



RICHMOND SHIRE COUNCIL
AGENDA
FOR

ORDINARY MEETING
THURSDAY 14 MARCH 2024
COMMENCING AT 8:00AM

Richmond Shire Council
Ordinary Meeting of Council 14 March 2024

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| AGENDA AND TIMETABLE FOR ORDINARY MEETING |
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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

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| 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 20 February 2024.

Richmond Shire Council
Ordinary Meeting of Council 14 March 2024

COMMENCEMENT OF MEETING

SIGNING OF ATTENDANCE BOOK

READING OF OFFICIAL PRAYER

LEAVE OF ABSENCE

CONFIRMATION OF MINUTES

- Unconfirmed 20 February 2024 Minutes

DECLARATIONS OF INTEREST

MATTERS ARISING FROM PREVIOUS MEETINGS

UNCONFIRMED MINUTES OF THE ORDINARY MEETING
OF THE RICHMOND SHIRE COUNCIL HELD IN THE BOARD ROOM, RICHMOND
ON TUESDAY 20 FEBRUARY 2024



RICHMOND SHIRE COUNCIL
UNCONFIRMED MINUTES

UNCONFIRMED MINUTES OF THE ORDINARY MEETING
OF THE RICHMOND SHIRE COUNCIL HELD IN THE BOARD ROOM, RICHMOND
ON TUESDAY 20 FEBRUARY 2024

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- Item 3 Reports for Consideration – Corporate Services
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- Item 5 Reports for Consideration – Tourism and Marketing
- Late Reports
- Confidential Reports
- Item 6 General Business
- Item 7 Close of Meeting

UNCONFIRMED MINUTES OF THE ORDINARY MEETING
OF THE RICHMOND SHIRE COUNCIL HELD IN THE BOARD ROOM, RICHMOND
ON TUESDAY 20 FEBRUARY 2024

PRESENT

Present when Mayor Wharton declared the meeting open at 9:35am were:

COUNCILLORS:

Cr Wharton, Cr Kuhl, Cr Johnston, Cr Buick, Cr Fox and Cr Kennedy

STAFF:

Chief Executive Officer – Peter Bennett, Director of Works – Syed Qadir and Minutes Secretary Tiana Grant

PRAYER

Cr Wharton read the prayer.

APOLOGIES

Director of Corporate Services – Peta Mitchell and Director of Community Services and Development – Angela Henry

CONFIRMATION OF MINUTES

RESOLUTION 20240220.1

It was moved Cr Fox seconded Cr Johnston and carried that the Minutes of the General Meeting of the Richmond Shire Council held in the Board Room, Richmond on Tuesday, 16 January 2024 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 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.

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RESOLUTION 20240220.2

It was moved Cr Kuhl seconded Cr Fox and carried that Council adopt the Councillor Code of Conduct Policy as presented.

REFERENCE DOCUMENT

- Policy

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

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.

RESOLUTION 20240220.3

It was moved Cr Buick seconded Cr Johnston and carried that Council reschedule the March 2024 Council Meeting from Tuesday 12 March 2024 to Thursday 14 March 2024.

REFERENCE DOCUMENT

- Nil

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

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.

RESOLUTION 20240220.4

It was moved Cr Kennedy seconded Cr Kuhl and carried that Council adopt the Minimising Potential Harm Care Policy as presented.

REFERENCE DOCUMENT

- Policy

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

4.2 Medication Management Policy

EXECUTIVE SUMMARY

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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 guidelines¹ 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.

RESOLUTION 20240220.5

It was moved Cr Kuhl seconded Cr Fox and carried that Council adopt the Medication Management Policy as presented.

REFERENCE DOCUMENT

- Policy

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

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.

RESOLUTION 20240220.6

It was moved Cr Kuhl seconded Cr Johnston and carried that Council adopt the Restraint Minimisation and Use Policy as presented.

REFERENCE DOCUMENT

- Policy

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

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.

RESOLUTION 20240220.7

It was moved Cr Buick seconded Cr Fox and carried that Council adopt the Complaints Management Policy and Procedure (Home Care) as presented.

REFERENCE DOCUMENT

- Policy

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

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.

RESOLUTION 20240220.8

It was moved Cr Kuhl seconded Cr Johnston and carried that Council adopt the CHSP Fees Policy as presented.

REFERENCE DOCUMENT

- Policy

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

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.

RESOLUTION 20240220.9

It was moved Cr Kennedy seconded Cr Buick and carried that Council adopt the Supporting Independence Policy as presented.

REFERENCE DOCUMENT

- Policy

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

4.7 Privacy Policy and Procedure (Residential and Home Care)

EXECUTIVE SUMMARY

UNCONFIRMED MINUTES OF THE ORDINARY MEETING
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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.

RESOLUTION 20240220.10

It was moved Cr Johnston seconded Cr Kuhl and carried that Council adopt the Privacy Policy and Procedure (Residential and Home Care) as presented.

REFERENCE DOCUMENT

- Policy

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

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.

RESOLUTION 20240220.11

It was moved Cr Buick seconded Cr Johnston and carried that Council adopt the Work Health and Safety (Home Care) Safety Policy and Procedure as presented.

REFERENCE DOCUMENT

- Policy

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

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.

RESOLUTION 20240220.12

It was moved Cr Kennedy seconded Cr Kuhl and carried that Council adopt the Elder Abuse Policy as presented.

REFERENCE DOCUMENT

- Policy

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

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.

RESOLUTION 20240220.13

It was moved Cr Fox seconded Cr Johnston and carried that Council adopt the Educational Program Policy as presented.

REFERENCE DOCUMENT

- Policy

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

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.

RESOLUTION 20240220.14

It was moved Cr Kennedy seconded Cr Buick and carried that Council adopt the Physical Activity Policy as presented.

REFERENCE DOCUMENT

- Policy

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

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.

RESOLUTION 20240220.15

It was moved Cr Buick seconded Cr Kuhl and carried that Council adopt the Acceptance and Refusal Authorisation Policy as presented.

REFERENCE DOCUMENT

- Policy

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

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.

RESOLUTION 20240220.16

It was moved Cr Fox seconded Cr Johnston and carried that Council adopt the Cyclone Management Policy as presented.

REFERENCE DOCUMENT

- Policy

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

4.14 Delivery of Children to, and Collection from Education and Care Services Premises Policy

EXECUTIVE SUMMARY

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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.

RESOLUTION 20240220.17

It was moved Cr Buick seconded Cr Kuhl and carried that Council adopt the Delivery of Children to, and Collection from Education and Care Services Premises Policy as presented.

REFERENCE DOCUMENT

- Policy

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

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.

RESOLUTION 20240220.18

It was moved Cr Kennedy seconded Cr Johnston and carried that Council adopt the Emergency and Evacuation Policy as presented.

REFERENCE DOCUMENT

- Policy

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

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.

RESOLUTION 20240220.19

It was moved Cr Fox seconded Cr Buick and carried that Council adopt the Flood Management Policy as presented.

REFERENCE DOCUMENT

- Policy

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

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.

RESOLUTION 20240220.20

It was moved Cr Kuhl seconded Cr Fox and carried that Council adopt the Lockdown Policy as presented.

REFERENCE DOCUMENT

- Policy

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

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.

RESOLUTION 20240220.21

It was moved Cr Kuhl seconded Cr Johnston and carried that Council adopt the Managing an Aggressive Person/Visitor Policy as presented.

REFERENCE DOCUMENT

- Policy

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

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.

RESOLUTION 20240220.22

It was moved Cr Buick seconded Cr Kennedy and carried that Council adopt the Managing an Unidentified Dog Policy as presented.

REFERENCE DOCUMENT

- Policy

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

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.

RESOLUTION 20240220.23

It was moved Cr Fox seconded Cr Buick and carried that Council adopt the UV/Sun Safe Policy as presented.

REFERENCE DOCUMENT

- Policy

Change of order of business to consider late items

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 January 2024 in relation to the 2023/24 budget and including the:

- ***Statement of Financial Position***

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- **Statement of Comprehensive Income**
- **Statement of Cash Flows**

RESOLUTION 20240220.24

It was moved Cr Buick seconded Cr Kuhl and carried that Council receive the monthly financial report presenting the progress made as at 31 January 2024 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

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| CLOSED SESSION |
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| 2. REPORTS FOR CONSIDERATION – Office of the Chief Executive Officer |
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2.3 Swimming Pool Management Contract

RESOLUTION 20240220.25

It was moved Cr Buick, seconded Cr Kuhl and carried that Council enter a closed session according to the Local Government Regulation 2012 275, (1) (e) contracts proposed to be made by it;

RESOLUTION 20240220.26

It was moved Cr Kuhl, seconded Cr Buick and carried that Council exit a closed session according to the Local Government Regulation 2012 275, (1) (e) contracts proposed to be made by it;

EXECUTIVE SUMMARY

The Richmond Swimming Pool Management Contract is due to expire on 30 May 2024 with an option to renew for a further two years.

Minor changes have been made to the Contract as stated in the background.

The Pool Contractor was contacted to make any changes they required; however, they did not have any requests for changes.

OFFICER'S RECOMMENDATION

That Council: discuss the changes made and agree to approve the Contract.

It was unanimously agreed that the Swimming Pool Contract would be held over until the April Council Meeting as changes are required and Council are currently sitting in Caretaker Mode.

REFERENCE DOCUMENT

- Contract

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| 2. REPORTS FOR CONSIDERATION – Office of the Chief Executive Officer |
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2.4 Barton Houseshift Contract Update

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RESOLUTION 20240220.27

It was moved Cr Johnston, seconded Cr Kennedy and carried that Council enter a closed session according to the Local Government Regulation 2012 275, (1) (f) starting or defending legal proceedings involving the local government;

RESOLUTION 20240220.28

It was moved Cr Kuhl, seconded Cr Buick and carried that Council exit a closed session according to the Local Government Regulation 2012 275, (1) (f) starting or defending legal proceedings involving the local government;

EXECUTIVE SUMMARY

The purpose of this report is to give an update to Council on the legal action commenced against Barton Houseshift. Council engaged Helix Legal last year to commence proceedings to try and recover the deposit amount from Barton Houseshift.

Before the Christmas close down break the attached affidavit and statutory demand were sent registered post to Barton Houseshift' s address. This was uncollected after a month sitting at the post office and was sent back to us. We have resent these documents to his accountants in the hope that they will be able to contact them.

Should this endeavour also fail, the next step will be to lodge an application for the recovery of the debt with the courts. By being able to show that we have tried to contact Barton Houseshift before we go to court, it will help speed up the process once official legal action is taken.

I don't expect this to be a quick resolution and it may take another year to get an outcome. Unfortunately, when it comes to legal proceedings it takes a long time. If there are any significant updates, I will bring them back to Council.

OFFICER'S RECOMMENDATION

That Council: note the information.

Attendance

CEO Peter Bennett left the room at 9:53am

Noted.

REFERENCE DOCUMENT

- Form 7 Affidavit
- Form 509H Statutory Demand

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| 2. REPORTS FOR CONSIDERATION – Office of the Chief Executive Officer |
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2.5 Maxwellton Common

RESOLUTION 20240220.29

It was moved Cr Kuhl, 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 20240220.30

It was moved Cr Kuhl, 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

With the ongoing issue of native title over the Maxwellton Common and the delay to Councils plan of dry land farming the common, there is quite a build-up of feed on the common again. Council will have to wait until next season before it can proceed with the farming plan so in the meantime Council has the opportunity to agist the common again.

OFFICER'S RECOMMENDATION

That Council: offer the Maxwellton Common out for tender to a single party from March to October 2024.

Attendance

CEO Peter Bennett re-entered the room at 9:53am

RESOLUTION 20240220.31

It was moved Cr Kuhl, seconded Cr Buick and carried that Council offer the Maxwellton Common out for Tender to a single party from March to October 2024.

REFERENCE DOCUMENT

- Nil

3. REPORTS FOR CONSIDERATION – CORPORATE SERVICES

3.2 Water Meter Readings and Billing Cycle

RESOLUTION 20240220.32

It was moved Cr Kuhl, seconded Cr Kennedy and carried that Council enter a closed session according to the Local Government Regulation 2012 275, (1) (d) rating concessions;

RESOLUTION 20240220.33

It was moved Cr Kennedy, seconded Cr Kuhl and carried that Council exit a closed session according to the Local Government Regulation 2012 275, (1) (d) rating concessions;

EXECUTIVE SUMMARY

The finance team have been working through the water meter readings for the period 1 July 2023 to 31 December 2023 for billing.

Council completed a flying minute through email on the 25th of January 2024 for a decision to be made whether to bill ratepayers or reaccess the allocation and leave billing until July 2024.

It was collectively agreed that Council chose option 2 – Not bill and send letters to all owners stating their current water usage and what they would have been charged if Council had chosen to bill. In the letter also state that Council is looking at the allocation and seeking feedback from ratepayers. And option 3 – Review the allocation to properties based on their block size and update the allocation allowance and the access charge.

OFFICER'S RECOMMENDATION

That Council: note that Council collectively agreed to choose option 2 and option 3 on 25 January 2024 via a flying minute.

RESOLUTION 20240220.34

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It was moved Cr Kuhl, seconded Cr Fox and carried that Council endorse the flying minute.

REFERENCE DOCUMENT

- Request for Flying Minute and Councillor decisions

GENERAL BUSINESS

Cr Wharton noted that Cr Kuhl is not running for Councillor for the next term and that this would be her last Council Meeting. Cr Wharton thanked Cr Kuhl for the excellent job that she has done over the last 16 years as Councillor. Cr Wharton thanked Cr Kuhl for her support and appreciated everything that she has done for Richmond Shire Council.

Cr Fox advised that she had been in contact with Mrs Pattel at Richmond State School to have the Year 5-6 class come into a future Council Meeting to do a mock Local Laws scenario and Cr Fox put forward to invite the Year 1 class come into a future Council Meeting.

Cr Fox also noted that she attended another Consumer Advisory Council Meeting and advised that a Speech Therapist is a high priority for Richmond.

Cr Fox advised that, although we still have a long way to go, we are a big step closer to having a Paramedic at the Richmond Hospital.

Cr Kennedy asked for an update on the Frontage Road and requested it be added as a priority to complete works to the boundary.

DOW Syed Qadir noted that it was not on the submission for funding hence why it was not completed. Cr Kennedy noted that and requested that it be added to the annual maintenance works. Council were in agreeance that more gravel was needed.

Cr Kuhl asked that the Alick Creek camera be fixed as it is continually facing towards the ground. CEO Peter Bennett noted that it was replaced two weeks ago and would look into why the new one is also moving.

Cr Buick requested that a sign be placed at the Richmond Wash Down Bay stating that the hose must be left fully clean as there has been grease left on it making it hard for the next person to use.

Cr Fox asked for an update on the Richmond Aerodrome Funding. CEO Peter Bennett advised that there was no update as yet.

Attendance

Cr Johnston left the room at 10:22am

Cr Johnston re-entered the room at 10:25am

Cr Kuhl thanked everyone in the room, and acknowledged the Councillors and Staff she has worked with during her journey as a Councillor.

CLOSE OF MEETING

RESOLUTION 20240220.35

It was moved Cr Kuhl, seconded Cr Kennedy, and carried that the information reports be received and noted.

Meeting closure

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RESOLUTION 20240220.36

It was moved Cr Kuhl, seconded Cr Buick and carried that the meeting close at 10:28am.

Next Ordinary Meeting

14 March 2024.

I hereby confirm that this is a true and correct record of the minutes of the Richmond Shire Council Ordinary Meeting Tuesday 20 February 2024.

Mayor

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

Item 2.1 Grievance Policy

EXECUTIVE SUMMARY

Richmond Shire Council (Council) recognises that employees may not perform to the best of their ability if they feel they are being treated unfairly or they are feeling aggrieved. Council endeavours to provide a fair and just work environment by ensuring employees have access to a policy that sets out a process to resolve workplace grievances. The objective of this policy is to:

- Facilitate prompt resolution of any grievances raised
- Provide a consistent process across Council for resolving grievances appropriately and confidentially
- Provide a framework for decision making within the parameters of natural justice; and
- To minimise the likelihood of employee dissatisfaction in the workplace.

OFFICER'S RECOMMENDATION

That Council: adopt the Grievance Policy as presented.

Budget & Resource Implications

N/A

Background

The Grievance Policy was missed to be reviewed at the December Council Meeting and is due to be renewed.

Consultation (Internal/External)

Nil

Attachments

Attachment B – Policy

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



RICHMOND SHIRE COUNCIL GRIEVANCE POLICY

| | |
|-------------------------------|----------------------|
| POLICY NUMBER: | 060 |
| INFOPERT REF: | 22525 |
| TIME PERIOD OF REVIEW: | 2 Year |
| DATE OF NEXT REVIEW: | December 2025 |

1. OBJECTIVE

Richmond Shire Council (Council) recognises that employees may not perform to the best of their ability if they feel they are being treated unfairly or they are feeling aggrieved. Council endeavours to provide a fair and just work environment by ensuring employees have access to a policy that sets out a process to resolve workplace grievances. The objective of this policy is to:

- Facilitate prompt resolution of any grievances raised
- Provide a consistent process across Council for resolving grievances appropriately and confidentially
- Provide a framework for decision making within the parameters of natural justice; and
- To minimise the likelihood of employee dissatisfaction in the workplace.

2. SCOPE

This Policy applies to all employees, contractors and volunteers, who perform work for or on behalf of Richmond Shire Council. It applies to all employees in all their work-related interactions with each other, and with customers or contacts. Any reference to staff or employee is to be taken as a reference to a contractor or volunteer.

3. WHAT IS A GRIEVANCE

A grievance is any type of problem, concern or complaint related to an employee's work or the work environment which causes concern, distress and is believed by the person raising them to affect their work or progress. A grievance may arise from any act, behaviour, omission, situation or decision impacting on an employee, that the employee thinks is unfair or unjustified.

A grievance can relate to almost any aspect of employment, including, but not limited to:-

- Safety in the workplace
- Performance appraisal
- Development or training
- Transfer and promotion
- Rosters or hours of work
- Leave application
- Bullying, Harassment, Sexual Harassment or Discrimination

Burden of Proof

When a grievance is reported to Council, the burden of proof is the responsibility of the complainant. The complainant must provide particulars of the complaint, such as the who, when and where and any other supporting information.

Confidentiality

Council will take all reasonable steps to ensure confidentiality of employees involved in a grievance process. However, it may be necessary to speak with other employees or workplace participants, in order to determine what happened to afford fairness to those against whom a complaint has been made. All employees and workplace participants involved in the grievance, including support persons or representatives are also required to maintain confidentiality. Failure to maintain confidentiality may result in disciplinary action.

Continuity of Work

Work will continue as normal whilst a grievance is being dealt with under this procedure. All persons involved in the grievance or investigation process are expected to co-operate with Council to ensure the efficient and fair resolution of the grievance.

Natural Justice

The grievance process must uphold the principles of natural justice, this means:

- Fully informing a person of any allegations made against them in writing
- Providing an opportunity and a sufficient amount of time for them to respond to the allegations in full
- Ensuring a proper investigation of the allegations occurs, and that all parties are heard and relevant submissions considered
- Ensuring the decision maker acts fairly and without bias.

Stand Down During Investigation

Stand down of employment may be required in circumstances involving serious misconduct and / or during which an investigation is required. Stand down from employment is on a paid basis.

The role of a Support Person / Union Representative

A support person is a person nominated by an employee to support the employee in meetings. A support person may be a friend, family member, a co-worker, or other nominated person. However, a support person cannot be a fellow employee whose involvement may result in an apparent or possible conflict of interest. A support person cannot speak on behalf of an employee.

Council recognises the important role that union representatives hold in the resolution of workplace issues and acknowledged and supports the right of their employees to be represented by a union. A union representative represents their members in accordance with industrial legislation, and may speak on behalf of an employee.

Victimisation

It is unlawful to threaten or punish a staff member, or to treat them less favourably, in response to an actual or possible harassment, sexual harassment, discrimination or bullying allegation or complaint. It is also unlawful to victimise someone who is a witness or support person. Any act of victimisation will be dealt with seriously and may result in disciplinary action.

Workplace Investigation

An investigation process is used to gather and evaluate evidence in order to make a finding based on fact. In the workplace, investigations are generally initiated when Council receives a complaint or allegation relating to unfair or unlawful treatment (harassment, sexual harassment, discrimination or bullying) or serious misconduct in the workplace.

4. RELATED COUNCIL POLICIES

- Workplace Bullying Policy
- Employee Code of Conduct

5. 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.

6. APPROVAL

Date of Adoption: 14 January 2020
Policy Reviewed: General Council Meeting 7 December 2021
Resolution Number: 20211207.7

Policy Authorised: Peter Bennett
Chief Executive Officer

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

Item 2.2 Councillors Use of Confidential Information Policy

EXECUTIVE SUMMARY

The objective of this policy is to provide guidance to Councillors to comply with section 171(3) of the *Local Government Act 2009* (the Act) and defines the types of information that are considered confidential.

OFFICER'S RECOMMENDATION

That Council: adopt the Councillors Use of Confidential Information Policy as presented.

Budget & Resource Implications

N/A

Background

The Councillors Use of Confidential Information Policy has been created to follow relevant legislation from the Local Government Act 2009 as required information was not in our Councillor Code of Conduct Policy. As Councillor Confidentiality is extensive, a new Policy has been needed to be created to outline all of the Acts requirements.

Consultation (Internal/External)

Nil

Attachments

Attachment C – Policy

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



RICHMOND SHIRE COUNCIL COUNCILLORS USE OF CONFIDENTIAL INFORMATION POLICY

POLICY NUMBER:

INFOXPRT REF:

TIME PERIOD OF REVIEW:

2 Year

DATE OF NEXT REVIEW:

December 2025

1. OBJECTIVE

The objective of this policy is to provide guidance to Councillors to comply with section 171(3) of the *Local Government Act 2009* (the Act) and defines the types of information that are considered confidential.

2. POLICY STATEMENT

Councillors must use Council information in a way that promotes and maintains the public's trust and confidence in the integrity of the local government.

As a Councillor you will be in possession of information that is confidential to the local government or information containing personal information about members of the community. Therefore, you must take care to ensure that you do not misuse any of the information you gain access to as a Councillor.

A Councillor must not release information that the Councillor knows, or should reasonably know, is information that is confidential to Council. A contravention of this is considered misconduct under the Act. Councillors must also respect the privacy of individuals and ensure they do not publicly disclose private information.

3. CONFIDENTIAL INFORMATION

A person who is, or has been, a Councillor is expected to understand that information acquired as a Councillor must not be used to gain a financial advantage for the person or someone else or cause detriment to Council.

The following is a non-exhaustive list of those types of information considered confidential:

- Commercial in confidence information including where the release of information would affect a third party's competitive advantage – this is particularly relevant in a competitive tender situation.
- Information derived from government departments or ministers that has been classified as confidential or using the terms protected, sensitive or official in line with the Queensland government information security classification framework.
- Information of a personal nature or about personal affairs, for example the personal details of Councillors or Council employees.
- Information relating to property disposal or an acquisition process where release of the information may prejudice Council.
- Financial and legal analysis where the disclosure of that information may compromise Council or someone else.
- Information that could result in action being taken against Council for defamation.
- Legal advice provided to Council, information about a legal issue/matter before the courts or legal proceedings that may be taken by or against Council.
- Information that is expressly given to Councillors in confidence.
- Information examined or discussed at Councillor briefing/consultation sessions unless the Chief Executive Officer declares that such information (or part thereof) is not confidential.

- Information about: - The appointment, discipline or dismissal of the Chief Executive Officer;
 - Industrial matters affecting employees;
 - Council's budget;
 - Rating concessions;
 - Matters that may directly affect the health and safety of an individual or group of individuals;
 - Negotiations relating to the taking of land by Council under the *Acquisition of Land Act 1967*;
 - A matter that Council is required to keep confidential under a law of, or formal arrangement with, the Commonwealth or a State.

4. CONFIDENTIAL INFORMATION AT COUNCIL MEETINGS

During Council meetings, and other meetings of Council, Councillors will receive information which they know or ought to know is confidential. However, to assist the Councillor, the following applies:

- The Chief Executive Officer may make a declaration that information concerning a specific matter is to be treated as confidential to Council, and the information will remain confidential unless or until Council resolves to the contrary.
- An item on a Council meeting agenda and the information contained in the documentation or supporting material that is declared confidential by the Chief Executive Officer is to remain confidential unless or until Council resolves to the contrary.
- If the Mayor or a Councillor in a meeting asks that a matter be treated as confidential, Council will formally resolve as to whether all information concerning the matter is confidential.
- If Council resolves that an item and the information contained in the documentation or supporting material is to be confidential, it remains confidential unless or until Council resolves to the contrary.
- If Council exercises its powers to close a meeting to members of the public³, all information in relation to the matters discussed during the closed meeting or the closed portion of the meeting is confidential, unless and until Council resolves to the contrary.
- Any information of a type deemed to be confidential is to be presumed by Councillors to be confidential to Council and must not be released without seeking advice from the Chief Executive Officer.
- If a Councillor has any doubt as to whether Council considers information to be confidential, the Councillor is to act on the assumption the information is confidential until the doubt is resolved at a subsequent meeting of Council.

5. RESPONSIBILITIES OF COUNCILLORS

Councillors must be aware of their responsibilities and agree they should:

- Exercise due care when handling or using information acquired in their role as a Councillor.
- Acknowledge there will be information that must be treated as confidential because to release it would reduce public trust and confidence in the integrity of the Council.
- Acknowledge that disclosure of confidential information constitutes a breach of the Act.
- If uncertain, presume information is confidential, and seek advice from the Chief Executive Officer prior to any release of it.
- Undertake not to disclose and to use their best endeavours to prevent disclosure of confidential information to any person or organisation, specifically:
 - Not discussing confidential Council information with family, friends and business associates; and
 - Ensure documents containing confidential information are properly safeguarded at all times, including materials stored at private or business residences.

6. RELEASE OF CONFIDENTIAL INFORMATION

Any release of confidential information for any purpose to any person or organisation (other than those who are entitled to the information, such as other Councillors or employees) is a breach of section 171(3) of the Act.

Release includes:

- Orally telling any person about the information or any part of the information.
- Providing the original or a copy of documentation or any part of the documentation that is marked confidential.
- Paraphrasing (putting into your own words) any confidential information and providing that in writing or orally.

7. BREACH OF THIS POLICY

A person may make a complaint about a breach by a Councillor of section 171(3) by giving notice of the complaint to the Council's Chief Executive Officer. A breach of section 171(3) is "misconduct".

Allegations of misconduct must be referred to the Office of Independent Assessor by the Chief Executive Officer or by a Councillor who becomes aware of the misconduct.

Details of how to lodge a complaint to the OIA can be found at www.oia.qld.gov.au

8. 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.

9. RELATED DOCUMENTS

- Councillor Acceptable Requests Policy
- Code of Conduct for Councillors Policy

10. LEGISLATION

- Code of Conduct for Councillors – DLGRMA
- *Local Government Act 2009*
- *Local Government Regulation 2012*

11. APPROVAL

Date of Adoption: 14 March 2024
Policy Reviewed: General Council Meeting 14 March 2024
Resolution Number:

Policy Authorised: Peter Bennett
Chief Executive Officer

Item 2.3 April Council Meeting

EXECUTIVE SUMMARY

The scheduled Tuesday, 16 April 2024 Council Meeting is required to be changed due to the Mayor and CEO Peter Bennett needing to attend a LGAQ Mayoral Forum at Parliament House in Brisbane. The Mayor did not want the April Council Meeting to be rushed for travelling as it will be the first Council Meeting with a new Council.

OFFICER'S RECOMMENDATION

That Council: change the April 2024 Council Meeting to Tuesday 9 April 2024.

Budget & Resource Implications

N/A

Background

Tuesday 9 April 2024 has been proposed by the Chief Executive Officer for the April Council Meeting.

Consultation (Internal/External)

Internal: Chief Executive Officer – Peter Bennett

Attachments

Nil

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

Item 2.4 Pre-Budget Meeting

EXECUTIVE SUMMARY

The scheduled Tuesday, 23 April 2024 Council Meeting is required to be changed due to the Mayor being unable to attend.

OFFICER'S RECOMMENDATION

That Council: change the Pre-Budget Council Meeting to Thursday 2 May 2024.

Budget & Resource Implications

N/A

Background

Thursday 2 May 2024 has been proposed by the Chief Executive Officer for the Pre-Budget Council Meeting.

Consultation (Internal/External)

Internal: Chief Executive Officer – Peter Bennett

Attachments

Nil

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

Item 3 Reports for Consideration – Corporate Services

Item 3.1 Monthly Financial Statements

EXECUTIVE SUMMARY

Council's monthly financial report in relation to the 2023/24 adopted budget is presented for consideration, together with Statement of Comprehensive Income, Statement of Financial Position and Statement of Cash Flow as at 29 February 2024

OFFICER'S RECOMMENDATION

That Council: receive the monthly financial report presenting the progress made as at 29 February 2024 in relation to the 2023/24 budget and including the:

- **Statement of Financial Position**
- **Statement of Comprehensive Income**
- **Statement of Cash Flows**

Budget & Resource Implications

N/A

Background

The purpose of this report is to provide a monthly update on Council's overall financial position.

Consultation (Internal/External)

Nil

Attachments

Attachment D –

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

Report prepared by **Peta Mitchell (Director of Corporate Services)**

| RICHMOND SHIRE COUNCIL | Actual 2023/2024 | | | Amended Budget 2023/2024 | | | Variance Surplus |
|--|------------------|-------------------|-----------------|--------------------------|-------------------|------------------|------------------|
| | Revenue | Expenses | Surplus | Revenue | Expenses | Surplus | % |
| 10 General Public Services | | | | | | | |
| Corporate | 547 | -557,751 | -557,204 | 121,400 | -950,830 | -829,430 | 67.18% |
| Finance | 1,295,648 | -698,160 | 597,488 | 786,350 | -891,450 | -105,100 | -568.50% |
| Payroll - Staff Resources | 0 | -556,985 | -556,985 | 0 | -783,116 | -783,116 | 71.12% |
| Executive/Governance | 0 | -454,291 | -454,291 | 0 | -933,570 | -933,570 | 48.66% |
| Corporate - Depreciation | 0 | -244,302 | -244,302 | 0 | -638,750 | -638,750 | 38.25% |
| Loan Repayments | 0 | -32,134 | -32,134 | 0 | -636,000 | -636,000 | 5.05% |
| Councillors & Election | 0 | -317,976 | -317,976 | 0 | -487,095 | -487,095 | 65.28% |
| Stores | 0 | -44,365 | -44,365 | 0 | -131,680 | -131,680 | 33.69% |
| Rates | 916,145 | -14,573 | 901,573 | 1,121,700 | -19,500 | 1,102,200 | 81.80% |
| Stores - Depreciation | 0 | 0 | 0 | 0 | -7,000 | -7,000 | 0.00% |
| Building & Planning | 873 | 0 | 873 | 1,550 | 0 | 1,550 | 56.30% |
| Federal Assistance Grants | 175,556 | 0 | 175,556 | 8,450,000 | 0 | 8,450,000 | 2.08% |
| | | | | | | | |
| Total General Public Services | 2,388,769 | -2,920,537 | -531,768 | 10,481,000 | -5,478,991 | 5,002,009 | -10.63% |
| | | | | | | | |
| 12 Public Order and Safety | | | | | | | |
| Health & Environmental | 0 | -19,754 | -19,754 | 0 | -15,700 | -15,700 | 125.82% |
| Disaster Management | 21,448 | -14,457 | 6,991 | 21,000 | -12,750 | 8,250 | 84.73% |
| Disaster Management - Depreciation | 0 | -2,050 | -2,050 | | -2,670 | -2,670 | 76.77% |
| | | | | | | | |
| Total Public Order and Safety | 21,448 | -36,260 | -14,813 | 21,000 | -31,120 | -10,120 | 1.19% |
| | | | | | | | |
| 13 Local Roads | | | | | | | |
| Engineering Support | 0 | -397,250 | -397,250 | 0 | -654,183 | -654,183 | 60.72% |
| Safety and Quality | 0 | -157,869 | -157,869 | 0 | -642,090 | -642,090 | 24.59% |
| Rural Road Maintenance | 0 | -191,467 | -191,467 | 0 | -600,000 | -600,000 | 31.91% |
| Town Street Maintenance | 0 | -147,230 | -147,230 | 0 | -250,000 | -250,000 | 58.89% |
| TIDS Expenses | 91,381 | -69,014 | 22,367 | 131,071 | -131,071 | 0 | 0.00% |
| Flood Damage Expenses | 0 | -45,709 | -45,709 | 0 | -146,000 | -146,000 | 31.31% |
| Street Lighting | 0 | -10,505 | -10,505 | 0 | -21,000 | -21,000 | 50.02% |
| Depot | 0 | -64,775 | -64,775 | 0 | -43,250 | -43,250 | 149.77% |
| Stormwater Maintenance | 0 | -5,172 | -5,172 | 0 | -1,850 | -1,850 | 279.57% |
| Rural Road Maintenance - Capital Income | 400,000 | 0 | 400,000 | 828,618 | 0 | 828,618 | 48.27% |
| Town Street Maintenance - Capital Income | 0 | 0 | 0 | 1,000,000 | 0 | 1,000,000 | 0.00% |
| Stormwater - Capital Income | 0 | 0 | 0 | 1,421,624 | 0 | 1,421,624 | 0.00% |
| Flood Damage - Capital Income | 7,684,887 | 0 | 7,684,887 | 8,664,448 | 0 | 8,664,448 | 88.69% |
| Road Depreciation | 0 | -2,523,812 | -2,523,812 | 0 | -3,030,000 | -3,030,000 | 83.29% |

| RICHMOND SHIRE COUNCIL | Actual 2023/2024 | | | Amended Budget 2023/2024 | | | Variance Surplus |
|--|------------------|-------------------|------------------|--------------------------|--------------------|-------------------|------------------|
| | Revenue | Expenses | Surplus | Revenue | Expenses | Surplus | % |
| Total Local Roads | 8,176,267 | -3,612,803 | 4,563,464 | 12,045,761 | -5,519,444 | 6,526,317 | 102.46% |
| 14 Other Transport Services | | | | | | | |
| Airports | 40,039 | -69,832 | -29,793 | 56,000 | -78,348 | -22,348 | 133.31% |
| TMR Airport Project | 0 | 0 | 0 | 27,956 | -55,911 | -27,955 | 0.00% |
| Fleet Management | 63,058 | -966,804 | -903,746 | 90,000 | -1,468,540 | -1,378,540 | 65.56% |
| RMPC | 325,385 | -422,496 | -97,111 | 807,272 | -605,000 | 202,272 | -48.01% |
| Main Roads - Winton Rd | 6,035,675 | -3,923,258 | 2,112,417 | 10,544,829 | -7,381,382 | 3,163,447 | 66.78% |
| Fleet Management Recoveries | 1,390,706 | 0 | 1,390,706 | 1,500,000 | 0 | 1,500,000 | 92.71% |
| Airport - Capital Income | 86,256 | 0 | 86,256 | 7,500,000 | 0 | 7,500,000 | 1.15% |
| Airport Depreciation | 0 | -42,134 | -42,134 | 0 | -9,000 | -9,000 | 468.15% |
| Fleet Management - Depreciation | 0 | -424,253 | -424,253 | 0 | -600,000 | -600,000 | 70.71% |
| | | | | | | | |
| Total Other Transport Services | 7,941,119 | -5,848,777 | 2,092,343 | 20,526,057 | -10,198,181 | 10,327,876 | 20.26% |
| 15 Community Affairs | | | | | | | |
| Early Education | 0 | -4,260 | -4,260 | 0 | -19,825 | -19,825 | 21.49% |
| CDC Program | 305,626 | -166,471 | 139,155 | 543,000 | -456,055 | 86,945 | 160.05% |
| CHSP Program | 242,561 | -113,681 | 128,880 | 208,900 | -155,505 | 53,395 | 241.37% |
| Outside School Hours Care | 75,586 | -152,174 | -76,589 | 135,000 | -256,480 | -121,480 | 63.05% |
| Community Sponsorship and Donations | 0 | -16,141 | -16,141 | 0 | -20,000 | -20,000 | 80.70% |
| Community Events and Celebrations | 0 | -23,851 | -23,851 | 0 | -43,320 | -43,320 | 55.06% |
| RADF Expense | 17,850 | -12,089 | 5,761 | 17,000 | -19,000 | -2,000 | -288.07% |
| Community Services | 0 | -68,989 | -68,989 | 0 | -84,650 | -84,650 | 81.50% |
| Library & Centrelink | 11,908 | -27,277 | -15,369 | 14,350 | -44,800 | -30,450 | 50.47% |
| Museums | 0 | -265,591 | -265,591 | 0 | -280,000 | -280,000 | 94.85% |
| Community Centres and Halls | 11,139 | -68,748 | -57,609 | 10,000 | -101,200 | -91,200 | 63.17% |
| Tourism | 0 | -210 | -210 | 0 | -6,780 | -6,780 | 3.10% |
| TV And Radio Facilities | 0 | -15,398 | -15,398 | 0 | -7,750 | -7,750 | 198.68% |
| Community Centres & Halls - Depreciation | 0 | -42,577 | -42,577 | 0 | -62,000 | -62,000 | 68.67% |
| Community Care Buildings - Depreciation | 0 | -41,242 | -41,242 | 0 | -40,000 | -40,000 | 103.11% |
| Library & Centrelink - Depreciation | 0 | -17,675 | -17,675 | 0 | -23,450 | -23,450 | 75.37% |
| TV & Radio Facilities - Depreciation | 0 | -494 | -494 | 0 | -3,900 | -3,900 | 12.66% |
| | | | | | | | |
| Total Community Affairs | 664,670 | -1,036,868 | -372,198 | 928,250 | -1,624,715 | -696,465 | 53.44% |
| 16 Economic Affairs | | | | | | | |
| Caravan Park | 311,964 | -236,765 | 75,199 | 464,000 | -428,800 | 35,200 | 213.63% |

| RICHMOND SHIRE COUNCIL | Actual 2023/2024 | | | Amended Budget 2023/2024 | | | Variance Surplus |
|--|------------------|-----------------|-----------------|--------------------------|-------------------|-----------------|------------------|
| | Revenue | Expenses | Surplus | Revenue | Expenses | Surplus | % |
| Saleyards - Richmond | 38,970 | -103,802 | -64,832 | 52,000 | -72,000 | -20,000 | 324.16% |
| Saleyards - Maxwelton | 0 | -14,182 | -14,182 | 0 | -7,350 | -7,350 | 192.95% |
| Saleyards Maxwelton Cattle Yard Upgrades | 0 | 0 | 0 | 1,800,319 | -1,800,319 | 0 | 0.00% |
| Paddocks and Town Common | 160,443 | -37,757 | 122,687 | 198,000 | -40,300 | 157,700 | 77.80% |
| Maxi Common Farming Project | 0 | -85,839 | -85,839 | 700,000 | -620,000 | 80,000 | -107.30% |
| Washdown Bay | 13,299 | -6,380 | 6,919 | 15,000 | -16,000 | -1,000 | -691.88% |
| Other Leased Facilities | 9,719 | -752 | 8,967 | 14,000 | 0 | 14,000 | 64.05% |
| Kronosarus Korner Building | 0 | -46,713 | -46,713 | 0 | -66,350 | -66,350 | 70.40% |
| Development Services | 0 | -4,875 | -4,875 | 0 | -11,000 | -11,000 | 44.32% |
| Commerical Buildings - Depreciation | 0 | 0 | 0 | 0 | -128,000 | -128,000 | 0.00% |
| <i>Caravan Park Depreciation</i> | 0 | -63,567 | -63,567 | | | | |
| <i>Saleyards Depreciation</i> | 0 | -34,712 | -34,712 | | | | |
| <i>Paddocks Depreciation</i> | 0 | -3,342 | -3,342 | | | | |
| <i>Other Commerical Depreciation</i> | 0 | -67,021 | -67,021 | | | | |
| Total Economic Affairs | 534,395 | -705,706 | -171,311 | 3,243,319 | -3,190,119 | 53,200 | 100.00% |
| 17 Utilities | | | | | | | |
| Sewerage Management | 301,313 | -78,996 | 222,317 | 388,000 | -204,000 | 184,000 | 120.82% |
| Waste Management | 81,068 | -215,015 | -133,948 | 103,000 | -320,200 | -217,200 | 61.67% |
| Water Management | 428,188 | -301,528 | 126,660 | 463,700 | -564,593 | -100,893 | -125.54% |
| Water Management - Capital Income | 0 | 0 | 0 | 445,000 | 0 | 445,000 | 0.00% |
| Sewerage Management - Depreciation | 0 | -85,359 | -85,359 | 0 | -80,000 | -80,000 | 106.70% |
| Waste Management - Depreciation | | -2,406 | -2,406 | 0 | -1,100 | -1,100 | 218.77% |
| Water Management - Depreciation | | -264,713 | -264,713 | 0 | -279,500 | -279,500 | 94.71% |
| Total Utilities | 810,568 | -948,018 | -137,450 | 1,399,700 | -1,449,393 | -49,693 | 178.90% |
| 18 Environmental Protection | | | | | | | |
| Animal Control | 13,526 | -37,050 | -23,524 | 13,000 | -89,790 | -76,790 | 30.63% |
| Land Management | 0 | -78,778 | -78,778 | 0 | -111,893 | -111,893 | 70.40% |
| Land Management - Depreciation | 0 | -375 | -375 | 0 | -650 | -650 | 57.64% |
| Total Environmental Protection | 13,526 | -116,203 | -102,677 | 13,000 | -202,333 | -189,333 | 120.71% |
| 19 Housing | | | | | | | |
| Council Housing | 69,692 | -103,270 | -33,579 | 95,000 | -135,350 | -40,350 | 83.22% |
| Community Housing | 37,840 | -22,179 | 15,661 | 60,300 | -23,300 | 37,000 | 42.33% |

| RICHMOND SHIRE COUNCIL | Actual 2023/2024 | | | Amended Budget 2023/2024 | | | Variance Surplus |
|--|-------------------|--------------------|------------------|--------------------------|--------------------|-------------------|------------------|
| | Revenue | Expenses | Surplus | Revenue | Expenses | Surplus | % |
| Aged Care Housing | 10,632 | -26,808 | -16,176 | 17,500 | -48,700 | -31,200 | 51.85% |
| Vacant Land Expenses | 0 | -14,839 | -14,839 | 0 | -14,000 | -14,000 | 105.99% |
| Depreciation Housing | 0 | -105,152 | -105,152 | 0 | -145,000 | -145,000 | 72.52% |
| Total Housing | 118,163 | -272,248 | -154,085 | 172,800 | -366,350 | -193,550 | 79.61% |
| 20 Recreation, Parks and Gardens | | | | | | | |
| Sports and Recreation | 12,479 | -16,677 | -4,198 | 15,000 | -113,800 | -98,800 | 4.25% |
| Parks and Gardens | 0 | -347,110 | -347,110 | 0 | -542,500 | -542,500 | 63.98% |
| Swimming Pool | 0 | -188,278 | -188,278 | 0 | -243,550 | -243,550 | 77.31% |
| Public Conveniences | 0 | -79,317 | -79,317 | 0 | -119,440 | -119,440 | 66.41% |
| Cemeteries | 0 | -49,123 | -49,123 | 15,539 | -91,627 | -76,088 | 64.56% |
| Swimming Pool - Capital Income | 120,000 | 0 | 120,000 | 120,000 | 0 | 120,000 | 100.00% |
| Sport & Recreation Facilities - Depreciation | 0 | -152,632 | -152,632 | 0 | -80,700 | -80,700 | 189.13% |
| Parks and Gardens -Depreciation | 0 | -21,574 | -21,574 | 0 | -35,000 | -35,000 | 61.64% |
| Swimming Pool Depreciation | 0 | -79,328 | -79,328 | 0 | -12,000 | -12,000 | 661.07% |
| Total Recreation, Parks and Gardens | 132,479 | -934,039 | -801,560 | 150,539 | -1,238,617 | -1,088,078 | 73.67% |
| 21 Private Works Total | 73,659 | -57,088 | 16,571 | 110,000 | -100,000 | 10,000 | 165.71% |
| Total Operating Revenues & Expenses | 20,875,063 | -16,488,547 | 4,386,515 | 49,091,426 | -29,399,263 | 19,692,163 | 22.28% |

Richmond Shire Council
Statement of Comprehensive Income
as at 29 February 2024

| | 2024 Actuals | 2024 Amended Budget | 2023 Actuals | Budget Variance |
|--|-------------------------|------------------------------------|-------------------------|----------------------------|
| | \$ | \$ | \$ | % |
| Income | | | | |
| Revenue | | | | |
| Recurrent revenue | | | | |
| Rates, levies and charges | 1,708,743 | 2,049,395 | 1,451,437 | 83.38% |
| Fees and charges | 1,063,899 | 1,070,250 | 622,895 | 99.41% |
| Sales revenue | 6,361,060 | 13,862,420 | 3,976,867 | 45.89% |
| Grants, subsidies, contributions and donations | 470,293 | 9,152,795 | 2,079,836 | 5.14% |
| | <u>9,603,996</u> | <u>26,134,860</u> | <u>8,131,036</u> | <u>36.75%</u> |
| Capital revenue | | | | |
| Grants, subsidies, contributions and donations | 8,703,142 | 19,979,690 | 6,103,964 | 43.56% |
| Total capital revenue | <u>8,703,142</u> | <u>19,979,690</u> | <u>6,103,964</u> | <u>43.56%</u> |
| Rental income | 118,214 | 172,800 | 119,804 | 68.41% |
| Interest received | 266,983 | 175,000 | 130,166 | 152.56% |
| Other income | 167,483 | 361,271 | 150,425 | 46.36% |
| | <u>552,680</u> | <u>709,071</u> | <u>400,396</u> | <u>77.94%</u> |
| Total income | <u>18,859,818</u> | <u>46,823,621</u> | <u>14,635,396</u> | <u>40.28%</u> |
| Expenses | | | | |
| Recurrent expenses | | | | |
| Employee benefits | (3,950,133) | (8,705,297) | (3,976,359) | 45.38% |
| Materials and services | (6,886,782) | (13,203,961) | (6,259,425) | 52.16% |
| Finance costs | (41,879) | (651,100) | (49,361) | 6.43% |
| Depreciation and amortisation | | | | |
| Property, Plant and Equipment | (4,218,709) | (5,190,100) | (3,428,665) | 81.28% |
| | <u>(15,097,503)</u> | <u>(27,750,458)</u> | <u>(13,713,810)</u> | <u>54.40%</u> |
| Capital expenses | | | | |
| Loss on disposal of non-current assets | 624,200 | 619,000 | 100,200 | |
| Write off of flood damaged roads | | | - | |
| | <u>624,200</u> | <u>619,000</u> | <u>100,200</u> | <u>100.84%</u> |
| Total expenses | <u>(14,473,303)</u> | <u>(27,131,458)</u> | <u>(13,613,610)</u> | <u>53.35%</u> |
| Net result | <u>4,386,515</u> | <u>19,692,163</u> | <u>1,021,786</u> | <u>22.28%</u> |
| Other comprehensive income | | | | |
| Items that will not be reclassified to net result | | | | |
| Increase in asset revaluation surplus | | | - | 0.00% |
| Total other comprehensive income for the year | <u>-</u> | <u>-</u> | <u>-</u> | <u>0.00%</u> |
| Total comprehensive income for the year | <u>4,386,515</u> | <u>19,692,163</u> | <u>1,021,786</u> | <u>22.28%</u> |

Richmond Shire Council
Statement of Financial Position
as at 29 February 2024

| | 2024 Actuals | 2024 Amended Budget | 2023 Actuals | Budget Variance |
|--------------------------------------|-------------------------|------------------------------------|-------------------------|----------------------------|
| | \$ | \$ | \$ | % |
| Current assets | | | | |
| Cash and cash equivalents | 10,740,313 | 11,847,712 | 5,880,846 | 90.65% |
| Trade and other receivables | 2,104,712 | 1,624,500 | 584,551 | 129.56% |
| Inventories | 403,876 | 450,000 | 472,167 | 89.75% |
| Land for Resale | - | 126,000 | 126,000 | 0.00% |
| Contract assets | 2,717,018 | 1,500,000 | 1,192,593 | 181.13% |
| Other assets | 190,843 | 155,000 | 59,981 | 123.12% |
| Total current assets | 16,156,763 | 15,703,212 | 8,316,138 | 102.89% |
| Non-current assets | | | | |
| Property, plant and equipment | 243,439,812 | 272,752,146 | 227,986,693 | 89.25% |
| Intangible assets | - | - | - | 0.00% |
| Capital Work in Progress | 5,959,255 | - | 11,636,889 | 0.00% |
| Total non-current assets | 249,399,067 | 272,752,146 | 239,623,582 | 91.44% |
| Total assets | 265,555,830 | 288,455,358 | 247,939,720 | 92.06% |
| Current liabilities | | | | |
| Trade and other payables | 262,237 | 1,161,000 | 460,728 | 22.59% |
| Contract liabilities | 561,488 | 1,750,000 | 1,939,232 | 32.09% |
| Borrowings | 293,285 | 636,000 | 285,556 | 46.11% |
| Provisions | 1,377,668 | 1,520,000 | 1,381,668 | 90.64% |
| Total current liabilities | 2,494,678 | 5,067,000 | 4,067,183 | 49.23% |
| Non-current liabilities | | | | |
| Provisions | 243,270 | 305,000 | 237,602 | 79.76% |
| Borrowings | 1,676,680 | 1,640,313 | 2,253,608 | 102.22% |
| Total non-current liabilities | 1,919,950 | 1,945,313 | 2,491,210 | 98.70% |
| Total liabilities | 4,414,628 | 7,012,313 | 6,558,393 | 62.96% |
| Net community assets | 261,141,202 | 281,443,045 | 241,381,325 | 92.79% |
| Community equity | | | | |
| Asset revaluation surplus | 133,921,894 | 142,551,479 | 126,221,696 | 93.95% |
| Operating surplus | 4,386,515 | 19,692,163 | 1,021,786 | 22.28% |
| Retained surplus | 122,832,793 | 119,199,403 | 114,137,843 | 103.05% |
| Total community equity | 261,141,202 | 281,443,045 | 241,381,325 | 92.79% |

**Richmond Shire Council
Statement of Cash Flows
as at 29 February 2024**

| | 2024 Actuals | 2024 Amended Budget | 2023 Actuals | Budget Variance |
|---|-------------------------|------------------------------------|-------------------------|----------------------------|
| | \$ | \$ | \$ | % |
| Cash flows from operating activities | | | | |
| Receipts from customers | 10,622,530 | 15,159,567 | 6,201,625 | 70.07% |
| Payments to suppliers and employees | (12,407,993) | (21,540,596) | (10,285,144) | 57.60% |
| | (1,785,463) | (6,381,029) | (4,083,519) | 27.98% |
| Interest received | 266,983 | 175,000 | 130,166 | 152.56% |
| Rental income | 118,214 | 172,800 | 119,804 | 68.41% |
| Grants, subsidies, contributions and donations - non-capital | 470,293 | 9,152,795 | 2,079,836 | 5.14% |
| Finance/Borrowing costs | (41,879) | (651,100) | (49,361) | 6.43% |
| Net cash inflow (outflow) from operating activities | (971,852) | 2,468,466 | (1,803,074) | -39.37% |
| Cash flows from investing activities | | | | |
| Payments for property, plant and equipment | (7,012,625) | (20,059,340) | (9,341,443) | 34.96% |
| Net movement in loans and advances | - | - | - | 0.00% |
| Proceeds from sale of property plant and equipment | 624,200 | 619,000 | - | 100.84% |
| Grants, subsidies, contributions and donations - capital | 8,703,142 | 19,979,690 | 6,103,964 | 43.56% |
| Net cash inflow (outflow) from investing activities | 2,314,717 | 539,350 | (3,237,479) | 429.17% |
| Cash flows from financing activities | | | | |
| Proceeds from borrowings | - | - | - | 0.00% |
| Repayment of borrowings | (286,348) | (636,965) | (278,068) | 44.96% |
| Net cash (outflow) from financing activities | (286,348) | (636,965) | (278,068) | 44.96% |
| Net increase in cash and cash equivalent held | 1,056,517 | 2,370,851 | (5,318,622) | 44.56% |
| Cash and cash equivalents at the beginning of the financial year | 9,683,797 | 9,200,000 | 11,199,466 | 105.26% |
| Cash and cash equivalents at end of the financial year | 10,740,313 | 11,570,851 | 5,880,846 | 92.82% |

WIP Analysis for FY ended 30 June 2024

Updated 5/03/2024

As at 29 February 2024

| Admin | FY23 | FY24 | | | | | | EOFY | |
|---|-------------------------|---------------------|------------------|-------------|---------------------|--------------------------|--------------|------------------|-------------------------|
| Description | Actuals Carried Forward | Budget | YTD Actuals | Commitments | YTD Variance | Total Actual Expenditure | Capitalise | Expense | Balance carried forward |
| General Public Services | | | | | | | | | |
| Refurb of Cat D2 dozer for admin building | 16,631.10 | 13,669.00 | 5,658.60 | 0.00 | 8,010.40 | 22,289.70 | | | 22,289.70 |
| Workshop concrete pad repair | 0.00 | 23,000.00 | 16,390.00 | 0.00 | 6,610.00 | 16,390.00 | | 16,390.00 | 0.00 |
| Switches, point to point transfers, wireless router | 0.00 | 150,000.00 | 0.00 | 0.00 | 150,000.00 | 0.00 | | | 0.00 |
| Rebroadcast equipment | 0.00 | 150,000.00 | 18,646.00 | 0.00 | 131,354.00 | 18,646.00 | | | 18,646.00 |
| Land | 116,309.89 | 633,500.00 | 22,806.75 | 0.00 | 610,693.25 | 139,116.64 | | | 139,116.64 |
| Maxi farming | 0.00 | 153,670.00 | 0.00 | 0.00 | 153,670.00 | 0.00 | | | 0.00 |
| Land - additional purchase | 0.00 | 100,000.00 | 0.00 | 0.00 | 100,000.00 | 0.00 | | | 0.00 |
| | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| | 132,940.99 | 1,223,839.00 | 63,501.35 | 0.00 | 1,160,337.65 | 196,442.34 | 0.00 | 16,390.00 | 180,052.34 |
| Local Roads | | | | | | | | | |
| Burleigh Crossing | 4,583,238.74 | 1,686,934.00 | 1,258,060.95 | 150,376.43 | 278,496.62 | 5,841,299.69 | 5,841,299.69 | | 0.00 |
| Cambridge Crossing | 142,503.75 | | 0.00 | 0.00 | 0.00 | 142,503.75 | | | 142,503.75 |
| Town streets and stormwater | 0.00 | 425,738.00 | 0.00 | 0.00 | 425,738.00 | 0.00 | | | 0.00 |
| Town street stormwater upgrade (LRCI) | 65,089.49 | 1,356,695.00 | 496,474.99 | 854,044.07 | 6,175.94 | 561,564.48 | | | 561,564.48 |
| Villadale Road Culverts (LRCI 4) | 640.00 | 221,410.00 | 47,255.92 | 0.00 | 174,154.08 | 47,895.92 | | | 47,895.92 |
| Stormwater crossings (x2) cnr Goldring & Cramb Sts | 28,902.28 | | 0.00 | 0.00 | 0.00 | 28,902.28 | | | 28,902.28 |
| Croydon Rd reseal | 0.00 | 400,000.00 | 400,801.58 | 0.00 | 801.58 | 400,801.58 | | | 400,801.58 |
| Crawford St rehab and widen | 31,268.00 | | 710.63 | 0.00 | 710.63 | 31,978.63 | | | 31,978.63 |
| Mt Norman creek crossing | 0.00 | 50,000.00 | 39,437.15 | 4,004.00 | 6,558.85 | 39,437.15 | | | 39,437.15 |
| Crawford St rehab and guttering | 0.00 | 1,000,000.00 | 0.00 | 0.00 | 1,000,000.00 | 0.00 | | | 0.00 |
| Rural signs project (LRCI 4) - various roads | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| Coalbrook Rd invert replacements | 0.00 | 301,620.00 | 0.00 | 0.00 | 301,620.00 | 0.00 | | | 0.00 |
| Flood cameras | 0.00 | 250,000.00 | 242,769.67 | 0.00 | 7,230.33 | 242,769.67 | 242,769.67 | | 0.00 |
| Flood camera - Corella Creek | 0.00 | 20,451.00 | 19,788.00 | 0.00 | | | 19,788.00 | | |
| Flood camera - Boundary Creek | 0.00 | 20,451.00 | 19,788.00 | 0.00 | | | 19,788.00 | | |
| Flood camera - Chatfield Creek | 0.00 | 20,451.00 | 19,788.00 | 0.00 | | | 19,788.00 | | |
| Flood camera - Hulberts Bridge | 0.00 | 104,411.00 | 101,463.56 | 0.00 | | | 101,463.56 | | |
| Flood camera - Cambridge Crossing | 0.00 | 10,226.00 | 9,894.00 | 0.00 | | | 9,894.00 | | |
| Flood camera - Ambush Gully | 0.00 | 12,654.00 | 12,684.11 | 0.00 | | | 12,684.11 | | |
| Flood camera - Alick Creek | 0.00 | 10,226.00 | 9,894.00 | 0.00 | | | 9,894.00 | | |
| Flood camera - Mountain Creek | 0.00 | 10,226.00 | 9,894.00 | 0.00 | | | 9,894.00 | | |
| Flood camera - Mill Mill Creek | 0.00 | 10,226.00 | 9,894.00 | 0.00 | | | 9,894.00 | | |
| Flood camera - Hazelwood Channels | 0.00 | 10,226.00 | 9,894.00 | 0.00 | | | 9,894.00 | | |

WIP Analysis for FY ended 30 June 2024

Updated 5/03/2024

As at 29 February 2024

| Admin | FY23 | FY24 | | | | | | EOFY | |
|---|-------------------------|--------------|-------------|-------------|--------------|--------------------------|------------|---------|-------------------------|
| Description | Actuals Carried Forward | Budget | YTD Actuals | Commitments | YTD Variance | Total Actual Expenditure | Capitalise | Expense | Balance carried forward |
| Flood camera - Top Crossing | 0.00 | 10,226.00 | 9,894.00 | 0.00 | | | 9,894.00 | | |
| Flood camera - Stawelton Crossing | 0.00 | 10,226.00 | 9,894.00 | 0.00 | | | 9,894.00 | | |
| Submission 47 - Flood damage 21/22 Northern | 0.00 | 1,741,181.00 | 460,365.12 | 1,770.95 | 1,279,044.93 | 460,365.12 | | | 460,365.12 |
| - Richmond Croydon Rd | 0.00 | | 18,041.74 | 0.00 | | | | | |
| - Maxwelton Frontage Rd | 0.00 | | 0.00 | 0.00 | | | | | |
| - Frontage Rd | 0.00 | | 0.00 | 0.00 | | | | | |
| - Runnymede Bylong Rd | 0.00 | | 0.00 | 0.00 | | | | | |
| - Villadale Rd | 0.00 | | 0.00 | 0.00 | | | | | |
| - Walkers Park Rd | 0.00 | | 0.00 | 0.00 | | | | | |
| - Kara Rd | 0.00 | | 0.00 | 0.00 | | | | | |
| - Yan Yean Burleigh Mt Norman Rd | 0.00 | | 0.00 | 0.00 | | | | | |
| - Rainscourt Rd | 0.00 | | 0.00 | 0.00 | | | | | |
| - Gladevale Access Rd | 0.00 | | 0.00 | 0.00 | | | | | |
| - Saxby Rd | 0.00 | | 0.00 | 0.00 | | | | | |
| - Middle Park Rd | 0.00 | | 0.00 | 0.00 | | | | | |
| - Barnes Access Rd | 0.00 | | 0.00 | 0.00 | | | | | |
| - 20 Mile Maxwelton Rd | 0.00 | | 176.08 | 0.00 | | | | | |
| - Boree Park Rd | 0.00 | | 55,660.51 | 0.00 | | | | | |
| - Damper Rd | 0.00 | | 2,837.00 | 0.00 | | | | | |
| - Nonda Access Rd | 0.00 | | 1,643.00 | 0.00 | | | | | |
| - Oban Rd | 0.00 | | 18,255.73 | 0.00 | | | | | |
| - Olga Downs Rd | 0.00 | | 15,717.60 | 0.00 | | | | | |
| - Pialah Solway Rd | 0.00 | | 16,679.50 | 0.00 | | | | | |
| - Yanborra Rd | 0.00 | | 316,482.40 | 0.00 | | | | | |
| - Sub 47 Investigations, Design and Project Man | 0.00 | | 14,871.56 | 1,770.95 | | | | | |
| Submission 48 - Flood damage 21/22 Southern | 0.00 | 1,430,382.00 | 456,153.80 | 33,435.40 | 940,792.80 | 456,153.80 | | | 456,153.80 |
| - Maxwelton Coleraine Rd | 0.00 | | 2,397.60 | 0.00 | | | | | |
| - Benean Rd | 0.00 | | 0.00 | 0.00 | | | | | |
| - Bundoran Rd | 0.00 | | 3,782.00 | 0.00 | | | | | |
| - Corfield Rd | 0.00 | | 311.88 | 0.00 | | | | | |
| - Dimora Dundee Rd | 0.00 | | 1,783.14 | 9.43 | | | | | |
| - Glenalvon Rd | 0.00 | | 0.00 | 0.00 | | | | | |
| - Judith Royal Rd | 0.00 | | 166,321.99 | 0.00 | | | | | |
| - Myuna Rd | 0.00 | | 0.00 | 0.00 | | | | | |
| - Tarbrax Coleraine Rd | 0.00 | | 255,659.27 | 33,425.97 | | | | | |
| - Sub 48 Investigations, Design and Project Man | 0.00 | | 25,897.92 | 0.00 | | | | | |

WIP Analysis for FY ended 30 June 2024

Updated 5/03/2024

As at 29 February 2024

| Admin | FY23 | FY24 | | | | | EOFY | | |
|---|-------------------------|--------------|--------------|-------------|--------------|--------------------------|------------|---------|-------------------------|
| Description | Actuals Carried Forward | Budget | YTD Actuals | Commitments | YTD Variance | Total Actual Expenditure | Capitalise | Expense | Balance carried forward |
| Submission 49 - Flood damage 21/22 Other | 0.00 | 2,082,846.00 | 903,719.31 | 127,912.00 | 1,051,214.69 | 903,719.31 | | | 903,719.31 |
| - Coalbrook Rd | 0.00 | | 289,424.54 | 127,912.00 | | | | | |
| - Maxwelton Coleraine Rd | 0.00 | | 0.00 | 0.00 | | | | | |
| - Ardbrin Lane | 0.00 | | 1,385.63 | 0.00 | | | | | |
| - Cassillis Rd | 0.00 | | 0.00 | 0.00 | | | | | |
| - Corfield Rd | 0.00 | | 0.00 | 0.00 | | | | | |
| - Lucindale Rd | 0.00 | | 191,924.82 | 0.00 | | | | | |
| - Maxwelton Kynuna Rd | 0.00 | | 379,644.35 | 0.00 | | | | | |
| - Rose Downs Rd | 0.00 | | 707.92 | 0.00 | | | | | |
| - Tarbrax Coleraine Rd | 0.00 | | 8,398.40 | 0.00 | | | | | |
| - Sub 49 Investigations, Design and Project Man | 0.00 | | 32,233.65 | 0.00 | | | | | |
| Submission 50 - Flood damage | 6,658.74 | 905,628.00 | 35,469.29 | 44,000.00 | 826,158.71 | 42,128.03 | | | 42,128.03 |
| - Hazelwood Channels | 0.00 | | 0.00 | 0.00 | | | | | |
| - Barnes Access Rd | 0.00 | | 24,687.50 | 0.00 | | | | | |
| - Sub 50 Investigations, Design and Project Man | 6,658.74 | | 10,781.79 | 44,000.00 | | | | | |
| Submission 51 - Flood damage | 84,820.00 | | 84,820.00 | 0.00 | 84,820.00 | 0.00 | | | 0.00 |
| - Sub 51 Investigations, Design and Project Man | 84,820.00 | | 84,820.00 | 0.00 | | | | | |
| Submission 52 - Flood damage | 0.00 | 2,280,300.00 | 1,108,720.70 | 499,901.05 | 671,678.25 | 1,108,720.70 | | | 1,108,720.70 |
| - Maxwelton Frontage Rd | 0.00 | | 200,125.09 | 0.00 | | | | | |
| - Coalbrook Rd | 0.00 | | 0.00 | 0.00 | | | | | |
| - Walkers Park Rd | 0.00 | | 390,558.60 | 117,986.20 | | | | | |
| - Yan Yean Burleigh Nt Norman Rd | 0.00 | | 229,518.31 | 351,186.10 | | | | | |
| - Rainscourt Rd | 0.00 | | 103,186.29 | 0.00 | | | | | |
| - Peterfield Rd | 0.00 | | 23,314.20 | 0.00 | | | | | |
| - Middle Park Rd | 0.00 | | 39,192.00 | 0.00 | | | | | |
| - Athlone Rd | 0.00 | | 0.00 | 30,575.75 | | | | | |
| - Barnes Access Rd | 0.00 | | 31,224.85 | 0.00 | | | | | |
| - Bald Hills Rd | 0.00 | | 29,512.50 | 0.00 | | | | | |
| - Sub 52 Investigations, Design and Project Man | 0.00 | | 62,088.86 | 153.00 | | | | | |
| Submission 53 - Flood damage | 0.00 | 2,230,016.00 | 835,899.07 | 208,170.08 | 1,185,946.85 | 835,899.07 | | | 835,899.07 |
| - Croydon Rd | 0.00 | | 0.00 | 0.00 | | | | | |
| - Frontage Rd | 0.00 | | 219,655.11 | 14,746.58 | | | | | |
| - Maxwelton Kynuna Rd | 0.00 | | 408,858.50 | 193,423.50 | | | | | |
| - Villadale Rd | 0.00 | | 0.00 | 0.00 | | | | | |
| - Corfield Rd | 0.00 | | 0.00 | 0.00 | | | | | |
| - Kara Rd | 0.00 | | 0.00 | 0.00 | | | | | |

WIP Analysis for FY ended 30 June 2024

Updated 5/03/2024

As at 29 February 2024

| Admin | FY23 | FY24 | | | | | | EOFY | |
|---|-------------------------|----------------------|---------------------|---------------------|---------------------|--------------------------|---------------------|-----------------|-------------------------|
| Description | Actuals Carried Forward | Budget | YTD Actuals | Commitments | YTD Variance | Total Actual Expenditure | Capitalise | Expense | Balance carried forward |
| - Pialah Solway Rd | 0.00 | | 17,505.00 | 0.00 | | | | | |
| - Ardbrin Lane | 0.00 | | 0.00 | 0.00 | | | | | |
| - Boree Park Rd | 0.00 | | 0.00 | 0.00 | | | | | |
| - Oban Rd | 0.00 | | 19,440.55 | 0.00 | | | | | |
| - Cameray Clutha Rd | 0.00 | | 75,808.70 | 0.00 | | | | | |
| - Shaws Rd | 0.00 | | 6,076.64 | 0.00 | | | | | |
| - 20 Mile Maxwellton Rd | 0.00 | | 0.00 | 0.00 | | | | | |
| - Sub 53 Investigations, Design and Project Man | 0.00 | | 88,554.57 | 0.00 | | | | | |
| Submission 54 - Flood damage | 0.00 | 357,404.95 | 11,749.10 | 0.00 | 345,655.85 | 11,749.10 | | | 11,749.10 |
| - RSC Airport Runway | | | 0.00 | 0.00 | | | | | |
| - Sub 54 Investigations, Design and Project Man | | | 11,749.10 | 0.00 | | | | | |
| Middle Park Crossing | 0.00 | 50,000.00 | 0.00 | 0.00 | 50,000.00 | 0.00 | | | 0.00 |
| | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| | 4,943,121.00 | 16,770,154.95 | 6,212,767.28 | 1,921,843.03 | 7,354,728.76 | 10,695,523.16 | 6,084,069.36 | 0.00 | 5,071,818.92 |
| Other Transport Services | | | | | | | | | |
| - Isuzu D-Max 2WD utility | 0.00 | | 38,067.75 | 0.00 | 38,067.75 | 38,067.75 | 37,322.50 | 745.25 | 0.00 |
| - Hino FD1124 AT 5540 dual cab truck | 0.00 | | 128,117.30 | 0.00 | 128,117.30 | 128,117.30 | 126,529.60 | 1,587.70 | 0.00 |
| - Stabiliser (2023/24 purchase) | 0.00 | 1,200,000.00 | 0.00 | 0.00 | 1,200,000.00 | 0.00 | | | 0.00 |
| - Grader | 0.00 | 550,000.00 | 0.00 | 650,000.00 | 100,000.00 | 0.00 | | | 0.00 |
| - Dual cab ute | 0.00 | 79,000.00 | 0.00 | 0.00 | 79,000.00 | 0.00 | | | 0.00 |
| - Tyre machine for workshop | 0.00 | 25,000.00 | 22,409.09 | 0.00 | 2,590.91 | 22,409.09 | 22,409.09 | | 0.00 |
| - Scan Tool | 0.00 | 9,000.00 | 8,971.16 | 0.00 | 28.84 | 8,971.16 | 8,971.16 | | 0.00 |
| - Forklift for stores | 0.00 | 34,000.00 | 0.00 | 0.00 | 34,000.00 | 0.00 | | | 0.00 |
| Excess plant sales | 0.00 | 619,000.00 | 0.00 | 0.00 | 619,000.00 | 0.00 | | | 0.00 |
| Plant sales 23/24 | 0.00 | 200,000.00 | 0.00 | 0.00 | 200,000.00 | 0.00 | | | 0.00 |
| Plant recoveries | 0.00 | 1,500,000.00 | 0.00 | 0.00 | 1,500,000.00 | 0.00 | | | 0.00 |
| | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| | 0.00 | 422,000.00 | 197,565.30 | 650,000.00 | 1,269,565.30 | 197,565.30 | 195,232.35 | 2,332.95 | 0.00 |
| Community Affairs | | | | | | | | | |
| Civic Centre Upgrade | 9,580.00 | | 9,580.00 | 0.00 | 9,580.00 | 0.00 | | | 0.00 |
| Cemetery extension - Lawn Cemetery plaque | 0.00 | 18,000.00 | 18,000.00 | 0.00 | 0.00 | 18,000.00 | | | 18,000.00 |
| | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| | 9,580.00 | 18,000.00 | 8,420.00 | 0.00 | 9,580.00 | 18,000.00 | 0.00 | 0.00 | 18,000.00 |

WIP Analysis for FY ended 30 June 2024

Updated 5/03/2024

As at 29 February 2024

| Admin | FY23 | FY24 | | | | | | EOFY | |
|---|-------------------------|---------------------|-------------------|------------------|---------------------|--------------------------|------------------|------------------|-------------------------|
| Description | Actuals Carried Forward | Budget | YTD Actuals | Commitments | YTD Variance | Total Actual Expenditure | Capitalise | Expense | Balance carried forward |
| Economic Affairs | | | | | | | | | |
| Caravan Park - extension | 29,388.86 | 2,899.00 | 0.00 | 0.00 | 2,899.00 | 29,388.86 | | | 29,388.86 |
| Airport - upgrade | 79,979.25 | 0.00 | 24,522.00 | 0.00 | 24,522.00 | 104,501.25 | | | 104,501.25 |
| Living in Richmond Project | 0.00 | 45,000.00 | 16,075.22 | 27,591.30 | 1,333.48 | 16,075.22 | | | 16,075.22 |
| KK - extension plans | 0.00 | 30,000.00 | 3,520.00 | 0.00 | 26,480.00 | 3,520.00 | | | 3,520.00 |
| KK - airconditioning | 0.00 | 44,000.00 | 38,700.00 | 0.00 | 5,300.00 | 38,700.00 | | 38,700.00 | 0.00 |
| Saleyards - loading catwalk for double decker | 0.00 | 60,000.00 | | 0.00 | 60,000.00 | 0.00 | | | 0.00 |
| Saleyards roof | 0.00 | 20,000.00 | 21,330.61 | 0.00 | 1,330.61 | 21,330.61 | | | 21,330.61 |
| Maxwelton Saleyard upgrade | 9,991.25 | 0.00 | 3,500.00 | 0.00 | 3,500.00 | 13,491.25 | | 13,491.25 | 0.00 |
| Airport runway - State | 0.00 | 2,500,000.00 | 0.00 | 0.00 | 2,500,000.00 | 0.00 | | | 0.00 |
| Airport runway - Federal | 0.00 | 5,000,000.00 | 0.00 | 0.00 | 5,000,000.00 | 0.00 | | | 0.00 |
| Airport plans | 0.00 | 150,000.00 | 0.00 | 0.00 | 150,000.00 | 0.00 | | | 0.00 |
| Airport carpark & building upgrade - TMR | 0.00 | 257,745.00 | 0.00 | 0.00 | 257,745.00 | 0.00 | | | 0.00 |
| Caravan Park - fencing | 0.00 | 23,000.00 | 0.00 | 0.00 | 23,000.00 | 0.00 | | | 0.00 |
| | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| | 119,359.36 | 8,132,644.00 | 107,647.83 | 27,591.30 | 7,997,404.87 | 227,007.19 | 0.00 | 52,191.25 | 174,815.94 |
| Utilities | | | | | | | | | |
| Tyre shredder expenses | 9,975.00 | 0.00 | 9,975.00 | 0.00 | 9,975.00 | 0.00 | | | 0.00 |
| Water treatment plant filtration system | 168,215.14 | 304,725.00 | 105,301.76 | 636.36 | 198,786.88 | 273,516.90 | | | 273,516.90 |
| Concrete slab at WTP | 17,572.00 | 0.00 | 0.00 | 0.00 | 0.00 | 17,572.00 | 17,572.00 | | 0.00 |
| Water meter installation | 2,038.91 | 60,000.00 | 851.35 | 23,947.04 | 35,201.61 | 2,890.26 | | | 2,890.26 |
| Bore No 7 Avdata installation | 3,733.89 | 23,000.00 | 19,103.78 | 0.00 | 3,896.22 | 22,837.67 | 22,539.58 | | 298.09 |
| | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| | 201,534.94 | 387,725.00 | 115,281.89 | 24,583.40 | 247,859.71 | 316,816.83 | 40,111.58 | 0.00 | 276,705.25 |
| Environment Protection | | | | | | | | | |
| | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Housing | | | | | | | | | |
| 1 Carter St | 37,447.95 | 122,455.00 | 13,260.00 | 40,560.00 | 68,635.00 | 50,707.95 | | | 50,707.95 |
| 38 Goldring St | 6,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 6,000.00 | | 6,000.00 | 0.00 |
| 6/52 Crawford St Upgrade | 4,250.00 | 0.00 | 4,250.00 | 0.00 | 4,250.00 | 0.00 | | | 0.00 |

WIP Analysis for FY ended 30 June 2024

Updated 5/03/2024

As at 29 February 2024

| Admin | FY23 | FY24 | | | | | | | EOFY |
|--|-------------------------|----------------------|---------------------|---------------------|----------------------|--------------------------|---------------------|-------------------|-------------------------|
| Description | Actuals Carried Forward | Budget | YTD Actuals | Commitments | YTD Variance | Total Actual Expenditure | Capitalise | Expense | Balance carried forward |
| Unit 2 90 Crawford St - Ceiling work | 0.00 | 12,500.00 | 12,189.10 | 0.00 | 310.90 | 12,189.10 | | | 12,189.10 |
| | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| | 47,697.95 | 134,955.00 | 21,199.10 | 40,560.00 | 73,195.90 | 68,897.05 | 0.00 | 6,000.00 | 62,897.05 |
| Recreation, Parks, Reserves | | | | | | | | | |
| Rodeo Club lights | 95,000.00 | 0.00 | 62,227.27 | 0.00 | 62,227.27 | 157,227.27 | 157,227.27 | | 0.00 |
| Swimming pool disabled footpath | 0.00 | 8,502.00 | 8,635.39 | 0.00 | 133.39 | 8,635.39 | | 8,635.39 | 0.00 |
| Swimming pool footpath from Entrance | 0.00 | 17,798.00 | 10,127.00 | 0.00 | 7,671.00 | 10,127.00 | | | 10,127.00 |
| Swimming pool footpath around LTS pool | 0.00 | 0.00 | 8,567.39 | 0.00 | 8,567.39 | 8,567.39 | | 8,567.39 | 0.00 |
| Swimming pool around shed | 0.00 | 0.00 | 6,422.61 | 0.00 | 6,422.61 | 6,422.61 | | 6,422.61 | 0.00 |
| Swimming pool heating | 0.00 | 160,000.00 | 152,421.22 | 58,700.00 | 51,121.22 | 152,421.22 | | | 152,421.22 |
| Timber deck at Lake | 21.77 | | 0.00 | 0.00 | 0.00 | 21.77 | | | 21.77 |
| Standing platform at Lake Tritton | 0.00 | 30,000.00 | 0.00 | 0.00 | 30,000.00 | 0.00 | | | 0.00 |
| BMX Park | 13.63 | 9,986.00 | 12,381.41 | 0.00 | 2,395.41 | 12,395.04 | | | 12,395.04 |
| New precinct designs and plans | 0.00 | 15,000.00 | 0.00 | 0.00 | 15,000.00 | 0.00 | | | 0.00 |
| | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| | 95,035.40 | 241,286.00 | 260,782.29 | 58,700.00 | 78,196.29 | 355,817.69 | 157,227.27 | 23,625.39 | 174,965.03 |
| TOTALS | 5,549,269.64 | 26,486,603.95 | 6,987,165.04 | 2,723,277.73 | 15,495,345.30 | 12,076,069.56 | 6,476,640.56 | 100,539.59 | 5,959,254.53 |

Item 4. Reports for Consideration – Community Services

Item 4.1 Richmond Aged Care Attendee Waiver Form

EXECUTIVE SUMMARY

The Richmond Aged Care have created an External Attendee Waiver Form as it was a requirement that came out of the Aged Care Audit.

OFFICER'S RECOMMENDATION

That Council: approve the Richmond Aged Care Attendee Waiver Form as presented.

Budget & Resource Implications

N/A

Background

This form is a requirement that is needed to be approved by Council before it takes effect.

Consultation (Internal/External)

N/A

Attachments

Attachment E – Form

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

RICHMOND AGED CARE EXTERNAL ATTENDEE WAIVER FORM



Name: _____

Date of Birth: _____

Service you are visiting from: _____

Who is responsible for you today: _____

Waiver Agreement for use of Centre and Activities by members of an external service

Issued February 26, 2024

SCHEDULE OF TERMS AND CONDITIONS

The provider agrees that:-

The venue, facilities and all equipment for use by the participant is assembled correctly and is in good working order and is adequately maintained in accordance with the manufacturer's recommendations, if any.

Appropriate instruction and supervision will be provided by the visiting services staff.

Appropriate risk management strategies are in place to protect workers and participants against harm to their health, safety and welfare through the elimination or minimisation of risks arising from work or from specified types of substances or plant or equipment on the provider's premises.

Richmond Shire Council will take all reasonable precautions to prevent loss, damage or injury to the participants.

A record of incidents will be maintained to record the circumstance of any accident, incident or event reported to it by any participant irrespective of whether the participant intends to make any legal claim in relation to that circumstance.

The participant agrees that -

They (meaning he or she as the case may be or their representative) agrees to these terms and conditions on behalf of the participant.

They will pay the fee imposed by the provider for the activity.

They will disclose to Richmond Aged Care any pre-existing medical condition which may prohibit the participant from participating in any event or which may exacerbate the pre-existing medical condition.

RICHMOND AGED CARE EXTERNAL ATTENDEE WAIVER FORM



They will complete a questionnaire as to their medical fitness to participate in any program or activity or equipment if requested by the provider.

They will, if there is any reasonable request by the provider or if the participant has any doubt as to their medical fitness to participate in any activity or use of any equipment, consult their medical practitioner prior to use of the equipment or activity to ensure that the use of the equipment/ activity will not cause them any injury, loss or damage or death or exacerbate any pre-existing medical condition.

They will cease the activity or using the equipment immediately in circumstances where they suffer any symptoms detrimental to their physical or mental health and inform the provider immediately and record the symptoms in the provider's incident logbook. Should they believe that an incident has occurred where they have incurred an injury or other loss while using the equipment or attending an activity or otherwise while on the provider's premises, irrespective of whether or not they intend to make a legal claim of any nature against the provider, they will consent to a staff member or representative of the provider recording the circumstances of any incident in the provider's incident logbook, and shall confirm the description of the circumstances as a true statement by signing or initially the circumstances noted in the provider's incident logbook.

Acknowledge that, based on information you provide, the Provider may decide not to allow you to participate in a session or activity, or use a certain piece of equipment, or may require you to provide a medical certificate affirming that you are able to participate in a session or activity or use a certain piece of equipment before allowing you to join, at the Provider's sole discretion.

Acknowledge that recommendations or instruction provided by the Provider or Representatives may not be tailored for your particular skill or ability level and it is your responsibility to assess whether you are able or want to participate in all or part of a session or activity.

Acknowledge you are solely responsible for ensuring that your physical environment is suitable for your participation in any session or activity;

Where the participant brings their own equipment to the premises of the provider, they are solely responsible to ensure that any of their own equipment used in the provider's service area is properly assembled and is in good working order and is adequately maintained and shall record the circumstances of any incident.

They are to comply with instructions and directions of the provider at all times.

They will not act recklessly while using the equipment or while on the premises of the provider and in such circumstances must vacate the provider's premises if directed to do so.

RICHMOND AGED CARE EXTERNAL ATTENDEE WAIVER FORM



They are aware that in engaging in any activity using the equipment on the premises of the Provider there is an element of personal risks to them including injury, loss or damage and that the use of the equipment is their personal choice having regard to the risks.

The activity of the participant may be visually recorded (e.g., by video or photograph) for quality control or promotional purposes (on social media or otherwise) by the provider unless the participant denies consent to be recorded.

They forego any claim against the Provider for damages or loss or death arising from the participant's use of the equipment or otherwise while on the premises of the provider. In circumstances where the participant has not complied with the terms of this agreement and they hereby indemnify and keep indemnified the provider against any claim, action, loss, damage, cost, liability, expense or payment incurred by the provider in connection with or arising from any breach or default by the participant of its obligations under this contract.

I have read and accept this waiver and release

Signature_____

Date: _____

Item 4.2 Clinical Government Framework Policy

EXECUTIVE SUMMARY

This policy aims to guide **Richmond Shire Council Aged Care Services** in applying clinical governance processes across its operations with the purpose of ensuring that:

- the Organisation's goals and identified outcome priorities are achieved while ensuring
- the Organisation's clients receive safe and high-quality care

OFFICER'S RECOMMENDATION

That Council: adopt the Clinical Government Framework 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)**



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| 1.3 Definitions | 3 |
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SECTION 1: CLINICAL GOVERNANCE FRAMEWORK

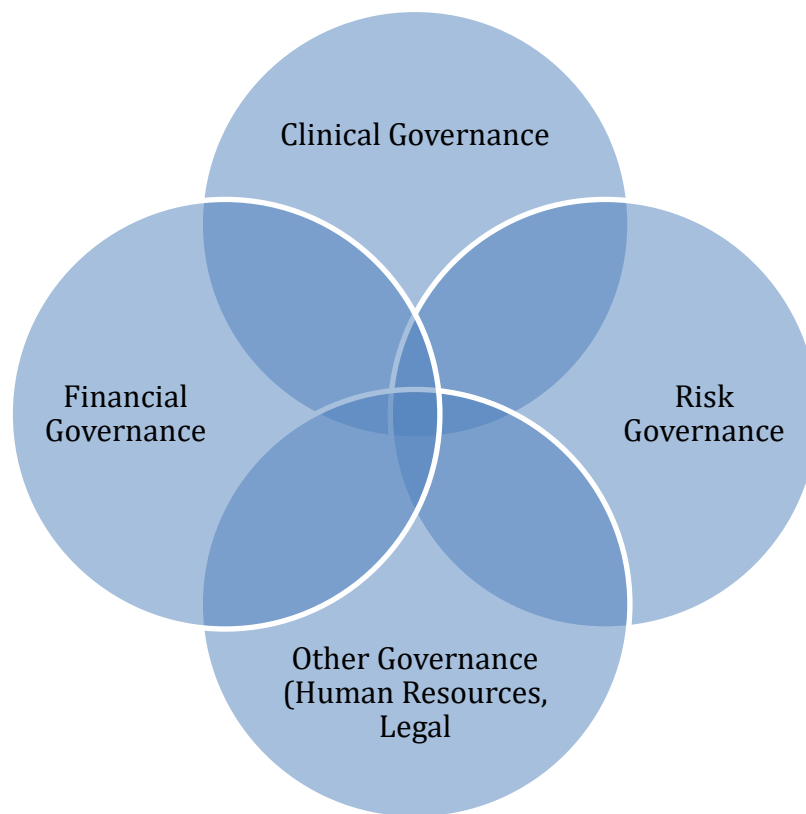
1.1 Policy statement

Richmond Shire Council Aged Care Service's Clinical Governance Framework complements the general Governance policy and procedures but focusses specifically on the clinical aspects of the Organisation's services.

1.2 Purpose and scope

This policy aims to guide **Richmond Shire Council Aged Care Services** in applying clinical governance processes across its operations with the purpose of ensuring that:

- the Organisation's goals and identified outcome priorities are achieved while ensuring
- the Organisation's clients receive safe and high-quality care.



(Adapted from ACSQHC, 2017)

This policy applies to all of **Richmond Shire Council Aged Care** 's employees (both clinical and non-clinical), Councillors, volunteers, student placements and visitors. All Richmond Shire Council Aged Care's employees are expected to participate in maintaining effective and robust clinical governance, fulfilling their specified individual roles and responsibilities, as detailed in section 1.6 of this policy.

This policy applies to all of **Richmond Shire Council Aged Care's** services and programs, but it does not prescribe specific treatment interventions, counselling techniques, psychopharmacologies and medications.



For more detailed information on organisational governance, refer to **Richmond Shire Council Aged Care's** Governance policy, Finance policy, and Human resources policy. For further information on Risk management, refer to section 1.8 of this policy.

1.3 Definitions

| | |
|---|--|
| Board | Richmond Shire Councillors who are legally responsible for managing body of the organisation. |
| Governance | Rules and structures setting out how an organisation is managed. |
| Clinical Governance | <p>“A component of the corporate governance of health service organisations that ensures that everyone – from frontline clinicians to managers and members of governing bodies, such as boards – is accountable to clients and the community for ensuring the delivery of health services that are safe, effective, integrated, high quality and continuously improving” (ACQSHC, 2017).</p> <p>As a component of broader systems for corporate governance, clinical governance involves a complex set of leadership behaviours, policies, procedures, and monitoring and improvement mechanisms that are directed towards ensuring good clinical outcomes. Clinical governance, therefore, needs to be conceptualised as a system within a system – i.e. a clinical governance system within a corporate governance system.</p> |
| Richmond Shire Council Executive Group | The Richmond Shire Council CEO , Director of Community Services and Development and Service Co-Ordinator |
| Clinical Incident | Any unplanned event resulting in, or having the potential to result in, harm to a client of the Organisation. |
| Clinical Risk Management | The process/s concerned with improving the quality and safety of services, first by identifying the circumstances and opportunities that put clients at risk of harm, and then by acting to prevent and/or control those risks. Organisational QI systems are inherently connected to Clinical risk management outcomes. |
| Clinical Incident Register | A register that assists the Organisation to comply with its legal risk management obligations by recording clinical incidents, the actions taken in response to each incident, and the roles/responsibilities of staff in identifying/responding to the incident. |



| | |
|----------------------------|---|
| Impact | Actual or potential effect or effects that have occurred, or may occur, as the result of a clinical incident. |
| Likelihood | The probability or chance of an incident occurring. |
| Mitigation strategy | A document that outlines the Organisation’s plan for response to an identified risk or incident, with the aim of reducing or eliminating the risk of an incident occurring. |
| Risk | The possibility of an event or incident occurring that will result in harm or otherwise negatively impact on the Organisation’s objectives. ‘Risk’ is measured in terms of the ‘likelihood’ of the event/incident occurring and the degree of ‘impact’ resulting from the event/incident. |
| Risk Assessment | The process of identifying, analysing, and evaluating the likelihood and possible impact of potential risks that may be experienced by a client. |
| Risk Management | The process of identifying, analysing, and judging risks, assigning ownership, taking actions to mitigate them, and monitoring and reviewing processes. |
| Risk Register | A tool for documenting risks, and actions to manage each risk. The Risk Register is essential to the successful management of risk. As risks are identified they are logged on to the register and actions are taken to respond to the risk. |
| WHS | Work health and safety. |

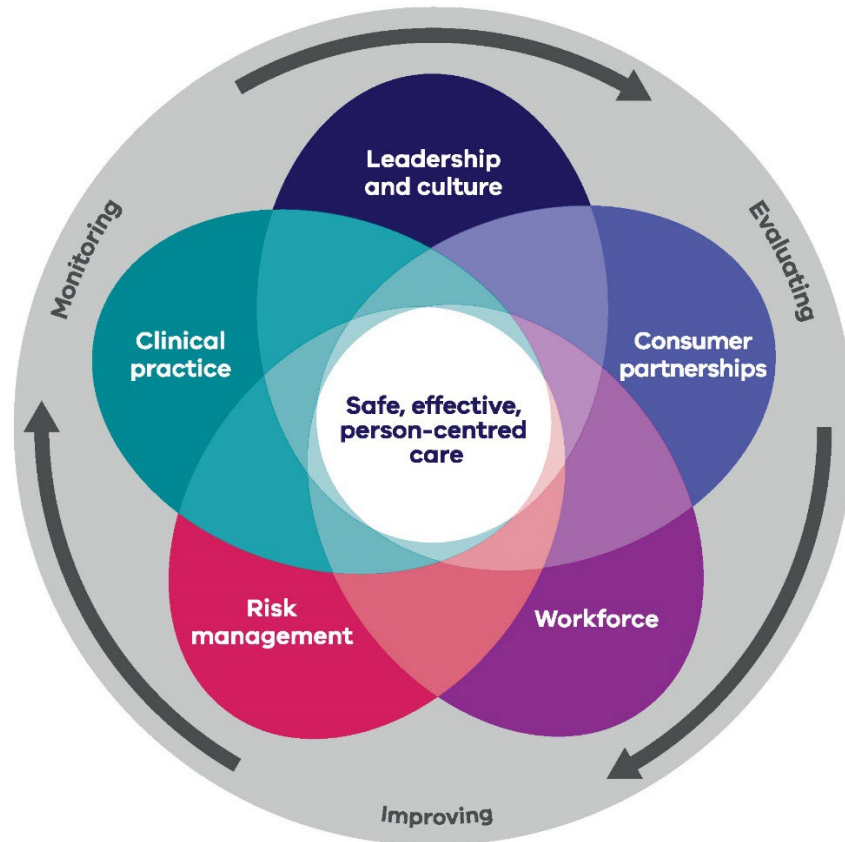
1.4 Principles

Richmond Shire Council Aged Care Service adheres to the following principles in practicing clinical governance:

- 1. Effective governance, leadership, and culture:** demonstrating a common organisational language in safety, quality, and clinical governance and a ‘blame-free’, accountable and learning culture.
- 2. Systems are in place that promote client safety and quality improvement:** where opportunities for improvement are identified and system improvements are made to increase safety and quality of care.
- 3. Clinical effectiveness and a commitment to the delivery of safe, high-quality care:** with contracts, plans, strategies, and policies supporting safety and quality of care (e.g. through clinical audits).
- 4. Consumer involvement:** that places partnerships with consumers, and their significant others, at the centre of care being provided.
- 5. Managers, clinical and non-clinical staff are educated and build expertise on the clinical impact of decision-making:** systems are in place to encourage continuing professional development through training and stakeholder partnerships.

Note*

These principles are based on the five (5) key components of an effective clinical governance framework as described in the National Safety and Quality in Health Service (NSQHS) Standards. The same 5 principles or 'domains' can also be depicted as a diagram, as illustrated below:



1.5 Outcomes

Richmond Shire Council Aged Care Service demonstrates good clinical governance by ensuring:

- Continuous review and QI practices are taking place and are effective
- Clinical auditing is taking place and is effective
- Reporting structures (e.g. QI, clinical review) are in place and are effective
- Current processes include an effective clinical risk management system
- Sufficient workforce development activities are available in response to clinical incidents, changing trends and work practices
- Processes are in place to prevent reoccurrence of clinical incidents
- Consumer participation processes are in place and are effective
- Actions are reported monthly to Council and form part of our Continuous Improvement Plan



1.6 Delegations

| | |
|---|---|
| <p>Chief Executive Officer</p> | <ul style="list-style-type: none"> » Endorse and ensure compliance with the Clinical Governance Policy. » Familiarise themselves with legislative requirements of this Policy. » Foster a ‘blame-free’ culture, promoting accountability and learning from clinical and governance challenges. » Ensure that systems are in place to encourage continuing professional development through training and stakeholder partnerships. |
| <p>Business services/ Management</p> | <ul style="list-style-type: none"> » Comply with the Clinical Governance Policy. » Familiarise themselves with legislative requirements of this Policy. » Foster a ‘blame-free’ culture, promoting accountability and learning from clinical and governance challenges. » Implement and maintain systems and processes to increase the safety and quality of care. <p><u>Director</u></p> <ul style="list-style-type: none"> » Monitor the implementation and review of the Clinical Governance Policy. » Allocate appropriate resources for staff training and development on clinical risk management. » Ensure and monitor staff competence and compliance with this Policy. » Collate/report information on adverse client events as required. <p><u>Service Co-Ordinator</u></p> <ul style="list-style-type: none"> » Support staff competence and compliance with this Policy. » Operational decision-making is informed by this Policy. » Provide professional support and supervision to staff; work in consultation with staff to develop and review Client Treatment Plans. » Ensure staff receive appropriate training, supervision and debriefing to comply with this Policy. » Collate/report information on adverse client events as required. » Review/support the review of clinical processes. |
| <p>Elected Council Members</p> | <ul style="list-style-type: none"> » Comply with the Clinical Governance Policy. » Familiarise themselves with legislative requirements of this Policy. » Inform and support operational decision-making relating to this policy. » Identify clinical risk/s, notify management and act in accordance in providing duty of care. » Maintain knowledge of the current evidence-based interventions available to clients. » Be informed by consumers and other stakeholders in matters of clinical governance. |



| | |
|--------------------------|---|
| All Service Staff | <ul style="list-style-type: none"> » Comply with the Clinical Governance Policy. » Familiarise themselves with legislative requirements of this Policy. » Support operational decision-making relating to this policy. » Identify “at risk” clients, notify management and act in accordance in providing duty of care. » Provide consumer-centred care. » Maintain knowledge of the current evidence-based interventions available to clients. » Participate in regular clinical supervision. » Where appropriate, maintain registration requirements with relevant associations and/or peak bodies. |
|--------------------------|---|

1.7 Policy implementation

This policy is developed in consultation with Richmond **Shire Council Councillors, Directors** members, employees and consumers, and is approved by the Council to guide their governance input and decisions.

This policy is part of all staff position descriptions (as relevant), orientation processes and all **Richmond Shire Council Aged Care Service** staff and Elected members are responsible for understanding and adhering to this Policy.

This Policy is underpinned by the **Richmond Shire Council** Governance policy and is implemented in combination with all **Richmond Shire Council Aged Care Service’s** policies and procedures. This policy is also referenced in other relevant **Richmond Shire Council** policies, procedures and supporting documents to ensure that it is actively used.

For the **Richmond Shire Council** clinical governance policy to be effective, it must be implementable and implemented throughout the organisation, at the level of the Council and management, as well as at the clinical or service delivery level. Specific monitoring and support activities undertaken will include:

1. Clinical review activities

Richmond Shire Council Aged Care Service employees are required to participate in activities that identify, measure and analyse problems with the service and its delivery. For example,

- Regular monthly meetings provide communication feedback to the Council
- Client administration items on staff meeting agenda, where issues are raised and addressed
- Intake and assessment meetings, client file reviews, discharged client reviews
- Referral follow-ups and regular communication with referral stakeholders.

2. Practice improvement

Richmond Shire Council Aged Care Service employees work to improve the systems of service delivery by:

- having Risk register review as a standing agenda item for Council meetings
- reviewing this policy program every **12 months** in line with the quality improvement, following a risk incident, and/or following relevant legislative changes
- reviewing this policy every **12 months** in line with quality improvement cycles
- undertaking scheduled policy and procedure reviews, practice audits and other quality improvement processes.



3. Human factors

Richmond Shire Council ensures that managers, clinical staff, development and delivery, and volunteers have:

- appropriate professional registration/accreditation, as stipulated by **Richmond Shire Council** policy and required under State/Commonwealth legislation
- an understanding of clinical governance systems and how individuals and teams function within these systems
- orientation to this Policy and to the related policies and processes at the commencement of employment
- access to and familiarity with this policy, and an understanding of how it is implemented in practice.
- Consumers are engaged in review processes in a meaningful way [refer to Consumer Engagement Audit Tool]

Richmond Shire Council Aged Care Service ensures robust clinical governance by maintaining a continuous cycle of feedback between the Board, management team, consumers and clinical employees, as informed by the Clinical Care Governance Group.

1.8 Risk management

The Council demonstrates that mechanisms are in place for fair and transparent governance through accessible meeting minutes, Board self-assessments and development plans. Annual performance reporting to members and stakeholders demonstrates transparency in governance and operations.

The clinical governance aspects of this policy and its procedures are informed by and comply with relevant legislation, including the Privacy Act 1988 (Commonwealth), Handbook to Health Privacy (2007), Public Health Act 2005 (QLD). For more information relating to Privacy and Confidentiality, refer to the **Richmond Shire Council** Communications policy.

Risks are also actively managed through **Richmond Shire Council's** Risk and Compliance register which is also reviewed at Council meetings.

Policies are monitored by using the Risk and Compliance Register. All policies are reviewed every two years at a minimum, or following significant operational, policy or legislative requirements.

This policy is reviewed in line with the quality improvement program and is included in the **Richmond Shire Council** policy review schedule where all policies are reviewed every **12 months** at a minimum, or following significant operational, policy or legislative requirements.

Staff responsible for the clinical management of clients are adequately trained, supported and supervised to use evidence-based approaches and interventions.

Staff are aware of relevant legislation and duty of care provisions through induction, training and an assessment of their competencies prior to undertaking duties. All staff are supported to recognise the limits of individual roles and competencies and actively facilitate links to further levels of care where necessary.



Version: [2024/01]

Document status: Final

Date issued: 23/02/2024

Approved by: Richmond Shire Council on 14 March 2024

Date for review:

Record of policy development:

| Version number | Date of issue | Lead author/ reviewer | Consultative panel | Significant changes on previous version |
|-----------------------|----------------------|------------------------------|---------------------------|--|
| 2024/01 | | Angela Henry | Richmond Shire Council | incorporate changes to new legislation |
| | | | | |
| | | | | |

Item 4.3 Consumer Dignity and Choice Policy

EXECUTIVE SUMMARY

All consumers have the right to make decision in relation to participating in activities which may involve a degree of risk. This is providing they are assessed as being mentally and physically able to do so and is in consultation with consumers and their families. Richmond Aged Care has care and service delivery which is centered on a core to support dignity of risk for quality-of-life experiences. Providing suitable choices for all aspects of care and lifestyle, comfort and wellbeing is to meet the individual needs of the resident and also while utilizing progress notes entries to benchmark care practices in the home.

OFFICER'S RECOMMENDATION

That Council: adopt the Consumer Dignity and Choice 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)**



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**DIGNITY OF RISK
RISK TAKING CONSENT FORM
RICHMOND AGED CARE IN HOME CARE SERVICE**

Consumers Name: _____

Consumers Address: _____

Family Member or Substitute Decision Makers Name (If Relevant): _____

CONSUMER AND RICHMOND AGED CARE UNDERTAKING

Staff, Management, and I have discussed the risks of undertaking the following activities:

Staff should refer to the Richmond Aged Care Risk Decision Tool and discuss any concerns they have with the consumer/family and involved other practitioners as relevant (Director, Doctor, Allied Health, Family Members/Representatives)

1. What is the risk from the consumers (of family's) point of view?

2. What is the risk from Richmond Aged Cares point of view?

3. What aspects of the risk do the consumer and Richmond Aged Care agree on?

4. What aspects of the risk do the consumer (or family) and Richmond Aged Care disagree on?

5. If other people are involved in the discussion (Doctor, Allied Health, Director, Family/Representative) what is their view on the risk?

6. Following discussion what has been the agreed between the Consumer and Richmond Aged Care?



7. Following agreement how will it be monitored and when will it be reviewed?

Monitoring Process:

Review Date: ____/____/____



CONSUMER AGREEMENT

I am willing to undertake the risks discussed in the plan above as this is important to me. I take full responsibility for any unforeseen circumstances arising from undertaking these risks.

Signature: _____ Name: _____

Relationship to Consumer (if applicable): _____

Witness: _____ Date: _____

RICHMOND AGED CARE UNDERTAKING TO SUPPORT INDIVIDUAL PREFERENCE AND DIGNITY OF RISK

Staff and management at this service will maintain their duty of care in caring for the consumer and his or her risk-taking activities. The risks of the above activities have been fully explained to the consumer/ family member or substitute decision maker and they have chosen to undertake the risks. (Please also make a note in the Progress Notes on the date/time the risks taking discussion took place). This plan must be signed by the Service Co-Ordinator or other authorized Richmond Shire Council Staff Member.

Management Signature: _____

Name: _____ Designation: _____

Date: _____ Witness: _____

File/Scan this into the Consumers Care Plan.



CONSUMER DIGNITY OF RISK POLICY

All consumers have the right to make decision in relation to participating in activities which may involve a degree of risk. This is providing they are assessed as being mentally and physically able to do so and is in consultation with consumers and their families. Richmond Aged Care has care and service delivery which is centered on a core to support dignity of risk for quality-of-life experiences. Providing suitable choices for all aspects of care and lifestyle, comfort and wellbeing is to meet the individual needs of the resident and also while utilizing progress notes entries to benchmark care practices in the home.

Risk taking is a normal part of everyday life and Consumers should not be unnecessarily deprived of this right.

Quality of life, independence and the balance of safety and enjoyable life experiences are fostered at Richmond Aged Care.

The following guidelines are advised for Richmond Aged Care's Management of Consumer Rights to take Risks.

Consumers have the right to make day-to-day decisions for themselves as far as possible, e.g. they may choose when to get up and what clothes to wear. They may also choose what activities they wish to participate in and what food they would like to eat (within the guidelines of their nutrition plan is applicable)

Consumers, who have the mental capacity to make their own decisions, may do so providing they do not threaten the safety of other consumers or staff or deprive other consumers of their rights. A consumer who makes a decision to participate in activities which may be a risk, must be willing to accept that they need to comply with responsibilities, like gaining doctors support for this activity, notifying their family/guardian that they intend to do the activity and notifying staff.

If Richmond Aged Care Staff in their professional judgement considers there are significant risks of injury should the Consumer proceed, the Staff Member is responsible for advising the consumer or their Representative of this risk and document accordingly in the Progress Notes.

If the Consumer, and/or their representative(s) decides to act against the advice of Aged Care Staff, then that decision and the Staff Members recommendations are to be documented, signed, and dated. Where possible the signature of the Consumer or their Representative should be obtained. In the event of extraordinary cases, the Staff Member will contact the Services Co-Ordinator or Director of Community Services to clarify direction.

Any incident or accident involving a Consumer should be documented on an incident/accident form and in the progress notes. A significant incident i.e. any incident which resulted in an injury to a consumer which required medical intervention or transfer to the multi-purpose health service must be reported to the Service Co-Ordinator or Director of Community Services as soon as possible.

Any consumer who sustains a head injury through a fall or accident must be seen by a doctor as soon as possible. This will usually require them to be transferred to either the Surgery or Multi-Purpose Health Service by Ambulance. The consumers next of kin should be notified as soon as possible.

Links to standards 1,2,3,7 and 8



DIGNITY OF RISK

RICHMOND AGED CARE RISK DECISION MAKING TOOL

Use this simple guide to help you discuss risk with Consumers and/or Family and to objectively help them consider options and alternatives. The aim is to reach an agreement for what will happen not to persuade Consumers that our solution is the only one.

DEFINE the risk – What is the issue of concern? Who is a concern to or for? What does the Consumer (of Family) want? How do they view the risk? It is a risk or just something different to the norm?

UNDERSTAND the risk – Why does the consumer want to take the risk? Establish why each person (consumer, family, staff) has their view on the risk. What exactly are people worried about (consumer, family, staff etc.) What is the degree of risk e.g. from low to life threatening?

PROBLEM solve – Brainstorm and document all possible solutions and ideas around the risk. Be open to new ideas not just “what we usually do”. Discuss and document any options and ideas that may be solutions. Be objective and person-centered (see the other persons view). Identify any risks that cannot be easily solved. Brainstorm any possible controls that could be used to mitigate/alleviate/reduce the risk from each person’s perspective. Establish who needs to be involved and document their input (e.g. Doctor Allied Health, Other)

AGREE the outcome – Establish agreed issues and concerns and list them/document them in the Care Plan. Establish and document where each person disagrees. Develop an agreed shared risk plan with actions going forward. Set a review timeframe and document what worked well and what raised further concerns.

File and scan this document into the plan.

Respecting consumer preferences and dealing with family concerns about risk.

Discussing health and safety risks and finding solution that maintain a sense of independence, self-worth, and purpose.

Item 4.4 Restraint Minimisation and Use Policy

EXECUTIVE SUMMARY

A restrictive practice in relation to a consumer is any practice or intervention that has the effect of restricting the rights or freedom of movement of the consumer and includes:

- Chemical restraint
- Environmental restraint
- Mechanical restraint
- Physical restraint
- Seclusion.

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 H – Policy

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



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3.5 RESTRICTIVE PRACTICES: RESTRAINT MINIMISATION AND USE POLICY

A restrictive practice in relation to a consumer is any practice or intervention that has the effect of restricting the rights or freedom of movement of the consumer and includes:

- Chemical restraint
- Environmental restraint
- Mechanical restraint
- Physical restraint
- Seclusion.

3.5.1 DEFINITIONS OF RESTRICTIVE PRACTICES¹

Chemical restraint

Chemical restraint is a practice or intervention that is, or involves, the use of medication or a chemical substance for the primary purpose of influencing a consumer's behaviour but does not include the use of medication prescribed for the treatment of, or to enable the treatment of, the consumer for a diagnosed mental disorder or physical illness or a physical condition or end of life care for the consumer.

Examples of chemical restraint are the administration of any medication, including prescribed, pro re nata (prn or as required) and over the counter medication, to a consumer which influences, moderates or controls their behaviour.

Examples of pharmacological agents used as chemical restraint are antipsychotic, antidepressant, antimanic, anxiolytic and hypnotic medications.

Inappropriate use of chemical restraint

- The use of medications to restrict the movement and free will of a consumer when it is not being used to treat a medical condition.

NOTE: Inappropriate use of restrictive practices is reported to the Serious Incident Response Scheme (SIRS) as outlined in 8.10.9 SIRS Incident Management.

Environmental restraint

Environmental restraint is a practice or intervention that restricts, or that involves restricting, a consumer's free access to all parts of the consumer's environment (including items and activities) for the primary purpose of influencing the consumer's behaviour.

Examples of environmental restraint are restricting a consumer's access to an outside space, removing or restricting access to an activity or outside, or limiting or removing access to a wanted item, such as a walking frame, by putting it out of reach.

Mechanical restraint

Mechanical restraint behaviour practice or intervention that is, or that involves, the use of a device to prevent, restrict or subdue a consumer's movement for the primary purpose of

¹ The Aged Care Legislation Amendment (Royal Commission Response No.1) Principles 2021 and Australian Government Aged Care Quality and Safety Commission Regulatory Bulletin RB 2021-13 Regulation of restrictive practices and the role of the Senior Practitioner, Restrictive Practices



influencing the consumer's behaviour, but does not include the use of a device for therapeutic or non-behavioural purposes in relation to the consumer.

Examples of mechanical restraint include use of a lap belt or princess chair, bed rails, low beds or use of clothing which limits movement and is unable to be removed by the consumer.

Physical restraint

Physical restraint is a practice or intervention that is or involves the use of physical force to prevent, restrict or subdue movement of a consumer's body, or part of a consumer's body, for the primary purpose of influencing the consumer's behaviour; but does not include the use of a hands-on technique in a reflexive way to guide or direct the consumer away from potential harm or injury if it is consistent with what could reasonably be considered to be the exercise of care towards the consumer.²

Examples of physical restraint are physically holding a consumer in a specific position to enable personal care issues such as showering to be attended to, pinning a consumer down, or physically moving a consumer to stop them moving into a specified area where they may wish to go.

Seclusion

Seclusion is a practice or intervention that is, or involves, the solitary confinement of a consumer in a room or physical space at any hour of the day or night there: voluntary exit is prevented or not facilitated or; it is implied that voluntary exit is not permitted for the primary purpose of influencing a consumer's behaviour. Seclusion significantly affects a consumer's dignity and rights and should only be used after all other forms of behaviour management or alternative restrictive practices have been exhausted. Seclusion is an extreme form of restrictive practice and should never be used as a punishment.

Examples of seclusion are placing a consumer alone in a space or room from which they cannot exit, including a space by themselves where their access to a call bell or walker is limited, or imposing a 'time out'.

3.5.2 POLICY

Richmond Aged Care promotes a restrictive practices 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 restrictive practices.

We also abide by the Australian Government's legislative framework, including the Quality-of-Care Principles, to reduce the use of restrictive practices and acknowledges that a restraint-free environment is a basic human right for all consumers and restrictive practices, such as the use of any form of restraint, should not be implemented until all alternatives are explored. We are committed to the following rights for consumers:

- The right to the enjoyment of the highest attainable standard of physical and mental health and
- The right to protection from exploitation, violence, and abuse.

² The Aged Care Legislation Amendment (Royal Commission Response No.1) Principles 2021



Home care

We do not use restrictive practices on 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, however; a risk assessment is conducted to ensure the safety of the consumer in regard to the use of safety belts.

If you do not utilise restrictive practices in your service, it may still be valuable to keep the information about the practices and processes to inform staff.

Considerations for all Restrictive Practices³

We promote a restrictive practice and restraint free environment by implementing the following for all restrictive practices:

- Restrictive practices are only used as a last resort to prevent harm to the consumer or other person and after due consideration to the likely impact of the use of the restrictive practice on the consumer.
- To the extent possible, we ensure that all best practice alternative strategies have been used before using restrictive practices. The alternative strategies trialed are documented and evaluated for suitability to meet the consumer's needs.
- The restrictive practice is only used to the extent that it is necessary and in proportion to the risk of harm to the consumer or other persons.
- The least restrictive form of restrictive practice is used for the shortest time to prevent harm to the consumer or other persons.
- Informed consent to the use of the restrictive practice is sought from the consumer or, if the consumer lacks capacity to give consent, the substitute decision maker for the restrictive practice (legal representative) using the following hierarchy:
 - restrictive practices nominee – an individual or a group of individuals nominated by the care recipient who can give informed consent to the use of the restrictive practice in relation to the care recipient if the care recipient lacks capacity to give that consent, has agreed in writing, and has capacity to give that consent.
 - partner – who has a close continuing relationship with the care recipient, has agreed in writing to act as the RPSDM and has capacity to give consent.
 - relative/friend who was carer – person who was the carer on an unpaid basis immediately before the care recipient entered care, has a personal interest in the welfare of the care recipient, has a close continuing relationship with the care recipient, has agreed in writing to act as the RPSDM and has capacity to give consent.
 - relative/friend who was not the carer – person who has a personal interest in the welfare of the care recipient, has a close continuing relationship with the care recipient, has agreed in writing to act as the RPSDM and has capacity to give consent.
 - medical treatment authority – individual or body appointed in writing under the law of the state or territory in which the care recipient is provided with aged care, as an individual or body that can give informed consent to the provision of medical treatment

³ Australian Government Aged Care Quality and Safety Commission Regulatory Bulletin RB 2021-13 Regulation of restrictive practices and the role of the Senior Practitioner, Restrictive Practices



(however described) to the care recipient if the care recipient lacks capacity to give that consent.⁴

- Any restrictive practice is included in the care and support plan for the consumer and provides details of the use of the restrictive practice and considerations for safety and care interventions. A behaviour support plan is developed for each consumer who has any form of restrictive practice as part of their care.
- The use of restrictive practices is compliant with the Aged Care Quality Standards and any State or Territory laws relating to restrictive practices.
- The use of restrictive practices is consistent with the Charter of Aged Care Rights.

Additional Requirements for the Use of Restrictive Practices Other than Chemical Restraint

To ensure the safety and wellbeing of consumers having restrictive practices other than chemical restraint:

- An approved health practitioner who has day-to-day knowledge of the consumer must assess the consumer as posing a risk of harm to the consumer or any other person and assess that the use of the restrictive practice is necessary. The assessments must be documented.

Additional Requirements for the Use of Restrictive Practices that are Chemical Restraint

To ensure the safety and wellbeing of consumers having restrictive practices that are chemical restraint:

- A Medical Practitioner must assess the consumer as posing a risk of harm to the consumer or any other person and assess that the chemical restraint is necessary and prescribe the medication for the purpose of chemical restraint. Medical and nurse practitioners must comply with their code of professional practice in the prescription of medications.
- The behaviour support plan for the consumer must include: the assessments; the practitioner's decision to use the chemical restraint; the consumers behaviours that necessitate the need for chemical restraint; the reasons the chemical restraint is necessary; the information provided to the practitioner that informed the decision to prescribe the medication.
- Informed consent must be provided to the prescribing practitioner of the medication by the consumer or if the consumer lacks capacity to give consent, the substitute decision maker for the restrictive practice (legal representative).

Emergency Use of Restrictive Practices

If restraint is used in an emergency (authorised by an approved health practitioner), an assessment as outlined in this policy and the associated practice document is completed as soon as practicable (within 72 hours of emergency restraint implementation) including full assessment, consideration to alternatives to restraint, consent and behaviour support planning.

[The Restrictive Practices: Restraint Minimisation and Use Practice](#) outlines the details of the implementation of the Restrictive Practices: Restraint Minimisation and Use Policy.

⁴ Australian Government Department of Health and Aged Care [Restrictive practices in aged care – a last resort](#) Accessed 14 December 2022



3.5.3 RESPONSIBILITIES

- The medical practitioner: makes the decision, obtains informed consent, authorises, and reviews all restrictive practices following consultation with the consumer/legal representative, Registered Nurse and allied health professionals.
- Registered Nurse: consultation, assessment, care planning, monitoring, and review of restrictive practices.
- Other health professionals: consultation, assessment, care planning and review of restrictive practices when required (e.g. appropriate fitting of mechanical restraint).
- Care team: monitoring restraint use, consultation with health professionals regarding restrictive practices use, identification of improvement opportunities.
- Management: provision of policy, procedures, audit, and education and training programs to support restrictive practice use and implements clinical governance arrangements that ensure restrictive practices are monitored and consent for restraint has been obtained and is consistent with state and territory laws.

Item 4.5 Restrictive Practices – Restraint Minimisation and Use Practice Policy

EXECUTIVE SUMMARY

To provide staff guidance in the minimisation and use of restrictive practices.

OFFICER'S RECOMMENDATION

That Council: adopt the Restrictive Practices – Restraint Minimisation and Use Practice 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 I – Policy

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



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PURPOSE

To provide staff guidance in the minimisation and use of restrictive practices.

SCOPE

Home Care

CONSIDERATIONS

- We are committed to minimising the use of restrictive practices and the use of any type of restraint.¹
- The use of any restrictive practices or forms of restraint involves weighing the benefits of using restraint against the risks of not using restraint.
- Interventions are tailored to promote the consumer's safety and quality of life.
- Restrictive practices of any type cannot be used without written authorisation from the medical practitioner, consultation with the consumer or their legal representative (including a discussion by the medical practitioner that outlines why restraint is required, what has been trialed to prevent the use of restraint, the risks of restraint and the care that will be provided in the use of the restrictive practices).
- Any use of restrictive practices requires a specific behaviour support plan that outlines the use of the specific form of restraint, timeframes for use of the restraint, review timeframes (monthly review and annual consent) and strategies for minimising the use of restraint and include any assessments (see below) that have informed the use of the restrictive practice
- The inappropriate use of restrictive practices is not permitted and if identified, must be reported to the Serious Incident Response Scheme (SIRS) as outlined in 8.10.9 Serious Incident Response Scheme (SIRS) Residential Care.²

RESPONSIBILITIES

- The medical practitioner: makes the decision, obtains informed consent, authorises, and reviews all restrictive practices following consultation with the consumer/legal representative, Registered Nurse and allied health professionals.
- Registered Nurse: consultation, assessment, care planning, monitoring, and review of restrictive practices.
- Other health professionals: consultation, assessment, care planning and review of restrictive practices when required (e.g. appropriate fitting of physical restraint).
- Care team: monitoring restraint use, consultation with health professionals regarding restrictive practices use, identification of improvement opportunities.
- Management: provision of policy, procedures, audit, and education and training programs to support restrictive practice use and implements clinical governance arrangements that ensure restrictive practices are monitored and consent for restraint has been obtained and is consistent with state and territory laws.

RISK IDENTIFICATION

The risk of restrictive practices is weighed against the benefits after having considered the risks of specific restraint for the consumer. Alternatives to restrictive practices are always trialed and the use of restraint is monitored on an ongoing basis.

¹ Australian Government Aged Care Quality and Safety Commission Regulatory Bulletin RB 2021-13 Regulation of restrictive practices and the role of the Senior Practitioner, Restrictive Practices

² Australian Government Aged Care Quality and Safety Commission Serious Incident Response Scheme March 2021 [Guidelines for residential aged care providers](#)



Emergency Restraint

If restraint is used in an emergency (authorised by an approved health practitioner), an assessment as outlined below is completed as soon as practicable (within 72 hours of emergency restraint implementation) including full assessment, consideration to alternatives to restraint, consent and behaviour support planning.

Consumers with Existing Physical/Chemical Restraint on Admission³

If a consumer is admitted to the service with existing restrictive practice, we seek information from the referrer, thoroughly investigate the need for the type of restraint and communicate with the medical practitioner as soon as practicable to implement alternatives to restraint. Assessment and support planning processes then ensue to determine if alternatives to restraint can be implemented. The consumer and their representative are kept informed of the restraint and our activities to reduce the use of restraint. Assessment and consent processes outlined below are implemented.

ASSESSMENT⁴⁵

- Each consumer is comprehensively assessed by an approved health practitioner who has day-to-day knowledge of the consumer before the least restrictive form of restraint is used. The approved health practitioner (medical practitioner) must assess whether:
 - The consumer poses a risk of harm to themselves, or another person, and
 - It is necessary to use restraint, due to the risk of harm.
- The decision to use restraint must be documented in the consumer's health record and noted in the support plan by the authorised health practitioner (medical practitioner).
- Assessment includes physical factors, cognitive functioning, relationships, communication, psychosocial functioning, activities, pain, continence and physical environment considerations.
- As part of the assessment process the approved health practitioner (medical practitioner) identifies and documents the risks of use and non-use of each restraint proposed for the individual consumer.
- In addition, for chemical restraint, a medical practitioner must assess the consumer requiring restraint and prescribe the medication that is, or involved in, the restraint.

Alternatives to Restrictive Practices

- Alternatives to restrictive practices must be considered including whether the risk of harm can be managed using alternatives to restraint. Any form of restraint should always be the last resort, and viewed as a temporary solution to any behaviour causing concern or circumstantial factor.
- Unless the restraint is necessary in an emergency, we fully document the consideration to the use and alternatives to restraint.

³ The Australian Government Explanatory Statement cited below talks only of consideration of chemical restraint for consumers admitted to RACF's; we have included both physical and chemical restraint as consumers may be admitted with either.

⁴ Australian Government Explanatory Statement *Quality of Care Amendment (Minimising the Use of Restraints) Principles 2019* and Australian Government Aged Care Quality and Safety Commission Regulatory Bulletin RB 2021-13 Regulation of restrictive practices and the role of the Senior Practitioner, Restrictive Practices

⁵ The Aged Care Legislation Amendment (Royal Commission Response No.1) Principles 2021



- Alternatives to restraint are demonstrated, documented tried (or properly assessed and found to be unsuitable in the individual consumer's circumstance) and documented on the Restrictive Practices Assessment and Authorisation Form.
- The least restrictive form of restraint is used to address the risk of harm. We give consideration to the total period restraint is used, including periods of release, before restraint is considered.
- Alternatives to restraint are considered at each restraint review.

Consent and Decision Making

- All decisions regarding restraint use are clearly documented with the relevant approvals including discussion and communication with the consumer or their representatives in a way they can understand. Opportunity for discussion, concerns and expectations is always provided. The medical/nurse practitioner conducts these discussions with the consumer/their legal representative.
- Consent to the use of restraint is obtained from the consumer (if competent to make that decision) or their legal representative as per the following hierarchy:
 - restrictive practices nominee – an individual or a group of individuals nominated by the care recipient who can give informed consent to the use of the restrictive practice in relation to the care recipient if the care recipient lacks capacity to give that consent, has agreed in writing, and has capacity to give that consent.
 - partner – who has a close continuing relationship with the care recipient, has agreed in writing to act as the restrictive practices substitute decision-maker (RPSDM) and has capacity to give consent.
 - relative/friend who was carer – person who was the carer on an unpaid basis immediately before the care recipient entered care, has a personal interest in the welfare of the care recipient, has a close continuing relationship with the care recipient, has agreed in writing to act as the RPSDM and has capacity to give consent.
 - relative/friend who was not the carer – person who has a personal interest in the welfare of the care recipient, has a close continuing relationship with the care recipient, has agreed in writing to act as the RPSDM and has capacity to give consent.
 - medical treatment authority – individual or body appointed in writing under the law of the state or territory in which the care recipient is provided with aged care, as an individual or body that can give informed consent to the provision of medical treatment (however described) to the care recipient if the care recipient lacks capacity to give that consent.⁶
- A family member or legal representative does not have the legal power to require that a consumer be restrained. This is a clinical decision that is made by appropriately authorised and qualified health professionals (medical practitioners).
- Consumers and their legal representative are consulted initially and on an ongoing basis regarding restraint use and communicated with regularly to ensure ongoing understanding of the restrictive practice.
- The medical practitioner is ultimately responsible for the decision to authorise the restrictive practice. This is done in consultation with the consumer, their legal representative and other health professionals.

⁶ Australian Government Department of Health and Aged Care [Restrictive Practices in Aged Care – A Last Resort](#) Informed consent for restrictive practices and Interim arrangements for consent to restrictive practices Accessed 14 December 2022



- Those making the decision to use restrictive practices are legally accountable for the decision and its consequences.⁷
- In an emergency, where the safety and wellbeing of the consumer is deemed to be at risk, the Registered Nurse can commence a restrictive practice with review by the relevant medical practitioner at the earliest possible time.
- Each consumer or their representative receive a copy of 'Fact Sheet: How to support a restraint free environment in residential aged care'⁸ prior to giving consent and are required to sign to acknowledge that they have received this information. This will assist them in making an informed decision on whether or not to consent to the restrictive practice being used.

SUPPORT PLANNING⁹

A behaviour support plan is developed that outline:

- The consumer's behaviours that are relevant to the need for the restrictive practice
- The assessments conducted to assess the suitability and need of any restrictive practice
- The reasons the restraint is necessary (and for chemical restraint, the information provided to the practitioner by the provider that informed the decision to prescribe the medication)
- The restrictive practice and how it is to be used, including its duration, frequency and intended outcome
- The best practice alternatives to restraint that have been used (if any) before the restrictive practice was used
- How the restrictive practice is reviewed and monitored, including how the monitoring will be escalated if required, based on the restrictive practice and any care needs resulting from the restrictive practice
- The care provided to the consumer in relation to the consumer's behaviour
- The restraint types
- Review timeframes (at a minimum, monthly)
- Documented release timeframes for non-chemical restraint (at least two hourly during the daytime)
- Correct application of the restrictive practice (with regard to manufacturer's instructions)
- The frequency and type of observation required for the specific restraint (including regularly monitoring for distress or harm)
- Details of how comfort and safety will be ensured with regard to toileting, activity, exercise and mobility, nutrition and hydration, skin care, pain relief and social interaction.
- The Self-assessment Tool for Recording Consumers Receiving Psychotropic Medications is updated if applicable.

CARE PROVISION

- Staff follow the support plan and behaviour support plan in the application and removal of restrictive devices and record this.

⁷ Australian Government Department of Health and Ageing 2012 Decision-making tool: Supporting a Restraint Free Environment in Residential Aged Care p22

⁸ Ibid p40-43

⁹ Australian Government Explanatory Statement Quality of Care Amendment (Minimising the Use of Restraints) Principles 2019



- Staff report any issues with restraint in the progress notes and advise the Registered Nurse so that immediate review and action can occur.

REVIEW

- The Registered Nurse is responsible for monitoring restraint use on a shift-by-shift basis to ensure the safety, comfort and wellbeing of all consumers restrained. Staff record physical restraint application on the Restraint Chart and note any issues or concerns in the progress notes and discuss them with the Registered Nurse.
- All restraints are reviewed monthly by the Registered Nurse. Documentation that demonstrates this review includes the suitability of the restraint, the continued need for the restraint and consideration of alternatives.
- Chemical restraint is also reviewed and documented periodically by the Medical Practitioner (and Pharmacist where applicable) to ensure the safety and wellbeing of the consumer.

REFERRAL

Consumers are supported to access specialist interventions for supporting behaviour management prior as required through referral by the Registered Nurse to the appropriate health professional.

TRAINING

In House education and training is provided to all staff responsible for the assessment, application, monitoring and review of restrictive practices, including escalation to the Registered Nurse if concerned regarding restrictive practices.

ESCALATION

Refer to Registered Nurse/supervisor if any concerns regarding consumer restrictive practices. The Registered Nurse/supervisor escalates to the appropriate health professional for advice and support if necessary.

REPORTING

Monthly reporting of restraints is conducted to ensure quality care and inform the National Aged Care Quality Indicator Program.

Item 4.6 Rest Time Policy

EXECUTIVE SUMMARY

The United Nations Convention on the Rights of the Child states that all children and young people are guaranteed the right “to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts”. (My Time, Our Place: Framework for School Age Care in Australia, (V2.0) p. 5). Our Out of School Hours Care (OSHC) Service will cater for the needs of individual children who may require a rest, or even a sleep, after a busy school day.

OFFICER’S RECOMMENDATION

That Council: adopt the Rest Time 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 **Teena Chappell (Outside School Hours Care Co-Ordinator)**

REST TIME POLICY

The United Nations Convention on the Rights of the Child states that all children and young people are guaranteed the right “to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts”. (My Time, Our Place: Framework for School Age Care in Australia, (V2.0) p. 5). Our Out of School Hours Care (OSHC) Service will cater for the needs of individual children who may require a rest, or even a sleep, after a busy school day.

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. |
| 2.2 | 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 | Design | The design of the facilities is appropriate for the operation of a service. |
| 3.1.2 | Upkeep | Premises, furniture and equipment are safe, clean and well maintained. |

| EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS | |
|--|--|
| Section 165 | Offence to inadequately supervise children |
| Section 167 | Offence relating to protection of children from harm and hazard |
| 82 | Tobacco, drug and alcohol-free environment |
| 84A | Sleep and Rest |
| 84B | Sleep and rest policies and procedures |
| 84C | Risk assessment for purposes of sleep and rest policies and procedures |
| 103 | Premises, furniture and equipment to be safe, clean and in good repair |
| 105 | Furniture, materials and equipment |
| 110 | Ventilation and natural light |
| 115 | Premises designed to facilitate supervision |
| 168 | Education and care service must have policies and procedures |

| | |
|-----|--|
| 170 | Policies and procedures to be followed |
| 171 | Policies and procedures to be available |
| 172 | Notification of change to policies or procedures |
| 176 | Time to notify certain information to Regulatory Authority |

RELATED POLICIES

| | |
|--|--|
| Administration of First Aid Policy Child Safe Environment Policy Enrolment Policy Death of a Child at the Service Policy Family Communication Policy Health and Safety Policy | Interaction with Children, Family and Staff Policy Physical Environment Policy Respect for Children Policy Staffing Arrangements Policy Tobacco, Drug and Alcohol-Free Policy Work Health and Safety Policy |
|--|--|

PURPOSE

The *Education and Care Services National Regulations* requires approved providers and nominated supervisors to ensure their services have policies and procedures in place for children's sleep and rest having regard to the ages, developmental stages and individual needs of the children. Our OSHC Service will ensure that all children have appropriate opportunities to rest and relax in accordance with their individual needs whilst attending the service. Our OSHC Service has a duty of care, to ensure we respect and cater for each child's specific needs and provide an environment that takes every reasonable precaution from harm and hazard.

SCOPE

This policy applies to the approved provider, nominated supervisor, educators, staff, children, students, volunteers and visitors of the Service.

IMPLEMENTATION

'Children have different sleep, rest and relaxation needs. Children of the same age can have different sleep patterns that nominated supervisors and educators need to consider within the OSHC Service. As per Standard 2.1 (Element 2.1.1) of the National Quality Standard, each child's comfort must be provided for and there must be appropriate opportunities to meet each child's sleep, rest and relaxation needs.'
(ACECQA)

Our OSHC Service defines 'rest' as a period of inactivity, solitude, calmness or tranquillity, and can include a child being in a state of sleep. Considering the busy and energetic nature of a child's day, we feel that it is important for children to participate in a quiet/rest period after school if required, to rest, relax and recharge their body.

Our OSHC Service will consult with families about their child's individual needs, ensuring they are aware of the different values and parenting beliefs, cultural or opinions associated with sleep/rest requirements.

SLEEP AND REST SPECIFIC RISK ASSESSMENT

The approved provider, in conjunction with educators of the OSHC Service, will conduct a comprehensive risk assessment in order to identify any potential risk/s or hazards and ensure the safety of all children during sleep and rest.

The risk assessment will be reviewed at least annually or after being aware of an incident or circumstance where the health, safety or wellbeing of children may be compromised during sleep or rest. All risk assessments will be regularly assessed and evaluated as to facilitate continuous improvement in our service. If a risk concerning a child's safety during sleep and rest is identified during the risk assessment, the approved provider must update the Rest Time Policy and procedure as soon as possible. The risk assessment must be stored safely and securely and kept for a period of 3 years.

Our risk assessment will consider and include the following information:

- the number, age, developmental stages and individual needs of children
- the sleep and rest needs of individual children being educated and cared for (including specific health care needs, cultural preferences, sleep and rest needs of individual children and requests from families about a child's sleep and rest)
- the suitability of staffing arrangements to adequately supervise and monitor children during sleep and rest periods
- the level of knowledge and training of staff supervising children during sleep and rest periods
- the location of sleep and rest areas, including the arrangement of beds within the sleep and rest areas
- the safety and suitability of beds and bedding equipment, having regard to the ages and developmental stages of the children
- any potential hazards

- in sleep and rest areas
- on a child during sleep and rest periods (such as jewellery)
- the physical safety and suitability of sleep and rest environments (including temperature, lighting and ventilation)

(ACECQA 2023)

THE APPROVED PROVIDER/NOMINATED SUPERVISOR WILL:

- ensure that 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 and associated procedure
- ensure families are aware of this *Rest Time Policy*
- conduct a sleep and rest specific risk assessment at least annually to ensure all potential hazards are controlled in sleep or rest areas in line with Red Nose and ACECQA guidelines
- take reasonable steps to ensure that children's needs are being met by giving them the opportunity to rest, having regard to the ages, developmental stages and individual needs of each child
- ensure the area for rest is well ventilated and has natural lighting
- ensure educators provide safe and adequate supervision when children rest their bodies
- provide information to educators and staff about evidence based safe sleep practices as recommended by Red Nose (although school aged children are not considered high risk, these practices should be known by all educators)
- ensure children who are sleeping or resting are closely monitored and that all sleeping or resting children are within hearing range and observed. This involves physically checking/inspecting **sleeping children** at **regular intervals** [add time intervals e.g., 10 minutes] and ensuring that they are always within sight and hearing distance of sleeping and resting children so they can easily monitor a child's breathing and the colour of their skin. It is recommended that educators will not perform administrative duties that would take their attention away from sleeping/resting children (Note: CCTV, audio monitors or heart monitors **do not** replace the need for physical checking/inspecting sleeping children)
- ensure educators, staff and volunteers follow the policy and procedures
- ensure sleep and rest environments will be safe and free from all hazards including cigarette and tobacco smoke.

EDUCATORS WILL:

- have a thorough understanding of the OSHC Service's policy and practices and embed practices to support safe sleep/rest into everyday practice
- consult with families about children's rest needs and include children in decision making (children's agency)
- ensure children are provided with a high level of safety when **(sleeping and)** resting and every reasonable precaution is taken to protect them from harm and hazard
- maintain adequate supervision and ratios throughout any rest period
- assess each child's circumstances and current health to determine whether higher supervision levels and checks may be required
- communicate with families about their child's rest time and observed requirements
- encourage children to dress appropriately for the room temperature when resting. Lighter clothing is preferable, with children encouraged to remove shoes, jumpers, jackets, **hats** and bulky clothing.
- monitor the room temperature to ensure maximum comfort for the children
- provide an environment that is free from cigarette or tobacco smoke
- opportunities are presented for rest and relaxation, as well as sleep if required
- consideration is made for each child's sleep/rest needs- including the age of the child, medical conditions, individual needs
- a quiet area is provided for children to sleep/rest, away from the main group of children
- the designated rest area may include a cushion, bean bag or comfortable seat in a quiet section of the care environment
- sleeping and resting children are monitored at regular intervals
- faces of sleeping children are uncovered when they are sleeping
- an educator is always within sight and hearing of sleeping and resting children so they can be monitored (breathing patterns, colour of skin)
- **light bedding is provided for children as required**

FAMILIES WILL:

- be informed during orientation of our *Rest Time Policy* and procedure
- be requested to provide educators with updates on their child's individual need for rest (or sleep) routines if applicable.

CONTINUOUS IMPROVEMENT/REFLECTION

Our Rest **Time** Policy will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

Key terms

| Term | Meaning |
|--|---|
| ACECQA- Australian Children’s Education and Care Quality Authority | The independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision of guidance, resources and services to support the sector to improve outcomes for children. |
| Adequate supervision | Adequate supervision means: <ul style="list-style-type: none"> • that an educator can respond immediately, particularly when a child is distressed or in a hazardous situation; • knowing where children are at all times and monitoring their activities actively and diligently |
| Continuous supervision | Ensure an educator is in sight and hearing of a sleeping child at all times- representing best practice (Red Nose) |
| Rest | A period of inactivity solitude, calmness or tranquility and can include a child being in a state of sleep. |
| Relaxation | Relaxation or other activity for bringing about a feeling of calm in your body and mind. |
| Red Nose | Red Nose is Australia’s leading authority on safe sleep and safe pregnancy advice. |

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

| |
|--|
| Safe Sleep Practices Risk Assessment Action Plan |
|--|

SOURCES

ACECQA. (n.d.). Safe sleep and rest practices: <https://www.acecqa.gov.au/resources/information-sheets/safe-sleep-and-rest-practices>

ACECQA. (2023). [Sleep and Rest for Children. Policy Guidelines.](#)

Australian Children’s Education & Care Quality Authority. (2014). **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](#)

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).

Revised National Quality Standard. (Amended **2023**).

The NSW Work Health and Safety Act 2011

The NSW Work Health and Safety Regulation 2011
[Western Australian Education and Care Services National Regulations](#)

REVIEW

| | | | |
|--------------------|---|------------------|---------------|
| POLICY REVIEWED BY | Tina Chappell | Coordinator | February 2025 |
| POLICY REVIEWED | FEBRUARY 2024 | NEXT REVIEW DATE | FEBRUARY 2025 |
| VERSION NUMBER | V9.2.24 | | |
| MODIFICATIONS | <ul style="list-style-type: none"> • annual policy review • minor edits and additions • sources checked and updated as required | | |
| POLICY REVIEWED | PREVIOUS MODIFICATIONS | NEXT REVIEW DATE | |
| OCT/FEB 2023 | <p>OCTOBER</p> <ul style="list-style-type: none"> • New information added regarding regulation changes effective October 2023 <p>FEBRUARY</p> <ul style="list-style-type: none"> • annual policy review • additional related policies added • Family section updated • Key Terms section added • Continuous improvement/reflection section added • Hyperlinks checked and repaired if needed • link to Western Australian Education and Care Services National Regulations added in 'Sources' | FEBRUARY 2024 | |
| FEBRUARY 2022 | <ul style="list-style-type: none"> • minor edits • sources checked for currency | FEBRUARY 2023 | |
| FEBRUARY 2021 | <ul style="list-style-type: none"> • additional points added to ensure adequate supervision • minor editing- punctuation/grammar • sources and information checked for currency • additional sources added | FEBRUARY 2022 | |
| FEBRUARY 2020 | <ul style="list-style-type: none"> • Referenced appropriate content to ACECQA • Sources checked for currency | FEBRUARY 2021 | |
| February 2019 | <ul style="list-style-type: none"> • Contextualised for OHSC. • Added MTOP reference. • Additional information added to points. • Sources checked for <p>Sources/references corrected and alphabetised.</p> | February 2020 | |

| | | |
|---------------|---|---------------|
| February 2018 | <ul style="list-style-type: none">• New policy created to comply with revised NQS | February 2019 |
|---------------|---|---------------|

Item 4.7 Environmentally Responsible Policy

EXECUTIVE SUMMARY

Our Out of School Hours Care (OSHC) Service encourages the awareness of environmental responsibility and implement practices that contribute to a sustainable future. Children are supported to become environmentally responsible and show respect for the environment. We practice and promote sustainability through reducing waste, minimising consumption, and protecting and conserving wildlife and natural habitats.

OFFICER'S RECOMMENDATION

That Council: adopt the Environmentally Responsible 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)**

ENVIRONMENTALLY RESPONSIBLE POLICY

Our Out of School Hours Care (OSHC) Service encourages the awareness of environmental responsibility and implement practices that contribute to a sustainable future. Children are supported to become environmentally responsible and show respect for the environment. We practice and promote sustainability through reducing waste, minimising consumption, and protecting and conserving wildlife and natural habitats.

NATIONAL QUALITY STANDARD (NQS)

| QUALITY AREA 3: PHYSICAL ENVIRONMENT | | |
|--------------------------------------|---------------------------------------|---|
| 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 to support every child's participation and to engage every child in quality experiences in both built and natural environments. |
| 3.2.2 | Resource' 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. |
| 3.2.3 | Environmentally responsible | The Service cares for the environment and supports children to become environmentally responsible. |

RELATED POLICIES

| | |
|---|-----------------------------|
| Animal and Pet Policy Educational Program Policy | Physical Environment Policy |
|---|-----------------------------|

PURPOSE

We believe in educating children about being environmentally responsible which is promoted and supported through daily practices, resource and interactions. Sustainable practice is encouraged within the OSHC Service and community, assisting children and families to become advocates for a sustainable future.

SCOPE

This policy applies to children, families, educators, staff, Approved Provider, Nominated Supervisor, management, students, volunteers and visitors of the OSHC Service.

IMPLEMENTATION

Teaching and learning about being environmentally responsible starts with everyday practice. We believe being environmentally responsible should be embedded into the operations of the OSHC Service, rather than being a tokenistic 'theme' that is investigated every now and then. Our Service is committed to protecting our environment to ensure a sustainable future for our children. This involves educators, children and families working together to protect our environment as we educate children about the importance of 'creating and promoting sustainable communities.' (MTO, 2.0. p17)

THE APPROVED PROVIDER/NOMINATED SUPERVISOR WILL:

- ensure the principles of the approved framework- *My Time, Our Place, (V2.0). 2022* underpin our educational program within the Service- including the new principle of *Sustainability*
- network with the local community to keep up to date with current practices and ideas for being environmentally responsible. This may include installing water tanks, grey water system, converting toilet cisterns to dual flush, and converting to water saving taps
- engage Aboriginal and Torres Strait Islander elders, where possible, to explore and share their own history, culture and rich sustainable practices
- encourage educators, families and children to engage in sustainable practices and appreciate the natural environment, understand our impact on the natural world, and the interdependence between people, animals, plants, lands and waters
- provide professional development opportunities for educators to learn about integrating environmentally sustainable education into all areas of their program and engage in shared critical reflection
- reflect on environmental, economic and social impacts on the world in all aspects of Service operation and include in the review the development of a sustainable Quality Improvement Plan (QIP)
- ensure the OSHC Service joins a preferred provider e.g., [Sustainable Schools NSW](#) (or State equivalent) to liaise with other education and care services and maintain currency on practices and ideas for being environmentally responsible
- where relevant, review policies and procedures within the OSHC Service with educators, children and families, to achieve more sustainable outcomes and practices
- use electronic communication where possible to reduce paper use within the office and in each room for newsletters, billing, and other communication needs
- conduct environmentally responsible audits to ensure consistency and continuous improvement

- source resources and materials from **Reverse Garbage** or second-hand stores to use within the OSHC Service
- ensure sustainable practices are incorporated into the daily routine
- collaborate with families and the community for involvement in potential quality practice for the Service. For example: [Take 3 for the Sea](#), [Food wise](#), [Planet Ark](#)
- provide colour coded bins for Landfill only, Organic waste, Paper recycling, Mixed recyclables.

EDUCATORS, STAFF MEMBERS, VOLUNTEERS AND STUDENTS WILL:

- encourage children and young people to engage with concepts of sustainability and their capacity to advocate and act for positive change (MTOPI, V2.0)
- support children and young people's understanding of their citizenship, rights and responsibilities as members of local and global communities through meaningful and relevant educational experiences (MTOPI, p.17)
- incorporate recycling as part of everyday practice at the OSHC Service
- support children and young people's commitment to social justice through curriculum decision making
- role model environmental sustainability practices during play
- discuss environmentally responsible practices with the children and families as part of the curriculum
- provide information to families on environmentally responsible practices that are implemented at the OSHC Service and encourage the application of these practices in the home environment
- share ideas between educators, children, and families about environmentally responsible ideas, implementation, and resources. This will be supported through our communication strategies, including parent meetings, emails, newsletters, and informal conversations
- use a worm farm/composting bin/ to reduce food waste in the OSHC Service. Children will be encouraged to place food scraps into separate containers for use in the worm farm or composting bin
- role model energy and water conservation practices: For example, turning off lights and air-conditioning when a room/space is not in use, emptying water play containers onto garden areas
- seek to purchase equipment that is environmentally friendly where possible. Educators will reduce the amount of plastic and disposable equipment they purchase and select materials that are made of natural materials
- use the concept of 'reduce, re-use and recycle', which will become part of everyday practice for both children and educators to build lifelong attitudes towards environmentally responsible practices
- use 'green cleaning' products to replace chemicals where possible.

SUSTAINABLE PRACTICES MAY INCLUDE:

| SUSTAINABLE PRACTICE | IDEAS |
|----------------------|--|
| RECYCLING | <ul style="list-style-type: none"> • Provide bins and signage for waste and recycled materials • Recycle paper and all other recyclable rubbish • Use recycled water (e.g., for watering gardens) |
| GARDENING | <ul style="list-style-type: none"> • Plant vegetables, herbs, and fruit trees • Establish a worm farm • Give food scraps to worms or service pets, or to a staff member to take home for their pet/s • Provide education to children about activities such as ‘garden to plate’ activities • Provide opportunities for children to participate in experiences such as seed sprouting, vegetable gardening, cooking with what is grown, and provide education about weeds |
| ENERGY CONSERVATION | <ul style="list-style-type: none"> • Install LED lighting where possible • Turn off non-LED lights when not in use • Turn off electrical appliances at the outlet when not in use • Use natural ventilation and insulated blinds/drapes rather than air conditioning when temperatures are not extreme |
| WATER CONSERVATION | <ul style="list-style-type: none"> • Using half flush on the toilet • Turn off the taps and ensure leaking taps are fixed immediately • Encourage shorter showers • Teach children to turn off tap when brushing teeth • Collect rainwater and use in the garden and for water/sand play • Use water play water on the garden rather than tipping out after use |
| NATURE AND WILDLIFE | <ul style="list-style-type: none"> • Use natural materials – trees, blocks of wood and leaves etc. in arts and crafts and play • Educate children about the natural decomposition cycle through exposure and participation in worm farms and composting food scraps • Educate children in how to care for pets, letting them actively participate in caring for the service pets. • Plant ‘bird attracting’ plants and install a birdbath • Plant ‘butterfly attracting’ plants • Create a lizard lounge • Collaborate with wildlife educators to assist in educating children |
| COMMUNICATE | <ul style="list-style-type: none"> • Display the Service’s sustainability journey in the foyer area for families and visitors to view, provide feedback and offer suggestions • Provide families with hints and tips in newsletters about how they can become sustainable at home • Use scrap paper for art and craft • Use both sides of paper for drawing |

CONTINUOUS IMPROVEMENT/REFLECTION

The *Environmentally Responsible Policy* will be reviewed on an annual basis in conjunction with children, families, staff, educators and management.

SOURCES

Australian Association for Environmental Education (AAEE): www.aeee.org.au

Australian Children’s Education & Care Quality Authority. (2023). [Guide to the National Quality Framework.](#)

Australian Children’s Education & Care Quality Authority. (2023). [Information sheet. Belonging, Being & Becoming. Sustainability.](#)

Australian Government Department of Education. [My Time, Our Place- Framework for School Age Care in Australia.V2.0, 2022](#)

Department of Environment and Energy: www.environment.gov.au

[Education and Care Services National Regulations. \(Amended 2023\).](#)

Queensland Early Childhood Sustainability Network (QECSN): www.qecsn.org.au

Revised National Quality Standard. (2018).

UNESCO. [Sustainable Development Goals- Resources for educators](#)

[Western Australian Education and Care Services National Regulations](#)

REVIEW

| | | | |
|--------------------|---|------------------|---------------|
| POLICY REVIEWED BY | Tina Chappell | Coordinator | February 25 |
| POLICY REVIEWED | FEBRUARY 2024 | NEXT REVIEW DATE | FEBRUARY 2025 |
| VERSION NUMBER | V7.2.24 | | |
| MODIFICATIONS | <ul style="list-style-type: none"> annual policy review additional information added to align to MTOP (V2.0) principle- Sustainability sources checked for currency and additional resources added | | |
| POLICY REVIEWED | MODIFICATIONS | NEXT REVIEW DATE | |
| FEBRUARY 2023 | <ul style="list-style-type: none"> policy maintenance - no major changes to policy hyperlinks checked and repaired as required continuous improvement/reflection section added link to Western Australian Education and Care Services National Regulations added in ‘Sources’ | FEBRUARY 2024 | |
| FEBRUARY 2022 | <ul style="list-style-type: none"> Policy reviewed as per annual review cycle Sources checked for currency | FEBRUARY 2023 | |

| | | |
|---------------|---|---------------|
| FEBRUARY 2021 | <ul style="list-style-type: none"> • minor edits • moved educator roles within policy • sources checked and broken links to resources fixed | FEBRUARY 2022 |
| FEBRUARY 2020 | <ul style="list-style-type: none"> • Additional information added to points. • Small wording edits • Additional links added for information and reference | FEBRUARY 2021 |
| FEBRUARY 2019 | <ul style="list-style-type: none"> • Wording 'corrected'. • Additional information added to points. • Points added (Highlighted). • Department names corrected in Sources (due to departmental name changes). | FEBRUARY 2020 |
| FEBRUARY 2018 | <ul style="list-style-type: none"> • New policy created to comply with revised NQS and change terminology to being environmentally responsible | FEBRUARY 2019 |

Item 4.8 Physical Environment Policy

EXECUTIVE SUMMARY

The physical environment can contribute to children's wellbeing, happiness, and creativity as well as promoting the development of independence. It can contribute to and make visible the quality of children's learning and involvement in experiences. The choices made in an Outside School Hours Care (OSHC) service about resources, materials, spaces, layout, air, and light in combination with access to a range of experiences in the indoor and outdoor areas, have a direct impact on the quality of learning opportunities available to children.

OFFICER'S RECOMMENDATION

That Council: adopt the Physical Environment 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 ENVIRONMENT POLICY

The physical environment can contribute to children’s wellbeing, happiness, and creativity as well as promoting the development of independence. It can contribute to and make visible the quality of children’s learning and involvement in experiences. The choices made in an Outside School Hours Care (OSHC) service about resources, materials, spaces, layout, air, and light in combination with access to a range of experiences in the indoor and outdoor areas, have a direct impact on the quality of learning opportunities available to children.

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. |
| 2.1.2 | Health practices and procedures | Effective illness and injury management and hygiene practices are promoted and implemented. |
| 2.1.3 | Healthy Lifestyles | 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. |
| 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 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. |
| 3.1.2 | Upkeep | Premises, furniture and equipment are safe, clean and well maintained. |

| EDUCATION AND CARE SERVICES NATIONAL REGULATIONS | |
|--|---|
| 73 | Educational programs |
| 74 | Documenting of child assessments or evaluations for delivery of educational program |
| 75 | Information about the educational program to be kept available |

| | |
|-----|--|
| 76 | Information about educational program to be given to parents |
| 80 | Weekly menu |
| 81 | Sleep and rest |
| 82 | Tobacco, drug and alcohol -free environment |
| 84A | Sleep and rest |
| 86 | Notification to parents of incident, injury, trauma and illness |
| 98 | Telephone or other communication equipment |
| 99 | Children leaving the education and care service premises |
| 102 | Authorisation for excursions |
| 103 | Premises, furniture and equipment to be safe, clean and in good repair |
| 104 | Fencing and security |
| 105 | Furniture, materials and equipment |
| 106 | Laundry and hygiene facilities |
| 107 | Space requirements—indoor |
| 108 | Space requirements—outdoor space |
| 109 | Toilet and hygiene facilities |
| 110 | Ventilation and natural light |
| 111 | Administrative space |
| 113 | Outdoor space—natural environment |
| 114 | Outdoor space—shade |
| 115 | Premises designed to facilitate supervision |
| 123 | Educator to child ratios- centre based services |
| 156 | Relationships in groups |
| 168 | Education and care service must have policies and procedures |
| 170 | Policies and procedures are to be followed |
| 171 | Policies and procedures to be kept available |

RELATED POLICIES

| | |
|--|--|
| Animal and Pet Policy Child Safe Environment Policy Educational Program Policy Environmentally Responsible Policy Health and Safety Policy | Road Safety Policy Rest Time Policy Safe Storage of Hazardous Chemicals Policy Sun Safety Policy Water Safety Policy |
|--|--|

PURPOSE

Our OSHC Service will ensure the environment is safe, clean, and well maintained for children, families, educators, and visitors. Children's awareness of the environment and sustainable practice will be supported through daily practices, resources and interactions. The physical environment will support children's participation and engagement, development, learning, and safety, and will provide supervised access to positive experiences and inclusive relationships. Our OSHC Service provides an environment free from the use of tobacco, alcohol and illicit drugs.

SCOPE

This policy applies to children, young people, families, educators, staff, approved provider, nominated supervisor, management, students, volunteers and visitors of the OSHC Service.

IMPLEMENTATION

Our Service is committed to providing an environment that promotes safety and enhances children's learning and development.

THE APPROVED PROVIDER, NOMINATED SUPERVISOR AND EDUCATORS' RESPONSIBILITIES INCLUDE THE FOLLOWING:

ENSURE THE PHYSICAL ENVIRONMENT IS DESIGNED TO:

- maximise children and young people's engagement and positive experiences
- provide space where children can experience quality care in a safe and healthy environment
- meet licensing requirements for buildings, space requirements, fencing, light, ventilation, firefighting equipment, emergency evacuation exits and safety glass for National Regulations, the Building Code of Australia (BCA), Queensland Department of Planning and Environment, local councils and regulatory authorities
- provide adequate storage to meet the needs and requirements of the OSHC Service
- provide sufficient and accessible handwashing, toileting, eating and food preparation facilities
- ensure toileting and hand-washing facilities are accessible from both the indoor and outdoor environments
- provide an area for managerial purposes, consultation with children's parents and for private conversations to occur (Reg. 111)

- incorporate natural and artificial lighting, appropriate ventilation, heating, cooling and fresh air into the building/premises (Reg. 110)
- facilitate adequate supervision of children at all times
- ensure safety and minimal disruption for children whilst playing
- ensure immediate communication is available at all times to and from parents and emergency services (Reg. 98)
- provide different types of play to occur both in the indoor and outdoor areas (e.g., quiet play areas and loud play areas)
- provide adequate shade for children in accordance with the recommendations of relevant authorities
- provide shade in the form of trees or physical shade structures
- provide a natural environment for children to explore and experience which may include plants, trees, gardens, rock, mud and/or water
- ensure all required fencing is compliant with current regulations and is maintained to ensure it is in good condition (including boundary fencing)
- provide a variety of indoor and outdoor experiences, catering for children's interests and abilities
- provide a developmentally appropriate environment where children can explore, solve problems, create, construct and engage in critical thinking
- provide an environment that permits children to participate in activities independently or in small groups, and access resources autonomously
- ensure safety of children at all times. Play equipment must comply with playground standards- AS 4685-2014
- power points not in use have safety caps, all double adaptors and power-boards are out of reach of children, and all electrical cords are secured and not dangling

CHOOSE APPROPRIATE RESOURCES AND EQUIPMENT:

- appropriately sized furniture and equipment will be provided in both the indoor and outdoor environment for the age ranges represented in the OSHC service (K-6 years)
- resources will be adequate in number for the number of children and young people attending our OSHC Service and be developmentally appropriate
- children will be supported to access appropriate furniture, resources, materials, toys and equipment that encourage appropriate challenges and risk taking in accordance with their individual developmental level
- specific equipment requirements of children with additional needs will be catered for to ensure an inclusive environment

- resources and equipment will be chosen to reflect the cultural diversity of the OSHC Service's community and the cultural diversity of contemporary Australia, including the incorporation of the Aboriginal and Torres Strait Islander community
- large purchases of equipment will be the responsibility of the approved provider and where required, consultation with school management will be sought
- the nominated supervisor is responsible for consumables and the daily running purchases of the OSHC service
- educators will provide ideas for equipment and materials purchase based on the needs and interests of children attending the OSHC service
- educators will complete a log of equipment that needs maintenance on a prioritised basis for the nominated supervisor
- children and young people's ideas and suggestions in planning the indoor and outdoor environments will be facilitated
- children will be encouraged to make decisions about the use of equipment and resources
- the OSHC Service will actively seek the input of parents/guardians regarding current interests of their children so as to purchase appropriate toys and equipment
- climbing equipment will be installed according to manufacturers' recommendations and compliant with Australian Safety Standards. For example, incorporating soft fall materials wherever climbing equipment is set up.
- incorporate commercial, natural, recycled, homemade, and real resources that can be used in a variety of ways to encourage children's learning and creativity
- educators will participate in on-going professional development in order to enhance children's learning and ensuring a safe and educational environment

REST ENVIRONMENT:

- educators will adhere to our *Rest Time Policy*
- provide an area/environment for children to rest and relax

REARRANGING, ADDING OR REMOVING FURNITURE:

- maintain a record of any changes that is made to the physical environment of the OSHC Service, such as rearranging of rooms etc. to show continuous improvement [see: Record of Service Modifications]
- links between the arrangements and choice of resources and equipment and the children's learning in the program will be documented

ONGOING MAINTENANCE

- the Service will continuously reflect on its environment and put in place a plan to ensure that the environment reflects our ideology of providing an environment that is safe, stimulating, and engaging for all who interact within it
- frequent risk assessments of the indoor and outdoor environment will be conducted to minimise risk and hazards
- educators will complete an *Outdoor Environment and Playground Safety Audit* at least every six (6) months
- the nominated supervisor will document required maintenance in a maintenance plan/log for the Service as required. Repairs and maintenance will be conducted throughout the year according to priority including, hazard removal, safety precautions and any relevant policies
- the approved provider/nominated supervisor is responsible for engaging an external expert to complete a **building safety checklist** of the service **and its grounds bi-annually** and ensure any work deemed necessary is completed to Australian standards.
- the OSHC Service will have regular pest inspections carried out by an accredited pest control company. Documentation of these inspections will be kept and any further recommended treatments as a result of the findings from the pest control check will be carried out in a timely manner
- stay up to date with banned/recalled products and remove these immediately from the Service if required.

GROUPING OF CHILDREN AND YOUNG PEOPLE

For the purposes of regulation 123 (1) (d), the educator to child ratio for children over preschool age at a centre-based Service is 1 educator to 15 children.

DAILY SAFETY CHECKS

A daily inspection of the premises will be undertaken before children arrive. The *Opening/Closing Checklist and Outdoor Cleaning/Safety Checklist* will be used as the procedure to conduct these safety checks. A record of these will be kept by the OSHC Service. The approved provider/nominated supervisor will make the appropriate arrangements to have any identified repairs carried out as soon as possible. [See Resource Section of policy).

The inspection will include:

- service perimeters

- fences/fence Line
- gates
- paths
- buildings
- all rooms/areas accessible by children
- fixed equipment
- sand pit/mud pit

This must be completed to identify any dangerous objects in the grounds ranging from sharps to poisonous or dangerous plants and animals. In the event of a sharp object being found (for example a syringe) educators will wear gloves and use tongs to pick up the object and place it in the 'sharp object box'. This box will be disposed of as per the recommendations of our local council.

Similarly, trees in the grounds must be checked regularly for overhanging, dead, or dangerous looking branches as well as checked for any infestations.

CLEANING OF BUILDINGS, PREMISES, FURNITURE AND EQUIPMENT

GENERAL CLEANING

- the OSHC Service will use structured **cleaning schedules** to ensure that all cleaning is carried out regularly and thoroughly
- educators will clean the service at the end of each day and throughout the day as needed
- accidents and spills will be cleaned up as quickly as possible to ensure that the service always maintains a high level of cleanliness and hygiene.
- educators and staff will adhere to our *Health and Safety Policy*.

WHEN PURCHASING, STORING AND/OR USING ANY DANGEROUS CHEMICALS, SUBSTANCES, MEDICINES OR EQUIPMENT, OUR OSHC SERVICE WILL:

- ensure all procedures ensure all procedures are followed to maintain a safe environment
- adhere to the Service's *Safe Storage of Hazardous Chemicals Policy*
- adhere at all times to manufacturer's advice and instructions when using products to clean furniture and equipment at the service
- keep **a register of all hazardous chemicals**, substances and equipment used at the Service. Information recorded should include where they are stored, their use, any risks, and first aid instructions and the current SDS. The register will be readily accessible.

CHILDREN'S BATHROOM

- children will be actively supervised whilst accessing toilet facilities to ensure other children are safe from harm
- educators will check the toilet facilities for safety and materials prior to commencement of daily program
- educators and other staff will encourage children to follow appropriate hygiene practices- hand washing, not playing in bathrooms.
- bathrooms will be cleaned at least daily and at other times as required
- bathroom floors will be mopped at least daily
- signage is to be used after mopping to ensure that children, educators and other staff and families are aware that the floor is wet
- educators are to ensure they follow the bathroom and toilet cleaning procedure
- educators will complete the *Bathroom Safety Audit* [every 6 months].

MAINTENANCE OF FIRE EQUIPMENT

- all fire equipment at our OSHC Service will be maintained as per the legal standards
- external agencies will be employed to assist the OSHC Service with this maintenance if no currently employed staff or educators are qualified to complete the maintenance checks.

SUN PROTECTION

- the OSHC Service will adhere to our *Sun Safety Policy* and procedures at all times
- a combination of sun protection measures will be implemented whenever UV Index levels reach 3 and above
- educators will continue to check the UV rating prior to going outdoors and as the heat increases throughout the day (see *Sun Safety Policy* for further information)
- temperature of outdoor equipment and surfaces will be monitored during the day to ensure the area and equipment is safe for children to play (see: *Daily Playground Surface Temperature Check*)

WATER SAFETY

Regulations state that services in [New South Wales] are not permitted to have pools unless they existed on the premises before 6 November 1996. However, to stop accidents and illnesses relating to swimming pools, wading pools, water troughs and other water situations our OSHC service will:

- remove any items or objects that could be used to climb into the fenced area of a pool, trough, or water storage unit e.g., chairs, bins, bikes, and any shrubs or overhanging trees

- make sure no child swims in any water without:
 - risk assessments being completed and approved by the approved provider
 - written permission from family member to learn water safety and swimming
 - appropriate educators/child ratios in place
 - having sufficient numbers of educators present who have first aid or recognised water safety and rescue procedures.
- at all times children near water are closely supervised. A child will never be left unattended near any water
- staff will ensure that all water containers are made inaccessible to children and also make sure children's play areas are safely fenced off from water hazards such as rivers, dams, creeks, lakes, irrigation channels, wells etc.
- all wading pools/water troughs etc. will be immediately emptied after every use: storage will prevent the collection of water e.g., upright/inverted. The grounds will also be checked after rain or watering and water that has collected in holes or containers will be emptied/removed.
- wading/water troughs are hygienically cleaned, disinfected, and chlorinated appropriately:
 - on a daily basis remove leaves and debris, hose away surface dirt and scrub inside with disinfectant
 - wash away disinfectant before filling trough.

SERVICE CLOSURE

- educator/s are to check the entire premises to ensure that all children and families have departed by checking sign in and out sheets
- educator/s must sign the sign in and out sheets confirming all children are signed out
- educator/s are to follow service-closing procedures each night (see: *Opening/Closing Checklist*)
- in the case where a parent has omitted to sign their child out, and the educators did not witness the child leave the Service, the educator/s must take every step to get in contact with the parent to ensure the child has safely left the OSHC Service
- if unable to contact the family, the educators are to contact other educators present on that day for confirmation that the child has been collected. The nominated supervisor is to then be notified before leaving the OSHC Service.
- all visitors to the OSHC must sign in upon arrival and sign out when they leave
- details of absences during the day must also be recorded.

CONTINUOUS IMPROVEMENT/REFLECTION

The *Physical Environment Policy* will be reviewed on an annual basis in conjunction with children, families, educators, staff and management.

CHILDCARE CENTRE DESKTOP - RELATED RESOURCES

| | |
|--|---|
| Bathroom Safety Audit | Outdoor Environment and Playground Safety Audit |
| Daily Playground Surface Temperature Check | Outdoor Cleaning/Safety Checklist |
| Equipment and Maintenance Record | Physical Environment Audit |
| Equipment and Resource Audit | Record of Service Modifications |
| Hazardous Substances Register | Visitor sign in/sign out record |
| Opening/Closing Checklist | |

SOURCES

Australian Children’s Education & Care Quality Authority. (2014).

Australian Children’s Education & Care Quality Authority. (2023). *Guide to the National Quality Framework*.

Cancer Council NSW: <https://www.cancercouncil.com.au>

Cancer Council Australia. Be SunSmart. <https://www.cancer.org.au/cancer-information/causes-and-prevention/sun-safety/be-sunsmart>

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023).

KidSafe Australia: <https://kidsafe.com.au>

National Health and Medical Research Council. (2013). Staying healthy: Preventing infectious diseases in early childhood education and care services.

NSW Government Kids and Traffic Early Childhood Road Safety Education Program

Red Nose Australia. Safe environment <https://rednose.org.au/section/safe-environment>

Revised National Quality Standard. (2018).

Swimming Pools Act 1992 (NSW)

Work Health and Safety Act 2011

[Western Australian Education and Care Services National Regulations](#)

REVIEW

| | | | |
|--------------------|--|------------------|---------------|
| POLICY REVIEWED BY | Tina Chappell | Coordinator | February 24 |
| POLICY REVIEWED | FEBRUARY 2024 | NEXT REVIEW DATE | FEBRUARY 2025 |
| VERSION NUMBER | V8.02.24 | | |
| MODIFICATIONS | <ul style="list-style-type: none"> annual policy maintenance additional information added for OSHC Services that are set up on school premises | | |

| | <ul style="list-style-type: none"> • minor edits within policy as indicated • hyperlinks checked and repaired as required | |
|-----------------|--|------------------|
| POLICY REVIEWED | PREVIOUS MODIFICATIONS | NEXT REVIEW DATE |
| FEBRUARY 2023 | <ul style="list-style-type: none"> • 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' | FEBRUARY 2024 |
| FEBRUARY 2022 | <ul style="list-style-type: none"> • minor edits and inclusions to policy • sources checked for currency | FEBRUARY 2023 |
| FEBRUARY 2021 | <ul style="list-style-type: none"> • re-write of policy to make more relevant and succinct • related policies added- Child Safe Environments, Storage of Hazardous Materials • repetitive points removed as these are covered in other key policies • Information specific to Sun Safety removed- (covered in Sun Safety policy) • indoor and outdoor checklists moved to end of policy as a resource | FEBRUARY 2022 |
| FEBRUARY 2020 | <ul style="list-style-type: none"> • Minor changes to grammar, content changed • Sources checked for currency • New sources added • Checklist alphabetised | FEBRUARY 2021 |
| FEBRUARY 2019 | <p>Introductory statement and purpose modified. Additional information added to points. Sources checked for currency. Sources/references corrected, updated, and alphabetised.</p> | FEBRUARY 2020 |
| FEBRUARY 2018 | New policy created to comply with revised NQS | FEBRUARY 2019 |

Item 4.9 Staffing Arrangements Policy

EXECUTIVE SUMMARY

Our Outside School Hours Care (OSHC) Service aims to provide educators, staff and nominated supervisors who have the qualifications and experience to develop warm, nurturing, and respectful relationships with children. We are committed to ensuring that children's health, safety, and wellbeing is protected at all times through providing appropriate and effective supervision according to legislated ratios and best practice. Our educators, in collaboration with our educational leader, design and implement developmentally appropriate programs that support children's participation and engagement, interests and learning.

OFFICER'S RECOMMENDATION

That Council: adopt the Staffing Arrangements 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)**

STAFFING ARRANGEMENTS POLICY

Our Outside School Hours Care (OSHC) Service aims to provide educators, **staff** and nominated supervisors who have the qualifications and experience to develop warm, nurturing, and respectful relationships with children. We are committed to ensuring that children's health, safety, and wellbeing is protected at all times through providing appropriate and effective supervision according to legislated ratios and best practice. Our educators, in collaboration with our educational leader, design and implement developmentally appropriate programs that support children's participation and engagement, interests and learning.

NATIONAL QUALITY STANDARD (NQS)

| QUALITY AREA 4: STAFFING ARRANGEMENTS | | |
|---------------------------------------|----------------------------|---|
| 4.1 | Staffing arrangements | Staffing arrangements enhance children's learning and development. |
| 4.1.1 | Organisation of Educators | The organisation of educators across the Service supports children's learning and development. |
| 4.1.2 | Continuity of staff | Every effort is made for children to experience continuity of Educators at the Service. |
| 4.2 | Professionalism | Management, Educators and staff are collaborative, respectful and ethical. |
| 4.2.1 | Professional collaboration | Management, Educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills. |
| 4.2.2 | Professional Standards | Professional standards guide practice, interactions and relationships. |

| EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS | |
|---|---|
| 56 | Notice of addition of nominated supervisor |
| 56A | Notice of change of a nominated supervisor's name or contact details |
| 161 | Offence to operate education and care service without nominated supervisor |
| 161A | Offence for nominated supervisor not to meet prescribed minimum requirements |
| 162 | Offence to operate education and care service unless responsible person is present |
| 162A | Child protection training |
| 169 | Offence relating to staffing arrangements |
| 172 | Offence to fail to display prescribed information |
| 173 | Offence to fail to notify certain circumstances to Regulatory Authority |
| 174 | Offence to fail to notify certain information to Regulatory Authority |

| | |
|--------------------|--|
| 175 | Offence relating to requirement to keep enrolment and other documents |
| 188 | Offence to engage person to whom prohibition notice applies |
| 4 (1) | Definitions |
| 10 | Meaning of <i>actively working towards</i> a qualification |
| 13 | Meaning of <i>working directly with children</i> |
| 35 | Notice of addition of new nominated supervisor |
| 83 | Staff members and family day care educators not to be affected by alcohol or drugs |
| 84 | Awareness of child protection law |
| 117A | Placing a person in day-to-day charge |
| 117B | Minimum requirements for a person in day-to-day charge |
| 117C | Minimum requirements for a nominated supervisor |
| 118 | Educational leader |
| 120 | Educators who are under 18 to be supervised |
| 122 | Educators must be working directly with children to be included in ratios |
| 123 | Educator to child ratios – centre-based services |
| 136 | First Aid qualifications |
| 145 | Staff Record |
| 146 | Nominated Supervisor |
| 147 | Staff Members |
| 148 | Educational Leader |
| 149 | Volunteers and Students |
| 150 | Responsible Person |
| 151 | Record of educators working directly with children |
| 168 | Education and care services must have policies and procedures |
| 170 | Policies and procedures to be followed |
| 173 | Prescribed information to be displayed |
| 174 | Time to notify certain circumstances to Regulatory Authority |
| 177 | Prescribed enrolment and other documents to be kept by approved provider |
| 243 | Persons taken to hold an approved diploma level education and care qualification |
| 244 | Persons taken to hold an approved certificate III level education and care qualification |
| 299 | General qualification requirements for educators—children over preschool age (QLD ONLY) |
| 299C/299D/ 299E | Service approval with rest period condition (QLD ONLY) |

RELATED POLICIES

| | |
|---|---|
| CCS Personnel Policy | Performance Management Policy |
| Code of Conduct Policy | Privacy and Confidentiality Policy |
| Child Protection Policy | Professional Development Policy |
| Child Safe Environment Policy | Record Keeping and Retention Policy |
| Dealing with Complaints Policy | Responsible Person Policy |
| Emergency and Evacuation Policy | Recruitment Policy |
| Excursion/Incursion Policy | Safe Transportation Policy |
| Governance Policy | Rest Policy |
| Incident, Injury, Trauma and Illness Policy | Supervision Policy |
| | Student, Volunteer and Visitors Policy |

PURPOSE

Under the Education and Care Services National Regulations, the approved provider must ensure that policies and procedures are in place in relation to staffing arrangements (Regulation 168) and take reasonable steps to ensure those policies and procedures are followed. (ACEQA 2021). To ensure our OSHC Service adheres to the Education and Care Service National Regulation we employ educators and staff in compliance with any state specific qualifications and experience and adhere to regulated educator and child ratios.

SCOPE

This policy applies to **staff**, educators, management, approved provider, nominated supervisor, **students** and **volunteers** of the OSHC Service.

IMPLEMENTATION

Our OSHC Service will comply with the required educators to child ratios and take into consideration any qualification requirements and experience for educators at centre-based services in order to meet National Regulations and Standards.

There are no national qualification requirements for educators at centre-based services for school age children including Out of School Hours Care Services, however some states and territories may have specific requirements. **See below for state specific requirements and remove if not required for your Service.**

‘SUITABLY QUALIFIED PERSON’ DEFINITION

ACECQA determines the following qualifications as requirements for a ‘suitably qualified person’:

an individual who holds an approved qualification as listed on the ACECQA website that is approved by the National Authority or an individual who holds a qualification as approved by the National Authority

ACTIVELY WORKING TOWARDS DEFINITION

An educator who is enrolled in a course for an [ACECQA approved diploma level or higher qualification](#).

- The educator is required to provide documentary evidence of enrolment of the course, training plan and satisfactory progress towards completion of the course
- Individuals actively working towards an approved qualification may be counted towards qualification requirements as 'suitably qualified persons'
- Our OSHC Service will communicate with the educator's RTO to ensure the educator successfully completes their qualification
- We will support the educator in completing their qualification through mentoring and assistance.
- Our OSHC Service will ensure records are kept detailing staff who are actively working towards an early childhood qualification, including evidence of satisfactory progress. (See: Record-Actively working towards qualification)
- Educators are 'taken to hold an approved diploma level or certificate III level qualification' if they meet the following criteria:
 - were recognised previously as a diploma level educator under former education and care services law AND employed or engaged in a declared approved service or
 - held a qualification as published under regulation 137(2)(a), former qualifications for diploma level qualifications or
 - Held a qualification as published under regulation 137(2)(b), former qualifications for diploma level qualifications (QLD only).

EDUCATIONAL LEADER

The educational leader has an influential role in inspiring, motivating, affirming, and challenging or extending the practice and pedagogy of educators. It is a joint endeavour involving inquiry and reflection, which can significantly impact on the important work educators do with children and families.

- The approved provider will nominate a qualified and experienced educator to take on the educational leader role and responsibilities (Reg.118)
- The educational leader will accept the position, in writing
- The educational leader will keep a record about how they mentor and guide educators of the OSHC Service to ensure continuous improvement

- The educational leader will guide educators to provide a range of learning experiences that cater for the needs and interests of children through play and leisure opportunities
- The educational leader will maintain evidence about the development of the learning program and the alignment to the *My Time, Our Place* (V2.0) framework
- The approved provider will ensure the name of the educational leader is displayed at the Service in a place that is clearly visible to staff, educators, families and visitors. (Reg.173)
- The approved provider will support the educational leader to fulfill their responsibilities by ensuring opportunities for professional development to support continuous improvement

NOMINATED SUPERVISOR

The nominated supervisor is a suitable person appointed by the approved provider who is placed in day-to-day charge of an approved OSHC Service. The nominated supervisor has a range of responsibilities under the National Law and Regulations including, but not limited to, programming, supervision and safety of children, entry to and exit from the premises, food and beverage, administration of medication, excursions and staffing.

The approved provider will ensure a nominated supervisor is nominated for the OSHC Service and display the name of the nominated supervisor in a place that is clearly visible to staff, educators, families and visitors.

The approved provider must provide sufficient evidence and information to demonstrate compliance to the regulatory authority of the suitability of this person as nominated supervisor and notify the regulatory authority at least seven days prior to the nominated supervisor or as soon as practicable (no more than 14 days after the nominated supervisor has commenced employment in the position). The approved provider will ensure the regulatory authority is notified if the nominated supervisor ceases employment at the Service, is removed from the role or withdraws consent to the nomination.

The approved provider will ensure the nominated supervisors meets the following requirements:

- The nominated supervisor must be 18 years of older
- The nominated supervisor must have successfully completed Child Protection training and be aware of mandatory reporting obligations
- The nominated supervisor must have a history of compliance with Education and Care National Law and other relevant law (e.g., Family Law)
- The nominated supervisor has adequate knowledge and understanding of the provision of education and care to children and has the ability to effectively supervise and manage an education and care Service (Reg. 117C)

- The nominated supervisor is responsible for the day-to-day management of the Service, ensuring compliance with the National Law, Regulations, National Standards and Family Assistance Law
- The nominated supervisor will accept the role in writing, to ensure they have a clear understanding about their role and responsibilities
- The nominated supervisor will ensure the Service program is reflective of the approved learning framework, incorporate the children's developmental needs, interests, and experiences, and consider the individual differences and needs of each child
- The nominated supervisor will adhere to Service policies ensuring a safe and healthy environment is provided
- The nominated supervisor will register with PRODA and complete required background checks, including Working with Children Check and criminal history record check.

RESPONSIBLE PERSON

A responsible person is required to be physically present at the OSHC Service at all times that children are being educated and cared for. The responsible person can be the approved provider, or a person with management or control placed in day-to-day charge of the Service.

- Our OSHC Service will ensure there is always a nominated supervisor or responsible person on the premises when children are being educated and cared for
- The approved provider or nominated supervisor will ensure any persons nominated as a responsible person placed in day-to-day charge are at least 18 years old and have adequate knowledge and understanding of the provision of education and care to children and an ability to effectively supervise and manage an education and care service (Reg. 117B)
- Our OSHC Service will clearly communicate the responsible person on duty with families, educators, staff and visitors by displaying this information in the foyer or reception area
- The responsible person will adhere to Service policies and procedures and maintain a safe and healthy environment for children
- The responsible person will always act with professionalism when dealing with children, educators, visitors, families and volunteers
- All responsible persons will accept the role in writing, to ensure they have a clear understanding about their role and responsibilities (Reg.117A)
- The responsible person must have a history of compliance with Education and Care National Law and other relevant law (e.g., Family Law)
- The responsible person must have successfully completed Child Protection training and be aware of mandatory reporting obligations. (Reg. 84).

APPROVED FIRST AID QUALIFICATIONS

- The approved provider is required to ensure at least one staff member, or one nominated supervisor holds current qualifications for first aid (including cardio-pulmonary resuscitation), anaphylaxis management and emergency asthma management training.
- The approved provider must ensure at least one staff member, or one nominated supervisor be in attendance at any place children are being educated and cared for by the OSHC Service and be immediately available in an emergency and hold the mandatory qualifications for:
 - an ACECQA approved first aid qualification (including cardio-pulmonary resuscitation renewed every 12 months)
 - anaphylaxis management training and
 - emergency asthma management training.
 (Approved qualifications are published on the ACECQA website)
- Services need to have a staff member with current approved qualifications on duty and be immediately available in an emergency.
- It is the staff and educator's responsibility to ensure they maintain current first aid (including cardio-pulmonary resuscitation), anaphylaxis management and emergency asthma management training qualifications and provide the OSHC Service with a copy of the certificate. Staff and educators must ensure they participate in training prior to the expiration date on their certificates
- approved first aid qualifications and ACECQA approved anaphylaxis and asthma management training every 3 years and renew cardio-pulmonary resuscitation every 12 months

WORKING WITH CHILDREN CHECK /CLEARANCE

A Working with Children Check (WWCC) is a requirement for people who work or volunteer in child-related work. It involves a National Police Check and a review of findings of reportable workplace misconduct. The result of a WWCC is either a clearance to work with children for five years (NSW & Vic. SA), three years (WA, QLD, TAS, & ACT), or two years (NT), or a bar against working with children. Cleared applicants are subject to ongoing monitoring and relevant new records may lead to the clearance being revoked.

- To comply with National Regulations for those undertaking paid or voluntary child-related work all employees, volunteers and students of the OSHC Service will acquire a Working with Children Check.
- Management will verify all Working with Children Checks before any staff, educators, students and volunteers are engaged at the Service, to ensure the children are protected at all times
- Management will keep a record of the expiry date of the Working with Children Check for all staff, volunteers and students

- Management will ensure any notifications or concerns regarding a person's Working with Children Check are recorded and steps taken immediately to ensure the person is not working directly with children in accordance with directions from the **Office of the Children's Guardian (NSW) or related authority in each state/territory**
- Any visitor who has direct contact with children will be required to provide a WWCC for verification **prior to coming into contact with children (best practice)**
- The approved provider will ensure a staff member, employee, volunteer, or contractor is not employed or engaged at the Service if the person is prohibited from working with children, including **a prohibition notice in force provided under the National Law.**

STAFF RECORD

Approved Services must keep information about the nominated supervisor, educational leader, staff, volunteers, students, and the responsible person at the Service including name, address, date of birth, evidence of qualifications (including evidence of working towards qualifications), evidence of approved training (including Child Protection).

Our OSHC Service will ensure the following records are kept in accordance with regulation 145 and our Record Keeping and Retention Policy

- Details must include evidence of staff **and educators** working directly with children, qualifications, training information and Working with Children Check verification number **and expiry date (Reg. 151)**
- Details regarding staff PRODA registrations will be kept in each staff record, including RA number and evidence of fit and proper checks
- All staff, educators, students, volunteers, and visitors are required to sign in and out each day
- Immunisation status may be recorded as part of the staff record
- **Details of staff including full name, address, date of birth, qualifications held, approved training completed (Reg. 147)**
- **Details of Teacher registration (if applicable)**
- Details of the Educational Leader
- Details of responsible person
- Details of nominated supervisor
- **Details of staff who are actively working towards a qualification, including evidence of satisfactory progress (from July 1 2023)**

ADEQUATE SUPERVISION

Adequate supervision is a consideration for any part of the OSHC Service premises where children are educated and cared for and is part of every educator's duty of care. Supervision is an active practice to help protect children from harm or hazards. Educators are required to ensure children are in sight and/or hearing at all times, demonstrating that the best interest of children is being provided for.

- Our OSHC Service will comply with educator to child ratios outlined in National Legislation and National Quality Framework
- Educators will be required to adhere to the Service's *Supervision Policy* and floor plan to maintain effective supervision
- Educators will balance supervision and children's growing need to privacy and autonomy, taking into account their age/s and stage of development
- Educators will adjust their level of supervision depending on the area of the Service and the skills, age, dynamics, and size of the group of children being supervised
- Educators will respond to individual needs and attend to children as necessary
- Children will be supervised whilst resting after school
- An educator will be in sight and hearing of a sleeping child at all times to provide continuous supervision [where applicable]
- Educators will communicate with other staff and educators about their supervision points, offer advice and support to ensure children's safety is of the highest priority at all times
- When supervising outdoors or when children are engaged in risky play, educators will position themselves to ensure high visibility and accessibility to these areas and experiences
- Outdoor play environments are planned and educators are positioned to ensure effective supervision is maintained whilst children are transitioning between indoor/outdoor learning environments and accessing toilets
- Educators will supervise children during the transition between school and the OSHC Service
- Supervision during times of transportation to and from the OSHC service will ensure the educator to child ratio is adhered to at all times
- Adequate supervision will be provided when children are being transported. Consideration will be made depending on risk assessments, number, age and ability of children, visibility of children, each child's current activity. (See: *Safe Transportation Policy*)
- Unless briefly discussing child or Service concerns, educators will not congregate together either inside or outside
- Educators will interact with children where pedagogically appropriate whilst supervising

- Supervising educators will give their complete attention to the children and not perform other duties or tasks.

WORKING DIRECTLY WITH CHILDREN

National Regulations state that an educator cannot be included in calculating the educator to child ratio of an OSHC Service unless the educator is working directly with children. A record must be kept of educators working directly with children which includes the name of each educator and the hours each educator works directly with children being educated and cared for by the OSHC Service.

- To ensure compliance with regulations, our Service will only include educators in the educator to child ratio who are working directly with the children and ensure a current roster and a sign on/sign off record are available to verify this.

ROSTERS

- Our OSHC Service will ensure the roster and routine provides adequate supervision of children at all times.
- Consideration will be made to engage educators to maintain continuity of care to support children's development of secure relationships and contribute to their wellbeing.
- Where possible, casual staff will be chosen from a pool of regular educators with whom the children are familiar.

STUDENTS, VOLUNTEERS AND VISITORS

- The approved provider/ nominated supervisor will ensure that volunteers, students and visitors meet any requirements for Working with Children Checks/Clearance
- At no time will volunteers, students and/or visitors be left alone with a child or group of children or be included in the educator to child ratio
- The *Student and Volunteer Application form* will document the name, address and date of birth of volunteers and students
- The *Student and Volunteer Application form* and *Visitor Sign In/Out Record* will document the date and hours the student/volunteer attended the service
- All volunteers and students will be inducted into the OSHC Service to ensure they adhere to the Service policies and procedures, Statement of Philosophy and Code of Conduct
- Induction will ensure volunteers and students are aware of how to manage medical conditions and to respond to a child in case of illness, injury or suffers trauma, awareness of privacy laws (including social media, photography) and behaviour guidance procedures

- Management will provide the student/volunteer with information about Child Protection Law and mandatory reporting obligations
- Our OSHC Service will ensure that no student, volunteer or visitor is affected by or under the influence of drugs or alcohol while on the service premises when children are being educated and cared for.

PRIVACY

- Staff and educators will adhere to the Service's *Privacy and Confidentiality Policy* and Privacy Law in relation to children and their families, or matters relating to the Service and will at no time take part in inappropriate or unlawful conversations or discussions.
- The nominated supervisor will ensure that students and volunteers are made aware of the Services privacy and confidentiality policy and Privacy Law during their initial induction.
- All staff, educators, volunteers and students are provided with information about the ECA Code of Ethics.
- All staff and educators will be made aware of Child Information Sharing Schemes (CISS) and Family Violence Information Sharing Schemes (FVSS)

STAFF EMPLOYED UNDER 18 YEARS OF AGE

Our OSHC Service will ensure any staff member under 18 years of age does not work at the service alone and is adequately supervised at all times by an educator who is over 18 years of age.

STAFF RECRUITMENT

Our OSHC Service will ensure a rigorous recruitment process is followed to select the best staff possible based on skills, qualifications, experience and suitability for the position available. Each role will refer to the appropriate position description during recruitment and the probation period to ensure applicants are suitable for the role and position.

All potential staff will participate in robust interviews and have reference checks completed before an offer of employment is presented. Reference checks will take into consideration the suitability of the applicant for the role, previous experience and their commitment to child safe practices.

All potential staff are subject to Police Checks, maintenance of a valid Working with Children Check/Clearance (WWCC) and appropriate qualification. Valid first aid, asthma and anaphylaxis management or food safety qualification **may** also be required.

All new staff will undergo a probation period of **three (3)** months, during this time they will participate in an induction and orientation program and hold regular discussions regarding their performance with an appointed mentor.

Staff induction includes provision of the Service's policies and procedures, code of conduct, Child Safe Standards, child protection, work, health and safety guidelines, behaviour guidance, service routines, human resource documentation, physical environment, communication with families' processes, Family Assistance Law, administration of Child Care Subsidy, Child Information Sharing Schemes and introduction to senior staff members and/or mentor.

POLICIES AND PROCEDURES

Our OSHC Service will ensure a copy of the policies and procedures are available to all staff at all times, either electronically or in hard copy. The approved provider will ensure steps are taken to ensure staff follow policies and procedures through the following practices:

- new staff members are to read **and acknowledge** key policies and procedures during the induction process
- policy review is to be conducted during staff meetings to support staff understanding and adherence
- staff meeting minutes will record evidence of policies and procedures reviewed with staff
- policy review will be systematic and occur on a regular basis to support regular review and maintenance of policies and procedures
- staff are requested to provide feedback following policy reviews
- policy review will be conducted following updates to legislation or regulation amendments or following an incident or complaint
- the *Staff Policy Acknowledgement Form* is completed for each staff member
- performance reviews and improvements plans will be linked to policies and procedures
- checklists and audits will be used to identify any practices inconsistent with policies and procedures
- the *Performance Management Policy* outlines procedures for dealing with non-compliance of policies
- Performance improvement plans reflect expectations of behaviours required from staff linked to policies and procedures

EDUCATOR TO CHILD RATIOS

| Age | State | Educator to Child Ratio |
|-----|----------------------------|-------------------------|
| | NT, QLD, SA, TAS, VIC, NSW | 1 :15 |

| | | | | |
|------------------------|---|--|--------------------|-----------------|
| Over Pre-School Age | ACT | 1 :11 | | |
| | WA A service must have 1 qualified educator for the first 10 children- a second educator (not required to be qualified) is then required from the time the service has between 11-26 children. | 1:10 anytime a child who attends Kindy is in attendance. If NO preschool child attending session- | | |
| | | No. Children | Qualified Educator | Number Educator |
| | | 1-10 | 1 | 1 |
| | | 11-26 | 1 | 2 |
| | | 26-39 | 1 | 3 |
| | | 40-52 | 2 | 4 |

QUEENSLAND

Regulations 299, 299A-299C

Our OSHC Service approval includes a rest period condition and follows the following regulation requirements during rest periods:

- For children aged over 4 years but less than 13years:
 - 1 educator to 24 children for the first 24 children
 - 1 educator to 12 children for more than 24 children
- Our OSHC Service will ensure the following educators or volunteers are available to attend to children immediately during a rest period:
- Services under 30 approve places: 1 educator or volunteer
- Services with approved places of 31 to 75: 2 educators or volunteers
- Services with more than 76 approved places: 3 educators or volunteers
- Our OSHC Service will ensure educators used within the rest period are at least 17 years of age and hold or are actively working towards an approved certificate III level or higher education and care qualification
- Our OSHC Service will ensure at least 1 educator who holds or is working towards a minimum 2 year relevant qualification is in attendance for at least 7 hours and 15 minutes or for shorter hours at all times children are educated and cared for at the Service.
- In addition, for Services with over 30 children each day our Service will ensure at least 1 educator for every 30 children holds or is working towards at least a 1 year relevant qualification
- Our Service will ensure all educators under 18 years hold or is working towards at least a 1 years relevant qualification.

CONTINUOUS IMPROVEMENT

Our *Staffing Arrangements Policy* will be updated and reviewed annually in consultation with families, staff, educators and management.

CHILD CARE CENTRE DESKTOP- RELATED RESOURCES

| | |
|---|--|
| Code of Conduct Staff Acknowledgement Educational Leader Programming Agreement Nominated Supervisor Offer and Acceptance Form Policy Acknowledgement Form | Responsible Person Offer and Acceptance Form Record 'actively working towards' qualification Form Student and Volunteer Application Form Visitor sign in/out Record |
|---|--|

SOURCES

Australian Children’s Education & Care Quality Authority. (2014).
Australian Children’s Education & Care Quality Authority. (2023). *Guide to the National Quality Framework.*
 ACECQA. (2021). Policy and procedure guidelines. *Staffing Guidelines.*
 Department of the Officer of the Privacy Commissioner: www.privacy.gov.au
 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. Office of the Children’s Guardian: <https://ocg.nsw.gov.au/working-children-check>
 QLD Government. Department of Education. Early Childhood Education and Care. **[Ensuring staff follow policies and procedures](#)**
 Revised National Quality Standard. (2018).
[Western Australian Education and Care Services National Regulations](#)

REVIEW

| | | | |
|--------------------|---|--------------------|---------------|
| POLICY REVIEWED BY | Tina Chappell | Coordinator | February 24 |
| POLICY REVIEWED | FEBRUARY 2024 | NEXT REVIEW DATE | FEBRUARY 2025 |
| VERSION NUMBER | V11.02.24 | | |
| MODIFICATIONS | <ul style="list-style-type: none"> • Annual policy review • Related National Law added • Additional information added re: first aid qualification, anaphylaxis and asthma management and CPR training • Additional information added re: student and volunteers’ knowledge about child protection law and mandatory reporting requirements • Additional state specific information added- Services to delete information that is not related to their state/territory • Sources checked for currency and updated as required | | |

| POLICY REVIEWED | PREVIOUS MODIFICATIONS | NEXT REVIEW DATE |
|-----------------|---|------------------|
| JUNE 2023 | <ul style="list-style-type: none"> • Actively working towards qualification section added • National Regulations reviewed • Minor formatting edits | FEBRUARY 2024 |
| FEBRUARY 2023 | <ul style="list-style-type: none"> • minor formatting edits within text • Policy and Procedures section added • removal of mandatory COVID-19 vaccination requirement • hyperlinks checked and repaired as required • Continuous Improvement section added • Childcare Centre Desktop Resource section added | FEBRUARY 2024 |
| MAY 2022 | <ul style="list-style-type: none"> • Educator/child ratio for WA amended in line with Regulation 369 | FEBRUARY 2023 |
| FEBRUARY 2022 | <ul style="list-style-type: none"> • Additional law/regulations added- ACECQA Guidelines to Policy and Procedures document-(August 2021) • Additional information re: COVID-19 vaccination requirements for each state/territory. Services to delete information that is not relevant to their service. • Checked and updated links used within policy • Updated Related Policies | FEBRUARY 2023 |
| FEBRUARY 2021 | <ul style="list-style-type: none"> • Minor edits • addition to reference of Child Safe Standards • Probation period amended to 3 months to align with Recruitment Policy | FEBRUARY 2021 |
| OCTOBER 2020 | <ul style="list-style-type: none"> • adequate supervision for transportation added • additional section on recruitment and probation periods • educator to child ratios amended | FEBRUARY 2021 |
| FEBRUARY 2020 | <ul style="list-style-type: none"> • Educator qualification requirements amended • Educator to children ratios amended • Information about supervision condensed to avoid repetition • Revision of approved first aid qualifications | FEBRUARY 2021 |
| FEBRUARY 2019 | New policy created | FEBRUARY 2020 |

Item 6. General Business

DATE OF NEXT MEETING

16 April 2024

CONCLUSION

Peter Bennett
Chief Executive Officer