Participation in debriefing where appropriate
- If there is an issue about the older persons mental capacity to act or make decisions, seek advice from the Manager.

RESPONSIBLITIES

It is the responsibility of the:

Chief Executive Officer to ensure this policy and associated procedures are applied and committed to by the Senior Management Team

Senior Manager to provide the team with timely policy-related support and guidance, to ensure familiarity with this policy and related procedures to commit to following them accordingly and where relevant, promote the policy to their team.

Employees to ensure they comply with this policy, be responsible for their own behaviour and if required, attend relevant training as provided by the company from time to time

WHERE TO GET MORE INFORMATION

- Richmond Aged Care on 0427 413 327 or rac@richmond.qld.gov.au
- Elder Abuse Helpline – 1300 063 232 or hhtp://elderabusehelpline.com.au

APPROVAL

The Richmond Shire Council Elder Abuse Policy shall be reviewed within three (3) years of Issued Date or otherwise as appropriate due to changes to legislation, Council Policy, or corporate requirements.

……………………………………   **Date: ……/……/……**

CHIEF EXECUTIVE OFFICER   **Date for Revision: ……/……**

Item 4.10 Educational Program Policy

EXECUTIVE SUMMARY
Research accentuates that high quality programs significantly influences children and young people's growth and development. We have the opportunity to construct a supportive learning environment and program, with inspirations from the children, young people and families. This contribution can encourage children to feel a sense of control over their actions, interactions, to explore, be curious and test out their understanding of themselves others and the world around them.

OFFICER'S RECOMMENDATION
That Council: adopt the Educational Program Policy as presented.

Budget & Resource Implications
N/A

Background
Updates have been made to this Policy to align with Legislation.

Consultation (Internal/External)
N/A

Attachments
Attachment K – Policy

Report prepared by **Teena Chappell (Outside School Hours Care Co-Ordinator)**

EDUCATIONAL PROGRAM POLICY

Research accentuates that <mark>high</mark> quality programs significantly influences children <mark>and young people's</mark> growth and development. We have the opportunity to construct a supportive learning environment and program, with inspirations from the children, <mark>young people</mark> and families. This contribution can encourage children to feel a sense of control over their actions, interactions, to explore, be curious and test out their understanding of themselves others and the world around them.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 1: EDUCATIONAL PROGRAM AND PRACTICE		
1.1	Program	The educational program enhances each child's learning and development.
1.1.1	Approved learning framework	Curriculum decision making contributes to each child's learning and development outcomes in relation to their identity, connection with community, wellbeing, and confidence as learners and effectiveness as communicators.
1.1.2	Child-centred	Each child's current knowledge, strengths, ideas, culture, abilities and interests are the foundation of the program.
1.1.3	Program learning opportunities	All aspects of the program, including routines, are organised in ways that maximise opportunities for each child's learning.
1.2	Practice	Educators facilitate and extend each child's learning and development.
1.2.1	Intentional teaching	Educators are deliberate, purposeful, and thoughtful in their decisions and actions.
1.2.2	Responsive teaching and scaffolding	Educators respond to children's ideas and play and extend children's learning through open-ended questions, interactions and feedback.
1.2.3	Child directed learning	Each child's agency is promoted, enabling them to make choices and decisions that influence events and their world.
1.3	Assessment and planning	Educators and co-ordinators take a planned and reflective approach to implementing the program for each child.
1.3.1	Assessment and planning cycle	Each child's learning and development is assessed or evaluated as part of an ongoing cycle of observation, analysing learning, documentation, planning, implementation and reflection.
1.3.2	Critical reflection	Critical reflection on children's learning and development, both as individuals and in groups, drives program planning and implementation.

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1.3.3	Information for families	Families are informed about the program and their child's progress.
QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.2.2	Educational leadership	The educational leader is supported and leads the development of the educational program and assessment and planning cycle

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
Sec.168	Offence relating to required programs
73	Educational programs
74	Documenting of child assessments or evaluations for delivery of educational program
75	Information about educational program to be kept available
76	Information about educational program to be given to parents
118	Educational leader
148	Educational leader
168	Education and care services must have policies and procedures
170	Policies and procedures are to be followed
274A	NSW- Programs for children over preschool age
289A	NT- Programs for children over preschool age
298A	QLD- Programs for children over preschool age
325B	South Australia - Programs for children over preschool age
345A	Tasmania - Programs for children over preschool age
359A	Victoria - Programs for children over preschool age
373A	Western Australia - Programs for children over preschool age

RELATED POLICIES

Additional Needs Policy Behaviour Guidance Policy Celebrations Policy Code of Conduct Policy Cyber Safety Policy English as an Additional Language or Dialect (EAL/D) Policy	Family Communication Policy Interactions with Children, Family and Staff Policy Multi-Cultural Policy Photograph Policy Physical Activity Policy Privacy and Confidentiality Policy Professional Development Policy Respect for Children Policy

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Excursion Policy	Supervision Policy

PURPOSE

School age education and care programs are acknowledged in the National Quality Framework (NQF) as distinct from early childhood programs. Programs in school age education and care supplement children's formal schooling. The program supports each child and young person's continuity of learning by providing opportunities for active learning, social development and wellbeing and recreational or leisure activities. (ACECQA, 2023).

SCOPE

This policy applies to children, families, staff approved provider, nominated supervisor, students, volunteers, visitors and management of the Service.

IMPLEMENTATION

Under the Education and Care Services National Law and National Regulations, approved Out of School Hours Care (OSHC) services are required to base their educational program on an approved learning framework. The national approved learning framework which outlines practices that support and promote children's learning is My Time, Our Place- Framework for School Age Care in Australia.V2.0, 2022

There is also a jurisdiction-specific approved learning frameworks for Victoria which is currently under review. Victorian Early Years Learning and Development Framework

In school age education and care services, "*the program has different formats depending on whether it is wrapping around the school day or vacation periods. The program is a group of experiences that underpin the achievement of the Outcomes*". (MTOP, V2. p.68). Planning for learning is a continuous cycle that involves: planning, implementation, critical reflection, assessment and evaluation.

THE APPROVED PROVIDER WILL ENSURE:

- obligations under the *Education and Care Services National Law and National Regulations* are met
- ensure educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy
- the education leader selected is supported to lead the development, implementation and review of the educational program and assessment and planning cycle within the OSHC Service

- the educational leader has the skills, knowledge and attributes to mentor and work collaboratively with educators, fostering a shared responsibility and professional accountability of children and young people's learning, development and wellbeing
- to support educator's understanding of educational programming and practices for school aged children
- the staff record includes the name of the person designated as the educational leader
- the educational leader accepts the position of *Educational Leader* in writing (Reg. 118)
- evidence about the development of the educational program for a child over preschool age is documented
- documentation and individual child assessments are collected for children preschool age or under who attend OSHC service aligned with the EYLF or relevant approved learning framework.

THE NOMINATED SUPERVISOR/EDUCATIONAL LEADER WILL:

- implement the Assessment and Planning Cycle that takes into account the unique nature of school age care as the '*ongoing process… to design programs that enhance and extend each child's learning and development*' (MTOP. V2.0, p.131)
- base the educational program on an approved learning framework and deliver the program in accordance with the framework (outcomes, practices and principles)
- ensure the program is evidence based, age-appropriate and supports and extends the developmental needs, interests and experiences of each child
- ensure the program contributes to the five learning outcomes for each child
- collaborate with educators to ensure they plan experiences and activities based on individual and group goals that maximise opportunities to extend emerging strengths, abilities and interests for each child and young person
- ensure all educators work as a team in preparing and/or implementing the curriculum based on the Service's philosophy
- gather information from families upon enrolment regarding the child's needs, interest and family backgrounds
- document family input with the educational program to strengthen connections and partnerships
- ensure all children and young people have the access to a quality and inclusive educational program that celebrates and makes visible children's diversity (EYLF, V2.0)
- ensure the program is inclusive of all children and young people
- be consistently aware of and responsive to children and young people who may require additional

support, assistance or attention, noticing and listening carefully to children's concerns and discussing diverse perspectives on issues of inclusion and exclusion and fair and unfair behaviour

- develop collaborative relationships with families to achieve quality outcomes for all children and young people

- display cultural responsiveness by learning about multiple perspectives and diversity such as Aboriginal and Torres Strait Islander peoples, ethnic, cultural, linguistic, family and individual's diversity

- ensure the educational program is displayed in a place that is accessible to families

- ensure information regarding the content and operation of the education program is provided to families if requested (Reg. 76)

- provide information regarding the child or young person's participation within the program when requested by families (Reg. 76)

- ensure a copy of the program is available at all times (Reg. 75)

- ensure documentation related to the development of the education program are recorded (Reg. 74)

- consider the period of time a child or young person is being educated and cared for by the service when preparing documentation

EDUCATORS WILL:

- collaborate with children and young people to influence the development of the program in response to their own strengths, ideas, abilities and interests

- plan a contextual program that actively promotes or initiates the investigation of ideas, complex concepts and thinking, reasoning and hypothesizing the supports in learning, development and wellbeing of each child and young person

- use the learning outcomes to guide the planning for children and young people's learning

- provide play and leisure opportunities that are meaningful to children and support their wellbeing, learning and development

- assess and analyse play, leisure, learning and participation in a variety of ways

- document children's wellbeing and learning, utilising contemporary theories and research concerning children's play, leisure, and learning, and make this visible to children, educators and families

- include children and young people in the assessment process by encouraging them to select strategies to document their own learning

- ensure each child and young person is acknowledged for their uniqueness in a positive way

- provide unstructured experiences that take into account that school age children have had a structured and busy day at school

- ensure the curriculum reflects diversity and reflects the values and beliefs of children and families
- take responsibility to be culturally ==responsive==
- provide experiences that actively promote and initiate the investigation of ideas, exploration, prediction, and hypothesizing
- support the development of dispositions such as confidence, curiosity, persistence, imagination, and creativity
- ==be intentional in the roles they take in children's play and leisure and the way they intentionally plan the environment and curriculum experiences==
- make use of spontaneous 'teachable moments' to extend learning
- further extend critical thinking skills and problem-solving skills through provocations
- plan realistic curriculum goals for children considering the period of time the child is being educated and cared for by the service
- ensure documentation and evaluations are readily understood by parents

The program will provide a variety of developmentally appropriate experiences and materials that are selected to achieve the following goals:

- Foster positive self-concept
- Foster high-level thinking skills
- Develop social skills
- Encourage children ==and young people== to reason, question and experiment
- Support language development
- Enhance physical development and skills
- Foster independence and initiative
- Encourage and demonstrate sound health, safety and nutritional practices
- Encourage creative expression
- Respect cultural diversity of staff, children ==and young people==
- Respect gender diversity
- ==Develop understandings of environmental, social and economic sustainability==

==**DOCUMENTATION REQUIREMENTS**==

==From July 1 2023 services that educate and care for school age children in SA, TAS, VIC, NT, NSW and QLD are not required to keep documentation of individual evaluations of school age children.==

Documentation will also demonstrate educator's reflections on their own practice and interpreting the feelings, thoughts and ideas of children families and colleagues.

Services must ensure that evidence about the development of the program is documented.

Documentation will provide evidence about the development and reflection of the program.

EXAMPLES OF DOCUMENTATION USED BY EDUCATORS MAY INCLUDE:

- Learning stories or narratives
- photographs with captions
- observations or reviews
- journals
- mind maps and surveys

PHYSICAL ACTIVITY

Our *Physical Activity Policy* provides further details to support school age children's physical activity and development of their gross and fine motor skills through a range of spontaneous and intentionally planned active play experiences that are both child initiated and educator led.

CHILDCARE CENTRE DESKTOP - RELATED RESOURCES

Assessment and Planning Cycle Guide and Procedure	Assessment and Planning Cycle Audit
Educational Program and Practice Procedure	Management Programming Audit
	Observation Record

CONTINUOUS IMPROVEMENT/REFLECTION

The *Educational Program Policy* will be reviewed on an annual basis in conjunction with children, families, staff, educators and management.

SOURCES

Australian Children's Education & Care Authority (2023) *Documenting Programs for School Age Services*
Australian Children's Education & Care Quality Authority. (2023). *Guide to the National Quality Framework.*
Australian Government Department of Education (2022). *My Time, Our Place- Framework for School Age Care in Australia.V2.0*
Australian Government Department of Education (2022). Information sheet- My Time, Our Place. Cultural Responsiveness
Early Childhood Australia Code of Ethics. (2016)
Education and Care Services National Law Act 2010. (Amended 2023).
Education and Care Services National Regulations. (Amended 2023).
NSW Government. Department of Health. Eat Smart Play Smart. A manual for out of school hours care. (2016)

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Western Australian Education and Care Services National Regulations

REVIEW

POLICY REVIEWED BY	Tina Chappell		Coordinator	January 2024
POLICY REVIEWED	JANUARY 2024/JUNE 2023	NEXT REVIEW DATE		JANUARY 2025
VERSION NUMBER	V10.01.24			
MODIFICATIONS	JANUARY • annual policy maintenance • addition inclusions re: MTOP V2.0 • sources updated as required JUNE • major edits in policy to align with principles, practices and outcomes of MTOP V2.0 • updated policy to align with regulation changes re: documentation requirements effective 1 July 2023 • removed Physical Activity section- covered in *Physical Activity Policy* • sources updated			

POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
JANUARY 2023	• Update of Department name from Department of Education, Skills, and Employment to Department of Education • additional regulation information included (Reg. 74, 75, 76, 118) • annual policy maintenance • minor formatting edits within text • hyperlinks checked and repaired as required • continuous improvement/reflection section added • Childcare Centre Desktop Related resources section added • link to Western Australian Education and Care Services National Regulations added in 'Sources'	JANUARY 2024
JANUARY 2022	• additional related policies added (edited change of name for some policies) • additional information related to cultural competence • collaboration with families and children added • new section on Physical Activity added	JANUARY 2023
JANUARY 2021	• additional information and regulations re: educational leader • minor editing	JANUARY 2022

	• sources and links checked for currency and edited where required	
JANUARY 2020	• edits and modifications to content • links to learning frameworks added • inclusion of specific state and territory jurisdiction regarding evaluation information • sources checked for currency and alphabetised • additional sources	JANUARY 2021
JANUARY 2018	• minor modifications made to Education and Care Services National Regulations section • related policy section added • statements added to support operational delivery	JANUARY 2019

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Item 4.11 Physical Activity Policy

EXECUTIVE SUMMARY

Physical activity is vital for young children's health, wellbeing and development and lays the foundation for a healthy active life. All children and young people benefit from a mix of physical activity, inactivity, and sleep. Our Out of School Hours Care (OSHC) Service recognises the important role educators and staff have in promoting children's physical activity in appropriate ways ensuring children's comfort and wellbeing requirements are being met. We are committed to supporting the *Australian 24-Hour Movement Guidelines for children and young people (5 to 17 years)- An Integration of Physical Activity, Sedentary Behaviour* into our curriculum.

OFFICER'S RECOMMENDATION
That Council: adopt the Physical Activity Policy as presented.

Budget & Resource Implications
N/A

Background
Updates have been made to this Policy to align with Legislation.

Consultation (Internal/External)
N/A

Attachments
Attachment L – Policy

Report prepared by **Teena Chappell (Outside School Hours Care Co-Ordinator)**

PHYSICAL ACTIVITY POLICY

Physical activity is vital for young children's health, wellbeing and development and lays the foundation for a healthy active life. All children and young people benefit from a mix of physical activity, inactivity and sleep. Our Out of School Hours Care (OSHC) Service recognises the important role educators and staff have in promoting children's physical activity in appropriate ways ensuring children's comfort and wellbeing requirements are being met. We are committed to supporting the *Australian 24-Hour Movement Guidelines for children and young people (5 to 17 years)- An Integration of Physical Activity, Sedentary Behaviour* into our curriculum.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 1: EDUCATIONAL PROGRAM AND PRACTICE		
1.1	Program	The educational program enhances each child's learning and development.
1.2	Practice	Educators facilitate and extend each child's learning and development.
1.2.1	Intentional teaching	Educators are deliberate, purposeful, and thoughtful in their decisions and actions.
1.2.3	Child directed learning	Each child's agency is promoted, enabling them to make choices and decisions that influence events and their world.
QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.3	Child protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.
QUALITY AREA 3: PHYSICAL ENVIRONMENT		
3.1.2	Upkeep	Furniture and equipment are safe, clean and well maintained.
3.2	Use	The service environment is inclusive, promotes competence and supports exploration and play-based learning.
3.2.1	Inclusive environment	Outdoor and indoor spaces are organised and adapted support every child's participation and to engage every child in quality experiences in both built and natural environments.

3.2.2	Resources support play-based learning	Resources, materials and equipment allow for multiple uses, are sufficient in number, and enable every child to engage in play-based learning.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
73	Educational Program
76	Information about educational program to be given to parents
86	Notification to parents of incident, injury, trauma and illness
103	Premises, furniture and equipment to be safe, clean and in good repair
113	Outdoor space—natural environment
115	Premises designed to facilitate supervision
155	Interactions with children
156	Relationships in groups
168	Education and care service must have policies and procedures

RELATED POLICIES

Additional Needs Policy	Physical Environment Policy
Adventurous (Risky and Nature) Play Policy	Privacy and Confidentiality Policy
Child Safe Environment Policy	Professional Development Policy
Code of Conduct Policy	Respect for Children Policy
Educational Program Policy	Sun Safety Policy
Family Communication Policy	Supervision Policy
Incident, Injury, Trauma and Illness Policy	Technology Policy

PURPOSE

Our Out of School Hours Care (OSHC) Service aims to promote children's physical activity and development of their gross and fine motor skills through a range of spontaneous and intentionally planned active play experiences that are both child initiated and educator led. We aim to form respectful partnerships with families and help them gain a deeper understanding of the benefits of physical activity and wellbeing for children.

SCOPE

This policy applies to children, educators, approved provider, nominated supervisor, families, staff,

management, <mark>students, volunteers</mark> and visitors of the OSHC Service.

IMPLEMENTATION

To promote healthy growth and development, young children should participate in a range of developmentally appropriate, enjoyable and safe play-based and structured physical activities in a variety of environments, both independently as well as interacting with adults and other children. Developing fundamental and tactical movement skills provides children with the opportunity to acquire and master a range of movement skills and dispositions to participate in a lifetime of physical activity as confident, competent and creative movers.

PHYSICAL ACTIVITY

OSHC Services need to support planned physical activity and child initiated free play.

'*Being physically active is good for children's health, as well as being a great way for them to make friends and develop physical and social skills. Physical activity strengthens children's bones, muscles, hearts and lungs and improves children's coordination, balance, posture and flexibility.*' Eat Smart, Play Smart (2020).

THE APPROVED PROVIDER/ MANAGEMENT/ NOMINATED SUPERVISOR/ RESPONSIBLE PERSON WILL:

- <mark>ensure educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy</mark>
- <mark>ensure families are aware of this *Physical Activity Policy*</mark>
- ensure risk assessments are conducted to identify potential hazards, assess the risks and minimise any risks that could potentially cause harm or injury to children
- ensure children are adequately supervised at all times
- ensure all educators and staff adhere to the *Sun Safety Policy*
- ensure playground surfaces and equipment meet Australian Standards and guidelines
- encourage educators to engage in critical reflection as a team and with the children about the risks and benefits of new activities or processes
- reflect on our OSHC Service's physical environment, layout and design to ensure it is supporting children's active play, sedentary play and sleep and rest time
- consider the ways moveable and fixed equipment are utilised in the outdoor physical environment to encourage physical activity and adventurous (risky) play

- communicate regularly with families about cultural practices for physical activity and sleep requirements
- liaise with local Aboriginal and Torres Strait Islander communities to seek advice about traditional children's games and dances that would be appropriate for use in the service
- ensure equitable access is provided to support children with additional needs. Consult with other health professional including the local Inclusion Support Agency to support children's physical development.
- promote physical activity and reduced screen time (e.g., watching TV, playing on computers or small hand-held games devices) with families through fact sheets and newsletter articles.

EDUCATORS WILL:

- provide opportunities in the daily program for children to be active every day through a balance of planned and spontaneous active play experiences that are both educator led and child initiated (including everyday physical tasks), in the indoor and outdoor environments
- adhere to our *Sun Safety Policy* and ensure children have access to water before, during and after any physical activity experience
- include children's voices in the development of the physical environment to provide opportunities for physical activity, risky play and creativity
- collaborate with families and other professionals to provide active play experiences for all children inclusive of children with additional needs
- encourage children to be accepting and understanding of the different abilities of other children
- encourage children to engage in physical activity and challenge themselves
- seek to promote children's physical activity by supporting the development of their gross motor skills and fostering the emergence of their fundamental movement skills (FMS) through a range of intentionally planned and spontaneous active play learning experiences
- provide positive instruction, role modelling, and advice to children as they develop and improve their FMS
- encourage children to try a range of activities including obstacle courses, balancing, kicking, dancing and skipping, jumping, rolling, catching and throwing
- actively role model appropriate physical activity behaviours to children
- ensure active play experiences are play based, varied and creative
- ensure all equipment is developmentally appropriate and well maintained
- ensure that an appropriate balance between inactive and active time is maintained each day

- encourage productive sedentary experiences for rest and relaxation- reading, storytelling, puzzles, singing
- limit experiences involving screen use to those which have an educational component or include movement and gross motor activity
- discuss with children the role of screen time in their lives and support them in making appropriate choices about their use of screen time for both education and recreation
- model appropriate screen behaviours and self-regulation to children
- ensure that under no circumstances screen-time is used as a reward or to manage challenging behaviours
- adhere to the recommended timeframes for 'screen time' according to Australia's Physical Activity and Sedentary Behaviour Guidelines
- ensure documentation showcases physical activity experiences and opportunities with families
- participate in professional development to support children's physical health and wellbeing.

IN RELATION TO FAMILIES OUR OSHC SERVICE WILL:

- ensure the *Physical Activity Policy* is available to be viewed and reflected upon
- provide information and ideas about physical activity to promote children's physical health and wellbeing
- encourage families to share information about cultural backgrounds in relation to physical activity, language, traditional games and their child's sleep requirements
- provide information about recommended screen time for children and support families to understand the negative effects of exposure to digital technology before sleep time
- collaborate with families to ensure children with additional needs have equitable access and are supported in all areas of the learning program.

Physical activity

- Children and young people should spend 60 minutes or more of moderate to vigorous physical activity per day involving mainly aerobic activities
- Activities may include- football, basketball, bike riding, scooter riding, swimming, dancing
- Provide opportunities for several hours of a variety of light physical activities
- Include activities that are vigorous, as well as those that strengthen muscle and bone at least 3 days per week
- activities such as – running, swinging on monkey bars, climbing, yoga, sit ups, push ups are good muscle strengthening activities

- light physical activities throughout the day are encouraged- such as walking to school, playing handball, helping around the house

Sedentary behaviour

- Screen time should be limited to no more than 2 hours per day
- Children should avoid sitting for long periods

Sleep

- 9-11 hours for children aged 5-13 years, with consistent sleep and wake up times

Source: Australian Government. Department of Health and Aged Care. *Physical activity and exercise guidelines for all Australians. For children and young people (5 to 17 years). (2021)*

CONTINUOUS IMPROVEMENT/REFLECTION

The *Physical Activity Policy* will be reviewed on an annual basis in conjunction with children, families, staff, educators and management.

SOURCES

Australian Children's Education & Care Quality Authority. (2023). *Guide to the National Quality Framework.*
Australian Government Department of Health. (2014). Australia's Physical Activity and Sedentary Behaviour Guidelines
Australian Government. Department of Health and Aged Care. (2021). Physical activity and exercise guidelines for all Australians. For children and young people (5 to 17 years)
Early Childhood Australia *Statement on young children and digital technologies*. (2018).
Education and Care Services National Law Act 2010. (Amended 2023).
Education and Care Services National Regulations. (Amended 2023).
Fair Work Act 2009 (Cth).
NSW Government. Department of Education. (2020). Live Life Well @ School.
NSW Government Health. (2020). *Eat Smart Play Smart*.
NSW Government Health. *Good for kids good for life*
Western Australian Education and Care Services National Regulations

REVIEW

POLICY REVIEWED BY	Tina Chappell		Coordinator		January 25
POLICY REVIEWED	JANUARY 2024	NEXT REVIEW DATE		JANUARY 2025	
VERSION NUMBER	3.01.24				
MODIFICATIONS	• annual policy review • added content from *Educational Program Policy* to this policy to save repetition in both policies				

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POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
	<mark>• updated information from Physical activity and exercise guidelines for all Australians- for children and young people (5 to 17 years) • sources checked for currency and updated as required</mark>	
JANUARY 2023	• annual policy maintenance • minor formatting edits within text • hyperlinks checked and repaired as required • continuous improvement/reflection section added • link to Western Australian Education and Care Services National Regulations added in 'Sources'	JANUARY 2024
JUNE 2022	• draft policy created for OSHC Services	JANUARY 2023

Item 4.12 Acceptance and Refusal Authorisation Policy

EXECUTIVE SUMMARY
Under the Education and Care Services National Law and National Regulations, education and care services are required to obtain written authorisation from parents/guardians for some circumstances, to ensure that the health, safety, wellbeing, and best interests of the child are met and upheld. An authorisation is given where a person who has legal responsibility for a child gives permission to another person to do something or to make a decision on that person's behalf. Authorisations are usually authenticated by a signature- either in written form or as an electronic signature. All authorisations and refusals are to be kept in the child's enrolment record.

OFFICER'S RECOMMENDATION
That Council: adopt the Acceptance and Refusal Authorisation Policy as presented.

Budget & Resource Implications
N/A

Background
Updates have been made to this Policy to align with Legislation.

Consultation (Internal/External)
N/A

Attachments
Attachment M – Policy

Report prepared by **Teena Chappell (Outside School Hours Care Co-Ordinator)**

ACCEPTANCE AND REFUSAL AUTHORISATION POLICY

Under the Education and Care Services National Law and National Regulations, education and care services are required to obtain written authorisation from parents/guardians for some circumstances, to ensure that the health, safety, wellbeing, and best interests of the child are met and upheld. An authorisation is given where a person who has legal responsibility for a child gives permission to another person to do something or to make a decision on that person's behalf. Authorisations are usually authenticated by a signature- either in written form or as an electronic signature. All authorisations and refusals are to be kept in the child's enrolment record.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
Sec. 165	Offence to inadequately supervise children
Sec. 167	Offence relating to protection of children from harm and hazards
Sec. 175	Offence relating to requirement to keep enrolment and other documents
Sec. 167	Offence relating to protection of children from harm and hazards
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement- anaphylaxis or asthma emergency

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99	Children leaving the education and care service
102	Authorisation for excursions
102C	Conduct a risk assessment for transporting children by the education and care service
102D	Authorisation for service to transport children
157	Access for parents
160	Child enrolment records to be kept by approved provider
161	Authorisation to be kept in enrolment record
168	Education and care services must have policies and procedures
170	Policies and procedures must be followed
171	Policies and procedures to be kept available
172	Notification of change to policies and procedures

RELATED POLICIES

Administration of First Aid Policy
Administration of Medication Policy
Anaphylaxis Management Policy
Asthma Management Policy
Child Protection Policy
Child Safe Environment Policy
Cyber Safety Policy
Delivery of Children to, and collection from
Education and Care Service Premises Policy
Diabetes Management Policy
Emergency and Evacuation Policy

Enrolment Policy
Epilepsy Management Policy
Excursion/Incursion Policy
Governance Policy
Incident, Injury, Trauma and Illness Policy
Medical Conditions Policy
Nutrition Food Safety Policy
Orientation of Families Policy
Record Keeping and Retention Policy
Safe Arrival of Children Policy
Safe Transportation Policy
Sun Safety Policy
Water Safety Policy

PURPOSE

Our priority is ensuring the health, safety and wellbeing of children. We aim to ensure that all educators, staff, students and volunteers of the OSHC Service are consistent in how authorisations are managed and what constitutes a correct authorisation and what does not, which consequently may lead to a refusal.

Our governance and quality management processes are effective and transparent and meet all regulatory requirements.

Decisions around refusing an authorisation will be made on a case-by-case basis by the OSHC Service <mark>in accordance</mark> with the nominated supervisor, Police, <mark>regulatory authority</mark> or other authorities.

SCOPE

This policy applies to <mark>children,</mark> families, staff, <mark>educators,</mark> management, approved provider, nominated supervisor, <mark>students, volunteers</mark> and visitors of the OSHC Service

IMPLEMENTATION

Our OSHC Service will ensure we comply with the current *Education and Care Services National Regulations,* and have policies and procedures in place in relation to the acceptance and refusal of authorisations which require parent or guardian written authorisation to be provided in matters including:

- Administration of medication to children
- Self-administration of medication
- Administration of medical treatment, dental treatment, and general first aid treatment.
- Emergency Ambulance transportation
- Transportation- including regular outings and regular transportation
- <mark>Safe Arrival of children to the OSHC service</mark>
- Excursions
- Incursion attendance
- Taking of photographs by people other than educators
- Water based activities
- Enrolment of children, including providing details of persons nominated to authorise consent for medical treatment, to collect children from the service, or trips outside the service premises
- Children leaving the premises in the care of someone other than a parent or guardian
- Children having access to the internet and/or an email account

THE APPROVED PROVIDER/NOMINATED SUPERVISOR/MANAGEMENT WILL ENSURE THAT:

- <mark>obligations under the *Education and Care Services National Law and National Regulations* are met</mark>
- the *Acceptance and Refusal Authorisation Policy* is reviewed and maintained by the OSHC Service management and adhered to at all times by educators and staff

- policies and procedures are readily accessible to nominated supervisors, coordinators, educators and staff and students and available for inspection
- all staff and educators follow the policies and procedures of our OSHC Service
- parent/guardians are provided with a copy of relevant policies for our OSHC Service or are aware of how they can be accessed
- an enrolment record is kept for each child that includes all authorisations signed by a parent or a person authorised to
    - to consent to seek medical treatment from a registered medical practitioner, hospital or ambulance service
    - transportation by an ambulance service
    - to authorise the education and care service to transport the child or arrange regular outings for the child
- documentation relating to authorisations contains:
    - the name of the child enrolled in the service
    - date
    - signature of the child's parent/guardian and authorised nominee as named on the enrolment form
- all staff understand circumstances that may lead to refusal of an authorisation
- the right of refusal is exercised if written or verbal authorisations do not comply with National Regulations or Child Protection Legislation. If an authorisation is refused by the OSHC Service, it is best practice to document:
    - the details of the authorisation
    - why the authorisation was refused, and
    - actions taken by the service. For example: if the service refused an authorised nominee named in the child's enrolment record to collect the child from the service as they were under the influence of alcohol, the action taken to ensure that the child was collected (Refer to *Refusal of Authorisation Record*)
- all parents/guardians have completed the authorised person's section of their child's enrolment form including authorised nominees (refer to *Enrolment Policy*), and that the form is signed and dated before the child commences at the OSHC Service
- attendance records are maintained for all children attending the OSHC Service
- a written record of all visitors to the OSHC Service, including time of arrival and departure and reasons for visit is documented.

- educators/staff do not administer medication without the written authorisation of parent/guardian or authorised nominee named in the enrolment record as authorised to consent to the medical treatment of the child, except in the case of an emergency, including an asthma or anaphylaxis emergency (refer to *Administration of Medication Policy, Incident, Injury, Trauma and Illness Policy, Emergency and Evacuation Policy, Asthma Management Policy, Anaphylaxis Management Policy, Diabetes Management Policy*, and *Epilepsy Management Policy*)

- where a child requires medication to be administered by educators/staff, that an *Administration of Medication Record* is completed, and authorisation provided by the parent/guardian or authorised nominee and included with the child's record (Refer to *Administration of Medication Policy*)

- where a child over preschool age, and is authorised by the parent or guardian to self-administer medication, this is recorded in the *Administration of Medication Record*

- when a child requires emergency medical treatment for conditions such as anaphylaxis or asthma compliance for authorisation is waived. In accordance with National Regulations (R. 93) the OSHC Service can administer medication in these circumstances without authorisation. If these situations occur the approved provider/management will be required to contact the parent/guardian as soon as practicable after the medication has been administered and emergency services. Notification to the Regulatory Authority is required within 24 hours of a serious incident

- parents/guardians and the child's health practitioner are consulted to determine the circumstances that the child could self-administer their medication as per their ASCIA Action Plan for Anaphylaxis or Asthma Foundation Action Plan for Asthma

- a location to store self-administered medication is deterined by the OSHC service (asthma, anaphylaxis or diabetes medication must be stored in an easily accessible location)

- educators and staff only allow a child to participate in regular outings and regular transportation with the written authorisation of a parent/guardian or authorised nominee name in the child's enrolment record

- educators and staff allow a child to participate in excursions only when the written authorisation of a parent/guardian or authorised nominee named in the child's enrolment record is received and documented (refer to *Excursion Policy, Safe Transportation Policy and Safe Arrival of Children Policy*)

- educators/staff allow a child to depart the OSHC Service only:
  - with a person who is the parent/guardian or authorised nominee named in the child's enrolment record; or
  - with a person authorised by a parent or authorised nominee; or
  - in accordance with the written authorisation of the parent; or authorised nominee; or
  - on an excursion; or

- o in the case of a medical emergency or another emergency (Refer to *Delivery of Children to, and collection from Education and Care Service Premises Policy* and *Emergency Evacuation Policy*).

- there are procedures in place if an inappropriate person, or a person who does not appear to be fit to take care of the child attempts to collect the child from the OSHC Service or poses a risk to the safety of children or staff (refer to *Delivery of Children to, and collection from Education and Care Service Premises Policy*)

- families are notified at least 14 days before changing the policy or procedures (Reg. 172).

EDUCATORS WILL:

- follow the policies and procedures of the OSHC Service

- ensure that written authorisation is provided by the parent or other person named in the child's enrolment record for a regular outing or regular transportation

- ensure that parents/guardians sign and date permission/authorisation forms for excursions prior to the excursion being implemented

- allow a child to participate in an excursion only with the written authorisation of a parent/guardian or authorised nominee

- check that parents/guardians or an authorised nominee sign the attendance record as their child arrives and departs from the OSHC Service

- administer medication only with the written authorisation of a parent/guardian or authorised nominee as per the *Administration of Medication Record*, except in the case of an emergency, including asthma or anaphylaxis

- allow a child over pre-school age to self-administer medication under the following circumstances:

  - o a parent or guardian provides written authorisation with consent on the child's enrolment form - administration of medication.

  - o medication is stored safely by an educator, who will provide it to the child when required

  - o supervision is provided by an educator whilst the child is self-administering.

  - o a recording is made in the medication record for the child that the medication has been self-administered

- allow a child to depart from the OSHC Service only:

  - o with the person who is a parent/guradian or authorised nominee named in the child's enrolment record; or

  - o or a person authorised by a parent or authorised nominee; or

- o in accordance with the written authorisation of the parent/guardian; or authorised nominee; or

- o on an excursion; or

- o in the case of a medical emergency or another emergency (Refer to *Delivery of Children to, and collection from Education and Care Service Premises Policy* and *Emergency Evacuation Policy*).

- follow procedures if an inappropriate person attempts to collect a child from the OSHC Service and poses a risk to the safety of the children and staff (for example, an intoxicated person). (Reg. 99)

- inform the approved provider when a written authorisation does not meet the requirements outlined in OSHC Service's policies.

FAMILIES WILL:

- read and comply with the policies and procedures of the OSHC Service

- complete and sign the authorised nominee section of their child's enrolment form before their child commences at the Service

- ensure that changes to nominated authorised persons are provided to the OSHC Service in a timely manner

- advise nominated authorised persons that they will require photo identification (such as a driver's licence) in order to collect their child from the OSHC Service

- sign and date permission forms for regular transportation and regular outings

- sign and date permission forms for excursions

- sign the attendance record as their child arrives and departs from the Service

- provide written authorisation on the *Administration of Medication Form* when their child requires medication to be administered by educators/staff, including signing and dating it for inclusion in the child's medication records

- provide a medical management plan and/or ASCIA Action Plan from their child's health practitioner regarding circumstances by which the child could self-administer their medication (e.g.: Asthma inhaler)

- be familiar with circumstances where authorisations may be refused/not applicable.

REFUSAL OF AUTHORISATIONS

All authorisations which are incomplete or incorrectly recorded are to be returned to the parent or guardian for required adjustments. Written or verbal authorisation may be refused if the authorisation does not comply with National Regulations or Child Protection Legislation. The approved provider or

nominated supervisor will inform the parent or guardian the reason why the written or verbal authorisation does not meet National Regulations or policy procedures.

The parent or guardian will be provided a copy of this *Acceptance and Refusal of Authorisation Policy* and procedure. Management will discuss an alternative arrangement with the family following the refusal of authorisation. If an authorisation is refused by the Service, it is best practice to document details surrounding the refusal (See *Refusal of Authorisation Record*).

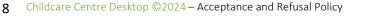 Examples when an authorisation may be refused include:
- requests relating to dietary restrictions that are not related to medical reasons
- an authorised person collecting the child appears to be under the influence of drugs or alcohol
- the authorisation breaches a parenting order
- the authorisation breaches a service policy (person under the age of 18 collecting a child)
- medication to be provided to a child is not in original container or prescribed to the child or other breach of *Administration of Medication Policy*
- a breach of *Excursion/Incursion Policy* where the person providing consent for the excursion is not listed as a parent/guardian or authorised nominee on the enrolment form

AUTHORISATION REQUIREMENTS

Authorisation documents are required for the following situations and must have details recorded as specified:

Administration of Medication	• Name of the child • *Administration of Medication Record* is signed by a parent or a person named in the child's enrolment record as authorised to consent to administration of medication • Authorisation is provided by a parent or guardian for the child to self-administer medication as per their Action Plan • Name of the medication to be administered • Clearly indicate time and date medication was last administered • Clearly indicate the time and date the medication is to be administered • Dosage of the medication to be administered • Method of dosage (e.g.: oral or inhaled) • Whether the medication is to be self-administered (asthma, diabetes) • Period of authorisation (actual days and dates: from and to). • Parent/Carer name and signature • Date the authorisation is signed • Medication must be in its original container and bearing the correct child's name • Medication is not past its expiry or use-by date

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	• Medication is administered in accordance with any instructions attached to the medication or provided by a registered medical practitioner • A second person checks the signed *Administration of Medication Record,* checks the dosage of the medication, and witnesses its administration • The educator administering medication and witness must write their full name and sign the medication record • Details of the administration must be recorded in the medication record • Supervision is provided by an educator whilst a child is self-administering medication • A recording is made in the medication record for the child that the medication has been self-administered

Medical treatment of the child including transportation by an ambulance service (Included and authorised initially as part of the child's enrolment record):	• Name of the child • Authorisation to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service • Authorisation for the transportation of the child by an ambulance service • Name, address and telephone number of the child's registered medical practitioner or medical service • Child's Medicare number • Name of the parent or guardian providing authorisation

Emergency Medical Treatment (included and authorised initially as part of the child's enrolment record or as updates during enrolment):	• The Service is able to seek emergency medical assistance for a child as required (i.e. medical practitioner, ambulance or hospital) without seeking further authorisation from a parent or guardian in the case of an emergency, including for emergencies relating to medical conditions noted on the enrolment form.

Collection of Children (included and authorised initially as part of the child's enrolment record or as updated during enrolment)	• Name of the child • Name of the parent or the guardian of the child or the authorised nominee on the enrolment form providing authorisation • Name of the person/s authorised by a parent or authorised nominee named in the child's enrolment record to collect the child from the premises • Signature of the person providing authorisation and date of authorisation

Transportation	If the transportation is 'regular transportation' the authorisation is only required to be obtained once in a 12-month period. <mark>The authorisation must state:</mark> • name of the child • the reason the child is to be transported

(other than as part of an excursion)	• if the authorisation is for regular transportation, a description of when the child is to be transported and the date the child is to be transported • a description of the proposed pick-up location and destination • the means of transport • the period of time during which the child is to be transported • the anticipated number of children likely to be transported • the anticipated number of staff members and any other adults who will accompany and supervise the children during the transportation • any requirements for seatbelts or safety restraints under a law of each jurisdiction in which the children are being transported • that a risk assessment has been prepared and is available at the education and care service • that written policies and procedures for transporting children are available at the education and care service

Excursions	The authorisation must state: • name of the child • date of the excursion • reason for the excursion • proposed destination for the excursion • method of transport to be used • route to be taken to and from the excursion • any requirements for seatbelts or safety restraints • period of time away from premise- include time leaving premise and time returning to premise • proposed activities to be undertaken by the child during the excursion • anticipated number of children likely to be attending the excursion • ratio of educators attending the excursion to the number of children attending the excursion • number of staff members and any other adults who will accompany and supervise the children on the excursion (including parents, students, volunteers) • statement that a risk assessment has been prepared and is available at the service • name of the parent or guardian-providing authorisation • relationship to the child • signature of the person providing authorisation and date of **authorisation** • details of any water hazards and risks associated with water-based activities (to be included in risk assessment). • items that should be taken on the excursion

Regular outing	A regular outing means a walk, drive or trip to and from a destination that the service visits regularly as part of its educational program and where the circumstances relevant to the risk assessment are the same on each outing. Written authorisation only needs to be given once in a specified 12-month period for a regular outing. (Reg. 102(5)). If the conditions of the regular outing change, a new authorisation is required. The written authorisation must include: • name of the child

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	• a description of when the child is to be taken on the regular outings • a description of the proposed destination • method of transportation (including walking) • <mark>any requirements for seatbelts or safety restraints</mark> • proposed activities to be undertaken • <mark>proposed time the child will be away from the premises</mark> • anticipated ratio of educators to the anticipated number of children • that a risk assessment has been prepared and is available at the OSHC service

Confirmation of Authorisation	• All authorisation forms received (including the initial enrolment form) are to be checked for completion • All authorisations (excluding the initial enrolment form) are checked to ensure that the authoriser (name and signature) is the nominated parent or guardian a person named on the enrolment form as having authority to authorise • If incomplete or inappropriately signed, the authorisation form should be returned to the parent or guardian for correction • Children will be suspended from any activity requiring authorisation until the appropriate form has been correctly completed and signed

CONTINUOUS IMPROVEMENT/REFLECTION

The *Acceptance and Refusal Authorisation Policy* will be reviewed on an annual basis in conjunction with children, families, staff, educators and management.

<mark>CHILDCARE CENTRE DESKTOP - RELATED RESOURCES</mark>

Authorisation Form Alternative Authorisation Form Consent to Administer Enrolment Form	Enrolment Form Inclusions Refusal of Authorisation Procedure Refusal of Authorisation Register

SOURCES

Australian Children's Education & Care Quality Authority. (2014).
ACECQA. (2021). Policy and procedure guidelines. *<mark>Acceptance and refusal of authorisations.</mark>*
<mark>Australian Children's Education & Care Quality Authority. (2023).</mark> *Guide to the National Quality Framework.*
Cancer Council. Preventing cancer: Sun protections: https://www.cancer.org.au/preventing-cancer/sun-protection/
Early Childhood Australia Code of Ethics. (2016).
Education and Care Services National Law Act 2010. (Amended <mark>2023</mark>).
Education and Care Services National Regulations. (<mark>2023</mark>).
Revised National Quality Standard. (2018).
Western Australian Education and Care Services National Regulations

REVIEW

POLICY REVIEWED BY	Tina Chappell		Coordinator		January 24
POLICY REVIEWED	JANUARY 2024	NEXT REVIEW DATE		JANUARY 2025	
VERSION NUMBER	V11.01.24				
MODIFICATIONS	• annual policy maintenance • small edits within policy • additional related policies added • new section added- Refusal of Authorisations • additional points added to authorisation inclusions • sources updated and checked for currency				

POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
JANUARY 2023	• annual policy maintenance • section- Nominated Supervisor/Responsible person merged with Approved Provider/ Nominated Supervisor/Management will ensure section (double up of points) • hyperlinks checked and repaired as required • continuous improvement/reflection section added • link to Western Australian Education and Care Services National Regulations added in 'Sources'	JANUARY 2024
JANUARY 2022	• Policy reviewed as part of review cycle • See below for edits (September 2021)	JANUARY 2023
SEPTEMBER 2021	• Additional law/regulations added- ACECQA Guidelines to Policy and Procedures document-(June 2021) • Regular outing authorisation information added	JANUARY 2022
JANUARY 2021	• additional information added for Safe Transportation of children • written authorisation requirements for regular outings and regular transportation- new section added • sources checked for currency	JANUARY 2022
JUNE 2020	• small edits to align with *Arrival and Departure Policy* • additional information for refusals of authorisation- Child Protection Legislation	JANUARY 2021

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	• addition of regulations regarding asthma and anaphylaxis and access for parents and self-administration of medication • additional points added for self-administration of medication • additional related policies added	
JANUARY 2020	• Additional information added • Additional Related policies • Sources checked for currency	JANUARY 2021
JANUARY 2019	• Additional information added to points. • 'Related policies' added as per those referenced in the document. • Rearranged the order of points for better flow • Points added (Highlighted). • Sources/references corrected, updated, and alphabetised.	JANUARY 2020
JANUARY 2018	• Minor changes made to comply with changes to the Education and Care National Regulations • Added related policy section	JANUARY 2019
OCTOBER 2017	• Updated to comply with the changes made to the National Quality Standards	JANUARY 2018

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Item 4.13 Cyclone Management Policy

EXECUTIVE SUMMARY
Tropical cyclones and severe storms can produce hail, flooding rains, lightning, and winds up to 280km/h. Experiencing a cyclone can be frightening and traumatic causing injury and loss of life and cause major structural damage to buildings and whole communities.

OFFICER'S RECOMMENDATION
That Council: adopt the Cyclone Management Policy as presented.

Budget & Resource Implications
N/A

Background
Updates have been made to this Policy to align with Legislation.

Consultation (Internal/External)
N/A

Attachments
Attachment N – Policy

Report prepared by **Teena Chappell (Outside School Hours Care Co-Ordinator)**

CYCLONE MANAGEMENT POLICY

Tropical cyclones and severe storms can produce hail, flooding rains, lightning and winds up to 280km/h. Experiencing a cyclone can be frightening and traumatic causing injury and loss of life and cause major structural damage to buildings and whole communities.

The storm season in Australia is usually from November -April and requires all services providing education and care to children to be aware of their responsibility to ensure the safety and security of children, educators, staff and families by being prepared for cyclones, minimizing risks and implementing explicit management strategies. The Australian Warning System is a new national approach to information and warnings during emergencies including cyclone and severe storms.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
Sec 174(2)(a)	Serious incident - Any emergency for which emergency services attended
Sec 174(2)(c)	Any incident that requires the approved provider to close, or reduce the number of children attending the service for a period
Sec 174(2)(c)	Any circumstance at the service that poses a risk to the health, safety or wellbeing of a child attending the service
4	Definitions "multi-storey building" and "storey"

12(d)	Meaning of a serious incident- any emergency for which emergency services attended
97	Emergency and evacuation procedures
98	Telephone or other communication equipment
99	Children leaving the education and care service premises
136	First aid qualifications
168	Education and Care Services must have policies and procedures
170	Policies and procedures are to be followed
171	Policies and procedures to be kept available
175	Prescribed information to be notified to Regulatory Authority

RELATED POLICIES

Acceptance and Refusal Authorisation Policy Delivery of Children to and Collection from Education and Care Services Premises Emergency Evacuation Policy Family Communication Policy Flood Management Policy	Health and Safety Policy Incident, Injury, Trauma and Illness Policy Lockdown Policy Record Keeping and Retention Policy Supervision Policy

DEFINITION

A cyclone is a low-pressure system that forms over warm tropical waters. They are formed by a system of winds rotating inwards to an area of low barometric pressure, in a clockwise circulation in the southern hemisphere. They are characterised by wind gusts up to 280 km/h and can cause flooding and storm surges.

PURPOSE

We recognise that our Out of School Hours Care (OSHC) Service is positioned in a geographical location where cyclones may occur. We have a responsibility to take precautions in order to decrease the risk of damage to the OSHC Service and to ensure the safety of the children, educators and families at all times.

SCOPE

This policy applies to children, families, staff, management, approved provider, nominated supervisor students, volunteers and visitors of the OSHC Service.

IMPLEMENTATION

Cyclones are part of life for people in various parts of Australia during the months of November to April. They have the potential to threaten lives and cause large-scale destruction with the ==possibility== of communication being disrupted.

This policy reminds educators, staff, volunteers and students of the procedure to follow in preparing for a cyclone, what to do when a cyclone watch has been announced and/or when a cyclone strikes.

Management has a legal responsibility to provide all their employees with a safe workplace and ensure all staff understand their roles and responsibilities in case of an emergency.

THE APPROVED PROVDER/MANAGEMENT/NOMINATED SUPERVISOR WILL ENSURE:

- all staff have a thorough understanding of the Australian Warning System (AWS)
- ==the nominated supervisor, management, staff, educators comply with this policy==
- compliance with ==the Education and Care S==ervices National Regulation and develop, and review annually, a risk assessment to identify risks associated with the impact of cyclones to the OSHC Service
- relevant stakeholders/authorities are consulted to improve our risk mitigation strategies for cyclone management as part of our Emergency Management Plan (SES, parents/families)
- emergency evacuation plans are displayed in prominent positions near each exit and in the indoor and outdoor learning environments
- all educators, including casual/relief educators and staff members, are familiar with our *Cyclone Management Policy*, procedures and regulatory requirements
- clear procedures are in place for when a cyclone warning occurs to ensure the safety of educators, children and families
- new staff, volunteers and students are provided with information and training regarding cyclone management procedures upon induction
- emergency evacuation rehearsals (drills) will be practiced *every three months*, including identifying a designated assembly point and place of refuge in case of cyclones
- each emergency evacuation drill is documented, reviewed and reflected upon each time they occur
- families are informed when a rehearsal or drill has occurred
- emergency telephone numbers will be clearly displayed in prominent positions within the Service
- emergency contact details of all children are updated regularly
- strategies to implement emergency plans during cyclone season are discussed and documented at each staff meeting and included in the Quality Improvement Plan (QIP)

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- the regulatory authority is notified if the ==OSHC== Service is required to close for a period of time as a result of a local emergency (evacuation due to cyclone, or to repair damage caused by a cyclone) ==(Reg.175 (2)(b)==
- the ==Department of Education== is notified if the service is temporarily closed via the the [National Quality Agenda IT System (NQAITS)](#)
- families ==are notified== about absences and Child Care Subsidy (CCS) due to a local emergency
- counselling services are provided to employees and their family members affected by a cyclone

EDUCATORS WILL:

- become familiar with the evacuation plan, including knowing the nearest safe high ground and access route
- prepare the Emergency Evacuation Bag containing
    1. a portable battery radio, torch and spare batteries
    2. water containers with clean drinking water, canned food and can opener (if required)
    3. first aid kit and manual, masking tape for windows and waterproof bags
    4. emergency contact register for children
    5. mobile phone and charger and/or other satellite telephone (if required)
    6. any special equipment for babies and young children (bottles, nappies, milk formula)
    7. whistle
- ensure all portable outdoor furniture and related items are stored within the building
- not ignore warning signs
- provide resources and strategies to families for children affected by natural disasters

THE AUSTRALIAN WARNING SYSTEM (AWS)

The Australian Warning System (AWS) is a nationally consistent, three-tiered approach designed to make warnings clearer and lead people to take action ahead of severe weather events including cyclone and severe storm warnings. The warning system comprises of levels, action statements, hazard icons, colours and shapes. https://www.ses.nsw.gov.au/about-us/our-warnings/

The three warning levels are:

Advice (Yellow): An incident has started. There is no immediate danger. Stay up to date in case the situation changes. Monitor conditions.

Watch and Act (Orange): There is a heightened level of threat. Conditions are changing and you need to start taking action now. Prepare to leave/evacuate. Do not enter flood water.

Emergency Warning (Red) : An Emergency Warning is the highest level of warning. You need to take action immediately. Leave/evacuate (immediately by am/pm/hazard timing.

PRIOR TO CYCLONE SEASON

- ensure the building structure meets cyclone required standards
- check current insurance, making sure the OSHC Service is covered for storm surge, flooding and cyclone damage, including clean-up and debris removal
- ensure maintenance is upheld, including trimming branches over the OSHC Service premises, clearing gutters, and having windows fitted with shutters or metal screens.

WHEN A CYCLONE WATCH IS ISSUED

A cyclone watch is normally issued when there are indicators that winds above gale force are anticipated in the area within 24-48 hours. The SES may issue an Advice warning or Watch and Act Warning.

THE FOLLOWING ACTIONS MAY BE WARRANTED:

- remain calm
- listen to the radio/TV for further information and warnings given by Emergency Services (SES)/ Department of Fires or Emergency Service (DFES)/or other state/territory service
- check to ensure any loose materials at the OSHC Service is tied down (or filled with water)
- ensure the first aid kit is well stocked and current
- remain indoors
- notify families about the cyclone watch issued and if possible, request families to collect children from the OSHC Service
- keep the children busy with games and activities
- ensure attendance information is accurate
- identify children with medical management action plans- ensure all details and emergency contact details are current
- follow the advice of emergency services

CYCLONE WARNING OF EVACUATION / EMERGENCY WARNING

An Emergency Warning is normally issued when there are indicators that winds above gale force are anticipated in the area within 24 hours.

Based on predicted wind speeds and storm surge heights, evacuation of the OSHC Service may be required. Emergency Services will provide advice on local radio/TV regarding safe routes and when to proceed with the evacuation.

- Listen for all Emergency Services announcements regarding Service closure and evacuation
- Check radio, television and online for emergency information
- Notify families to come immediately and collect their children
- Contact emergency contact person if required
- Lock all doors, turn off power, gas and water
- Gather the Emergency Evacuation Bag
- Remain indoors
- Move any furniture and equipment away from the windows
- Follow advice of emergency services

WHEN A CYCLONE STRIKES

- Stay calm
- Act immediately by following directions issued by Emergency Services
- Disconnect all electrical appliances and gas supply valves
- Listen to battery operated radio for updates
- Go immediately to the designated shelter area identified within the OSHC Service, away from windows This should be the strongest part of the building.
- Ensure doors are locked
- Educators are to protect themselves and children with mattresses, rugs, helmets, blankets under strong tables or benches or hold onto solid fixtures
- Be careful of the calm 'eye'. The wind can decline, yet the cyclone may not be over, fierce winds will rapidly recommence from another direction.
- Comfort children

AFTER THE CYCLONE

- Do not go outside until you have been advised it is safe
- Do not use electrical appliances if they are wet
- Listen to the radio/TV for official warnings and advice
- Where possible and when it is safe, take photos of any damage for insurance purposes
- Contact the required professionals to fix any broken structures, including windows etc.
- Keep families informed of OSHC Service closure/operation
- Remind families about the dangers of floodwaters caused by cyclones

- o don't ignore road closures due to floodwaters
  - o don't let children play in or around floodwaters
- Complete a serious incident notification to the regulatory authority within 24 hours when there has been an emergency that has posed a risk to the safety and wellbeing of the children

PREPARING FOR AN EMERGENCY

Australian Government Department of Education. Help in an Emergency

https://www.education.gov.au/child-care-package/help-emergency

Australian Government Bureau of Meteorology http://www.bom.gov.au/

Queensland Fire and emergency services

RESOURCES TO ASSIST SERVICES AFTER AN EMERGENCY/NATURAL DISASTER

BeYou Educator Wellbeing after a natural disaster

Get Ready Queensland- Cyclone and Storm Surge

CONTINUOUS IMPROVEMENT/REFLECTION

The *Cyclone Management Policy* will be reviewed on an annual basis in conjunction with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP RESOURCES

Emergency Bag Audit Emergency Management Plan (EMP)	Extreme Weather Procedure

SOURCES

Australian Children's Education & Care Quality Authority. (2014).
Australian Children's Education & Care Quality Authority. (2023). *Guide to the National Quality Framework.*
Australian Government – Bureau of Meteorology - http://www.bom.gov.au/cyclone/
Australian Government Department of Education (2020). Help in an emergency
Beyou www.beyou.edu.au
Education and Care Services National Regulations. (Amended 2023).
Government of Western Australia. Department of Fire & Emergency Services. Cyclones
Queensland Government Natural disaster resources
Revised National Quality Standard. (2018).
Western Australian Education and Care Services National Regulations

REVIEW

POLICY REVIEWED BY	Tina Chappell	Coordinator	January 2024
POLICY REVIEWED	JANUARY 2024	NEXT REVIEW DATE	JANUARY 2025
VERSION NUMBER	V3.01.24		
MODIFICATIONS	• annual policy maintenance • no major changes to policy • link to the NQAITS added • Child Care Centre Desktop Resources added • sources checked and repaired if required		

POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
JANUARY 2023	• annual policy maintenance • additional information Australian Warning System (AWS) • additional information added to 'Continuous Improvement' section • link to Western Australian Education and Care Services National Regulations added in 'Sources'update of DESE to Department of Education	JANUARY 2024
JUNE 2022	New Policy developed for OSHC Services	JANUARY 2023

Item 4.14 Delivery of Children to, and Collection from Education and Care Services Premises Policy

EXECUTIVE SUMMARY

Under the *Education and Care Services National Regulations* the approved provider must ensure that policies and procedures are in place for the delivery of children to, and collection from, service premises and take reasonable steps to ensure those policies are followed. (ACECQA 2021).

OFFICER'S RECOMMENDATION

That Council: adopt the Delivery of Children to, and Collection from Education and Care Services Premises Policy as presented.

Budget & Resource Implications

N/A

Background

Updates have been made to this Policy to align with Legislation.

Consultation (Internal/External)

N/A

Attachments

Attachment O – Policy

Report prepared by **Teena Chappell (Outside School Hours Care Co-Ordinator)**

DELIVERY OF CHILDREN TO, AND COLLECTION FROM EDUCATION AND CARE SERVICE PREMISES

Under the *Education and Care Services National Regulations* the approved provider must ensure that policies and procedures are in place for the delivery of children to, and collection from, service premises and take reasonable steps to ensure those policies are followed. (ACECQA 2021).

Arrival and departure times are planned to promote a smooth transition between home and our Out of School Hours Care (OSHC) Service for before and after school care, and vacation care. The opportunity to build secure, respectful and reciprocal relationships between children and families is promoted during arrival and departure times where educators have the opportunity to engage in conversations with families and support each child's well-being.

To ensure the health and safety of children at our OSHC Service, our *Delivery of children to and collection from Education and Care Service Premises Policy* is strictly adhered to, allowing only nominated authorised persons to collect children at any time throughout the day. The daily sign in and out register is not only a legally required document to record children's attendance as per National Law and Regulations but is also used as a record of the children on the premises should an emergency evacuation be required to be implemented.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

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EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
S162 (A)	Persons in day-to-day charge and nominated supervisors to have child protection training
S165	Offence to inadequately supervise children
S167	Offence relating to protection of children from harm or hazard
S170	Offence relating to unauthorised persons on education and care service premises
84	Awareness of child protection law
86	Notification to parents of incidents, injury, trauma and illness
87	Incident, injury, trauma and illness record
99	Children leaving the education and care service premises
100	Risk assessment must be conducted before excursion
102	Authorisations for excursions
102AAB	Safe arrival of children policies and procedures
102AAC	Risk assessment for the purposes of safe arrival of children policies and procedures
102B	Transport risk assessment must be conducted before service transports a child
102C	Conduct of risk assessment for transporting children by education and care service
102D	Authorisation for service to transport children
122	Educators must be working directly with children to be included in ratios
123	Educator to child ratios- centre-based services
157	Access for parents
158	Children's attendance record to be kept by approved provider
160	Child enrolment records to be kept by approved provider and family day care educator
161	Authorisations to be kept in enrolment record
168	Education and care services must have policies and procedures
170	Policies and procedures to be followed

171	Policies and procedures to be kept available
173	Prescribed information to be displayed
176	Time to notify certain information to Regulatory Authority
177	Prescribed enrolment and other documents to be kept by approved provider

RELATED POLICIES

Acceptance and Refusal Authorisation Policy Administration of Medication Policy Child Protection Policy Child Safe Environment Policy Code of Conduct Policy Dealing with Infectious Diseases Policy Emergency Evacuation Policy Enrolment Policy Incident, Injury, Trauma and Illness Policy	Handwashing Policy Orientation of New Families Policy Privacy and Confidentiality Policy Safe Arrival of Children Policy Safe Transportation Policy Student, Volunteer and Visitor Policy Termination of Enrolment Policy Work Health and Safety Policy

PURPOSE

We aim to ensure the protection and safety of all children, staff members, and families accessing the OSHC Service. Educators and staff will only release children to an authorised person as named by the parent/guardian on the individual child's enrolment form.

SCOPE

This policy applies to children, families, staff, the approved provider, nominated supervisor, management, students, volunteers and visitors of the OSHC Service.

IMPLEMENTATION

Our OSHC Service has detailed processes, guidelines and practices for the delivery and collection of children to ensure the safety and wellbeing of each individual child. We ensure that all educators, educator assistants and staff implement these.

THE APPROVED PROVIDER/NOMINATED SUPERVISOR/RESPONSIBLE PERSON WILL ENSURE:

- that obligations under the *Education and Care Services National Law and National Regulations* are met
- educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy

- families are aware of this *Delivery of children to, and collection from an Education and Care Service Premises Policy*

- a risk assessment is conducted in conjunction at least once every 12 months, to identify any risks or hazards that may pose a risk to children's health, safety or wellbeing as they travel between our OSHC Service and any other service which provides education and care to children (See: *Safe Transportation of Children Policy*)

- adequate supervision is provided when children arrive and depart the OSHC Service premises

- relevant educator to child ratios is adhered to at all times

- accurate attendance records are kept

- children only leave the education and care premises in the care of a parent or authorised person or in accordance with written authorisation as per Regulation 99

- enrolment records are kept for each child enrolled in the OSHC Service including the name, address and contact details of

  o   any emergency contacts

  o   any authorised nominee

  o   any person authorised to consent to medical treatment or administration of medication

  o   any person authorised to give permission to the educator to take the child off the premises

  o   any person who is authorised to authorise the education and care service to transport the child or arrange transportation of the child

  o   details of any court order, parenting orders or parenting plan

  o   authorisations for the service to take the child on regular outings

  o   authorisations for the service to take the child on regular transportation

  o   any medical management plan, anaphylaxis medical management plan or risk minimisation plan

- should any serious incident occur, an Incident, injury, trauma or illness record must be completed (see *Incident, Injury, Trauma and Illness Policy and Procedure*)

- in the case of a serious incident occurring, the regulatory authority must be notified within 24 hours through the NQA IT System

- all new educators and staff are provided with an induction to the Service including an understanding of this policy

- all educators and staff are provided with procedures and training on how they will verify the identity of an authorised nominee, or a person authorised by the parent or authorised nominee to collect the child (including procedures of what to do when an unauthorised person attempts to collect a child).

ARRIVAL AT SERVICE

- all children need to be signed in by an authorised person. Note: the signing in of a child is verification of the accuracy of the attendance record. Information required on the register includes the child's name, the date and time and the signature of the person dropping off the child
- children are required to wash their hands upon arrival or use the hand sanitiser provided
- the parent/authorised nominee must also advise staff who will be collecting the child/children
- families will be reminded to sign their child/children into the OSHC Service and will be encouraged to do so immediately upon arrival to avoid forgetting
- should families forget to sign their child/children in, National Regulations require the nominated supervisor or an educator to sign the child in
- sign in sheets/attendance records are to be used as a record in the case of an emergency to account for all children
- children are to be sighted by an educator before the parent or person responsible for the child leaves. This ensures that the educator is aware that the child has arrived and is in the building.
- a child's medication needs, or any other important or relevant information should be passed on to one of the child's educators by the person delivering the child
- the educator will check that the family has completed an *Administration of Medication Record* and store the medication appropriately, away from children's reach
- in order for children to feel secure and safe, it is important that children and families are greeted upon arrival by a member of staff and have the chance to say goodbye to the person dropping them off
- a locker or shelf space will be made available to children and their families
- in the case of a separated family, either biological parent is able to add a contact in writing unless a court order is provided to the nominated supervisor stating that one parent has sole custody and responsibility.

ABSENT OR MISSING CHILDREN

- parents must advise the OSHC Service staff as early as possible of their child/children's absence from school
- if a child has not arrived to the OSHC Staff and the parent has not contacted the OSHC Service to advise of the child/children's absence 15 minutes prior to children being escorted to school, an educator will contact the parent to clarify and confirm the situation
- if a child is collected from the school early due to illness or other reasons the parent must notify the OSHC Service, using the service's telephone message bank if the service is unattended

- if a child does not arrive at the OSHC Service at the expected time an educator will:
  - o contact the parents or authorised nominee to determine the location of the child
  - o contact the nominated supervisor/responsible person to advise of the situation
  - o where possible, help conduct a search of the route of travel, ensuring supervision of all children within care
  - o liaise with Police, emergency services and parents as required
  - o contact the school principal or delegate
  - o *if the parents have been contacted and the child is subsequently found, the educator must immediately contact the parents to let them know*
  - o complete an incident, injury, trauma and accident record as soon as possible

MISSING CHILDREN

If a child is considered missing, an educator or staff member will:

- Contact the police by dialling **000**
- Contact the child's parents
- Contact the school to inform them of the missing child
- Ensure that other children waiting to be transported to the OSHC Service remain appropriately supervised
- Notify the regulatory authority within 24 hours of becoming aware of a serious incident

DEPARTURE FROM OSHC SERVICE

- Children may only leave the OSHC Service premises if the child leaves:
  - o in accordance with the written authorisation of the child's parent or authorised nominee named in the enrolment record; or
  - o taken on an excursion or on transportation provided or arranged by the OSHC Service with the written authorisation of the child's parent or authorised nominee; or
  - o given into the care of a person or taken outside the premises; or
  - o because the child requires medical, hospital or ambulance care or treatment; or
  - o because of another emergency (evacuation due to bush fire, flood, severe storm)
- in the case of an emergency, where the parent/guardian or a previously authorised nominee is unable to collect the child, the parent or person responsible for the child (as listed on enrolment form as having a parenting role) may telephone the service and arrange an alternative person to pick

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up the child. This contact must then be confirmed in writing to the OSHC Service (email, text, or letter).

- parents/guardians are to advise their child's educator if someone different is picking up their child, both verbally and on the sign in/out sheet. This person is to be named on the enrolment form or added in writing to Management as an authorised nominee for the child.

- photo identification must be sighted by a primary contact educator before the child is released. If educators cannot verify the person's identity, they may be unable to release the child into that person's care, even if the person is named on the enrolment form.

- all children must be signed out by their parent (or a person authorised by the parent-authorised nominee) when the child is collected from our OSHC Service including each child's name, date and time they depart. If the parent or other person forgets to sign the child out, they will be signed out by the nominated supervisor or educator

- children must be signed out on the same sheet that they were signed in on

- parents/guardians are required to arrive to collect their child/children by 5.30pm

- no child will be withheld from an authorised contact or biological parent named on the enrolment form unless a current court order is on file at the OSHC Service

- in the case of a particular person (including a biological parent) being denied access to a child, the service requires a written notice (court order) from a court of law.

  o educators will attempt to prevent that person from entering the service and taking the child; however, the safety of other children and educators must be considered

  o educators will not be expected to physically prevent any person from leaving the service

  o in such cases, the parent with custody will be contacted along with the local police and appropriate authorities

  o where possible the educator will provide police with the make, colour, and registration number of the vehicle being driven by the unauthorised person, and the direction of travel when they left the Service

  o a court order overrules any requests made by parents to adapt or make changes

- in the case of a serious incident occurring, as described above, the regulatory authority must be notified within 24 hours through the [NQA IT System](#)

- nominated supervisors will ensure that the authorised nominee pick-up list for each child is kept up to date. It is our policy that we do not allow anyone under the age of 18 to collect children.

- if the person collecting the child appears to be intoxicated or under the influence of drugs, and educators feel that the person is unfit to take responsibility for the child, educators will:

  o discuss their concerns with the person, without the child being present if possible, and

- o   suggest they contact another parent or authorised nominee to collect the child
- o   follow procedures to protect the safety of children and staff of the education and care service as per Child Protection Law and Child Protection Policy
- o   contact the Police and other regulatory authorities (Child Protection Hotline 132 111)
- o   if an authorisation to collect a child is refused by the Service, it is best practice to document the actions for evidence to authorities (refer to *Refusal of Authorisation Register*).

- at the end of each day educators will check indoor and outdoor premises including all rooms and storage rooms and sheds to ensure that no child remains on the premises after the service closes
- children may leave the premises in the event of an emergency, including medical emergencies as outlined in our *Emergency Evacuation Policy*
- details of absences during the day will be recorded.

DELIVERY AND COLLECTION OF CHILDREN DURING VACATION CARE

During periods of Vacation Care, policies and procedures will be followed as per *Arrival at Service*, and *Departure from Service* sections within this policy.

VISITORS

- to ensure we can meet Work Health and Safety requirements and ensure a child safe environment, individuals visiting our OSHC Service must sign in when they arrive at the service and sign out when they leave. It is also a requirement of the National Regulations that visitors are not left alone with children at any time.

LATE COLLECTION OF CHILDREN

- if there are children still present at the OSHC Service upon closing, it is best practice to ensure a minimum of two educators are present remain until all children are collected.
- if parents/guardians know that they are going to be late, they must notify the OSHC Service. If possible, they should make arrangements for someone else to collect their child
- if they have not arrived by 5.30pm the Service will attempt to contact them via phone. If parents/authorised persons are unable to be contacted the nominated supervisor will call alternative contacts as listed on the enrolment form to organise collection of the child

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- due to licensing and insurance purposes, if by 6.00pm neither the parent or any of the authorised contacts are available or contactable, the Service may need to contact the police and other relevant authorities

- if the child is taken to an alternative safe location for example: Police Station, a sign will be displayed at the Service notifying parents/guardian of the child's whereabouts. If this occurs, the Service will be obligated to contact relevant Child Protection Agencies and notify the Regulatory Authority.

- where families are continually late to collect children, a *Late Collection of Children letter* will be presented to parents/guardians

- should this non-compliance continue, the service reserves the right to terminate a child's enrolment.

CHILDCARE CENTRE DESKTOP - RELATED RESOURCES

Administration of Medication Record Authorisation Form Alternative Authorisation Form Late Collection of Child Letter	Late Delivery of a Child Letter Refusal of Authorisation Register Safe Travel Agreement Form Visitor sign in sign out record

CONTINUOUS IMPROVEMENT/REFLECTION

The *Delivery of children to, and collection from Education and Care Service Policy* will be reviewed on an annual basis in conjunction with children, families, educators and staff.

SOURCES

Australian Children's Education & Care Quality Authority. (2014).
Australian Children's Education & Care Quality Authority. (2023). *Guide to the National Quality Framework.*
Australian Children's Education & Care Quality Authority (ACECQA). 2023. Policy and Procedure Guidelines. *Delivery to, and Collection from Education and Care Services.*
Australian Government Department of Education. *My Time, Our Place- Framework for School Age Care in Australia.V2.0, 2022*
Education and Care Services National Law Act 2010. (Amended 2023).
Education and Care Services National Regulations. (Amended 2023)
National Health and Medical Research Council. (2012). *Staying healthy: Preventing infectious diseases in early childhood education and care services.*
Revised National Quality Standard. (2018).
Safe Work Australia (2020)
Western Australian Education and Care Services National Regulations

REVIEW

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POLICY REVIEWED BY	Tina Chappell		Coordinator		January 2024
POLICY REVIEWED	JANUARY 2024	NEXT REVIEW DATE		JANUARY 2025	
VERSION NUMBER	V13.01.24				
MODIFICATIONS	• annual policy maintenance • regulations and content added re: Safe Arrival of Children • removal of statements that were introduced during the COVID pandemic re: COVID-19 risk assessment/management/AHPPC sources • sources checked for currency				

POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
JANUARY 2023	• annual policy maintenance • removal of COVID-19 risk mitigation strategies (services may amend to suit their unique context) • additional information added to 'Continuous Improvement' section • Childcare Centre Desktop Related resources section added • link to Western Australian Education and Care Services National Regulations added in 'Sources'	JANUARY 2024
OCTOBER 2021/JAN 2022	• Policy reviewed to align with Policy Guidelines from ACECQA August 2021 • Additional section added for Approved Provider/Nominated Supervisor/Responsible Person roles • minor edits to reflect changes to ECEC services re: COVID-19- statements in red must be contextualised to each OSHC service. • Policy reviewed Jan 2022 as part of annual review.	JANUARY 2023
JANUARY 2021	• review of policy regarding COVID-19 restrictions/guidelines for ECEC services-statements in red may be adjusted to suit individual services in each state/territory • sources checked for currency • minor editing	JANUARY 2022
JUNE 2020	• addition to introduction of policy • updated to include risk mitigation measures for arrival and departure due to COVID-19 • additional hygiene procedures added- re handwashing • additional related policies	JANUARY 2021

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JANUARY 2020	• Additional relevant regulations added • Related policies updated • Late Collection information added and reworded • Sources checked for currency	JANUARY 2021
JANUARY 2019	• Introductory statement added • Additional information added to points. • Duplicated information deleted. • Rearranged the order of points for better flow • Points added (Highlighted). • Sources/references alphabetised.	JANUARY 2020
JANUARY 2018	• Minor changes made to support compliance • Related policy section added	JANUARY 2019

Item 4.15 Emergency and Evacuation Policy

EXECUTIVE SUMMARY
Under the *Education and Care Services National Regulations*, an approved provider must ensure that policies and procedures are in place for emergency and evacuation and take reasonable steps to ensure policies and procedures are followed. (ACECQA, 2021).

OFFICER'S RECOMMENDATION
That Council: adopt the Emergency and Evacuation Policy as presented.

Budget & Resource Implications
N/A

Background
Updates have been made to this Policy to align with Legislation.

Consultation (Internal/External)
N/A

Attachments
Attachment P – Policy

Report prepared by **Teena Chappell (Outside School Hours Care Co-Ordinator)**

EMERGENCY AND EVACUATION POLICY

Under the *Education and Care Services National Regulations*, an approved provider must ensure that policies and procedures are in place for emergency and evacuation and take reasonable steps to ensure policies and procedures are followed. (ACECQA, 2021).

Emergency and evacuation situations may arise for a variety of reasons, often suddenly and unexpectantly. It is vital that if an emergency situation arises, staff are confident to manage the situation effectively and efficiently, maintaining the safety and wellbeing of children, families and visitors.

Ensuring that educators and children know what to do in an emergency situation requires vigilant planning and practice. Regularly practicing the drills for emergency situations also provides an opportunity to help support and build on children's coping mechanisms and resilience.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
Sec 174(2)(a)	Serious incident - Any emergency for which emergency services attended
Sec 174(2)(c)	Any incident that requires the approved provider to close, or reduce the number of children attending the service for a period
Sec 174(2)(c)	Any circumstance at the service that poses a risk to the health, safety or wellbeing of a child attending the service
4	Definitions "multi-storey building" and "storey"

12(d)	Meaning of a serious incident- any emergency for which emergency services attended
97	Emergency and evacuation procedures
98	Telephone or other communication equipment
99	Children leaving the education and care service premises
136	First aid qualifications
168	Education and Care Services must have policies and procedures
170	Policies and procedures are to be followed
171	Policies and procedures to be kept available
175	Prescribed information to be notified to Regulatory Authority

RELATED POLICIES

Acceptance and Refusal Authorisation Policy	Family Communication Policy
Administration of First Aid Policy	Health and Safety Policy
Bush Fire Policy	Incident, Injury, Trauma and Illness Policy
Child Safe Environment Policy	Lockdown Policy
Delivery of Children to, and collection from	Record Keeping and Retention Policy
Education and Care Service Premises	Sun Safety Policy
Enrolment Policy	Supervision Policy

PURPOSE

Our Out of School Hours Care (OSHC) Service has a duty of care to maintain the safety and wellbeing of each child, educator, and all using or visiting the OSHC Service during an emergency or evacuation situation. We are committed to identifying risks and potential hazards of emergency and evacuation situations by conducting thorough risk assessments on an annual basis and continually plan for further risk minimisation and improvement to our policy and procedures.

SCOPE

This policy applies to children, families, staff, approved provider, nominated supervisor, students, volunteers, visitors and management of the OSHC Service.

IMPLEMENTATION

We define an emergency as an unplanned, sudden or unexpected event or situation that requires immediate action to prevent harm, injury, or illness to persons, or damage to the OSHC Service's premises. Emergency situations may pose a risk to an individual's health and safety. It is important that services identify potential emergencies that may be specific to their location and environment. Severe

heat or heatwaves, also pose an immediate risk to young children and require risk mitigation strategies to be implemented. [See: *Sun Safety Policy*].

An emergency is any event, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of children at the service. (Guide to the NQF)

Circumstances under which an emergency evacuation will occur may include:

- Fire within the building or playground
- Fire in the surrounding area where the OSHC Service may be in danger
- Flood
- Cyclone, severe storm or dust storm or other natural weather event
- dangerous animal, insect or reptile
- Terrorist threat
- Other circumstances may include:
    o gas explosion, traffic accident, or any event which could render the building unsafe (eg: earthquake).

The approved provider, in conjunction with educators of the OSHC Service, will conduct a comprehensive risk assessment in order to identify any risk/s or hazards associated with potential emergencies that may affect the safe evacuation of children from the OSHC Service.

The risk assessment will be reviewed at least annually or after being aware of an incident or circumstance that may affect the safe evacuation of children. All risk assessments will be regularly assessed and evaluated as to facilitate continuous improvement in our OSHC Service. If a risk concerning the safe evacuation of a child is identified during the risk assessment, the approved provider must update the *Emergency and Evacuation Policy* and procedure as soon as possible. The risk assessment is to be stored safely and securely and kept for a period of 3 years.

THE AUSTRALIAN WARNING SYSTEM (AWS)

The Australian Warning System (AWS) is a nationally consistent, three-tiered approach designed to make warnings clearer and lead people to take action during emergencies like bushfire, flood, storm, extreme heat and severe weather. The warning system comprises of levels, action statements, hazard icons, colours and shapes. https://www.ses.nsw.gov.au/about-us/our-warnings/

The three warning levels are:

Advice (Yellow): An incident has started. There is no immediate danger. Stay up to date in case the situation changes. Monitor conditions.

Watch and Act (Orange): There is a heightened level of threat. Conditions are changing and you need to start taking action now. Prepare to leave/evacuate. Do not enter flood water.

Emergency Warning (Red) : An Emergency Warning is the highest level of warning. You need to take action immediately. Leave/evacuate (immediately by am/pm/hazard timing.

When there is an Emergency Warning, educators need to prepare for possible emergency evacuation and implement the procedures effectively to ensure the safety of all children, staff, families and visitors in the OSHC Service.

THE APPROVED PROVIDER/ NOMINATED SUPERVISOR/ MANAGEMENT AND EDUCATORS WILL ENSURE:

- obligations under the *Education and Care National Law and Regulations* are met
- emergency and evacuation policies and procedures are available for inspection at the OSHC Service's premises at all times
- the approved provider will conduct an annual risk assessment to identify potential emergencies that are relevant to the OSHC Service
- the approved provider will review the risk assessment after becoming aware of any circumstance that may affect the safe evacuation of children from the OSHC Service
- relevant stakeholders/authorities are consulted for advice and guidance to improve risk mitigation strategies as part of our emergency and evacuation plan (School Principal, police, fire, parents/families)
- an Emergency Management Plan (EMP) is developed and updated
- all staff and educators have a thorough understanding of the Australian Warning System (AWS)
- the Bureau of Meteorology (BOM) will be checked regularly to monitor emergency situations and warnings relevant to our Service location
- consideration is made to evacuate non-ambulant children evacuating the premises resulting in enhanced ratios
- emergency rehearsals should involve school students and staff if OSHC is located on a school site (if applicable)
- emergency evacuation plans are displayed in prominent positions near each exit at the OSHC Service premises including both the indoor and outdoor learning areas

- the emergency and evacuation procedures include instructions for what must be done in the event of an emergency
- the plan includes a floor plan for ease of reference with clearly defined assembly points and clearly marked exit routes from all locations
- all exits have exit signs clearly visible
- there are no obstructions in hallways, stairways or emergency exits
- all educators, including casual/relief educators and staff members, are familiar with our *Emergency and Evacuation Policy*, procedures and regulatory requirements
- new staff, volunteers and students are provided with information and training about our *Emergency and Evacuation Policy* and procedures during induction
- all staff are aware of their roles and responsibilities in event of an emergency situation
- emergency evacuation rehearsals (drills) will be practiced **every three months** by the responsible person, all staff members, volunteers, and children present on the day
- National Regulations state that evacuation rehearsals are to be practiced **every 3 months**: However, to ensure best practice our Service will conduct emergency evacuation drills in a weekly block every 3 months so that all children and staff experience an evacuation on a regular basis.
- spontaneous rehearsals also take place during the year to assist in refining risk management procedures and evacuation procedures
- each time a planned or spontaneous emergency evacuation drill is performed it is to be timed and documented in the *Emergency Evacuation Rehearsal Record*
- after reflection, notes on any areas that need improving or revising are to be documented in the *Emergency Evacuation Rehearsal Record*. Educators will discuss and implement strategies to make continuous improvement to procedures which will be documented in the Service's Staff Meeting minutes and Quality Improvement Plan (QIP)
- in the event of limited educators (e.g., early morning or late afternoon), staff members are to work together to perform the duties as per the evacuation plan (the roster must include a Responsible Person being on the premises at all times to take responsibility and delegate duties). This scenario will be discussed and documented in the Service's Staff Meeting Minutes (WHS).
- regular communication with families includes information about emergency and evacuation procedures
- families are informed when a rehearsal or drill has occurred
- at least one staff member or one nominated supervisor who holds current ACEQCA approved first aid qualifications, approved anaphylaxis management and emergency asthma management training is in attendance at all times

child care
CENTRE DESKTOP

- each room has an *Emergency Evacuation Bag* located in a prominent position
- *Emergency Evacuation Bags* are regularly audited and restocked as required
- an up-to-date register of emergency telephone numbers for children is maintained. A copy of the current list will always be available in the *Emergency Evacuation Bag*
- portable First Aid Kits are readily available in case of an emergency evacuation
- Medical management plans for children are able to be accessed easily
- children's medication is collected during an evacuation
- all fire extinguishers, fire blankets, fire hoses, and other emergency equipment located throughout the Service will be inspected and tested at six monthly intervals by an authorised company as per the Australian Safety Standard AS 1851-2012: *Maintenance of Fire Protection Systems and Equipment*.
- extinguishers will be emptied, pressure tested, and refilled every five years
- all tests performed on emergency equipment and the date on which it was tested will be recorded on a label or metal tag attached to the unit. Certificates to verify testing will be filed
- ensure smoke detectors are regularly tested and batteries replaced annually
- staff and educators have access to an operating telephone or other means of communication at all times (mobile phone)
- in the event of an operating telephone or no other means of communication the service will consider closure of the OSHC Service (See *Closure of Service* below)
- emergency telephone numbers will be displayed prominently throughout the OSHC Service in the kitchen, office, staff room and each area where children are educated and cared for
- Our emergency telephone list (located next to the telephone) includes the numbers for:
    - o   Police
    - o   Local fire station
    - o   Rural Fire Service
    - o   State Emergency Services (SES)
- following the emergency evacuation or an incident that poses a risk to the health and safety of children attending the OSHC Service, an *Emergency Evacuation Incident Report* and an *Incident, Injury, Trauma and Illness Record* will be completed
- the approved provider will make a notification of a serious incident to a regulatory authority (within 24 hours) through the NQA IT System when emergency services have attended an education and care service in response to an emergency, rather than as a precaution or for any other reason or following an incident that poses a risk to the health and safety of children attending the OSHC Service

child care
CENTRE DESKTOP

- ensure the regulatory authority is notified within 24 hours via the National Quality Agenda IT System (NQAITS) if the OSHC Service is required to close for a period of time as a result of a local emergency (Reg.175 (2)(b)
- the approved provider will notify the Department of Education (CCS) if the OSHC Service is required to close for a period of time as a result of a local emergency (Reg.175 (2)(b).

EMERGENCY AND EVACUATION PROCEDURE GUIDELINES

(include who is responsible for the implementation of each step)

As per regulation 97, the emergency and evacuation procedures must set out-

a) instructions for what must be done in the event of an emergency; and

b) an emergency and evacuation floor plan

c) if the education and care service premises is located within a multi-storey building shared with other occupants and on a storey with no direct egress to an assembly area—

    I. all possible evacuation routes from each storey on which the premises is located; and

    II. the evacuation routes that are proposed to be used in an evacuation; and

    III. how all children will be safely evacuated from the premises, including non-ambulatory children; and

    IV. the stages in which an evacuation will be carried out; and

    V. the identity of the person in charge of an evacuation; and

    VI. the roles and responsibilities of staff members during an evacuation; and

    VII. the arrangements made with the other occupants of the multi-storey building in relation to the evacuation of the multi-storey building.

- the nominated supervisor/approved provider will make the final call to whether to evacuate the premises due to an emergency situation
- contact 000 for local emergencies- provide name, address and nearest cross street, reason for evacuation, phone contact number, number of children and adults evacuating
- guidance will be provided by the relevant emergency service (Fire service, SES, Police)
- move all children and visitors to identified evacuation/emergency assembly area as indicated on the *Emergency and Evacuation Plan*
- collect Emergency Evacuation Bag, Medical Management Plans and associated children's medication
- collect First Aid Kit
- check daily attendance record and visitor record
- once children are safely evacuated, administer first aid if required
- remain calm and reassure children

- once emergency services arrive, contact parents/emergency contacts
- await instructions from relevant emergency services for re-entering premises or alternative evacuation procedure

FAMILIES WILL:

- ensure contact details are kept up to date
- provide emergency contact details on their child's enrolment form and advise the service of any change of name or phone number
- ensure the attendance record for their child is completed each day
- ensure they are aware of the service's *Emergency and Evacuation Policy* and procedures
- follow the directions of the approved provider/incident manager in the event of an emergency or evacuation

CLOSURE OF THE SERVICE

There may be times where the normal operation of the OSHC Service is disrupted, and the service is required to close temporarily during a planned or unplanned emergency occurrence. Situations that affect the normal operation include a local emergency which poses a risk to the health and safety of children attending the service, or where the service is inaccessible or is unsafe for children or staff or the emergency services/authority have directed the service to close.

Situation where the OSHC Service may consider closure include:

- o A period of local emergency, or emergency event
- o Flooding
- o Health emergency (i.e., pandemic)
- o Bushfire
- o Cyclone
- o Unexpected absence of staff where ratios are unable to be met
- o Sever outbreak of illness or disease
- o Lack of access to operating phone/communication means
- o Damage or vandalism to the service
- o Chemical hazard
- o Earthquake
- The approved provider or nominated supervisor will consult with emergency services/ local authorities regarding the closure of the OSHC Service

- Our OSHC Service will ensure families are informed of emergency closures as soon as practicable to ensure immediate collection of children
- In the event of a planned closure, management will advise families as reasonably practicable through SMS/social media/phone calls/email to provide details of the planned closure including the period of closure
- Our OSHC Service will notify the regulatory authority of the service closure within 24 hours of an incident
- Our OSHC Service will notify the Department of Education through CCS Software or PEP of the Service closure within 24 hours.

DEALING WITH TRAUMA

Emergencies and natural disasters are extremely stressful, and it is normal for children and adults to feel overwhelmed and distressed. People cope with trauma in many different ways. Children look to adults for reassurance, care and opportunities to share their feelings. It is important for educators to understand the impact of disasters and seek help when needed.

The approved provider/nominated supervisor will support educators to provide information to parents and families following any emergency or natural disaster including:

- will the service be open in the days and weeks ahead?
- how to find alternative care and education
- how to contact services for support with dealing with trauma

Several organisations offer support for educators in these situations:

Emerging Minds

BeYou- Trauma informed practice

PREPARING FOR AN EMERGENCY

Australian Government Department of Education Resources- Help in an emergency

Australian Government Bureau of Meteorology

QUEENSLAND (QLD)
- Queensland Police: www.police.qld.gov.au - Queensland Fire and Emergency Services: https://www.qfes.qld.gov.au

CONTINUOUS IMPROVEMENT/REFLECTION

The *Emergency and Evacuation Policy* will be reviewed on an annual basis in conjunction with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP RESOURCES

Emergency Bag Audit Emergency Evacuation Incident Report Emergency Evacuation Procedure Emergency Evacuation Rehearsal Record Emergency Management Plan (EMP)	Emergency Support Services Template EMP evacuation diagrams-images Extreme Weather Procedure

SOURCES

Australian Children's Education & Care Quality Authority. (2014).

Australian Children's Education & Care Quality Authority. (2023). Policy and procedure guidelines- Emergency and evacuation guidelines.

Australian Children's Education & Care Quality Authority. (2023). *Guide to the National Quality Framework.*

Australian Children's Education & Care Quality Authority. (2023). Multi Storey Buildings: Evacuations and Approvals

Australian Government Department of Education. (2023). Help in an emergency

Australian Government Department of Home Affairs. Emergency Management http://www.australia.gov.au/information-and-services/public-safety-and-law/emergency-services

Australian Government. National Emergency Management Agency. Australian Warning System. https://www.australianwarningsystem.com.au

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Regulations. (Amended 2023).

Fire Protection Association Australia: www.fpaa.com.au/

Fire System Services: http://www.firesys.com.au/Fire-Extinguisher-Service-and-Maintenance-pg14686.html

NSW Department of Education. (2023). Emergency Planning, Management, Response and Recovery

NSW Rural Fire Service: www.rfs.com.au

Revised National Quality Standard. (2018).

Work Health and Safety Act 2011.

Western Australian Education and Care Services National Regulations

REVIEW

POLICY REVIEWED BY	Tina Chappell	Coordinator		January 24
POLICY REVIEWED	JANUARY 2024/ SEPTEMBER 2023	NEXT REVIEW DATE		JANUARY 2025
VERSION NUMBER	V10.09.23			

MODIFICATIONS	==JANUARY== ==• annual review of policy== ==• additional information added re: closure of a service due to an emergency or evacuation situation== ==SEPTEMBER== ==• review of policy to include additional considerations for multi-storey buildings (NQF review)== ==• new resources from CCD added== ==• sources updated==

POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
JANUARY 2023	• annual policy maintenance • minor formatting edits within text • additional information Australian Warning System (AWS) • hyperlinks checked and repaired as required • continuous improvement/reflection section added • link to Western Australian Education and Care Services National Regulations added in 'Sources' • update to DESE to Department of Education	JANUARY 2024
NOVEMBER 2021/DECEMBER 2021	• Policy reviewed and included suggested guidelines from ACECQA *Emergency and Evacuation Policy Guidelines* (June 2021) • Additional legislative requirements added • Additional related policies • Additional section added- *Families will* • Reviewed as part of annual review cycle	JANUARY 2023
JANUARY 2021	• Restructure of policy- some sections moved for better flow • deleted repetitive points • procedure guidelines modified and extended • additional section- Dealing with Trauma • sources checked for currency	JANUARY 2022
JANUARY 2020	• additional information added to introduction • purpose modified • additional information added to content • sources checked for currency- small edits highlighted	JANUARY 2021
JANUARY 2019	• point added to ensure these numbers are on the emergency phone list by the phone • Additional information added to points • Duplicated information deleted • Rearranged the order of some points for better flow	JANUARY 2020

	• Sources/references alphabetised. • Minor formatting (line spacing & paragraph spacing) for consistency throughout policy.	
JANUARY 2018	• Minor modifications made to Education and Care Services National Regulations section • Related policy section added • Statements added to support operational delivery	JANUARY 2019
JANUARY 2017	• updated and included Emergency Evacuation requirements outlined in the National Regulations • Updated to meet the National Law and/or National Regulations in respect of a serious incidents and notification purposes.	JANUARY 2018

child care
CENTRE DESKTOP

Item 4.16 Flood Management Policy

EXECUTIVE SUMMARY

Floods are a natural phenomenon that occur when water covers land that is usually dry. Flooding most commonly occurs from heavy rainfall when natural watercourses cannot carry the excess water. Flooding can also be caused by storm surges as a result of a tropical cyclone, or severe storm, a tsunami or even due to a dam release or fail.

OFFICER'S RECOMMENDATION
That Council: adopt the Flood Management Policy as presented.

Budget & Resource Implications
N/A

Background
Updates have been made to this Policy to align with Legislation.

Consultation (Internal/External)
N/A

Attachments
Attachment Q – Policy

Report prepared by **Teena Chappell (Outside School Hours Care Co-Ordinator)**

FLOOD MANAGEMENT POLICY

Floods are a natural phenomenon that occur when water covers land that is usually dry. Flooding most commonly occurs from heavy rainfall when natural watercourses cannot carry the excess water. Flooding can also be caused by storm surges as a result of a tropical cyclone, or severe storm, a tsunami or even due to a dam release or fail.

Extensive flooding in 2011, led the Australian Government to introduce a standard definition of flood for certain insurance policies. For this purpose, a flood is defined as:

The covering of normally dry land by water that has escaped or been released from the normal confines of: any lake, or any river, creek or other natural watercourse, whether or not altered or modified; or any reservoir, canal, or dam.

According to Geoscience Australia, floods can have both positive and negative impacts. They can bring welcome relief for people and ecosystems suffering from prolonged drought, but also are estimated to be the costliest natural disaster in Australia.

Appropriate emergency preparedness and mitigation strategies need to be developed to ensure flooding can be a manageable hazard, especially in flood prone communities. Changes in rainfall intensity and the occurrence of severe storms and rising sea levels, however, have made many parts of Australia, especially coastal areas, a flood risk. The Australian Warning System is a new national approach to information and warnings during emergencies including flooding and tsunamis.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service

7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
Sec 174(2)(a)	Serious incident - Any emergency for which emergency services attended
Sec 174(2)(c)	Any incident that requires the approved provider to close, or reduce the number of children attending the service for a period
Sec 174(2)(c)	Any circumstance at the service that poses a risk to the health, safety or wellbeing of a child attending the service
12(d)	Meaning of a serious incident- any emergency for which emergency services attended
97	Emergency and evacuation procedures
98	Telephone or other communication equipment
99	Children leaving the education and care service premises
136	First aid qualifications
168	Education and Care Services must have policies and procedures
170	Policies and procedures are to be followed
171	Policies and procedures to be kept available
175	Prescribed information to be notified to Regulatory Authority

RELATED POLICIES

Acceptance and Refusal Authorisation Policy Cyclone Management Policy Delivery of Children to and from EEC Service Policy Emergency and Evacuation Policy Family Communication Policy	Health and Safety Policy Incident, Injury, Trauma and Illness Policy Lockdown Policy Record Keeping and Retention Policy Supervision Policy

PURPOSE

We aim to maintain children's safety and wellbeing by developing an *Emergency Management Plan* that includes flood emergency plans and proactive responses to minimise the potential risks faced by children and staff of the Out of School Hours Care (OSHC) Service during a flood.

SCOPE

This policy applies to children, families, educators, staff, management, approved provider, nominated

supervisor, students, volunteers and visitors of the OSHC Service.

IMPLEMENTATION

Management will take effective action to ensure that the OSHC Service is as flood safe as possible. We will identify possible flood risks, engage members of the community for advice and help and ensure all staff are aware of their responsibilities and roles if required to respond to a flood emergency. Our Emergency Management Plan (EMP) is developed and updated in consultation with children, families, educators, management and emergency services.

FLOODS IN AUSTRALIA

Floods are categorised according to the speed at which floodwaters rise:

Slow-onset flood: Occur by slow rise and fall of water level and usually lasts for a relatively longer period. Slow-onset floods may last one or more weeks, or even months. Due to the flood lasting for a longer period, it can lead to loss of livestock, agricultural products, roads, railroad etc.

Rapid onset floods: Occur by a rapid rise in water level which lasts for a shorter period. The damage rapid onset floods can cause are often more destructive and pose a greater risk to life and property as people usually have less time to take preventive action prior to the flood.

Flash-Floods: Occur by a rapid rise in water level, within minutes or a few hours after heavy rainfall, tropical storm, failure of dams or levees. Flash-Flooding poses the greatest threat to life and may result in significant damage to property.

THE AUSTRALIAN WARNING SYSTEM (AWS)

The Australian Warning System (AWS) is a nationally consistent, three-tiered approach designed to make warnings clearer and lead people to take action ahead of severe weather events including flood and tsunami warnings. The warning system comprises of levels, action statements, hazard icons, colours and shapes. https://www.ses.nsw.gov.au/about-us/our-warnings/

The three warning levels are:

Advice (Yellow): An incident has started. There is no immediate danger. Stay up to date in case the situation changes. Monitor conditions.

Watch and Act (Orange): There is a heightened level of threat. Conditions are changing and you need to start taking action now. Prepare to leave/evacuate. Do not enter flood water.

Emergency Warning (Red) : An Emergency Warning is the highest level of warning. You need to take action immediately. Leave/evacuate (immediately by am/pm/hazard timing.

The AWS are issued by Emergency Services. The predicted extent of the flood and the amount of time available before it arrives will determine the course of action to be taken.

When there is an Emergency Warning educators need to prepare for possible emergency evacuation and implement the procedures effectively to ensure the safety of all children, staff, families and visitors in the Service.

THE APPROVED PROVIDER/NOMINATED SUPERVISOR/MANAGEMENT AND EDUCATORS

To ensure compliance with National Regulations our OSHC Service will ensure:

- the nominated supervisor, management, staff, educators and educator assistants comply with this policy
- all staff have a thorough understanding of the Australian Warning System (AWS)
- a comprehensive risk assessment to identify local risks associated with the impact of flooding is completed annually in collaboration the SES (State Emergency Services) 132 500 (for anywhere in Australia) and an Emergency Management Plan (EMP) is developed
- hazards within the OSHC Service that may be harmful to children or staff during a flood are identified in the risk assessment
- families are made aware of the *Flood Management Policy* and emergency evacuation procedures
- emergency evacuation plans are displayed in prominent positions near each exit and in the indoor and outdoor learning environments
- clear procedures are in place for when a flood warning occurs to ensure the safety of educators, children and families
- emergency evacuation rehearsals (drills) will be practiced every **three months**, including identifying a designated assembly point and place of refuge in case of flooding
- a range of possible flood scenarios are included in evacuation drills
- each emergency evacuation drill is documented (Reg. 97)
- refer to the *Emergency and Evacuation Policy* for steps to be followed when the service needs to close in response to an emergency, including when to notify the regulatory authority and department of education of service closure
- a serious incident notification is submitted to the regulatory authority within 24 hours when there has been an emergency that has posed a risk to the safety and wellbeing of the children
- the regulatory authority is notified if the OSHC Service is required to close for a period of time as a result of a local emergency (evacuation due to flood, or to repair damage caused by a flood) (Reg.175 (2)(b)

- <mark>the Department of Education is notified if the service is temporarily closed via CCS Software or PEP</mark>

- emergency telephone numbers will be clearly displayed in prominent positions within the Service

- emergency contact details of all children are updated regularly

- strategies to implement emergency plans are discussed and documented at each staff meeting

- consideration is made to how to save critical records- (current records, historical artefacts and archives)

- counselling services are provided to employees and their family members affected by flooding

- the OSHC Service insurance policy is current and covers the Service for flood damage
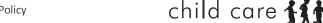
<mark>THE APPROVED PROVIDER/ NOMINATED SUPERVISOR/ MANAGEMENT AND EDUCATORS WILL ENSURE:</mark>

- consultation with emergency services is conducted to assist writing the OSHC Services' EMP (Emergency Management Plan)

- risk assessments are completed for the OSHC Service identifying hazards and potential treats specific to your location and service details (including evacuation from multi-storey buildings of all children, staff and visitors)

- Evacuation Diagrams are displayed with correct and up to date information

- emergency kits are easily accessible and located in a central location, fully stocked items are working and in date

- regular rehearsal of emergency evacuations is undertaken in accordance with Regulation 168

- the department is notified of any closures, incidents, evacuations or damage to premises. While the regulations require this to be done within 24 hours, services should ensure the safety of children, educators and staff as a first priority. Services can contact the department by phone or email if they do not have access to NQA ITS.

BEFORE A FLOOD

MANAGEMENT AND EDUCATORS WILL:

- continue to visit Bureau of Meteorology to check current flood and weather warnings http://www.bom.gov.au/

- visit the Bureau of Meteorology flood watch- Flood warning system

- refer to the SES State Flood Plans which outline arrangements for responding to floods in https://www.emergency.nsw.gov.au/Documents/plans/sub-plans/SubPlan-Flood.pdf

- download a copy of our council's flood plans

- be familiar with the warning levels and what action needs to be taken during a flood

- ensure the removal of leaves, debris and other items that can enhance flooding (e.g.: check gutters and drains)
- become familiar with the emergency evacuation plan identifying routes and safe locations if evacuation is required (note: this may be different for a flood situation)
- prepare the Emergency Evacuation Kit
- ensure an up-to-date emergency contact list for all children is included in the Emergency Evacuation Kit
- organise sandbags and sand
- follow the advice by emergency services
- place chemicals on a high shelving to reduce contamination of flood water
- talk to the children about the flood, using simple words that children can understand
- ensure there is a procedure for out of hours decision making
- ensure plans are made to include removal of animals (if safe to do so).

DURING A FLOOD

MANAGEMENT AND EDUCATORS WILL:

- act quickly
- monitor current flood warnings in the local area
- liaise with Emergency Services instructions and react to changing conditions
- contact families to come and collect their child/ren once emergency services have issued a Watch and Act for your area
- turn off electricity, water and gas
- place sandbags in the toilet bowls and over shower and bath outlets to prevent backflow of sewerage into the OSHC Service
- lock all doors and take recommended evacuation routes for the local area
- contact emergency services to ensure the relocation area is safe before proceeding and follow all advice
- evacuate the Service immediately and relocate to clearly defined area as discussed with emergency services and clearly identified in the OSHC Service's Emergency Evacuation Plan
- if located on school grounds, liaise with School Management
- keep families updated regularly of the relocation site

child care
CENTRE DESKTOP

IF IT'S TOO LATE TO LEAVE DURING A FLOOD

Important: calm and logical thinking will be required. The following points are options depending on the circumstances within your own context. Seeking safe options to move children and staff above rising waters levels will be the primary objective.

MANAGEMENT AND EDUCATORS WILL:

- continue to seek advice from emergency services
- remain calm
- move to higher ground and avoid standing in flowing or rising water
- if time permits, stack possessions, equipment and resources onto benches and tables
- ensure that if flowing water is above the ankles, STOP! Turn around and go another way
- avoid entering flood waters

AFTER THE FLOOD

MANAGEMENT AND EDUCATORS WILL:

- stay tuned to local radio stations for official warnings and advice
- wait until emergency services have declared the area safe before entering the flood zone
- do not enter the OSHC Service until the water has dropped below floor level
- do not let children play in or near floodwater
- stay away from drains
- wear rubber boots or rubber soled footwear and rubber/leather gloves when entering the Service
- check with electricity, gas and water establishments to determine if the supplies to the OSHC Service and local area have been affected and if it safe for them to be turned on
- be aware of damaged power lines, bridges, buildings, trees surrounding the OSHC Service
- contact families or emergency contacts to confirm the location and safety of the children
- if possible, take photographs for insurance claims
- when safe and convenient, clean or discard contaminated toys and equipment
- complete a serious incident notification to the regulatory authority within 24 hours when there has been an emergency that has posed a risk to the safety and wellbeing of the children- NQA ITS
- notify the regulatory authority if the OSHC service is required to close for a period of time as a result of a local emergency (evacuation due to flooding or to repair damage caused by flooding)
- notify the Regulatory Authority if the service is temporarily closed via the Provider Entry Point (PEP)
- notify families about absences and Child Care Subsidy (CCS) due to a local emergency

child care
CENTRE DESKTOP

PREPARING FOR AN EMERGENCY

Australian Government- Emergency Management Australia-What to do before and after a flood

Australian Government National Emergency Management Agency Australian Disaster Resilience

Knowledge Hub- Flood

NSW Department of Education: Flood planning for Early Childhood Education and Care (ECEC)

RESOURCES TO ASSIST SERVICES BEFORE AND AFTER AN EMERGENCY/NATURAL DISASTER

Australian Government Department of Education Resources

https://www.education.gov.au/child-care-package/help-emergency

BeYou Educator Wellbeing after a natural disaster

Emerging Minds. Community Trauma Toolkit

Queensland

Queensland State Emergency Services (SES) for flood and storm emergency assistance.

Phone: 132 500

Get Ready Queensland assists in preparing and emergency and evacuation plan.

Get Ready Queensland- alerts and warnings

Early Childhood Education and Care Incident and emergency management

Queensland Government Business Queensland Flood mapping

CONTINUOUS IMPROVEMENT/REFLECTION

The *Flood Management Policy* will be reviewed on an annual basis in conjunction with children, families, educators and staff.

CHILDCARE CENTRE DESKTOP RESOURCES

Emergency Bag Audit Emergency Management Plan (EMP)	Extreme Weather Procedure

SOURCES

ABC Emergency: Plan for an emergency – Flood https://www.abc.net.au/news/emergency/plan-for-an-emergency/flood/

Australian Children's Education & Care Quality Authority. (2014).

Australian Children's Education & Care Quality Authority. (2023). *Guide to the National Quality Framework.*

Australian Government. Bureau of Meteorology. Joint Australian Tsunami Warning Centre. http://www.bom.gov.au/tsunami/

Australian Government Department of Education (2020). Help in an emergency

Australian Government: Geoscience Australia. (2023). Flood

Education and Care Services National Law Act 2010. (Amended 2023).

Education and Care Services National Regulations. (Amended 2023).   Australian Government Bureau of Meteorology http://www.bom.gov.au/tsunami/

Australian Government National Emergency Management Agency *Australian Warning System* *https://www.australianwarningsystem.com.au*

Australian Government tsunami Awareness https://www.ga.gov.au/__data/assets/pdf_file/0003/86493/Tsunami-Awareness-brochure.pdf

Floods: Warning, Preparedness and Safety
http://www.bom.gov.au/australia/flood/EMA_Floods_warning_preparedness_safety.pdf

Queensland Government Get Ready Queensland https://www.getready.qld.gov.au/understand-your-risk/types-disasters/tsunami

Queensland Government Natural disaster resources

SES – NSW State Emergency Services https://www.ses.nsw.gov.au

Western Australian Education and Care Services National Regulations

REVIEW

POLICY REVIEWED BY	Tina Chappell	Coordinator		January 2024
POLICY REVIEWED	JANUARY 2024	NEXT REVIEW DATE		JANUARY 2025
VERSION NUMBER	V3.01.24			
MODIFICATIONS	- annual policy maintenance - minor edits within policy - additional information added re: notification to regulatory authority if service needs to be closed in response to an emergency - added information about preparing for Tsunamis for services required to include information in policy - Child Care Centre Desktop Resources added - sources checked and links repaired as required			
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE	
JANUARY 2023	- annual policy maintenance - inclusion of Australian Warning System (AWS) warnings - additional information added to 'Continuous Improvement' section - link to Western Australian Education and Care Services National Regulations added in 'Sources' - minor formatting edits within text - hyperlinks checked and repaired as required - update of DESE to Department of Education		JANUARY 2024	
MARCH 2022	New Policy developed for OSHC Services		JANUARY 2023	

Item 4.17 Lockdown Policy

EXECUTIVE SUMMARY

Under the *Education and Care Services National Regulations* the approved provider must ensure that policies and procedures are in place for emergency and evacuation situations (regulation 168) and take reasonable steps to ensure those policies and procedures are followed (regulation 170) (ACECQA 2021).

OFFICER'S RECOMMENDATION

That Council: adopt the Lockdown Policy as presented.

Budget & Resource Implications

N/A

Background

Updates have been made to this Policy to align with Legislation.

Consultation (Internal/External)

N/A

Attachments

Attachment R – Policy

Report prepared by **Teena Chappell (Outside School Hours Care Co-Ordinator)**

LOCKDOWN POLICY

Under the *Education and Care Services National Regulations* the approved provider must ensure that policies and procedures are in place for emergency and evacuation situations (regulation 168) and take reasonable steps to ensure those policies and procedures are followed (regulation 170) (ACECQA 2021).

Our OSHC Service is committed to the ongoing safety and wellbeing of children, staff, students, families and visitors. To achieve this, we will implement our Emergency Management Plan (EMP) which provides a clear plan to manage all emergency situations, including a plan for emergencies that may require our Service to go into lockdown and ensure our educators and staff are well equipped with the knowledge and expertise to respond effectively when required. Children and staff will regularly rehearse our emergency procedures, including different lockdown measures to ensure their safety and wellbeing.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
Sec 174(2)(a)	Serious incident - Any emergency for which emergency services attended
Sec 174(2)(c)	Any incident that requires the approved provider to close, or reduce the number of children attending the service for a period
Sec 174(2)(c)	Any circumstance at the service that poses a risk to the health, safety or wellbeing of a child attending the service
12(d)	Meaning of a serious incident- any emergency for which emergency services attended

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97	Emergency and evacuation procedures
98	Telephone or other communication equipment
99	Children leaving the education and care service premises
168	Education and Care Services must have policies and procedures
170	Policies and procedures are to be followed
171	Policies and procedures to be kept available
175	Prescribed information to be notified to the Regulatory Authority

RELATED POLICIES

Acceptance and Refusal Authorisation Policy Administration of First Aid Policy Child Safe Environment Policy Delivery of Children to, and collection from Education and Care Service Premises Policy Emergency and Evacuation Policy Family Communication Policy	Health and Safety Policy Incident, Injury, Trauma and Illness Policy Record Keeping and Retention Policy Supervision Policy

PURPOSE

We aim to minimise the risk of harm, ensuring the safety of children, educators, families and visitors of the OSHC Service in the event of a threatening or emergency situation.

SCOPE

This policy applies to children, families, staff, management, Approved Provider, Nominated Supervisor, students, volunteers and visitors of the OSHC Service.

IMPLEMENTATION

Our OSHC Service's Emergency Management Plan (EMP) outlines emergency management arrangements. Within the EMP we have set procedures to follow in the event of any emergency requiring evacuation or lockdown. These procedures comply with regulatory requirements and are consistent with recommendations by recognised authorities. They are designed to ensure an efficient, safe, and calm procedure for all children, staff, families, and visitors.

DEFINITIONS

Within education and care services there are three types of lockdowns that may be required to be implemented in an emergency situation. During an emergency, it may be necessary to implement a combination of measures. Emergency and evacuation- Policy guidelines - ACECQA 2023

Lockdown: a security measure taken during an emergency to prevent people from **leaving or entering** a building or premises until the threat or risk has been resolved. This may be implemented when an external and immediate danger is identified and children and staff should be kept safely inside the building. For example:

- o Potentially dangerous unwanted or uninvited intruder
- o Potentially dangerous person due to intoxication or substance abuse
- o Receiving an emergency services warning about a reported incident or civil disturbance

Lockout: a security measure taken during an emergency to prevent people from **entering** a building or premises until the threat or risk has been resolved. This may be implemented when an internal or immediate danger is identified and it is determined that children and staff are to be **excluded** from the premises for their safety. The OSHC Service will evacuate children, staff, visitors and families to a pre-identified evacuation point as identified in the EMP. For example:

- o Internal fire or flood damage to the building
- o severe storms
- o extreme smoke from a local or distant bushfire
- o gas lead
- o Chemical or hazardous substance spill

Lock in- (Shelter in place): a security measure taken during an emergency to prevent people from **leaving** a building or premises until the threat or risk has been resolved. This may be implemented when an incident occurs outside the OSHC Service and emergency services determine the safest course of action is to keep children, educators and staff inside a designated building in the Service until it is safe to return to normal operation. For example:

- o unidentified dangerous animal or insects
- o natural disaster (severe storm)
- o aggressive visitor or person within the community.

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THE APPROVED PROVIDER/MANAGEMENT/NOMINATED SUPERVISOR WILL:

- ensure obligations under the *Education and Care National Law and Regulations* are met and understood by all educators and staff

- ensure the nominated supervisor, management, staff, educators comply with this policy

- ensure new staff, volunteers and students are provided with information and training about lockdown procedures upon induction

- ensure the OSHC Service's Emergency Management Plan (EMP) is reviewed and updated at least annually

- engage relevant stakeholders/authorities to improve risk mitigation strategies for lockdown situations as part of our Emergency Management Plan (police, fire, school principal, parents/families)

- engage relevant stakeholders/authorities to improve risk mitigation strategies for lockdown situations as part of our EMP (police, fire, parents/families)

- develop, and review annually, a risk assessment to identify potential emergencies that may require the Service to go into lockdown, lock out or lock in emergency response

- review the risk assessment annually or after becoming aware of any circumstance that poses a risk to the safety and well-being of children attending the OSHC Service

- ensure capacity to lock internal doors within the OSHC premises

- consider procedures for non-ambulant children and staff implications in the event of a lockdown (especially for a multi-storey setting)

- ensure emergency evacuation floor plans and instructions/procedures, are displayed in prominent positions near each exit and in the indoor and outdoor learning environments (Reg. 97(4))

- nominate the person/persons with authority to manage the lockdown response

- determine how the different type of lockdown alert signal will be given

- contact emergency services as soon as practicable- provide essential information to police depending on the type of lockdown to be implemented (e.g.: description of the intruder, threat, weapons)

- design a movement and wellbeing plan to follow if not in the classroom/indoor learning area

- develop an effective strategy for checking the roll and communicating with children, educators, families, and visitors of the OSHC Service

- document roles and responsibilities of staff and educators

- plan to maintain children's safety and wellbeing

- ensure all children, staff, families, and visitors of the OSHC Service remain inside

- ensure lockdown drills are practiced every three months at different times to ensure all staff and children have the opportunity to participate

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- document lockdown rehearsals and the responsible person who is present at the time of the rehearsal
- ensure lockdown drills are reviewed and reflected upon each time they occur and are adequately documented including any improvements
- communicate with families about lockdown procedures and drills
- submit a serious incident notification to the regulatory authority within 24 hours when there has been an emergency that has posed a risk to the safety and wellbeing of the children
- refer to the *Emergency and Evacuation Policy* for steps to be followed when the Service needs to close in response to an emergency
- ensure the regulatory authority is notified via the National Quality Agenda IT System (NQAITS) if the OSHC Service is required to close for a period of time as a result of a local emergency (evacuation due to cyclone, or to repair damage caused by a cyclone) (Reg.175 (2)(b)
- ensure the Department of Education is notified if the service is temporarily closed via CCS Software or PEP

IN THE EVENT OF A LOCKDOWN, MANAGEMENT AND EDUCATORS WILL:

- contact emergency services (000) for assistance
- alert staff using agreed signal for immediate lockdown
- move infants and children to a secure designated lockdown location where doors can be locked or barricaded securely (as per EMP)
- ensure all children, educators, staff and visitors are accounted for (check daily sign on sheet/app, staff sign in/out, visitor register, head count)
- Remove the evacuation plans from the walls of the OSHC Service once all staff and children are in the lockdown position
- check the premises to ensure no one is left outside
- gather transportable first aid/emergency kit/medical management plans/medication (including emergency contact list for children)
- lock external doors, windows and close blinds and turn off lights. During a Lock Down staff will lock internal doors
- turn mobile phones onto silent/vibrate
- ensure children remain out of sight during the lockdown period
- ensure children remain calm with quiet activities to engage them
- ensure a telephone line is kept free
- administer first aid if necessary

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- divert families and returning groups from the OSHC Service if required
- continue to liaise with emergency services and other relevant agencies
- remain in lockdown until the all-clear signal is given by emergency services
- ensure all families are notified of the incident as soon as practicable after the lockdown has ended
- ensure a record of all actions/decisions and times is maintained
- complete a serious incident notification to the regulatory authority within 24 hours via the NQA IT System when there has been an emergency that has posed a risk to the safety and wellbeing of the children
- provide opportunities for debriefing and counselling to families, children and staff.

DURING A LOCKOUT, MANAGEMENT AND EDUCATORS WILL:

- contact emergency services (000) for assistance
- decide which of the OSHC Service's pre-identified evacuation point/s is most appropriate to the emergency situation (as stated in the EMP)
- assemble children, educators, staff and visitors at the evacuation point if children and staff have already arrived at OSHC Service
- if emergency situation occurs before usual operating hours of the OSHC Service, divert families from accessing the service due to the emergency if possible- (app; email)
- follow the *Emergency Management Plan*, including *Emergency Evacuation Procedure*
- ensure all children, educators, staff and visitors are accounted for (check daily sign on sheet/app, staff sign in/out, visitor register, head count)
- check the premises to ensure no one is left inside
- lock external doors to prevent entry to the OSHC Service
- gather transportable first aid/emergency kit/medical management plans/medication (including emergency contact list for children)
- continue to liaise with emergency services and other relevant agencies
- confirm with emergency services when it is safe to return to the OSHC Service
- alert families that the emergency lock out has been resolved and children are able to return to the Service or be reunited with families
- ensure a record of all actions/decisions and times is maintained
- complete a serious incident notification to the regulatory authority within 24 hours via the NQA IT System when there has been an emergency that has posed a risk to the safety and wellbeing of the children
- provide opportunities for debriefing and counselling to families, children and staff.

DURING A LOCK IN- SHELTER IN PLACE, MANAGEMENT AND EDUCATORS WILL:

- contact emergency services (000) for assistance if required
- move children, educators, staff and visitors to a pre-determined shelter-in place location (as indicated in EMP) as quickly as possible if safe to do so
- ensure all children, educators, staff and visitors are accounted for (check daily sign on sheet/app, staff sign in/out, visitor register, head count)
- gather transportable first aid/emergency kit/medical management plans/medication (including emergency contact list for children)
- lock external doors, windows and close blinds or curtains where possible and turn off lights. If required, staff will lock internal doors.
- ensure a telephone line is kept free
- keep children away from windows if the emergency involves an extreme weather event
- use any available linen to block gaps around doors or window to minimise the entry of smoke/hazardous chemicals
- continue to liaise with emergency services
- ensure the delegated educator/responsible person contacts families or emergency contacts to notify them of the emergency situation. If advised by emergency services, they will arrange for the child/ren's collection from the OSHC Service
- ensure children remain in a confined area, or out of sight for a 'full lockdown'
- administer first aid if necessary
- implement the OSHC Service's *Emergency Management Plan* including *Emergency Evacuation Procedure* If advised by emergency services
- remain in 'lock in' until the all-clear signal is given by emergency services
- ensure a record of all actions/decisions and times is maintained
- complete a serious incident notification to the regulatory authority within 24 hours via the NQA IT System when there has been an emergency that has posed a risk to the safety and wellbeing of the children
- provide opportunities for debriefing and counselling to families, children and staff

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Lockdown Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP RESOURCES

Emergency lockdown rehearsal record Emergency Lockdown Rehearsal Procedure and Guide	Lockdown Procedure

SOURCES

Australian Children's Education & Care Quality Authority. (2023). Policy and procedure guidelines- *Emergency and evacuation guidelines.*

Australian Children's Education & Care Quality Authority. (2023). *Guide to the National Quality Framework.*

Australian Government Department of Education (2020). Help in an emergency

Education and Care Services National Law Act 2010. (Amended 2023).

Education and Care Services National Regulations. (Amended 2023).

Revised National Quality Standard. (2018)

Victoria State Government Department of Education and Training (2018). *Responding to Intruder Threat Guidelines for Early Childhood Services and Schools.*

Western Australian Education and Care Services National Regulations

REVIEW

POLICY REVIEWED BY	Tina Chappell		Coordinator		January 2024
POLICY REVIEWED	JANUARY 2024	NEXT REVIEW DATE		JANUARY 2025	
VERSION NUMBER	V7.01.24				
MODIFICATIONS	• major review of policy to incorporate 3 types of lockdown measures as per ACECQA key terms – lock down; lock out; lock in • additional information added re: notification to regulatory authority if service needs to be closed in response to an emergency • sources checked for currency and repaired where required				
POLICY REVIEWED	PREVIOUS MODIFICATIONS			NEXT REVIEW DATE	
JANUARY 2023	• policy maintenance - no major changes to policy • Additional section added for Continuous Improvement • Childcare Centre Desktop - related resources section added • Reference to DESE edited to Department of Education			JANUARY 2024	
JULY 2022	• Content reviewed regarding placement of Lockdown Procedure, Procedure to be displayed in a prominent position near each exit (as advised by NSW Regulatory Authority)			JANUARY 2023	

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	• Link to Western Australian Education and Care Services National Regulations added in 'Sources'	
JANUARY 2022	• Policy reviewed as part of annual cycle • Sources checked for currency • No major changes	JANUARY 2023
JANUARY 2021	• Additional points added to various sections as highlighted • Sources updated and additional references added • minor editing throughout	JANUARY 2022
JANUARY 2020	• Additional information added to points • New content added (highlighted) • Sources/references corrected and updated	JANUARY 2021
JANUARY 2019	New policy drafted for OSHC services	JANUARY 2020

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Item 4.18 Managing an Aggressive Person/Visitor Policy

EXECUTIVE SUMMARY
Our Out of School Hours (OSHC) Service aims to establish and maintain positive and open relationships with all parents of enrolled children. However, we understand that on occasion there may be times when a parent or visitor arrives at our OSHC Service displaying aggressive, difficult or challenging behaviour. Our OSHC Service is committed to maintain a safe workplace for all staff and visitors and ensure staff have the skills to safely prevent and de-escalate aggressive behaviours. Workplace violence can be any incident where a person is abused, threatened or assaulted whilst engaged in work.

OFFICER'S RECOMMENDATION
That Council: adopt the Managing an Aggressive Person/Visitor Policy as presented.

Budget & Resource Implications
N/A

Background
Updates have been made to this Policy to align with Legislation.

Consultation (Internal/External)
N/A

Attachments
Attachment S – Policy

Report prepared by **Teena Chappell (Outside School Hours Care Co-Ordinator)**

MANAGING AN AGGRESSIVE PERSON/VISITOR POLICY

Our Out of School Hours (OSHC) Service aims to establish and maintain positive and open relationships with all parents of enrolled children. However, we understand that on occasion there may be times when a parent or visitor arrives at our OSHC Service displaying aggressive, difficult or challenging behaviour. Our OSHC Service is committed to maintain a safe workplace for all staff and visitors and ensure staff have the skills to safely prevent and de-escalate aggressive behaviours. Workplace violence can be any incident where a person is abused, threatened or assaulted whilst engaged in work.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected
QUALITY AREA 6: COLLABORATIVE PARTNERSHIPS		
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role.
6.1.2	Parent views are respected	The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing.
6.2	Collaborative partnerships	Collaborative partnerships enhance children's inclusion, learning and wellbeing.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
168	Education and care services must have policies and procedures
170	Policies and procedures must be followed
173	Prescribed information to be displayed

RELATED POLICIES

Code of Conduct Policy	Family Communication Policy
Dealing with Complaints Policy	Interactions with Children, Family and Staff Policy
Enrolment Policy	Privacy and Confidentiality Policy

PURPOSE

Our OSHC Service aims to ensure that all staff members have skills and understanding of conflict resolution strategies to manage situations involving angry or aggressive parents or visitors.

SCOPE

This policy applies to families, visitors, approved provider, nominated supervisor, management, students, volunteers, visitors and staff of the OSHC Service.

IMPLEMENTATION

Parents have the right to make a complaint or report a concern to our OSHC Service at any time. Complaints may be real or perceived, and of a serious nature or more trivial nature (but important to them) such as not being able to quickly find their child's shoes at the end of the day. However, on occasion a parent's feelings may escalate into anger or aggression, not necessarily due to the concern at hand, but due to other events or situations they have had to already deal with that day, or due to the effect of drugs or alcohol or mental health.

WHAT IS 'AGGRESSIVE BEHAVIOUR' OR 'WORKPLACE VIOLENCE'?

Within this policy, aggressive behaviour or workplace violence could include, but is not limited to:

- verbal abuse and threats
- intimidation and insults
- angry and hostile behaviour
- shouting and swearing
- stamping feet
- physical violence
- threatening behaviours

These behaviours could be caused due to:

- frustration
- intoxication

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- substance misuse or abuse

- psychological imbalances or disturbances

THE APPROVED PROVIDER/ NOMINATED SUPERVISOR/ MANAGEMENT WILL ENSURE THAT:

- violence and aggression toward educators and/or staff are treated like any other hazard

- a risk assessment is conducted to identify possible hazards and identify control measures

- a procedure/plan is developed to de-escalate any aggression or violence and ensure the safety and wellbeing of staff

- all staff are familiar with this policy and are provided with opportunities to review and modify this policy

- staff are provided with training to learn skills to safely prevent and de-escalate aggressive behaviours- such as conflict resolution

- staff involved in a situation involving an angry or aggressive parent or visitor will be provided time for a debrief session following the event with a supervisor and/or offered professional support

- families are clearly informed, that any aggressive behaviour towards staff will not be tolerated

- families are made aware of our *Dealing with Complaints Policy* and *Code of Conduct* at time of enrolment of their child

- the name and telephone number of the person to whom complaints can be made is clearly visible at the entrance to our OSHC Service

- submit a serious incident notification to the regulatory authority within 24 hours when there has been an incident that has posed a risk to the safety and wellbeing of the children.

EDUCATORS/STAFF

Should a situation arise where a staff member is confronted by an aggressive or violent parent or visitor, they will:

- remain calm

- implement strategies to de-escalate the aggressive behaviours

- establish whether or not this is a situation you should deal with on your own, *or*

- advise the parent or visitor that you will get the nominated supervisor/ responsible person/appropriate person to come and speak to them

- offer and encourage the parent or visitor to move into a private space away from children and other families (This may even be outside if the children are inside). If they ignore or refuse the invitation, begin moving slowly towards a private area

- if moving into a room with the parent or visitor, always ensure you have access to the exit door

- if you are continuing to deal with the situation but feeling uncomfortable, request another staff member to accompany you
- if you are feeling threatened or in danger at any time, request another staff member to ring the police
- calmly tell the parent or visitor that you are prepared to listen, but the interview cannot continue if he/she continues to use a raised voice or inappropriate language
- if the same behaviour continues, leave the room and state that you will give the parent or visitor five minutes to calm down and then return
- ensure children are removed from the area/room if a parent or visitor becomes hostile in an area where children are located

When you feel the parent or visitor has calmed down enough to discuss the issue:

- remain calm
- be aware of what you say and how you say it (tone of voice)
- do not be provoked into getting into an argument
- listen effectively and allow the parent to talk without interrupting
- when the parent or visitor has got the main facts 'off their chest', restate what you believe the problem to be politely and respectfully
- ask relevant questions to clarify any issues
- as soon as the issue has been clarified begin to work on a solution: Note, do not give excuses as to why something may or may not have happened as it may anger the parent or visitor again. Instead, focus on moving forward with strategies the parent or visitor will accept to solve the problem.
- when discussing solutions clearly explain any limitations of the OSHC Service (regulations, policies and procedures)
- refer to *Dealing with Complaints Policy* (family) for information about procedural fairness, strategies and practices to promote conflict resolution

Dealing with difficult, challenging and aggressive behaviours can have a huge impact on staff's wellbeing. Following the incident Management will ensure staff involved will:

- be provided with a 'debriefing' time. This may be talking to a manager or colleague, or simply moving off the floor for a short time
- document the incident and provide management with a copy

- follow up on anything agreed to with the parent or visitor or monitor that another staff member/ management follows up in a timely manner
- be aware of any modifications to care or procedures and have a thorough understanding of the situation
- respect the confidentiality and/or privacy rights of the parent, family or visitor
- evaluate the risk assessment for the OSHC Service regarding aggression and/or violence.

CONTINUOUS IMPROVEMENT/REFLECTION

The *Managing an Aggressive Person/Visitor Policy* will be reviewed on an annual basis in conjunction with children, families, educators, staff and management.

SOURCES

Australian Children's Education & Care Quality Authority. (2023). *Guide to the National Quality Framework.*
Bryant, L., & Gibbs, L. (2013). *A director's manual: Managing an early education and care service in NSW.* Marrickville, NSW: Community Child Care Co-operative Ltd. (NSW).
Education and Care Services National Law Act 2010. (Amended 2023).
Education and Care Services National Regulations. (Amended 2023).
NSW Ombudsman. (2014). Model guidelines – Managing and responding to threats, aggressive behaviour and violence from members of the public.
Waniganayake, M., Cheeseman, S., Fenech, M., Hadley, F., & Shepherd, W. (2012). *Leadership: Contexts and complexities in early childhood education.* South Melbourne, Victoria: Oxford University Press.
Western Australian Education and Care Services National Regulations

REVIEW

POLICY REVIEWED BY	Tina Chappell	Coordinator	January 2024
POLICY REVIEWED	JANUARY 2024	NEXT REVIEW DATE	JANUARY 2025
VERSION NUMBER	V3.01.24		
MODIFICATIONS	• annual policy maintenance • no major changes in policy • sources checked for currency and repaired where required		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
JANUARY 2023	• annual policy maintenance • name change of policy to Person/Visitor • minor formatting edits within text • hyperlinks checked and repaired as required		JANUARY 2024

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	• continuous improvement/reflection section added • link to Western Australian Education and Care Services National Regulations added in 'Sources'	
JUNE 2022	• New Policy developed for OSHC Services	JANUARY 2023

Item 4.19 Managing an Unidentified Dog Policy

EXECUTIVE SUMMARY

There may be occasions when an uninvited dog manages to enter the Out of School Hours Care (OSHC) Service playground. To ensure children are not placed at risk, all precautions will be taken to minimise the likelihood of this situation, and should it occur, all staff will respond immediately in accordance with this policy.

OFFICER'S RECOMMENDATION
That Council: adopt the Managing an Unidentified Dog Policy as presented.

Budget & Resource Implications
N/A

Background
Updates have been made to this Policy to align with Legislation.

Consultation (Internal/External)
N/A

Attachments
Attachment T – Policy

Report prepared by **Teena Chappell (Outside School Hours Care Co-Ordinator)**

MANAGING AN UNIDENTIFIED DOG POLICY

There may be occasions when an uninvited dog manages to enter the Out of School Hours Care (OSHC) Service playground. To ensure children are not placed at risk, all precautions will be taken to minimise the likelihood of this situation, and should it occur, all staff will respond immediately in accordance with this policy.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
104	Fencing
168	Education and care services must have policies and procedures

RELATED POLICIES

Administration of First Aid Policy Child Safe Environment Policy Health and Safety Policy	Lockdown Policy Supervision Policy

PURPOSE

We aim to ensure that all children, educators, families, and visitors remain safe from unexpected situations such as an uninvited dog entering the playground.

SCOPE

This policy applies to management, educators, approved provider, nominated supervisor, visitors,

children, <mark>students, volunteers</mark>, families and staff of the OSHC Service.

DEFINITIONS

A companion animal is a dog, cat or other animal prescribed by the regulations and includes pets, working dogs on rural properties, guard dogs, police dogs, and corrective services dog (*Companion Animals Act 1998*).

Approved animal welfare organisation means the Royal Society for the Prevention of Cruelty to Animals (RSPCA), and the Animal Welfare League.

IMPLEMENTATION

There are many reasons why an uninvited dog may enter a OSHC Service playground, whether a companion dog, or a stray. It may be that the dog has been frightened by a thunderstorm and escaped his yard and somehow found his way into ours. It could be that a hungry stray has been attracted to the smell of food scraps, or it may be that a friendly but lonely neighbourhood dog has been attracted to the yard by the sounds of children playing. However regardless of the cause, our OSHC Service will take immediate action to ensure the children's safety.

In Australia dogs must be registered and micro-chipped. If a dog is then 'lost', the dog can be reunited to its owner by scanning and reading the microchip, which can be done by the local council, a vet, or an approved animal welfare organisation. However, the owner must legally notify the local council within 72 hours of the dog known to be missing so that it can be placed on a 'lost dog register'. It is therefore always best to make the local council the first point of contact should an uninvited dog make its way into a OSHC Service playground.

DOG BODY LANGUAGE: Signs that a dog may be scared or aggressive.

- Shrill barking
- Teeth bared (may or may not be growling)
- Closed, tight mouth
- Stiff, rigid body with legs braced
- Tail held rigid in any position, between the legs, or a slow stiff wag
- Ears back against the head or flattened (ears pricked up or forward demonstrate interest in something – continue to use caution)

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- Hackles raised

- Staring directly at you

- Approaching you with head lowered

As a dog's intent and behaviour can change rapidly, it is always best to exercise caution when the safety of children is involved and treat all dogs as dangerous.

Source: Best Friends Animal Society (2018); Dog's Home (2014); Pet Source (2010).

THE APPROVED PROVIDER/ NOMINATED SUPERVISOR / MANAGEMENT WILL ENSURE THAT:

- daily checks are made of the outdoor learning environment to ensure fencing is intact, gates locked and there is no sign of an unidentified dog or animal on the premises

- any outdoor area that is used by children is enclosed by a fence that prevents the intrusion of unwanted dogs and/or other animals

- following the entry of an uninvited dog into the playground, immediate steps will be taken to secure the fencing to eliminate the possibility of this situation being repeated

- the external rubbish bin is not filled to a point that the lid will not securely close, and all staff are aware to tightly bag all food scraps before placing them in the bin to avoid attracting hungry strays

- educators are proactive in ensuring all children use the playground rubbish bins if eating outside

- all staff follow the policies and procedures of our OSHC Service

- a dog safety education program is introduced to children (where available).

IN THE EVENT OF AN UNIDENTIFIED DOG OR OTHER ANIMAL ENTERING THE PREMISES

THE RESPONSIBLE PERSON AND EDUCATORS WILL:

- calmly guide children indoors by approaching groups of children and giving instruction to quietly move inside: Shouting to all children or using a bell could frighten the dog (If a dog has entered the yard during or just after a thunderstorm, the children will likely already be inside).

- if the position of the dog is preventing the children's re-entry to the building, children will be guided quietly via the emergency playground exit to enter the building from the front door

- implement 'External threat' procedures (*See Lockdown Policy*)

- contact local council for assistance

FOR EXTREMELY FRIENDLY DOGS ONLY:

- children will still need to return to inside the OSHC Service premises to ensure their safety following the *Lockdown Policy* and implement the Service's own Lockdown Procedure

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- a friendly dog will generally come running to you if you beckon: Stand still and speak softly to the dog and offer the back of your hand for him to sniff. Remain motionless while you allow the dog time to explore your hand. Always remain wary to ensure he continues to display signs of non-threatening behaviour.
- check to see if the dog is wearing a collar and tag. If so, the owner can be contacted. Whilst waiting for the owner to collect the dog, secure the dog in a location away from the playground, ensuring the dog has shade and fresh drinking water. If the owner offers a reward, do not accept it: Part of belonging to a community is doing the 'right thing' without expectation of a reward for doing so.
- if the phone number on the tag is incorrect, or the owner does not answer the phone nor return your call within a reasonable time frame, call your local council and advise them of the situation.
- if the dog does not have a tag, call your local council and advise them of the situation.
- do not allow the dog to be taken into the custody of any staff member or family with the intent of displaying 'found' posters in the community as this frequently attracts persons who dishonestly claim ownership of expensive breeds to then sell.

FOR ALL OTHER DOGS:

- avoid confronting the dog: Do not try to chase it out of the playground or touch it
- contact the local council immediately and advise them of the situation. Ensure that you tell them the dog is in an early education and care service
- ensure the children remain inside until the dog has been collected
- provide support for children who are afraid of dogs.

EDUCATORS WILL:

- discuss with the children how to behave with a dog or puppy (e.g., calmly, no aggressive patting, no pulling tails, use quiet voices, etc.) as part of the curriculum to minimise the risk of provoked dog attacks outside the Service
- develop children's understanding that the owner should always be asked before patting a dog
- teach children how to tell if a dog is happy, scared, or aggressive *but* ensure they know never to approach a strange dog.

IN THE EVENT OF A DOG ATTACK ON A CHILD OR ADULT

- contact emergency services 000 for assistance
- activate the service Lockdown procedure and ensure children and other adults are not in immediate danger, including notifying a school presentative if required

- stay as calm as possible, try not to scream, shout or be aggressive to the dog

- don't move or move slowly to avoid the dog from attacking further if possible

- try to stay as still as possible or curl into a ball, instruct the child or adult to stay as still as possible or to curl into a ball

- provide emergency first aid to the child or adult as soon as the danger from the dog attack is over (See *Administration of First Aid Policy and Procedure*)

- the approved provider will contact the regulatory authority within 24 hours when there has been an emergency that has posed a risk to the safety and wellbeing of the children

CONTINUOUS IMPROVEMENT/REFLECTION

The *Managing an Unidentified Dog Policy* will be reviewed on an annual basis in conjunction with children, families, educators, staff and management.

SOURCES

Australian Children's Education & Care Quality Authority. (2023). *Guide to the National Quality Framework.*
Best Friends Animal Society. (2018). *Dog body language.* https://bestfriends.org/resources/dog-body-language
Companion Animals Act 1998. https://legislation.nsw.gov.au/view/whole/html/inforce/current/act-1998-087
Dog's Home. (2014). *Don't pet that dog: 3 signs most people don't know.* https://www.dogshomepa.org/dont-pet-that-dog-3-signs-most-people-dont-know/
NSW Government. Office of Local Government: https://www.olg.nsw.gov.au/public/dogs-and-cats/information-for-the-community/lost-and-found-cats-and-dogs
Royal Society for the Protection of Animals NSW (RSPCA): www.rspcansw.org.au
RSPCA Australia: www.rspca.org.au
Victoria State Government: *Stray cats and dogs. https://agriculture.vic.gov.au/livestock-and-animals/animal-welfare-victoria/animal-welfare/stray-and-unwanted-animals/ive-found-a-lost-stray-or-injured-animal*
Western Australian Education and Care Services National Regulations

REVIEW

POLICY REVIEWED BY	Tina Chappell	Coordinator	January 2024
POLICY REVIEWED	JANUARY 2024	NEXT REVIEW DATE	JANUARY 2025
VERSION NUMBER	V2.01.24		
MODIFICATIONS	• annual policy maintenance • added section re: contacting council [Companion Animals Act] • removed information about state-by-state micro-chipping information. Services should contact local council as specified in policy		

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POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
JANUARY 2023	• annual policy maintenance • minor formatting edits within text • additional information regarding what to do following a dog attack • hyperlinks checked and repaired as required • continuous improvement/reflection section added • Childcare Centre Desktop Related resources section added • link to Western Australian Education and Care Services National Regulations added in 'Sources'	JANUARY 2024
JUNE 2022	• New Policy developed for OSHC Services	JANUARY 2023

Item 4.20 UV/Sun Safe Policy

EXECUTIVE SUMMARY
Australia has one of the highest rates of skin cancer in the world with two in three Australians developing some form of skin cancer before the age of 70. Too much of the sun's UV radiation can cause sunburn, skin and eye damage and skin cancer. Infants and toddlers up to four years of age are particularly vulnerable to UV damage due to lower levels of melanin and a thinner stratum corneum (the outermost layer of skin). UV damage accumulated during childhood and adolescence is strongly associated with an increased risk of skin cancer later in life (Cancer Council Australia).

OFFICER'S RECOMMENDATION
That Council: adopt the UV/Sun Safe Policy as presented.

Budget & Resource Implications
N/A

Background
Updates have been made to this Policy to align with Legislation.

Consultation (Internal/External)
N/A

Attachments
Attachment Q – Policy

Report prepared by **Teena Chappell (Outside School Hours Care Co-Ordinator)**

UV / SUN SAFE POLICY

Australia has one of the highest rates of skin cancer in the world with two in three Australians developing some form of skin cancer before the age of 70. Too much of the sun's UV radiation can cause sunburn, skin and eye damage and skin cancer. Infants and toddlers up to four years of age are particularly vulnerable to UV damage due to lower levels of melanin and a thinner stratum corneum (the outermost layer of skin). UV damage accumulated during childhood and adolescence is strongly associated with an increased risk of skin cancer later in life (Cancer Council Australia).

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.3	Healthy lifestyle	Healthy eating and physical activity are promoted and appropriate for each child.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
QUALITY AREA 3: PHYSICAL ENVIRONMENT		
3.1.1	Fit for Purpose	Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
S167	Offence relating to protection of children from harm and hazard
100	Risk assessment must be conducted before excursions
113	Outdoor space natural environment
114	Outdoor space shade
136	First aid qualifications
168	Education and care service must have policies and procedures
168 (2)(a)(ii)	Sun Protection
170	Policies and procedures to be followed

171	Policies and procedures to be kept available

RELATED POLICIES

Administration of First Aid Policy Bush Fire Policy Clothing Policy Emergency and Evacuation Policy Enrolment Policy Excursion/Incursion Policy	Health and Safety Policy Physical Environment Policy Supervision Policy Water Safety Policy Work Health and Safety Policy

PURPOSE

By implementing a 'best practice' Sun Safe Policy, our OSHC Service can help protect all children and staff from the harmful effects of ultraviolet (UV) radiation from the sun and teach children good sun protection habits from an early age to reduce their risk. To ensure the outdoor environment provides shade for children, educators and staff to minimise unsafe UV exposure. Additionally, this policy provides guidance on how to protect children and young people, and staff from severe hot weather events which are becoming more prevalent in Australia resulting from climate change.

SCOPE

This policy applies to children, families, staff, management, approved provider, nominated supervisor and visitors (including contractors) of the OSHC Service.

IMPLEMENTATION

Our OSHC Service will work in compliance with the *National SunSmart Program* to ensure children's health and safety is maintained at all times whilst at the Service. Our OSHC Service will monitor the Australian Bureau of Meteorology for notification of severe heat events and implement risk mitigation strategies to protect the health, safety and wellbeing of children. This policy applies to all activities on and off site.

MONITORING UV LEVELS

Sun protection is required when UV levels reach level 3 or above. Our Service will monitor the UV levels daily through one or more of the following methods:

- using the smartphone *SunSmart global UV app* available at iTunes App Store and Google Play store
- using the SunSmart widget on the Service's website available at www.cancer.org.au

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- viewing the Bureau of Meteorology website http://www.bom.gov.au/
- visiting www.myuv.com.au

OUTDOOR ACTIVITIES

The sun protection measures listed are used for all outdoor activities during the daily local sun protection times, when the UV Index is 3 or above. The sun protection times are a forecast from the Bureau of Meteorology (BOM)or the time-of-day UV levels are forecast to reach 3 or higher. At these levels, a combination of sun protection is recommended for all skin types.

The OSHC Service will use a combination of sun protection measures (see below) **whenever UV Index levels reach 3 and above.**

SUN PROTECTION TIMES

UV levels vary across Australia and throughout the year. This listing highlights when UV is typically three and above in each state / territory. There may be times UV levels are three and above outside these periods. Please check the daily local sun protection times and UV levels to be sure you are using sun protection when it is required for your location.

QLD   All year

Wherever practicable, outdoor activities should take place before 10am and after 3pm, when UV levels are lower.

The sun protection measures listed are used for all outdoor activities during the **daily local sun protection times.** A combination of sun protection measures is considered when planning all outdoor activities such as excursions and water play.

SHADE

THE APPROVED PROVIDER WILL ENSURE:

- sufficient natural, portable, or man-made shade is provided, particularly in high use areas
- shaded areas will be used for play experiences
- play experiences will be monitored throughout the day and moved as required to remain in the shade
- regular risk assessments and reviews will be made of the outdoor area to assist in planning for further shade requirements

- children who do not have appropriate hats or outdoor clothing are required to choose a shady play space or a suitable area protected from the sun and not move to unshaded areas of the playground
- children will still be required to wear hats, protective clothing, and sunscreen if playing under natural or portable shade

HATS

Educators, children, and visitors are required to wear sun safe hats at all times they are outdoors. Cancer Council Australia describes sun safe hats as:

- Hats that protect a person's face, neck, and ears, which include:
  - a legionnaire hat – the front peak and flap should overlap at the sides and the flap should cover the neck
  - a bucket hat with a deep crown and angled brim that is size ~~of at~~ least 5cm for young children and at least 6cm for adults and must shade the face, neck, and ears
  - a broad brimmed hat with a brim size of at least 6cm for children or 7.5cm for adults. The brim should provide shade for the whole face.

Please note: Baseball caps or visors do not provide enough sun protection and therefore are not recommended.

- Children without a sun safe hat will be asked to play in an area protected from the sun *or* they may be provided with a spare hat if available at the OSHC Service.

CLOTHING

- When outdoors, staff and children will wear sun safe clothing that covers as much of the skin as possible. Cancer Council Australia recommends clothing that:
  - covers the shoulders, back and stomach
  - is loose fitting such as loose-fitting shirts and dresses with sleeves and collars or covered neckline, or longer style skirts, shorts and trousers.
- Children who are not wearing sun safe clothing can be provided with spare clothing or will be required to play under shade or in an area protected from the sun or provided with spare clothing. *Please note: Midriff, crop or singlet tops do not provide enough sun protection and therefore are not recommended.*

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SUNSCREEN

As per Cancer Council Australia recommendations:

- staff and children will apply SPF30 or higher broad-spectrum water-resistant sunscreen 20 minutes before going outdoors and reapply every 2 hours or more frequently if washed or wiped off
- where children have allergies or sensitivity to the sunscreen, parents are asked to provide an alternative sunscreen, or the child is encouraged to play in the shade. A record of any allergy must be provided in writing from the parent/guardian and recorded on the child's enrolment record. Cancer Council Australia recommends usage tests before applying a new sunscreen.
- sunscreen is stored in a cool, dry place and the use-by-date monitored.

RISKS OF SUMMER PLAY

Australia has a hot climate and inevitably playground equipment and surfacing can heat up rapidly and retain heat. Many playground surfaces and equipment can exceed temperatures greater than 50°C and if young children come into contact with these surfaces, they can be burned severely within seconds. Surfaces can retain heat for long periods of time and cause burns to children. Play surfaces must be monitored before children have access to the outdoor environment.

SEVERE HEAT

Severe heat or heatwaves are periods of unusually hot weather. Climate change is resulting in more intense heatwaves in Australia and presents an extreme risk to the health and safety of children. Children -especially young children can dehydrate quickly which can cause heat-related illness including heat stroke and heat exhaustion.

Active heatwave warnings are indicated within the Australian Warning System (AWS) and range from Advice to Emergency Warning. Risk management measures must be implemented and managed to ensure children remain safe and healthy during a severe heat event.

THE APPROVED PROVIDER, NOMINATED SUPERVISOR AND EDUCATORS WILL:

- ensure obligations under the *Education and Care National Law and Regulations* are met
- ensure risk assessments are conducted to identify any potential hazards to children during summer months that could cause harm or injury to children. Risk minimisation control measures will be put in place to protect children. Potential hazards could include:
    - o hot equipment- slides, poles, guardrails, any metal surfaces
    - o hot surfaces- rubber and synthetic grass, walkways, concrete surfaces
    - o sun burn and dehydration

     o   access to bodies of water (filled water troughs/containers/trays/pools)

     o   <mark>severe heat</mark>

     o   <mark>bushfires and air pollution</mark>

- use a thermometer or their hand to test surface temperature and make an informed decision about permitting children to play on equipment or in the outdoor space. If the surface temperature is determined to be too hot or is recorded as at or above 50°C it is recommended by Kidsafe Australia that children do NOT play on the surface
- ensure children wear shoes when playing in the outdoor area
- <mark>monitor the [Bureau of Meteorology (BOM)](#) for severe heat weather warnings and implement procedures to ensure the health and safety of all children and staff</mark>
- <mark>monitor bush fire activity and be aware of air quality and hazardous levels of air pollution caused by bushfires *(see: Bushfire Policy)*</mark>
- <mark>ensure children have access to water at all times throughout the day and remind them to take extra drinks during hot weather to avoid dehydration</mark>
- <mark>be aware of the signs and symptoms of heat-related illness children and implement first aid as required</mark>
- <mark>keep children indoors during severe heat events</mark>
- <mark>ensure fans/air conditioning are used to help keep children cool</mark>
- <mark>close blinds/curtains where required to prevent sun shining into rooms</mark>
- <mark>adhere to Queensland health department advice for hot weather risks and recommendations</mark>

ROLE MODELLING AND WORK, HEALTH AND SAFETY

Cancer Council Australia acknowledges that children are more likely to develop sun-safe habits if they are role-modelled and demonstrated by adults around them. Occupational UV exposure is also a WH&S issue. All educators, staff at the OSHC Service will therefore be required to role model appropriate sun protection behaviours by:

- wearing a sun safe hat (see Hats)
- wearing sun safe clothing (see Clothing)
- applying SPF30+ broad-spectrum water-resistant sunscreen 20 minutes before going outdoors
- using and promoting shade
- wearing sunglasses that meet the Australian Standard1067 (optional)
- discussing sun protection with children and demonstrating a positive and proactive approach to the management of sun protection in the OSHC Service
- <mark>regularly drinking water and encouraging children to drink extra water in hot weather</mark>

- adapting the learning environment when severe weather events occur

- families and visitors are encouraged to role model positive sun safe behaviour

- monitoring the UV Index Levels and Daily Sun Protection Times throughout the day

- regularly monitoring and reviewing the effectiveness of the *Sun Safety Policy*

- submitting the Sun Safety Policy to the Cancer Council every three years to maintain SunSmart status (required if a SunSmart member).

EDUCATION AND INFORMATION

- Sun protection will be incorporated regularly into learning programs

- Sun protection information will be promoted to staff, families and visitors

- Severe hot weather events will be monitored through the Bureau of Meteorology and risk mitigation measures implemented

- Educators and staff are encouraged to complete free Cancer Council Generation SunSmart online PL learning modules.

- Further information and resources are available from the Cancer Council website https://www.cancer.org.au/cancer-information/causes-and-prevention/sun-safety and each state and territory SunSmart web page.
  See https://www.cancer.org.au/cancer-information/causes-and-prevention/sun-safety/be-sunsmart/sunsmart-in-schools for links.

- The *Sun Safety Policy* will be made available to all educators, staff, families, and visitors of the OSHC Service to ensure a compressive understanding about keeping sun safe including appropriate hat, clothing and sunscreen requirements

- Information about Sun Safety will be included in our Family Handbook and sun protection information and resources made accessible and communicated regularly to families

CONTINUOUS IMPROVEMENT

Our *Sun Safe Policy* will be updated and reviewed annually in consultation with families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Daily Playground Surface Temperature Check Enrolment Form	Extreme Weather Procedure Sun Safe Procedure

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Australian Safety Standards

AS 4174:2018 Knitted and woven shade fabrics
AS/NZS 1067.1:2016, Eye and face protection - Sunglasses and fashion spectacles
AS/NZS 4399:2020, Sun protective clothing - Evaluation and classification
AS/NZS 2604:2012 Sunscreen products - Evaluation and classification
AS/NZS 4685.0:2017, Playground equipment and surfacing - Development, installation, inspection, maintenance and operation.6.2.1 General considerations, 6.3.9 Shade and sun protection, Appendix A Shade and sun protection

SOURCES

Australian Children's Education & Care Quality Authority. (2021). Sun Protection- Policy Guidelines
Australian Children's Education & Care Quality Authority. (2023). *Guide to the National Quality Framework.*
Australian Government Department of Education. *My Time, Our Place- Framework for School Age Care in Australia.V2.0, 2022*
Bureau of meteorology. Home page (for UV Index): http://www.bom.gov.au/uv/
Australian Government. Bureau of Meteorology. Severe Weather Warning Services.
Cancer Council Australia. Be SunSmart. https://www.cancer.org.au/cancer-information/causes-and-prevention/sun-safety/be-sunsmart
Cancer Council. Home page: https://www.cancer.org.au/
Cancer Council. Preventing cancer: Sun protections. https://www.cancer.org.au/cancer-information/causes-and-prevention/sun-safety
Children's Services Act 1996
Cancer Council. SunSmart programs http://www.sunsmartnsw.com.au/about/
Early Childhood Australia Code of Ethics. (2016).
Education and Care Services National Law Act 2010*. (Amended 2018).*
Education and Care Services National Regulations. (2011)
Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).
Kidsafe NSW. How Hot is Too Hot To Play?
Occupational Health and Safety Act 2004
Revised National Quality Standard. (2020).
Safe Work Australia: Guide on exposure to solar ultraviolet radiation (UVR) (2019).
Western Australian Education and Care Services National Regulations

REVIEW

Please note: Certain health conditions and medications mean some people are more sensitive to UV radiation and need to use sun protection at all times regardless of the UV levels. Please make sure your policy includes the particular needs of these children and staff at your school/service. For further information visit Risk factors for skin cancer

POLICY REVIEWED BY	Tina Chappell	Coordinator	January 24
POLICY REVIEWED	JANUARY 2024/ SEPTEMBER 2023	NEXT REVIEW DATE	SEPTEMBER 2024

VERSION NUMBER	V11.01.24
MODIFICATIONS	JANUARY 2024 • additional information added to policy regarding managing severe hot weather • additional related policies added SEPTEMBER • regular policy maintenance • hyperlinks checked and repaired as required • best practice measures checked with Cancer Council • CCD related resources added

POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
SEPTEMBER 2022	• regular policy maintenance • link to Western Australian Education and Care Services National Regulations added in 'Sources' • minor formatting edits within text • hyperlinks checked and repaired as required (DESE is now Department of Education)	SEPTEMBER 2023
AUGUST 2021	• Policy reviewed by Cancer Council's SunSmart Program for all states/territories • additional information re: Sun Protection times for each state/territory added • small additions to wording included in policy- re: hat/brim size, safety standards, links to resources and information	SEPTEMBER 2022
JANUARY 2021	• additional UV index level information • edited webpage address for BOM • optional Daily Playground Surface Temperature Check added • minor edits	SEPTEMBER 2021
SEPTEMBER 2020	• Additional regulation re: risk assessments • Additional section for Risks of Summer Play • Information about parent handbook added • Additional sources	SEPTEMBER 2021
SEPTEMBER 2019	Revision and re-write following recommendations from Cancer Council	SEPTEMBER 2020
MAY 2019	Latest updates have been made to comply with the latest recommendations by the Cancer Council of Australia and the SunSmart program.	SEPTEMBER 2019
SEPTEMBER 2018	Latest updates include terminology and grammar improvements. Added the section displaying related policies on page 1.	SEPTEMBER 2019
OCTOBER 2017	Updated the references to comply with the revised National Quality Standard	SEPTEMBER 2018

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AUGUST 2017	Minor changes made to comply with being a Sun Smart Service	SEPTEMBER 2018

Item 6. General Business

DATE OF NEXT MEETING

12 March 2024

CONCLUSION

Peter Bennett
Chief Executive Officer