



**RICHMOND SHIRE COUNCIL
AGENDA**

FOR

**ORDINARY MEETING
TUESDAY 18 MARCH 2025
COMMENCING AT 8:00AM**

Richmond Shire Council
Ordinary Meeting of Council 18 March 2025

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

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 18 February 2025.

UNCONFIRMED MINUTES OF THE ORDINARY MEETING
OF THE RICHMOND SHIRE COUNCIL HELD IN THE BOARDROOM, RICHMOND
ON TUESDAY 18 FEBRUARY 2025



RICHMOND SHIRE COUNCIL

UNCONFIRMED MINUTES

UNCONFIRMED MINUTES OF THE ORDINARY MEETING
OF THE RICHMOND SHIRE COUNCIL HELD IN THE BOARDROOM, RICHMOND
ON TUESDAY 18 FEBRUARY 2025

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UNCONFIRMED MINUTES OF THE ORDINARY MEETING
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PRESENT

Present when Mayor Wharton declared the meeting open at 8:40am were:

COUNCILLORS:

Cr Wharton, Cr Fox, Cr Easton, Cr Flute, Cr Johnston and Cr Brown.

STAFF:

Chief Executive Officer – Peter Bennett, Director of Corporate Works – Peta Mitchell, Director of Community Services and Development – Angela Henry, Director of Works – Syed Qadir, Minutes Secretary – Tyarna Robinson and Camille Carrigan.

PRAYER

Cr Flute read the prayer.

APOLOGIES

Nil

CONFIRMATION OF MINUTES

RESOLUTION 20250218.1

It was moved Cr Fox, seconded Cr Easton and carried that the Minutes of the General Meeting of the Richmond Shire Council held in the Board Room, Richmond on Tuesday, 21 January 2025 be adopted as presented.

BUSINESS ARISING

Nil

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

2.1 Rainbow Gateway Park Bench – Library

EXECUTIVE SUMMARY

Rainbow Gateway has asked for Council permission to place a picnic style table and chairs on the grassed area outside the Richmond Library. The table and chairs would be secured to a concrete slab at the expense of Rainbow Gateway.

OFFICER'S RECOMMENDATION

That Council: give further direction.

RESOLUTION 20250218.2

It was moved Cr Johnston, seconded Judy Brown and carried that Council accept the proposal from Rainbow Gateway with conditions.

Council noted that it is recommended that placement be made at the rear of the building.

REFERENCE DOCUMENT

- Email

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

2.2 New Stormwater and Drainage Plans

EXECUTIVE SUMMARY

Changes to the new storm water and drainage plans were requested urgently to eliminate continuous flooding issues impacting parts of Larsen Street, Crawford Street and Simpson Street.

After recent rain, streets experienced flooding. Noted this is after extensive remedial works last year. Immediate works are required to alleviate excess water pooling on residential streets.

Council completed a flying minute through email on 11 February 2025 for a decision to be made for Council to approve or deny new plans for stormwater and drainage.

It was unanimously agreed that Council approve the new plans for Storm Water Drainage on sections of Larsen Street, Crawford Street and Simpson Street.

OFFICER'S RECOMMENDATION

That Council: note that it was unanimously agreed to approve the new plans for Stormwater and Drainage on sections of Larsen Street, Crawford Street and Simpson Street.

RESOLUTION 20250218.3

It was moved Cr Johnston, seconded Cr Easton and carried that Council endorse the flying minute for the new Stormwater and Drainage plans.

REFERENCE DOCUMENT

- Proposal

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

4.1 Incident Management Policy

EXECUTIVE SUMMARY

To provide worker guidance in the management of incidents and an understanding of the incident management system.

Information on the Serious Incident Response Scheme (SIRS) incidents is included in SIRS Management. Information on worker incident management is included in Workplace Safety.

OFFICER'S RECOMMENDATION

That Council: adopt the Incident Management Policy as presented.

RESOLUTION 20250218.4

It was moved Cr Brown, seconded Cr Johnston and carried that Council adopt the Incident Management Policy as presented.

REFERENCE DOCUMENT

- Policy

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

4.2 Infection Prevention and Control Policy

EXECUTIVE SUMMARY

To provide worker guidance to ensure an evidenced based approach to infection prevention and control (IPC) that is consumer centred, minimises the risk of infection and adheres to the core principles of infection prevention and control.

OFFICER'S RECOMMENDATION

That Council: adopt the Infection Prevention and Control Policy as presented.

RESOLUTION 20250218.5

It was moved Cr Fox, seconded Cr Johnston and carried that Council adopt the Infection Prevention and Control Policy as presented.

REFERENCE DOCUMENT

- Policy

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

4.3 Information Management Policy

EXECUTIVE SUMMARY

To provide worker guidance in the management of organisation and consumer information.

OFFICER'S RECOMMENDATION

That Council: adopt the Information Management Policy as presented.

RESOLUTION 20250218.6

It was moved Cr Brown, seconded Cr Fox and carried that Council adopt the Information Management Policy as presented.

REFERENCE DOCUMENT

- Policy

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

4.4 Information Technology and Cyber Security Policy

EXECUTIVE SUMMARY

To provide information to the organisation about our information management systems.

OFFICER'S RECOMMENDATION

That Council: adopt the Information Technology and Cyber Security Policy as presented.

RESOLUTION 20250218.7

It was moved Cr Easton, seconded Cr Johnston and carried that Council adopt the Information Technology and Cyber Security Policy as Presented.

REFERENCE DOCUMENT

- Policy

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

4.5 Life Threatening Events Policy

EXECUTIVE SUMMARY

To provide workers with an understanding of the principles and practice of managing life-threatening events including:

- Consumer monitoring in weather events or disasters
- Basic life support
- Foreign body airway obstruction (choking)
- Anaphylaxis and
- Advanced life support (as applicable) with consideration to scope of practice.

OFFICER'S RECOMMENDATION

That Council: adopt the Life Threatening Events Policy as presented

RESOLUTION 20250218.8

It was moved Cr Fox, seconded Cr Brown and carried that Council adopt the Life Threatening Policy as presented.

REFERENCE DOCUMENT

- Policy

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

4.6 Living with Cognitive Impairment Policy

EXECUTIVE SUMMARY

To provide guidance to workers in communicating with and caring for people living with cognitive impairment including the support of consumer's behavioural and psychological symptoms of dementia (BPSD).

We refer to 'consumers living with cognitive impairment' noting that a range of diagnosis or health conditions can present with cognitive impairment and describes all memory loss (acute, chronic or transitory) and associated disease and behaviours.

OFFICER'S RECOMMENDATION

That Council: adopt the Living with Cognitive Impairment Policy as presented.

RESOLUTION 20250218.9

It was moved Cr Brown, seconded Cr Johnston and carried that Council adopt the Living with Cognitive Impairment Policy.

REFERENCE DOCUMENT

- Policy

Change of business to consider late items.

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

2.2 New Stormwater and Drainage Plans – Incoming Correspondence

EXECUTIVE SUMMARY

A letter from local residents has been received with concerns with the new stormwater and drainage Plans.

OFFICER'S RECOMMENDATION

That Council: consider letter from residents.

It was unanimously decided that Council write back to the resident to acknowledge and address the concerns and to include a copy of the plans.

REFERENCE DOCUMENT

- Letter

3. REPORTS FOR CONSIDERATION – DIRECTOR OF CORPORATE SERVICES

3.1 Monthly Financial Statements

EXECUTIVE SUMMARY

Council's monthly financial report in relation to the 2024/2025 adopted budgeted is presented for consideration, together with Statement of Comprehensive Income, Statement of Financial Position and Statement of Cash Flow as at 31 January 2025

OFFICER'S RECOMMENDATION

That Council: Receive the monthly financial report presenting the progress made as at 31 January 2025 in relation to the 2024/2025 budget and including the:

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

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RESOLUTION 20250218.10

It was moved Cr Easton, seconded Cr Johnston and carried that Council receive the monthly financial reports presenting the progress made as at 31 January 2025 in relation to the 2024/25 budget and including:

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

REFERENCE DOCUMENT

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

Director of Corporate Services Peta Mitchell noted amendments to the budget will be made and circulated to Councillors before the March 2025 Council Meeting.

CLOSED SESSION

1. REPORTS FOR CONSIDERATION – Works

1.1 Purchase of Mobile Batching Plant

RESOLUTION 20250218.11

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

RESOLUTION 20250218.12

It was moved Cr Flute, seconded Cr Johnston 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

Works Department struggled to get concrete at the right time in the last year and a lot of jobs were delayed and not completed in time, these include TMR, and other Shire works. It is proposed to purchase of a mobile concrete batching plant will provide a lot of control over our jobs and with the amount of upcoming work the local contractor has for CopperString, Richmond Shire Council will not get any priority which will affect the upcoming TMR, NEMA and other Shire concrete works.

OFFICER'S RECOMMENDATION

That Council: provide further instruction.

RESOLUTION 20250218.13

It was moved Cr Easton seconded Cr Fox and carried that Council will proceed with the purchase the mobile batching plant.

REFERENCE DOCUMENT

- Quote
- Photos

1. REPORTS FOR CONSIDERATION – WORKS

1.2 Supply and Install of Solar Upgrade Richmond Shire Council – Various Locations

RESOLUTION 20250218.14

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

RESOLUTION 20250218.15

It was moved Cr Easton, seconded Cr Johnston 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

Council asked for the reviews of Arise Solar before issuing the approval. Arise Solar is one of the top leading solar providers in Australia with branches in all States and have positive reviews for small and commercial installations.

After speaking to their team, they will provide the following:

1. Agree to comply with our procurement policy
2. 10-year workmanship warranty
3. 10-year inverter warranty
4. 30-year Solar Panels warranty
5. CEC certification from all installers and who are registered electricians.

Reviews for Arise Solar:

1. Google reviews 4.5 stars based on 5,455 reviews.
2. Productreview.com.au 4.6 stars based on 6,870 reviews.

OFFICER'S RECOMMENDATION

That Council: provide further instruction.

RESOLUTION 20250218.16

It was moved Cr Brown, seconded Cr Johnston and carried that Council proceed with the quote from Arise Solar for the installation of solar panels.

REFERENCE DOCUMENT

- Arise Solar Reviews

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

2.3 Request to Waiver Rent

I, Councillor Flute, inform the meeting that I have declared an interest in relation to item 2.3 as my wife is a controlling member of the committee.

As a result of the interest, I will be leaving the room while the consideration is being discussed.

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Attendance

Cr Flute left the room at 9.24am

RESOLUTION 20250218.17

It was moved Cr Fox, seconded Cr Johnston and carried that Council enter a closed session in accordance with the Local Government Regulation 2012 275, (1)(c) the local government's budget.

RESOLUTION 20250218.18

It was moved Cr Brown, seconded Cr Easton and carried that Council exit a closed in accordance with the Local Government Regulation 2012 275, (1)(c) the local government's budget.

EXECUTIVE SUMMARY

A request from a local organisation has been received for Council to waive or reduce rent for 2025 and 2026 due to financial hardship.

OFFICER'S RECOMMENDATION

That Council: provide further direction.

RESOLUTION 20250218.19

It was moved Cr Fox, seconded Cr Easton and carried that Council waive the monthly rent for the Organisation until 31 December 2026 with conditions.

REFERENCE DOCUMENT

- Letter

Attendance

Cr Flute re entered the room at 9.37am

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

2.4 CopperString – Richmond Construction Camp Tenure

RESOLUTION 20250218.20

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

RESOLUTION 20250218.21

It was moved Cr Johnston, seconded Cr Brown and carried that Council exit a closed session in accordance with the Local Government Regulation 2012 275, (1)(e) contracts proposed to be made by it.

EXECUTIVE SUMMARY

CopperString would like to commence formalising an agreement between Council and Powerlink for the Richmond Construction Camp. A trustee Lease will be the required form of tenure under Section 57 and 59 of the *Land Act 1994*.

Powerlink seek a resolution from Council to enter into the lease agreement.

OFFICER'S RECOMMENDATION

That Council: provide further instruction.

RESOLUTION 20250218.22

It was moved Cr Easton, seconded Cr Johnston and carried that Council advance and enter into the lease agreement.

REFERENCE DOCUMENT

- Form 7 Lease
- Form 7 Lease Trustee
- Template Management Plan

GENERAL BUSINESS

Cr Brown noted the signs on the Eastern entrance to town are looking unsightly and falling down. Cr Wharton advised that there is funding in the budget to install new billboards. Director of Works Syed Qadir is to proceed with the tender process for the billboards.

RESOLUTION 20250218.23

It was moved Cr Brown, seconded Cr Easton and carried that Council proceed with tender process for the new billboards.

Cr Brown noted the granite rock at the lake with the plaque has split and needs replacing. Council agreed to replace the moonrock with a new one.

Cr Brown advised there is an Australian Rural Leadership Foundation program in Winton and Charter Towers. Cr Wharton supports anyone who wishes to attend. Cr Brown to circulate information to Councillors.

Cr Brown advised that the Heart Foundation has a \$30,000.00 grant. Director of Community Services Angela Henry to attain more information.

Cr Brown enquired if we have had any applications for the Tertiary Bursary. Director of Corporate Services Peta Mitchell advised Council will put information in the next newsletter.

Cr Brown commented that the trees along the Flinders Highway on the Western side were struggling before the rain event and suggested Town Services inspect the watering system. Cr Flute also noted that some of the trees on Cemetery Road need watering and the dead ones removed.

Cr Johnston advised members of the public have enquired about the return of the cat bounty. CEO Peter Bennett and Cr Wharton advised they discussed the cat bounty at the NWQROC meeting and are waiting for the State Government to decide.

Cr Johnston advised that Council are invited to the Family and Community afternoon tea and classroom visit at the Richmond State School on Tuesday 25 February 2025. Cr Johnston noted that Student Council have now been selected and requested Council invite the new leaders to an upcoming Council Meeting.

Cr Johnston advised that sand around the new concrete steps at the lake has washed away due to previous heavy rain. DOW Syed Qadir advised the concrete can be extended to the water edge.

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Cr Fox noted the road reports need consistent updating and distributing. Cr Fox suggested displaying flood markers at the Top and Bottom Crossing with flood events such as the '2019 Floods'. All Council agreed to add a marker at the Bottom Crossing.

Cr Fox requested further information on Local Buy for Richmond Shire noting the upcoming Supplier Engagement Information Session hosted by Local Buy on Wed 19th March 2025 to be held in Richmond. CEO Peter Bennett gave information on Council's use of Local Buy. Cr Wharton noted that staff should also be reminded of the Procurement Policy that contains an allowance for local suppliers.

Cr Fox noted that a Richmond Multipurpose Health Service Community Advisory Network meeting was held and there are no new reports on the status of the new hospital build.

Cr Easton requested an update on the status of the communications tower. CEO Peter Bennett advised it is on pause due to the Christmas break and will recommence in the near future.

Cr Easton enquired about the UHF channels on the dashboard. DOCS Angela Henry advised they are published on the Disaster Management Dashboard.

Cr Flute noted there is a pipe along the dump road approximately 50 meters before the grid that has caved in and bent out of shape. Director of Works Syed Qadir to investigate.

CLOSE OF MEETING

Meeting closure

RESOLUTION 20250218.24

It was moved Cr Fox, seconded Cr Johnston and carried that the meeting close at 10:15am.

Next Ordinary Meeting

18 March 2025.

I hereby confirm that this is a true and correct record of the minutes of the Richmond Shire Council Ordinary Meeting Tuesday 18 February 2025.

Mayor

Richmond Shire Council
Ordinary Meeting of Council 18 March 2025

COMMENCEMENT OF MEETING

SIGNING OF ATTENDANCE BOOK

READING OF OFFICIAL PRAYER

LEAVE OF ABSENCE

CONFIRMATION OF MINUTES

- Unconfirmed 18 February 2025 Minutes

DECLARATIONS OF INTEREST

MATTERS ARISING FROM PREVIOUS MEETINGS

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

Item 2.1 Proposal for Vending Machine at the Richmond Airport

EXECUTIVE SUMMARY

A proposal has been received requesting permission to install a private vending machine at the Richmond Airport under a lease agreement, with Council to supply the electricity. All stock supply and maintenance to be the responsibility of the applicant.

OFFICER'S RECOMMENDATION

That Council: discuss the proposal.

Budget & Resource Implications

Unknown

Background

Nil

Consultation (Internal/External)

Nil

Attachments

Attachment B – Proposal

Report prepared by **Tyarna Robinson (Records and Administration Officer)**



Nat & Kahlia Mickan
"Dulthara Station"
Hughenden QLD 4821
ABN: 83 151 866 417

07 47 417 029
0458 622 465
0447 789 456

nkmickan@gmail.com

Dear Richmond Shire Council,

03/03/2025

We wish to present a proposal to council for us to install a snacks and drink combo vending machine at the Richmond Airport.

We wish to gain permission from council to install said vending machine for people who use these premises, for e.g. airport staff, passengers, council workers etc.

As you know, we already have a vending machine installed at the Richmond Saleyards, under a lease agreement with the council. This agreement between us and council has been a success, for which we are deeply grateful, and we wish to offer this service to those who use the airport as well.

We would like to propose the same conditions of our current agreement:

- We pay council a monthly lease in return for council supplying the electricity.
- We maintain and stock the vending machine that will carry cold drinks & snacks. All maintenance and stocking costs will be covered by us.

We look forward to your response, and are grateful for council taking time to consider this.

With gratitude,

Nat & Kahlia Mickan

Item 2.2 Request to Place a Shipping Container at Charlie Whelow Oval

EXECUTIVE SUMMARY

Richmond Athletics NWQ has requested permission to place a second shipping container next to their current shipping container, at Charlie Whelow Oval.

OFFICER'S RECOMMENDATION

That Council: discuss the request.

Budget & Resource Implications

Nil

Background

Nil

Consultation (Internal/External)

Nil

Attachments

Attachment C – Letter

Report prepared by **Tyarna Robinson (Records and Administration Officer)**

Richmond Athletics NWQ



Contacts

President: Sherreen Johnston
0428 546 828

Secretary: Megan Carrigan
0477 031 059

Treasurer: Peta Mitchell
0437 189 816

Dear Richmond Shire Council,

We are excited to welcome everyone to a brand new year with RANWQ!

RANWQ is a dedicated, family-oriented club bringing everyone together for an enjoyable athletic experience...with the occasional competition.

We write this letter to you today requesting permission to have another shipping container placed at Charlie Whelow Oval right next to our current one to be able to store more/new equipment in.

We are currently seeking sponsorship & donations for the purchase of said container and by having this second storage space we can enhance our athletics program for the club.

We thank you for your consideration to our request and look forward to your reply.

Sincerely,

Sherreen Johnston
President - RANWQ

Item 2.3 Working Safely in Hot Conditions Policy

EXECUTIVE SUMMARY

Richmond Shire Council is committed to providing a safe and healthy work environment for all employees, clients and contractors. Our operations are sometimes undertaken in situations/environments with exposure to higher levels of heat. This may contribute to heat related illnesses if not managed appropriately.

This policy provides guidance on how to manage the risks associated with working in hot or heatwave conditions.

OFFICER'S RECOMMENDATION

That Council: adopt the Working Safely in Hot Conditions Policy as presented.

Budget & Resource Implications

Nil

Background

The Working Safely in Hot Conditions Policy is due for renewal and has had major changes to the objective and section 5.

Consultation (Internal/External)

Internal: Workplace Health and Safety Officer – Stephen Single

Attachments

Attachment D - Policy

Report prepared by **Camille Carrigan (Executive Assistant)**



RICHMOND SHIRE COUNCIL WORKING SAFELY IN HOT CONDITIONS POLICY

POLICY NUMBER:	045
INFOPERT REF:	22520
TIME PERIOD OF REVIEW:	1 Year
DATE OF NEXT REVIEW:	March 2027

1. OBJECTIVE

Richmond Shire Council is committed to providing a safe and healthy work environment for all employees, clients and contractors. Our operations are sometimes undertaken in situations/environments with exposure to higher levels of heat. This may contribute to heat related illnesses if not managed appropriately.

This Policy provides guidance on how to manage the risks associated with working in hot or heatwave conditions.

2. WHAT CAN CAUSE HEAT RELATED ILLNESS

The human body needs to maintain a body temperature of approximately 37 degrees Celsius.

When working in heat or heatwave conditions this can be hazardous and can cause harm to employees.

A heat related illness can occur in many different locations and is not limited to hot environmental conditions. It often occurs during hot weather but can also occur indoors and at any time when the air temperature is high.

The main factors that cause heat related illness include:

- High temperature levels;
- High humidity levels;
- Low levels of air movement;
- Heat sources in the area;
- Physical activity; and
- The type of clothing worn.

Other personal factors such as your age, weight, metabolism, level of physical fitness, medical conditions (such as hypertension) and whether or not you have consumed alcohol, can affect your likelihood of a heat related illness.

3. COMMON EFFECTS OF WORKING IN THE HEAT

If the body has to work too hard to keep cool or starts to overheat a worker begins to suffer from heat-related illness. This is a general term to describe a range of progressive heat related conditions including fainting, heat rash, heat cramps, heat exhaustion, and heat stroke.

Some other common effects of working in heat include:

- Heat rash - Skin can become irritated and cause discomfort when working in heat.
- Heat cramps - Muscles can cramp as a result of heavy sweating without replacing salt and electrolytes.
- Fainting - Can occur when workers stand or rise from a sitting position.
- Dehydration - Increased sweating can lead to dehydration if workers aren't drinking enough water.
- Heat exhaustion - Occurs when the body is working too hard to stay cool.

- Heat stroke - Occurs when the body can no longer cool itself. This can be fatal.
- Burns - Can occur if a worker comes into contact with hot surfaces or tools.
- Reduced concentration - When working in heat it is more difficult to concentrate and a worker may become confused. This means workers may be more likely to make mistakes, such as forgetting to guard machinery.
- Increased chemical uptake into the body - Heat can cause the body to absorb chemicals differently and can increase the side effects of some medications.

4. WHO HAS LEGAL DUTIES UNDER WHS LAWS TO MANAGE RISK OF WORKING IN HEAT

Officers, such as Directors, Managers and Supervisors

Must exercise due diligence to ensure Council complies with the WHS Act and Regulations. This includes taking reasonable steps to ensure Council has and uses appropriate resources and processes to eliminate or minimise risks to health and safety.

Workers

Must take reasonable care for their own health and safety. Workers must comply with reasonable instruction and co-operate with any reasonable policy or procedure relating to health and safety that has been notified to them, if a hazard is identified the worker will notify their supervisor immediately.

Other persons at the workplace

Must take reasonable care for their own health and safety and take reasonable care not to adversely affect other people's health and safety.

5. HOW TO MANAGE THE RISK

Is there a maximum temperature where workers are required to stop work?

No, A single 'stop work' temperature can't account for all the factors that make working in heat hazardous, including:

- humidity
- air flow
- physical intensity and duration of the work, and
- whether workers are physically fit and acclimatised to the conditions.

When employees are exposed to working in hot or heatwave conditions, Council must eliminate or minimise risks so far as reasonably practicable, this may include;

- Monitor environmental conditions, particularly during summer, and when hot weather and heatwaves are forecasted, to help identify and assess the risks of exposure to heat-related illness;
- Limit work in "hotspots" of the workplace to cooler parts of the day;
- Ensure uniforms are made of breathable fabric that is suitable for the environment and the task;
- Provide easy access to cool drinking water and encourage workers to drink often;
- Provide access to ice (to ingest and for use as ice towel) where possible;
- Provide regular and frequent breaks away from hot work areas in air-conditioned or cool, well-ventilated areas;
- Ensure appropriate number/s of trained first aiders are available;
- Provide suitable supervision of all workers. If they must work alone, monitor them and ensure they can easily call for help;

- Provide effective communication procedures to ensure regular contact with staff working alone;
- Provide an effective 'buddy system' where workers check on each other frequently;
- Organise work to minimise physically demanding tasks;
- Ensure the work is self paced to meet the conditions;
- Encourage worker rotation so the same workers are not always exposed to extreme heat; and
- Ensure all plant and equipment are regularly inspected, serviced, and maintained.

Cease Work

Supervisors are responsible for determining if a **cease work limit** is reached. Factors that will be considered in determining this limit include:

- High temperature levels;
- High humidity levels;
- Low levels of air movement;
- Heat sources in the area; and
- Physical activity carried out

Once the cease work limit has been decided, the supervisor will contact their immediate manager/director to advise of the cease work limit and what corrective action to undertake, which could involve:

- Contact the Chief Executive Officer
- Reallocation of duties to workforce if possible
- Formal records
- Date & time
- Location
- Temperature
- De-brief and close out

6. IMPLIMENTATION

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.

7. APPROVAL

Date Of Adoption: 15 February 2012
 Policy Reviewed: General Council Meeting 09 April 2024
 Resolution Number:

Policy Authorised: Peter Bennett
 Chief Executive Officer

Item 2.4 Smoking in the Workplace Policy

EXECUTIVE SUMMARY

To establish a smoke free workplace, reduce and/or eliminate passive smoking in the work environment and to ensure compliance with Council's Workplace Health and Safety responsibility.

OFFICER'S RECOMMENDATION

That Council: adopt the Smoking in the Workplace Policy as presented.

Budget & Resource Implications

Nil

Background

The Smoking in the Workplace Policy is due for renewal and has had no changes made.

Consultation (Internal/External)

Internal: Workplace Health and Safety Office – Stephen Single

Attachments

Attachment E - Policy

Report prepared by **Camille Carrigan** (Executive Assistant)



RICHMOND SHIRE COUNCIL SMOKING IN THE WORKPLACE POLICY

POLICY NUMBER: 073
INFOPERT REF: 91780
TIME PERIOD OF REVIEW: 2 Year
DATE OF NEXT REVIEW: March 2027

1. OBJECTIVE

To establish a smoke free workplace, reduce and/or eliminate passive smoking in the work environment and to ensure compliance with Council's Workplace Health and Safety responsibility.

2. INTRODUCTION

Council acknowledges that while the use of tobacco products is not an illegal activity, the obligations to ensure a safe workplace for all must take precedence. Although an activity, such as smoking, is legal, this does not translate into an absolute right to undertake the activity at the workplace; non-smokers have a right in their workplace, to not be exposed to harmful contaminants. These contaminants also include airborne contaminants. (Exposure is here after referred to as passive smoking.) In order for Council to fulfil its obligation for a safe workplace, the following procedure is to be adopted across the shire.

This policy applies to all workers while at work and/or in Council operated premises and plant.

NB: The term "Smoking" in this Policy refers to, but not limited to tobacco, cigar, cigarette and vaping.

3. RESPONSIBILITIES

3.1 Management

Will ensure this Policy is implemented within all Council work areas and will support all workers under Council's direct control and hold them accountable for their specific responsibilities.

3.2 Directors and Supervisors

Are responsible and will be held accountable for:

- Ensuring this policy is effectively implemented within their respective work areas.
- Provide support to everyone under their direct control and hold them accountable for their specific responsibilities.
- Ensure that employees and visitors are not exposed to passive smoking.

3.3 Employees and other workers

Are responsible and will be held accountable for:

- Co-operating by complying with the requirements of this Policy; and
- Ensuring the health and safety of fellow employees, contractors and visitors.

3.4 Council contractors/sub-contractors and visitors

Are responsible and will be held accountable for:

- Co-operating by complying with the requirements of this Policy; and
- Ensuring the health and safety of fellow employees, contractors and visitors.

4. COUNCIL WORKPLACES

Council workplaces include:

- All Council workplaces that are enclosed areas, irrespective of the number of employees at the workplace;
- Inside all Council owned and controlled buildings, irrespective of the use of the building;
- Outside storage areas or within the confines of any depot (enclosed open spaces);
Note: Sewer Treatment Plants and Saleyards etc. are recognised as workplaces; and
- Inside all vehicles owned or leased by Council irrespective of the number of persons or views of the persons in the vehicle.

5. GUIDELINES

5.1 Smoking will not be permitted without exception in the following places:

- While operating any plant or equipment;
- Within any confined space;
- Adjacent to any products or materials of a flammable or explosive nature;
- Within 10 metres of all Richmond Shire Council owned or managed buildings (including balconies, covered areas, public halls, toilets, sports centres, depots, airport terminals or the like);
- On playing fields, recreation areas, sporting grounds, and sporting facilities (i.e. swimming pools, outdoor sports centres) and the like.
(Note: Smoking will be permitted within designated car parking areas at these locations only);

5.2 Smoking in Council's designated smoke areas is not permitted, except in the following circumstances:

- During designated breaks; and
- Smoking is not undertaken within 10 metres of any doorways, windows or air conditioning intakes - where second-hand smoke may enter any Council building; and
- Smoking is not undertaken within 10 metres of any outdoor meal area.

5.3 Designated Breaks

- Employees who need to take cigarette breaks should do so in their designated breaks (morning tea and lunch break).

- Excessive smoking breaks may be regarded as absenteeism and performance management action may be taken.
- Employees cannot be disciplined because they smoke away from these workplaces, during their own time (or at times agreed between an employee and their supervisor). However any smoking or smoke breaks taken outside of the specified guidelines may lead to disciplinary action.
- All smokers must ensure no other staff member is exposed to the smoke they produce. Employees who fail to look after the safety of other people at work by not complying with the Council's Smoking in the Workplace Policy may be subject to disciplinary action.
- Council employees must appropriately dispose of their cigarette butts in rubbish bins or other suitable cigarette butt bin.
- An employee who refuses to comply with a 'no smoking' direction may be subject to such disciplinary action as is permissible under Council's disciplinary procedure.

5.4 Enforcing no smoking throughout Council (designated breaks excepted).

- Appropriate notices are to be circulated and displayed on notice boards located across all Council work sites.
- Counselling or written reprimands may be issued for non-conformance to the Policy as appropriate. These measures are designed to discourage employees from smoking during working hours in order to comply with Council's legal obligations to ensure the health, safety and welfare of our employees and visitors to our workplaces.

6. ASSISTANCE TO STAFF

Council can offer assistance to employees wishing to give up smoking. For contact and referral information please contact Council's Quality Assurance and Safety Compliance Officer; OR for the cost of a local call from anywhere in Australia, the Quitline provides advice and assistance to smokers who want to kick the smoking habit. It is open 24 hours a day; seven days a week, offering the assistance that a smoker may need to make a successful quit attempt. The Quitline phone number is: 13 78 48.

7. LEGISLATION

- *Work Health and Safety Act 2011*
- *Tobacco and Other Smoking Products Act 1998*
- *Tobacco and Other Smoking Products Regulation 2010*

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. APPROVAL

Date of Adoption: 26 June 2018
 Policy Reviewed: General Council Meeting 21 March 2023
 Resolution Number: 20230321.12

Policy Authorised: Peter Bennett
 Chief Executive Officer

Item 2.5 Audit Committee Charter Policy

EXECUTIVE SUMMARY

- to provide advice to Council on audit matters; and
- to provide oversight of the internal audit process.

OFFICER'S RECOMMENDATION

That Council: adopt the Audit Committee Charter Policy as presented.

Budget & Resource Implications

Nil

Background

The Audit Committee Charter Policy is due for renewal and has had section 8 added.

Consultation (Internal/External)

Internal: Peta Mitchell – Director of Corporate Services

Attachments

Attachment F - Policy

Report prepared by **Camille Carrigan** (Executive Assistant)



RICHMOND SHIRE COUNCIL AUDIT COMMITTEE CHARTER POLICY

POLICY NUMBER:	027
INFOXPRT REF:	66483
TIME PERIOD OF REVIEW:	2 Years
DATE OF NEXT REVIEW:	March 2027

1. COMMITTEE OBJECTIVE

- to provide advice to Council on audit matters; and
- to provide oversight of the internal audit process.

2. COMMITTEE RESPONSIBILITIES

The Committee will review the following and make recommendations to Council:

- Internal Audit Plan and how that plan relates to the risks identified in the Risk Register for enterprise and operational risks;
- progress on matters raised in the internal audit reports;
- matters raised by the Queensland Audit Office audit and resolution of those matters;
- the draft financial statements before adoption by Council;
- the financial implications of the Council's financial position;
- the trend indicated in the Financial Sustainability Statement;
- the Council's annual report before adoption by Council;
- implications of the budget on the long-term financial sustainability of the Council;
- the process for risk identification, assessment and treatment; and
- matters identified as being outside the scope of the current Internal Audit Plan that have or have the potential to create additional risk exposure for Council.

3. COMMITTEE AUTHORITY

The authority of the Committee is limited to making recommendations to Council on audit and risk related matters.

4. COMMITTEE MEMBERSHIP

The membership of the Committee is determined by Council in accordance with the requirements of the *Local Government Regulation 2012*.

5. MEETINGS

The Committee shall meet at least twice per year and shall endeavour to meet three (3) times per year. The timing of the meetings should align with the completion of the financial statements and the completion of the annual report. Additional meetings will be arranged if needed.

The Chief Executive Officer will arrange the meeting notice and agenda. These will be provided to the Committee members at least two (2) days before the meeting.

6. COMMITTEE REPORTING ARRANGEMENTS

The Committee reports its recommendations to the Council by providing a meeting report to the Chief Executive Officer, who presents the report to the next Council Meeting.

7. COMMITTEE PROCESS FOR PERFORMANCE MONITORING

The Committee will at least once per year undertake a self-assessment of the outcomes of the Committee including:

- meeting the objectives;
- undertaking the responsibilities;

- identifying and risk reduction; and
- value of advice to Council.

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. APPROVAL

Date of Adoption: 17 June 2014
Policy Reviewed: General Council Meeting 19 April 2023
Resolution Number: 20230419.7

Policy Authorised: Peter Bennett
Chief Executive Officer

Item 4. Reports for Consideration – Community Services

Item 4.1 Medication Management Framework Policy

EXECUTIVE SUMMARY

To provide an overview of the organisation's medication management policy. This should be read in conjunction with:

- Medication Management in Home Care
- Incident Management.

OFFICER'S RECOMMENDATION

That Council: adopt the Medication Management Framework Policy as presented.

Budget & Resource Implications

Nil

Background

Nil

Consultation (Internal/External)

Internal: Angela Henry (Director of Community Development and Services)

Attachments

Attachment G - Policy

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

Medication Management Framework

POLICY STATEMENT

Richmond Aged Care is committed to ensuring medication management is safe, effective, and in line with legislative and regulatory requirements and scope of practice of all workers who participate in medication management. We ensure medication management systems are managed, consumers are engaged, and our workforce is trained in medication management.

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1 PURPOSE

To provide an overview of the organisation’s medication management policy. This should be read in conjunction with:

- [Medication Management in Home Care](#)
- [Incident Management](#).

2 SCOPE

Home Care

3 CARE TEAM AND RESPONSIBILITIES

The care team who contributes to supporting consumers’ medication management include:

- **Medical Practitioner:** medical assessment; medication prescription, medication review.
- **Registered Nurse** (and Enrolled Nurse within scope of practice): Registered/Enrolled Nurses can administer medications (prescribed and non-prescribed) as per their scope of practice (See below Legislation, Regulations and Guidelines). The Registered Nurse is responsible for supporting consumers with their medications in the following ways:
 - ensuring they practice within their scope of practice to provide medication support

- assessing the need for medication support for consumers where necessary
- identifying the type of medications currently taken by the consumer and conducting medication reconciliation including understanding existing or known allergies or side effects to medicines, vaccines or other substances at the commencement of care and monitors and updates documentation when new allergies or side effects occur
- liaising with the doctor and/or pharmacist as required
- developing a medication plan for the consumer and determining who will provide the medication support. this may include support workers who have completed medication management competency (blister packed and second category medication; see table 1) or the Registered Nurse (other medications such as suppositories, insulin injections)
- reviewing medication support during reassessment and if medication errors occur
- ensuring the competency and supervision of support workers to provide medication support by providing medication support training and competency assessment
- conducting annual audits of medication management, reports to the clinical care committee meeting and participating in the medication advisory meeting twice per year
- **Health professionals:** considering consumer medications in the assessment, care/support planning and delivery of care and services
- **Team Leaders:** coordinating medication support for home care consumers within scope of practice; liaising with the Registered Nurse, Medical Practitioner and Pharmacist as required; developing a medication support plan (within scope of practice with information from the Pharmacist and Medical Practitioner). (See [Medication Management in Home Care](#))
- **Support Workers:** Support Workers are responsible for medication support by
 - never being involved in the management and/or administration of consumer medication, beyond their skills and training
 - ensuring that they are competent to provide medication support and refresh their competency every 12 months
 - being adequately trained by attending organisation endorsed medication training, assessed as competent by the registered nurse and feeling confident in performing the consumer medication assistance required of them
 - being adequately trained to identify potential adverse effects medication may have on the consumer (within their knowledge and skill)
 - liaising with their supervisor/Registered Nurse regarding medication support as required
 - following all medication policies, procedures and practices
 - providing medication support as per the **Medication Plan**
 - reporting any medication incidents using a **Medication Incident Report**
 - never providing medication advice or information to consumers/representatives.
- **Consumers:** Engage with those providing medication support (to the degree they are able) to promote safe and effective medication.

4 MEDICATION MANAGEMENT OVERVIEW

4.1 LEGISLATION, REGULATIONS AND GUIDELINES

Richmond Aged Care promotes the safe and effective use of medications for all consumers in line with current legislation, regulations and guidelines.

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

- Australian Nursing and Midwifery Federation Nursing Guidelines: Management of Medicines in Aged Care 2013¹
- Department of Health and Aged Care [Guiding Principles for Medication Management in the Community 2022](#)². (See also the [Fact Sheet Guiding Principles for Medication Management in the Community](#)³)

Nurses practice within their scope of practice with consideration to these requirements:

- National legislation: Health Practitioner Regulation National Law Act 2009
- Health Practitioner Regulation National Law Act 2009 (QLD)⁴
- Health Ombudsman Act 2013 (QLD)⁵
- Medicines and Poisons Act 2019 (QLD)⁶ and
- Medicines and Poisons (Medicines) Regulation 2021 (QLD)⁷.

The legislation guiding medication management in Queensland is the Medicines and Poisons Act 2019⁸ and Medicines and Poisons (Medicines) Regulation 2021⁹; however, this legislation does not define the roles of Support Workers in medication management.

Health professionals (following consultation with the consumer's Medical Practitioner): report a problem or side effect of a medicine including adverse reactions to the Therapeutic Goods Administration (TGA) www.tga.gov.au and/or the Adverse Medicine Event Line (AME Line) on 1300 134 237 Monday to Friday office hours.

4.2 MEDICATION MANAGEMENT PERSONNEL AND CONSUMER ENGAGEMENT

- Medication management can be provided to consumers by the Registered/Enrolled Nurse or Support Workers in line with their scope of practice. The Registered/Enrolled Nurse is bound to follow professional guidelines in the delivery of medications. Support Workers can only provide medication management support if they have been deemed competent to do so
- The Registered Nurse is responsible to Richmond Aged Care in relation to medication policy support in the following ways:
 - providing clinical advice and input into policies and procedures
 - participating in the review of medication incidents to identify improvements and support workforce development (See [Incident Management](#))

¹ Australian Nursing and Midwifery Federation Nursing Guidelines: [Management of Medicines in Aged Care](#) 2013 Accessed August 2024

² Australian Government Department of Health and Aged Care [Guiding Principles for Medication Management in the Community](#) 2022 Accessed June 2024

³ Australian Government Department of Health and Aged Care Fact Sheet [Guiding Principles for Medication Management in the Community](#) Accessed June 2024

⁴ Queensland Government Queensland Legislation Health Practitioner Regulation National Law Act 2009 (This Act has national application) [Use this link to access this Act or the Acts for the other States and Territories](#)

⁵ Queensland Government [Health Ombudsman Act 2013](#)

⁶ Queensland Government [Medicines and Poisons Act 2019](#)

⁷ Queensland Government [Medicines and Poisons \(Medicines\) Regulation 2021](#)

⁸ Queensland Government [Medicines and Poisons Act 2019](#)

⁹ Queensland Government [Medicines and Poisons \(Medicines\) Regulation 2021](#)

- participating in the clinical care committee/medication advisory committee to inform improvements and development of policy/procedures relating to medication management
- Consumers are encouraged to remain independent in the management of their medications wherever possible and are supported with education and support by workers in line with scope of practice
- Each consumer is assessed to understand what medication supports they require to ensure safe and correct medication processes and promote their independence.

5 MEDICATION MANAGEMENT SYSTEM

Each consumer consults with their Medical Practitioner and Pharmacist to ensure medications are appropriately prescribed and dispensed. We have a medication incident management reporting process (See [Incident Management](#)).

5.1 CATEGORIES OF MEDICATION DEFINING WORKER RESPONSIBILITIES

Medications are classified as either first category or second category medications. First Category Medications can only be provided by Health Professionals. Support Workers may assist consumers with second category medications as specified in Table 1: Categories of Medication.

Table 1: Categories of Medication

First Category Medication	Second Category Medication
(Health Professionals only) Support Workers are not to provide support to consumers with this medication. The Registered/Enrolled Nurse can give medicines in this category that they are competent to administer.	(Special skills/training required) Support Workers may assist consumers with this medication after receiving approved competency-based training and competency assessment that is updated on an annual basis.
	Scheduled 8 medications if in medication aid.
	Tablets, Patches and Wafers.
	Eye drops; Ear drops; Nose drops and Sprays.
	Topical, rectal and vaginal preparations (e.g. creams and ointments)
Any medications that are to be nebulised that have not been dispensed and prepared by a Pharmacist into unit doses.	Any medications that are to be nebulised that have been dispensed and prepared by a pharmacist into unit doses. Metered dose inhalers that have been dispensed by a Pharmacist.
Medicines given via feeding tubes (e.g. gastrostomy, jejunostomy) that have not been dispensed and prepared by a Pharmacist into unit doses.	Medicines given via feeding tubes (e.g. gastrostomy, jejunostomy) that have been dispensed and prepared by a Pharmacist into unit doses.
<p>Medical Practitioner Only:</p> <ul style="list-style-type: none"> • Intrathecal (into the spinal cord area) • Intraperitoneal (into peritoneum/ abdominal cavity) • Intraventricular (into ventricles of brain) • Epidural <p>Registered Nurse:</p> <ul style="list-style-type: none"> • Intravenous • Intramuscular • Subcutaneous • Enemas, pessaries and suppositories <p>Enrolled Nurse:</p> <ul style="list-style-type: none"> • Intramuscular or subcutaneous if checked by a Registered Nurse • Enemas, pessaries and suppositories 	
All medications that are administered by the nasogastric route.	
Emergency situations: In an emergency situation Support Workers are not to practice outside of the scope of their ability and knowledge and are always to call for assistance (ambulance, Team Leader/Coordinator, Registered Nurse, Medical Practitioner, Pharmacist) if an emergency situation arises.	

5.2 WORKFORCE TRAINING FOR MEDICATION SUPPORT

Registered Nurses have the knowledge and skill to reconcile, manage, administer and coordinate the management of medications as part of their scope of practice.

Should the Registered Nurse require further training and support in the management of medications, they seek professional development.

Advice and support are sought by the Registered Nurse from Medical Practitioners and Pharmacists as required. Enrolled Nurses who have received appropriate medication training may administer medications within their scope of practice.

Support Workers are trained in the supervision, prompting and delivery of medications including medication awareness training and competency. The Registered Nurse assesses the competence of

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

5.3 POLICY REVIEW

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

DOCUMENT INFORMATION

Owner**	Director Community Services
Date Approved	
Applicable Aged Care Programs	CHSP, HCP
Review History	Developed: 18 October 2024
Date of review and summary of changes	
Date of review and summary of changes	
Date of review and summary of changes	

**The person responsible for ensuring the Procedure is appropriate, followed and maintained up to date.

Item 4.2 Medication Management Home Care Policy

EXECUTIVE SUMMARY

To provide worker guidance in the support of medication management in the community.

OFFICER'S RECOMMENDATION

That Council: adopt the Medication Management in Home Care Policy as presented.

Budget & Resource Implications

Nil

Background

Nil

Consultation (Internal/External)

Internal: Angela Henry (Director of Community Services and Development)

Attachments

Attachment H – Policy

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

Medication Management Home Care

POLICY STATEMENT

Richmond Aged Care ensures medication management in the community home care setting is safe and effective by applying contemporary medication management principles and procedures.

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1 PURPOSE

To provide worker guidance in the support of medication management in the community.¹

2 SCOPE

Home Care

3 CARE TEAM AND RESPONSIBILITIES

See [Medication Management Framework](#).

4 GUIDING PRINCIPLES AND PRACTICES²

4.1 PERSON-CENTRED CARE

All those involved in a consumer’s medicines management provide person-centred care. This includes respect, emotional support, physical comfort, information and communication, continuity and transition, care coordination, informed consent and involvement of carers and family. A consumer has the right to partner in their care to the extent that they choose.

We do this by:

- Partnering with the consumer in their care, involving them in decision making and treating them with dignity and respect
- Supporting them with relevant information in language they can understand and tailoring that information to match their health literacy and specific needs
- Sharing decision making regarding medications with them and providing all care in culturally safe ways
- Ensuring we seek informed consent that includes discussions regarding the best and most appropriate medications and provides an opportunity to understand risks and benefits of medications
- Provide an opportunity for the consumer to discuss their medicine needs and preferences including the use of complementary and non-prescription medicines

¹ See also [Medication Management Framework](#) and [Incident Management](#).

² Australian Government Department of Health and Aged Care Medication Management in The Community Guiding Principles 2022

- Inform the consumer regarding medication costs
- Assist consumers to self-manage medications if it is safe for them and others
- Encourage feedback about medication management
- Involve their representative/substitute decision maker or others (with their permission) to deliver individualised support including the provision of equipment and/or telehealth to monitor medication use.

4.2 COMMUNICATING ABOUT MEDICINES

All communications about medications consider health literacy, are person-centred and collaborative and facilitate shared decision making, advocacy and self-determination.

We do this by:

- Delivering person-centred and culturally safe care where the consumer (and their representative/substitute decision maker) is listened to, consulted and heard
- Providing timely and effective communication that supports the safe and quality use of medicines (See Figure 1: Medication Management Process)
- Communicating with other stakeholders, such as Pharmacists, Medical Practitioners, other health care professionals and Support Workers so all are suitably informed regarding the consumers medication requirements
- Ensuring appropriate medication documentation including prescribing and medication support documentation, consumer identification, handover, and escalation of care processes are in place
- Provide opportunities for consumers and their representative/substitute decision maker can provide feedback or complaint regarding medication management and take actions to rectify these issues.

Figure 1: Medication Management Process³

4.3 GOVERNANCE AND RISK MANAGEMENT OF MEDICINES USE IN THE COMMUNITY

Healthcare professionals, care workers and service providers work together with individuals and/or their carers to prevent and/or manage risks, incidents and adverse reactions associated with medicines use in the community.

We do this by:

- Implementing and monitoring our clinical governance systems to ensure medication incidents, adverse events and near misses are reported, trended, acted upon and preventive strategies put in place, including providing feedback and open disclosure to consumers and engaging with other stakeholders as necessary such as Medical Practitioners and Pharmacists
- Implementing and monitoring our clinical risk register and risk management systems to minimise and prevent medication errors
- Implementing our incident management system to ensure appropriate consumer support, analysis, action, feedback and system-wide learning and sharing occurs to prevent harm and further medication incidents
- Reporting adverse events and allergies to medicines to the consumer and their Medical Practitioner and ensuring documentation reflects these for ongoing safety
- Health professionals (following consultation with the consumer's Medical Practitioner): report a problem or side effect of a medicine including adverse reactions to the Therapeutic Goods Administration (TGA) www.tga.gov.au and/or the Adverse Medicine Event Line (AME Line) on 1300 134 237 Monday to Friday office hours

³ Adapted from the Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standards Guide for Hospitals cited in Australian Government Department of Health and Aged Care Medication Management in The Community Guiding Principles 2022 p 17

- Report suspected overdose or poisoning to the Poisons Information Centre on 13 11 26 and if an emergency call 000 for assistance.

4.4 INFORMATION RESOURCES

All those involved with the prescribing, dispensing, administration, and handling of medicines in the community access current and evidence-based medicines-related information, tools and resources. People, their carers and/or families should also have access to plain language, accurate, evidence-based, trusted and reliable medicines-related information.

We do this by:

- Accessing relevant, evidence-based and accurate information about medicines through Product Information and Consumer Medicines Information (CMI) and consultation with appropriate health professionals such as Pharmacists and Medical Practitioners
- Nurses providing consumers information about their medications in simple, easy to understand language with consideration to the consumers health literacy, cultural and linguistic diversity, gender and sexual diversity, disability, special needs and age. This includes the use of interpreters, sensitive consideration of communications and when and how they are conducted, sourcing plain language fact sheets from appropriate sources (e.g. specialist disease providers such as dementia and neurological disease agencies) and seeking help with communication when required
- Supporting health professionals to participate in the development and review of medicines-related policies, procedures and guidelines and access to relevant and evidence-based information to guide practice
- Ensuring discussions with consumers and their family/substitute decision maker and any information provided to them regarding medicines by health professionals are documented in the care record (with specific consideration to high-risk medicines) and these discussions include the potential benefits and possible side effects

Figure 2: High Risk Medications: APINCHES⁴

	Medication Type	Examples
A	Antimicrobials	Aminoglycosides: gentamicin, tobramycin and amikacin
		Vancomycin
P	Potassium and other electrolytes	Amphotericin – liposomal formulation
		Injections of concentrated electrolytes: potassium, magnesium, calcium, hypertonic sodium chloride
I	Insulin	All insulins
N	Narcotics (opioids) and other sedatives	Hydromorphone, oxycodone, morphine, fentanyl, alfentanil, remifentanil and analgesic patches
		Benzodiazepines: diazepam, midazolam
		Thiopentone, propofol and other short-term anaesthetics

⁴ <https://www.safetyandquality.gov.au/our-work/medication-safety/high-risk-medicines/apinchs-classification-high-risk-medicines>

	Medication Type	Examples
C	Chemotherapeutic agents	Vincristine, methotrexate, etoposide, azathioprine Oral chemotherapy
H	Heparin and other anticoagulants	Heparin and low molecular weight heparins (LMWH): dalteparin, enoxaparin Warfarin Direct oral anticoagulants (DOACs): dabigatran, rivaroxaban, apixaban
S	Systems	Medication safety systems such as independent double checks, safe administration of liquid medications, standardised order sets and medication charts etc

- Health professionals providing consumer/representative/substitute decision maker education and skills development where appropriate (e.g. self-subcutaneous injections or inhalers) and documenting this in the care record.

4.5 SELF-ADMINISTRATION OF MEDICINES

Consumers are encouraged to have an active role and have the right to make choices and decisions about their care, and where necessary, are supported to maintain maximum independence for as long as possible. This includes managing their own medicines in a safe and effective way.

We do this by:

- Assessing the consumer's ability to self-medicate all or some of their medicines in consultation with other health professionals and developing a support plan that details the level of support they require. The assessment considers:
 - The person's choice and right to make their own decision
 - Involvement of the individual's carer and/or family or substitute decision-maker
 - If self-administration will be a risk to themselves or other people
 - If they can take the correct dose of their own medicines at the right time and in the right way, for instance
 - the person's cognitive ability, including understanding of the safe and quality use of the medicines being taken
 - the person's physical ability, including dexterity, visual acuity and if they experience swallowing difficulties
 - their health literacy, including how information such as CMI and practical support such as a Dose Administration Aid (DAA) may assist the person to self-administer their medicines
 - how the person's medicines will need to be managed during periods of acute illness or 'sick days' – the person's ability to comply with the safe and appropriate storage of self-administered medicines, including those that require refrigeration
 - If the person has recently returned home from hospital or another care environment – for instance, respite care
- Nurses providing consumers with medication administration education and support to safely administer their medications
- Ensuring a medication list is available and up to date and reviewing this when medications change (such as after a hospital stay or Medical Practitioner visit)

- Regularly reviewing the consumer's ability to self-medicate and providing support if they are temporarily unable to self-medicate
- Ensuring Support Workers advise health professionals when it appears the consumer is unable to self-medicate or there is a change in their condition
- Using dose administration aids to support safe self-medication administration and supporting consumers to access medication administration aids if necessary
- Health professionals supporting consumers should they be receiving palliative care medications and working with the consumer's Medical Practitioner and other health professionals to ensure these are administered safely (e.g. supporting the administration of medications through syringe drivers). Nurses who provide this support are competent in the administration of these medication types
- Referring consumers who have poly pharmacy (more than five medications) to their Medical Practitioner for review and promoting referral for a Medication Management Review (MMR) or Chronic Disease Management (CDM) review
- Providing Support Workers to supervise consumer self-administration of medications if continuity is identified as a risk. Support Workers do not alter any medications (such as breaking medications into smaller pieces or dissolving medications), they notify the Nurse.

4.6 DOSE ADMINISTRATION AIDS (DAAs)

DAAs should be used to support individuals to remain independent and reduce the risk of administration error. They should only be used when a person is assessed as having a specific problem managing or safely administering their own medicines.

We do this by:

- Assessing the consumer's ability and suitability to use a DAA and Nurses providing them with support and instruction on how to use them effectively
- Monitoring the consumer's use of DAA's by the care team to ensure medications are being taken and Support Workers escalating any issues with the use of DAA's to the Nurse to review the consumer's ability
- Nurses review any specific medication types that require alternative packaging such as PRN (as required) medicines being individually packed (Support Workers do not support consumers to take PRN medications), cytotoxic medications being individually packed with cautionary labels, temperature-sensitive medications being individually packed and stored in the refrigerator, Schedule 8 medications are packed separately (and Support Workers do not provide these on a PRN basis)
- Only Pharmacists using the prescription from the consumer's Medical Practitioner pack DAA's
- Support Workers follow the care/support plan outlining the support with medication management required. The care/support plan is prepared by the Nurse and includes following the "7 Rights" of medication management
- Support Workers may prompt consumers to take medicines from their DAA and assist them with packaging if required after following medication rights checks: right person, right medicine, right dose, right time, right route, right to refuse, and right documentation
- Support Workers have competency-based training in medication management processes in line with their scope of practice that may include specific competencies related to medicines that are not provided in a dose administration aid such as inhalers, liquid medications, eye, ear and skin preparations, nebulisers, and transdermal patches
- Nurses can administer medications from a DAA where the medication order is clear and the medications can be clearly identified

- The consumer or family/representative is responsible for sourcing the DAA's from the dispensing pharmacy and ensuring the medications are available for Support Workers to provide assistance, including the safe storage of medicines in the home
- If there is a change to medications, the consumer or family/representative is responsible for organising repackaging of the DAA. The Support Worker follows medication error processes if they are unable to provide medication assistance to the consumer due to unavailability of medicines.

4.7 ADMINISTRATION OF MEDICINES IN THE COMMUNITY

People who live at home have access to and receive suitable information and/or assistance so that they can take their medicines safely and effectively. Healthcare professionals, care workers and healthcare service providers all play an important role.

We do this by:

- Supporting the consumer to communicate, collaborate and providing coordination of medication management where required including engaging with the consumer, family/representative, Medical Practitioner and other health professionals
- Consent for medication administration/support is documented and if psychotropic medicines are administered by a health professional (not in a dose administration aid), this consent is documented at each occurrence
- All workers practice within their scope of practice ensuring medicines are administered/supported as prescribed, to the right person at the right time via the right route and the administration/support is documented
- Outcomes of medication administration/support are documented such as medication errors and incidents using the adverse event reporting system
- Medicines are prescribed by the Medical Practitioner (or approved by them in the case of complementary medicines or non-prescription medicines if Support Workers are supporting these medicines), dispensed by the Pharmacist and packaged in a dose administration aid where possible
- Support Workers have training in medication support and completed a competency-based assessment
- Support Workers are not authorised to make decisions about whether a medicine should be administered and seek assistance from their Supervisor if there are any medication support concerns
- Nurses use their clinical judgement in the administration of medications and can administer medications from dose administration aids (if appropriately labeled and the medication, dose and time are clear) or from original packaging using the medication prescription to guide administration. Medications are signed for after each administration
- Nurses provide consumers with information on medicines including which medicines cannot be altered, safe swallowing (and refer to the consumer's Medical Practitioner if this is assessed as being a concern) and how to manage medicines if they are sick.

4.8 MEDICINES LIST

Everyone taking one or more medicines should be encouraged and supported to maintain an up-to-date list of all their medicines. This list should be available and easily accessible to the individual and all those involved in their care.

We do this by:

- Sourcing a medicines list for each consumer that is used to guide the medication support plan that includes the consumer's details (three points of identification), the name of the consumer's Medical

Practitioner and Pharmacist, the medications including name, strength and form, dose, frequency, route, duration and indication, allergies and if possible, a list of the consumer's vaccinations

- When a consumer's medicines may have changed (e.g. hospitalisation, a change to medications prescribed by a Medical Practitioner or specialist) we discuss this with the consumer and representative/substitute decision maker and liaise with the pharmacy and/or Medical Practitioner if required to ensure the appropriate changes are made to provided medicines. We source an updated medicines list
- Nurses conduct medication reconciliation (reviewing medicines against the medicines list and discussing the medicines with the consumer [family/representative] to ensure they are aware of the medicines they are taking). This occurs on admission, on review, after returning from hospital or changes in medications.
- We encourage consumers to have their medicines list available to take with them to Medical Practitioners' visits and if transferring to hospital.

4.9 MEDICATION REVIEW

The consumer has the right for their medicines to be routinely and regularly reviewed with members of their healthcare team. These reviews should be conducted in accordance with relevant professional responsibilities, practice standards and guidelines.

We do this by:

- We support consumers (through their Medical Practitioner to arrange a Home Medicines Review (HMR) if deemed appropriate
- Nurses conduct medication reconciliation on admission, on review, after returning from hospital or changes in medications
- Nurses refer consumers to their Pharmacist or Medical Practitioner for additional advice regarding medication management or source this support directly from those health professionals, especially if there are concerns regarding polypharmacy or identified medication incidents
- Nurses collaborate with the consumer's Medical Practitioner if de-prescribing (the planned process of stopping or reducing the dose of inappropriate medicines) may be beneficial to the consumer. Nurses also collaborate with the consumer's Medical Practitioner if it is identified, a medicines review by the Medical Practitioner may be beneficial (e.g. the consumer is reluctant to take medicines).

4.10 ALTERATION OF SOLID ORAL DOSE FORMS

Alteration of solid oral dose forms of medicines, such as crushing tablets, should be avoided. However, if a person is suffering from swallowing difficulties:

- Suitable alternative formulations (or medicines) should be sought
- The person should be provided with the information and help they need to ensure their medicines can be administered safely and effectively.

We do this by:

- Not permitting Support Workers to alter any medicines to support administration; this can only be done by a Registered Nurse who has assessed the consumer and administers the medicine themselves
- Registered Nurses are aware of medicines that cannot be altered (e.g. enteric coated, modified or slow-release formulations) and ensure these are never altered
- The Nurse will discuss appropriate medicine alternatives with the consumer's Medical Practitioner and/or Pharmacist to support safe medication management

- If the consumer has dysphagia, the Nurse assesses their swallowing ability, confers with the consumer's Medical Practitioner and develops a plan of care appropriate to their needs (including sourcing appropriate medication forms for the consumer)
- If an altered medication form is authorised by the consumer's Medical Practitioner, the consumer is supported by the Nurse to manage this, and a support plan developed to describe the care provided
- If the consumer uses equipment to alter or crush their medicines, they are provided with education from the Nurse on how to keep this equipment clean and fit for purpose
- Advice is sought from the Pharmacist regarding any medicines that should not be crushed or chewed and those that need to be altered prior to administration (e.g. dispersible preparations). Documented guidance is provided by the Pharmacist (and included in our documentation and care/support plans by the Registered Nurse) for workers to follow
- If medicines are crushed, the Pharmacist provides guidance on the most suitable medium to deliver crushed medications (e.g. pureed fruit, puddings etc.) with consideration to the palatability and interactions with medications. The Registered Nurse includes this information in the support plan
- Medications are never concealed in food or beverages or left for administration by other workers, consumers/representatives or other persons.

4.11 STORAGE AND DISPOSAL OF MEDICINES

All those using medicines in the community should store medicines in a manner that:

- Maintains the quality of the medicines
- Minimises wastage
- Safeguards the person, the person's family and visitors in their home. Unwanted, ceased or expired medicines should be disposed of safely to avoid accidental harm and misuse in a sustainable and environmentally appropriate manner.

We do this by:

- Nurses provide consumers information on how to store, use and dispose of medications during medication reviews to ensure the safety of medicines as required
- If cognitive impairment is determined to impact the consumer's ability to self-medicate, the Nurse develops a support plan that outlines safe storage of medicines, such as a locked box and Support Workers are trained in the use of the locked box
- Support plans outline special storage requirements of medicines (e.g. refrigeration or specific storage of S8 medicines) to guide workers
- Consumers are encouraged to return unused or expired medicines to their pharmacy
- Nurses ensure there are appropriate sharps disposal units available if needles and syringes are used and these are returned to a community sharps disposal facility for disposal by the consumer
- The expiry of all medicines is checked prior to administration or medication support is provided.

4.12 AUTHORISED INITIATION OF MEDICINES IN THE COMMUNITY

In accordance with national, state or territory legislation, only those authorised to do so should initiate medicines upon a person's request for the relief of minor symptoms or conditions/ailments. Community healthcare service providers should develop policies, procedures and guidelines on:

- Initiation of prescription and non-prescription medicines
- Use and review of prescription medicines treatment protocols.

We do this by:

- Nurses are not able to provide Nurse-initiated medicines to consumers but refer the consumer to their Medical Practitioner or Pharmacist
- Nurses do not take telephone orders or 'standing orders' from Medical Practitioners for consumers; consumers are referred to their Medical Practitioner or Pharmacist
- If PRN (when required, not on a regular schedule) medicines are prescribed, the support plan details these; however, Support Workers are not able to assist consumers with PRN medications. Nurses can assist consumers with PRN medications and must document the reason for administration and the effect.

5 SPECIFIC GUIDANCE

5.1 CYTOTOXIC MEDICATIONS

We do not support consumers with cytotoxic or chemotherapeutic agents of any type (e.g. cream, injection, oral).

5.2 OXYGEN

Oxygen is a medication and must be ordered by a Medical Practitioner (and for home care use, authorised by a Medical Specialist), documented on the medication record and administered in line with the order. The Registered Nurse develops a specific support plan outlining the safe use of oxygen therapy following assessment that includes environmental safety, signage and consumer safety education.

Support Workers who support consumers with oxygen therapy are provided training and competency assessment to support the safe use of oxygen.

5.3 MEDICATION DOCUMENTATION

- Each consumer has a record of medications provided by the dispensing Pharmacist, based on the prescription provided by the Medical Practitioner or Nurse Practitioner
- Each time a medication is provided to a consumer the medication administration is documented by the worker responsible including if medications are refused, omitted, were not available or self-administered by the consumer
- A care/support plan (with consumer identifying information) is documented for each consumer that details if medication support is required
- Support Workers providing medication support must refer to the **Medication Order form** for instructions and sign the medication signing sheet once the medication is provided
- Consumers who self-medicate retain all responsibility for their medications.

5.4 MONITORING AND ESCALATION OF MEDICATION MANAGEMENT

- The consumer is encouraged to see their Medical Practitioner regularly to review medications and provide any updated medication information to workers
- Support Workers competent in medication support report any issues regarding medication management to their supervisor who will review medication practices and take appropriate action
- The Registered Nurse/Coordinator ensures that all consumer's medications are reviewed by the Medical Practitioner annually and when a consumer's needs change.

5.4.1 LIMITS TO SUPPORT WORKER MEDICATION MANAGEMENT PRACTICES

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

Examples of times when discretionary judgement may be required include:

- A consumer that needs to be monitored because of unstable health (unstable health is when a person's health is inconsistent and requires some intervention and changing of medication on a regular or ongoing basis)
- A consumer that consistently displays behaviour impacting on their ability to safely receive prescribed medications, e.g. takes too much medication, refuses to take medication, takes incorrect doses or misuses medication on a regular basis
- Professional medication instructions are unclear, out of date, omitted or open to interpretation. In these situations, the Support Worker informs the Supervisor/Registered Nurse who contacts the consumer's doctor or other health professional for advice and ensure that the consumer is appropriately reviewed. The Registered Nurse provides medication management services to consumers with complex needs.

5.4.2 MEDICINES FOR END-OF-LIFE CARE

- Consumers who are identified as requiring end of life care are reviewed by the Medical Practitioner to ensure that medicines to manage pain and symptoms, including anticipatory medicines are prescribed, administered and available 24 hours per day. Additional support is sought from a palliative care service to plan ongoing care
- We may not be able to provide this service, but once the consumer is referred to a palliative care service, we may be able to provide ongoing support to the consumer if the palliative care service deems it is safe to continue home care.

5.5 MEDICATION REVIEW

The Registered Nurse can consult with the consumer's Medical Practitioner to request a Home Medicines Review (HMR) by an accredited Pharmacist if this is deemed beneficial to the consumer.

5.6 CONTINUITY OF MEDICINES SUPPLY

Workers support the consumer to ensure that there are adequate supplies of medications through liaison with the consumer, family/representative, Medical Practitioner and Pharmacist. Support Workers can collect medications from the pharmacy or return medications to the pharmacy for consumers when providing social support for shopping services.

5.7 STOCK SUPPLY

We do not have a stock supply of medicines to provide to consumers.

5.8 MEDICATION DISPOSAL

Consumers are encouraged to return unwanted, ceased or expired medicines to their pharmacy for disposal.

5.9 ADMINISTRATION OF MEDICINES BY WORKERS

- Registered and Enrolled Nurses responsible for medication administration must hold relevant nursing qualifications, an understanding of their role and responsibilities and experience in the administration of medications. Nurses work within their scope of practice at all times
- Support Workers who have received theoretical and practical competency training can provide medication support and provide medications within the limits of their knowledge and skills. Each medicine type (e.g. eye preparations, inhalations, topical applications) competency is assessed
- The ten rights of medication administration are always used by workers: right person, right medicine, right dose, right time, right route, right education (Nurses only), right to refuse, right assessment (Nurses only), right evaluation (Nurses only), and right documentation
- Verbal orders are not taken by any workers
- Personal protective equipment (e.g. gloves for topical applications) is worn as necessary
- All workers are trained in the use of the medication error reporting system and are supported to evaluate, improve and monitor the medication procedures. Workers are supported and supervised to improve their practice if medication errors occur
- Medication errors are discussed at the Clinical Care Committee and team meetings to review and improve practices.

5.10 PRN (PRO RE NATA – WHEN REQUIRED/NOT ON A REGULAR SCHEDULE) MEDICATIONS

PRN medications are not provided by our Support Workers.

5.11 EVALUATION OF MEDICATION MANAGEMENT

- The Registered Nurse strategically reviews medication management processes at least annually including a review of policy and practices
- The Registered Nurse reviews, monitors, implements corrective actions, organises education and support following medication errors.

The internal audit process ensures annual review of medication practices.

6 SUPPORT WORKER MEDICATION MANAGEMENT METHOD

The following procedure guides Support Workers in medication management:

- Attend hand hygiene
- Gather equipment
- Identify consumer and gain consent for medication support
- Check medication documentation for instructions
- Ensure privacy
- Explain procedure to consumer
- Observe the 7 rights of medication management for Support Workers⁵
 - right person
 - right medicine

⁵ Note: the medication rights for Support Workers are different than Nurses as they are unable to educate, assess or evaluate in their medication management practice.

- right dose
- right time
- right route
- right to refuse
- right documentation
- Check the expiry date and if the medication is new write the date it was opened (for eye preparations, creams, liquids)
- Attend hand hygiene
- Ensure consumer is in appropriate position to receive medication
- Provide the medication
- Monitor the consumer for immediate side effects (e.g. choking); ensure consumer is comfortable
- Dispose of, or store medication as directed
- Attend hand hygiene (and between each medication type)
- Sign medication documentation using the appropriate codes as required (e.g. R- refused)
- If required after specified time check consumer, reposition, assist post medication support
- Escalate any concerns with medication management to their Supervisor/Registered Nurse and complete a medication incident if necessary.

7 MEDICATION MANAGEMENT IN HOME CARE PROCEDURES

7.1 TEAM LEADER SPECIFIC RESPONSIBILITIES

The Team Leaders are responsible for medication support by:

- Reviewing the assessed need for medication support for home care consumers (self-administration is encouraged and supported through medication support aids such as blister packs)
- Liaising with the Medical Practitioner, Pharmacist and Registered Nurse as required
- Developing a **Medication Plan** for the consumer and identifying who will provide the medication support:
 - support Workers (blister packed medications and other medications Support Workers are competent to support the consumer with)
 - Registered Nurse (other medications such as suppositories, insulin injections)
- Reviewing consumers medication support during reassessment in consultation with the Registered Nurse
- Managing the follow up and implementation of improvements identified through the medication error reporting process.

7.2 CONSUMER MEDICATION ASSESSMENT, STORAGE AND INFORMATION

Where an assessment is needed to determine a consumer's capacity to participate in the management of his or her own medication the Medical Practitioner or Registered Nurse completes this with consideration to: medication understanding/literacy; cognitive impairment; dexterity; ability to self-medicate in the past; past medication incidents.

All consumers with capacity are encouraged to self-administer their medications. Strategies for assisting them to achieve this include the provision of blister packs, aids to open blister packs, prompting calls

(telephone calls at medication administration times to prompt the consumer to take medications) and support to liaise with the Medical Practitioner to reduce the number and times medications are required. The Registered Nurse can assist in liaising with the Medical Practitioner as required.

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

The Registered Nurse will provide consumers with information to assist them in managing their medications safely if required.

7.3 DOCUMENTATION REQUIREMENTS

If the consumer is receiving medication support, that is, the consumer is being prompted to take their medications, assisted with packaging and workers are ensuring the consumer has taken their medications, the following is required:

- A **Medication Consent Form** is completed that outlines the type of medication assistance is to be provided (such as prompting for time of day or assistance with medication packaging)
- A Medication Order that details the doctor's prescription (which may be a signed patient medication summary, blister pack sheet provided by the pharmacist or a **Medication Order form**)
- A **Medication Plan** that describes the type of medication, assistance to be provided by the Support Workers including type, time, dose, and route of medication for the consumer is completed by the Registered Nurse

The Medication Plan includes the following:

- consumer's name (including three identifiers)
- medication to be given
- dose to be administered
- specific route
- time/s to be given
- specific instructions regarding the medication, e.g. to be taken with food
- commencement date of medication
- cessation or review date of the medication.
- A **Medication Record Sheet** or signing sheet for Support Workers to notate:
 - their initials if they have ensured the client has taken the medication
 - 'S' for self-administered if they have observed the consumer self-administering their medications
 - 'N' if the prescribed medication is not available
 - 'R' if the consumer refuses the medication.

DOCUMENT INFORMATION

Owner**	Director Community Services
Date Approved	

Applicable Aged Care Programs	CHSP & HCP
Review History	Developed: 18 October 2024
Date of review and summary of changes	
Date of review and summary of changes	
Date of review and summary of changes	

**The person responsible for ensuring the Procedure is appropriate, followed and maintained up to date.

Item 4.3 Mental Health Support Policy

EXECUTIVE SUMMARY

Provide guidance to workers on communicating and caring for consumers experiencing mental health conditions including ensuring the safety of consumers, workers and others; managing psychological symptoms and challenging behaviours; recognising and responding to sudden or unexpected deterioration of a consumer's mental health and related behaviour; and preventing psychological distress and self-harm.

OFFICER'S RECOMMENDATION

That Council: adopt the Mental Health Support Policy as presented.

Budget & Resource Implications

Nil

Background

Nil

Consultation (Internal/External)

Internal: Angela Henry (Director of Community Development and Services)

Attachments

Attachment I - Policy

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

Mental Health Support

POLICY STATEMENT

At Richmond Aged Care we understand that mental health care is integral to the provision of respectful, safe, appropriate and quality aged care services. We take a trauma-informed approach to provide a care environment that supports health and wellbeing. We consult with consumer’s experiencing mental health conditions and their representative (with permission) to ensure their care optimises clinical outcomes and promotes wellbeing.

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1 PURPOSE

Provide guidance to workers on communicating and caring for consumers experiencing mental health conditions including ensuring the safety of consumers, workers and others; managing psychological symptoms and challenging behaviours; recognising and responding to sudden or unexpected deterioration of a consumer's mental health and related behaviour; and preventing psychological distress and self-harm.

(See also [Living with Cognitive Impairment](#) and [Delirium](#))

2 SCOPE

Home Care¹

3 CARE TEAM AND RESPONSIBILITIES

The care team who contributes to supporting consumers experiencing mental health conditions include:

- **Medical Practitioner:** medical assessment and treatment; referral to Specialist Mental Health services or acute care facility.
- **Registered Nurse** (and Enrolled Nurse within scope of practice): assessing behavioural and psychological symptoms of mental health; developing care/support plans to meet individual consumer needs; monitoring consumers (through observation and feedback from workers) and referring to health professionals as required and implementing recommendations into the care/support plan; monitoring the implementation of care/support plans and making changes as necessary; ensuring the adequate support and implementation of care strategies by workers; reporting through clinical indicators, audits and meeting forums, the organisation's performance in supporting the management of consumers' suffering with mental illness and related behaviours of concern.
- **Health Professionals:** specialist assessment; development of appropriate care/support plans; provision of equipment.
- **Support Workers:** Following the care/support plans and supporting consumers; being alert to and recognising psychological distress and referring concerns to the Registered Nurse; Participating in training to ensure appropriate skills in the provision of behavioral supports for those living with mental illness.
- **Consumers and their representatives/substitute decision makers:** Communicating with the workforce regarding their health, safety and wellbeing in relation to their mental health and engaging in care/support planning processes.

3.1 CONSIDERATIONS

Richmond Aged Care has a trauma-informed approach² to supporting consumers with mental health conditions. We understand that older people are at higher risk of developing mental health problems, such as depression and anxiety, that may affect their quality of life.

¹ The extent to which Home Care can support consumers experiencing mental illness is limited due to service delivery hours. If there are concerns for the consumers safety and wellbeing (or the wellbeing of others) the Registered Nurse will consult the Medical Practitioner and arrange a referral to a Specialist Mental Health service or acute care facility.

² See [Appendix 2](#) for definition.

3.2 RISK IDENTIFICATION

If referral information identifies the consumer has a mental health condition impacting their health and well-being, the Registered Nurse develops a care/support plan on admission to address these issues immediately. An initial assessment is conducted by the Registered Nurse and more comprehensive assessments completed during the assessment period. Consumers are referred to specialists as required, and risks are identified and recorded in the Care Management System and in the **High-Risk Consumer Register** if necessary.

Workers are advised of risks via Handover, and an alert is placed on the care/support plan and in the Care Management System and must:

- Follow the care/support plan that outlines specific strategies to assist communication and support for consumers with a mental health condition
- Seek support from your Supervisor/Registered Nurse to communicate with the consumer and recognise triggers to/and deterioration in the person's mental state, especially if you are unable to communicate effectively or the consumer is showing signs of agitation or distress
- Keep yourself safe: if the consumer is showing signs of agitation or distress, ensure you are safe and not exposed to the risk of a physical response from the consumer. Remove yourself from the proximity of the consumer and seek help from your Supervisor/Registered Nurse.

3.3 UNDERSTANDING FACTORS IMPACTING MENTAL HEALTH

Many older people experience a mental health condition, and the impact of stressful events can have a negative impact on wellbeing. Older people may experience multiple stressful events that combine with trauma to affect mental health and wellbeing including:³

- Bereavement and loss
- Elder abuse
- Acute and chronic health problems
- Social isolation
- Dementia and cognitive impairment
- Transitioning into aged care
- Disability and deterioration of mobility or cognitive capacity
- Loss of independence, role in community and family, pets etc
- Being a veteran.

3.4 THE CARE ENVIRONMENT

We provide a care environment⁴ that promotes health and wellbeing and supports consumers affected by mental health conditions to reduce distress, care-refusal, agitation, anxiety, and aggression. We do this by:

- Respecting privacy and ensuring consumers have their own private space
- Reducing noise and stimulation
- Providing access to outside areas

³ Lethbridge R, Reed A and Couineau AL 2021 Trauma-Informed Care Workbook for Managers of Aged Care Organisations. Phoenix Health – Centre for Posttraumatic Mental Health Melbourne p 10

⁴ See [Environment](#)

- Providing comfortable and welcoming living environments
- Welcoming visitors.

3.5 COMMUNICATION AND ENGAGEMENT

We practice a trauma-informed, person centred approach to consumer engagement (See [Appendix 2 Trauma Informed Approach](#)) by:

- **Prioritising safety and trust**
 - observe for signs of agitation and/distress and report to Registered Nurse
 - explain all actions before providing care, be aware of the consumers health literacy, use simple language when required
 - interactions should be predictable and consistent, use a warm non-threatening tone
 - always treat the person with respect and compassion
 - observe the consumer's tone of voice and non-verbal messages and report changes to the Registered Nurse
 - don't argue with the consumer and be patient.
- **Providing choice and control**
 - ask permission before tasks
 - provide consumers with choices about care and lifestyle preferences
 - include consumer preferences in the care/support plan that are respected and accommodated as much as is possible
 - support risk taking.

3.6 SUPPORTING WORKERS

Specialised training is provided to workers to promote wellbeing, recognise psychological distress, and respond appropriately to reduce distress and agitation and ensure the safety of the consumer and others. We do this by providing workers with information on:

- Understanding the risk factors associated with mental illness
- Understanding the impact of mental illnesses
- Demonstrating awareness of the range of evidence-based treatments available for mental illness
- Knowing how to assess and assist in a crisis
- Understanding local resources available to someone experiencing mental health problems
- Working closely with the consumer and their substitute decision make and/or family/representative to understand their needs and associated behaviours.

We make every effort to make sure that services are delivered in an appropriate and sensitive way to all people, including people with mental health conditions.

4 ASSESSMENT

Assessment includes interviewing the consumer/ representative and seeking previous assessment and referral information (and any specialist service currently involved in the care and treatment) to understand the impacts of the behavioural and psychological symptoms of the mental health condition on the consumer and others. We use standardised assessment tools including the Geriatric Depression Scale, Psychogeriatric Assessment Scale (PAS) and Cornell Scale for Depression in Dementia. These are

available on the care management system. Assessments are undertaken with consideration to identifying:

- Safety concerns
- Anxiety or agitation
- Aggression
- Social isolation
- Hallucinations or false ideas
- Disinhibition
- Pharmacological treatment.

5 CARE/SUPPORT PLANNING

The care/support plan is developed with the consumer and representative (with permission) considering the above and reviewed as per Assessment and Care/Support Planning and as required in response to a change or deterioration in condition, organisational policy, and when needed.

6 CARE PROVISION

Workers use a range of strategies to support the consumer experiencing behavioural and psychological symptoms including those detailed below.

Note: If a consumer exhibits signs of self-harm and/or expresses suicidal thoughts, the Registered Nurse provides immediate support and care to the consumer, notifies the Medical Practitioner immediately or transfers the consumer to an acute care facility depending on severity and takes follow up action to support the consumer as directed by the Medical Practitioner.

6.1 REASSURE AND REDUCE TRIGGERS

- Actively listen to, respond and reassure the consumer
- Be aware of the individual care/support plan and identified triggers
- Monitor for early signs of deteriorating mental health condition
- Be aware that the consumer may be sensitive to non-verbal cues and a calm, predictable and gentle manner has a positive effect
- Avoid surrounding the consumer with too many workers at one time, minimise multiple assessments and provide the same workers
- Provide activities to reduce agitation and quiet areas where the consumer can retreat to avoid over stimulating environments.

6.2 ANXIETY OR AGITATION

Understand and validate the distress; this may help settle the consumer. Some strategies to try include:

- Talk about the anxiety-producing thoughts
- Reassure the consumer
- Identify and, if possible, relieve the cause of the anxiety
- Provide pharmacological therapy as appropriate in accordance with the mental health care/support plan.

6.3 DEPRESSION

Older people who are lonely, have experienced loss and/or trauma and don't have strong social networks and support can be at risk of developing depression. Symptoms of depression, such as problems with sleeping, memory or concentration, are often mistakenly dismissed as just growing older. Sometimes depression co-exists with dementia and this can make the specific diagnosis difficult (See [Living with Cognitive Impairment](#)/ Consumers Living with Cognitive Impairment). Physical illness is also linked to depression; having to be dependent on others can lead to a sense of a loss of dignity.⁵Treatment depends on symptoms, and may include:

- Healthy lifestyle changes such as exercise and having good nutrition
- Counselling and psychological interventions to help the person understand their thoughts, behaviour and relationships with other people
- Medications to reduce or remove symptoms such as depressed feelings, restore normal sleep patterns and appetite, and reduce anxiety. Medications often take time to have a positive effect; generally, people begin to feel better within six weeks.

6.4 AGGRESSION

Physical or verbal aggression can be triggered by issues such as fatigue, an over-stimulating environment, asking the consumer too many questions at one time, too many strangers in a noisy, crowded atmosphere, failure at simple tasks or confrontation with workers. Strategies to reduce the risk of aggression and reduce escalation include:

- Prioritise your safety and the safety of others
- Identify and address any triggers
- Simplify the task and communication
- Remain calm and use a low tone of voice
- State things in positive terms – constantly saying ‘no’; or using commands increases resistance
- Escalate to the Registered Nurse
- Pharmacological treatment may be part of a coordinated response (See Pharmacological Treatment below)
- Don't force or restrain the consumer.

6.5 HALLUCINATIONS OR FALSE IDEAS

The person may hear voices or sounds or see people or objects. This can cause severe reactions such as fear, distress, anxiety and agitation. Strategies to support consumers include:

- Don't argue and don't take any accusations personally
- Maintain a familiar environment, with consistent workers and routine, as much as possible
- Ignore some hallucinations or false ideas if they are harmless and aren't causing agitation
- Avoid triggers
- Pharmacological treatment may be part of a coordinated response for some consumers who may benefit from treatment with antipsychotics (See below Pharmacological Treatment).

⁵ <https://www.myagedcare.gov.au/caring-someone-mental-health-condition>

6.6 PHARMACOLOGICAL TREATMENT

Psychotropic, antidepressant and benzodiazepine medications can play an important role in managing mental health conditions. It is important to be aware of significant potential adverse side effects⁶

The use of PRN (when required) psychotropic medication should be avoided where possible. These medications should only be used if there is a risk of self-harm or harm to others and after a thorough examination/assessment has eliminated other possible causes (for example pain, delirium or other illness) and where behavioural and psychological interventions were proven inadequate

The Registered Nurse works closely with the Medical Practitioner to monitor medication effects. Referral to a Geriatrician, Medical Specialist and/or Pharmacist is initiated to support the administration of psychotropic and other pharmacological treatment of mental illness as required

The administration of any psychotropic medications is monitored and, if used as chemical restraint, restraint minimisation practices are used (See [Restrictive Practices](#)).

Be aware that:

- Medications should be administered orally, in low doses and for a limited time
- Usage should be monitored (for effectiveness and side effects) and adjusted accordingly
- Medication should be ceased if not effective or if side effects are evident
- Multiple psychotropic medication administration is not recommended.

Pharmacological treatment should always be used in conjunction with a consistent, non-pharmacological care/support plan that can include a specific behaviour support plan if necessary.

7 REFERRAL

The Registered Nurse and/or Medical Practitioner discusses the need for referral to specialist services such as the Older Persons Mental Health Service or other medical professionals with the consumer/representative. Once the consumer has been assessed, the Health Professional documents the consultation and feedback is included in the care/support plan.

8 ESCALATION

Report any concerns regarding the behavioural and psychological symptoms to the Registered Nurse/Supervisor. The Registered Nurse/Supervisor escalates to the appropriate Mental Health Professional for advice and support as needed.

9 REPORTING

Monthly reporting of behavioural and psychological symptoms is conducted to ensure quality care. Data including **Incident Forms** are reviewed by the Clinical Care Committee. Restrictive practices are monitored and consumers at risk are reviewed by the care team at Multidisciplinary Care Meetings.

⁶ Psychotropic medications uses in Australia 2020 Information for Aged Care
https://www.agedcarequality.gov.au/sites/default/files/media/acqsc_psychotropic_medications_v11.pdf

APPENDIX 1: MENTAL HEALTH CONDITIONS EXPLAINED

Some diagnoses describe similar behaviours or experiences and can be grouped together:⁷

- **Anxiety disorder** - usually experience fears that affect their quality of life and ability to do the things that they want to do. Anxiety disorders include anxiety, obsessive compulsive disorder, phobias, panic disorder and post-traumatic stress disorder
- **Mood disorder** - usually experience sadness or happiness more intensely and for a longer period of time than would be expected for their life circumstances. Mood disorders include depression and bipolar disorder
- **Personality disorder** - usually have thoughts and emotions that affect how they manage stress and relate to other people. Personality disorders include borderline personality disorder and narcissistic personality disorder
- **Psychotic disorder** - usually think, hear, see or experience things in a way that is very different from other people. Psychotic disorders include schizophrenia
- **Eating disorder** - usually have thoughts about food, weight and eating that lead them to make choices that affect their physical health. Eating disorders include anorexia nervosa and bulimia nervosa
- **Substance related disorder** - usually use a substance in a way that interferes in their life.

Psychiatrists and clinical psychologists are trained to provide people with a mental health diagnosis. Diagnosing can be complex as it is difficult to categorise human experiences. Medical Practitioners will refer consumers with complex mental health issues to these experts.

⁷ <https://www.health.nsw.gov.au/mentalhealth/psychosocial/foundations/Pages/types-intro.aspx>

APPENDIX 2: TRAUMA INFORMED APPROACH

Trauma aware and healing informed care recognises that most older people have experienced trauma in their lives and considers how this may impact them when providing care. Trauma aware and healing informed approaches must be used to restore wellbeing and enable older people to self- manage and control their care decisions. As part of trauma informed care, providers and workers should:

- Understand the effects of trauma on the older person (including through assessment)
- Promote safety and trust (create a safe environment, interact in a and respectful way, etc)
- Empower older people (by providing transparency, informed consent, collaboration, choice and control)
- Build connections, focus on strengths and promote quality of life⁸

A care environment that supports older people affected by trauma can help reduce distress, care-refusal, agitation, anxiety, and aggression.

Trauma-informed care includes strategies that support workers safety and wellbeing and put the needs, strengths and dignity of older people at the centre of every interaction.

Figure 1: Principles of Trauma-Informed Care⁹



⁸ Australian Government Aged Care Quality and Safety Commission 2024 Draft Glossary of Terms

⁹ Lethbridge R, Reed A and Couineau AL 2021 Trauma-Informed Care Workbook for Mangers of Aged Care Organisations. Phoenix Health – Centre for Posttraumatic Mental Health Melbourne p 18

DOCUMENT INFORMATION

Owner**	Director Community Services
Date Approved	
Applicable Aged Care Programs	CHSP, HCP
Review History	Developed: 18 October 2024
Date of review and summary of changes	
Date of review and summary of changes	
Date of review and summary of changes	

**The person responsible for ensuring the Procedure is appropriate, followed and maintained up to date.

Item 4.4 Missing or Not at Home Consumers Policy

EXECUTIVE SUMMARY

To provide worker guidance in the necessary actions when a consumer is identified as missing or not at home.

OFFICER'S RECOMMENDATION

That Council: adopt the Missing or Not at Home Policy as presented.

Budget & Resource Implications

Nil

Background

Nil

Consultation (Internal/External)

N/A

Attachments

Attachment J – Policy

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

Missing or Not at Home Consumers

POLICY STATEMENT

Richmond Aged Care understands their responsibilities in ensuring consumers remain safe within our care. We assess consumers to identify those at risk of absconding and implement individual care/support plans to prevent harm. We have systems in place to appropriately escalate when consumers are identified as missing or not at home.

TABLE OF CONTENTS

- 1 Purpose 1**
- 2 Scope 1**
- 3 Missing Consumer 1**
 - 3.1 Assessment and Care/Support Planning 1
 - 3.2 Action in the Event of a Missing Consumer 1
 - Figure 1: Missing Consumer Flow Chart..... 2
- 4 Action in the Event of a Consumer Not Responding to A Home Scheduled Visit 3**
- Document Information 3**

1 PURPOSE

To provide worker guidance in the necessary actions when a consumer is identified as missing or not at home.

2 SCOPE

Home Care

3 MISSING CONSUMER

3.1 ASSESSMENT AND CARE/SUPPORT PLANNING

Consumers at risk of absconding are identified through referral information and assessment and a care/support plan is developed to mitigate the risk of them absconding. This can include strategies such as providing a memory support unit living environment, daily clothing reporting, regular and timed observation of the consumer and consumer engagement strategies. These are detailed in the consumer’s care/support plan.

3.2 ACTION IN THE EVENT OF A MISSING CONSUMER

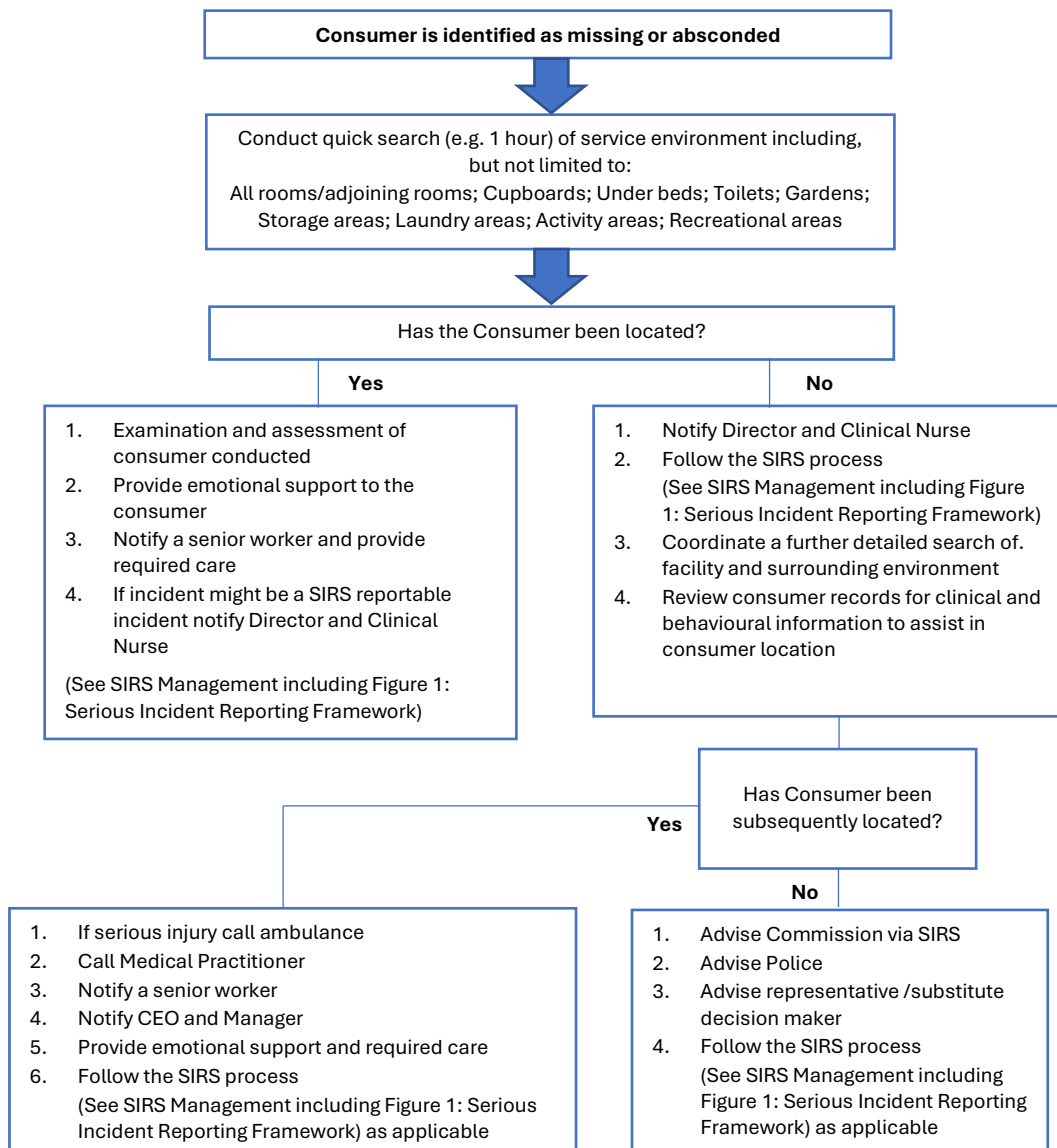
If a consumer goes missing from the service environment (e.g. from the service premises or during an outing) and workers are unaware of the reasons for their absence, the relevant manager is notified immediately and the whole service environment is then searched in a coordinated manner by all available workers as outlined in Figure 1: Missing Consumer Flow Chart.

If after a reasonable search (e.g. one hour) the consumer is not found, the requirements of the Serious Incident Response Scheme (SIRS) will apply (See [SIRS Management](#)).

Police are notified as soon as possible so appropriate actions can be taken to locate the consumer. Police are given a description of the consumer including, if possible, a description of what the consumer was wearing when last seen. A current consumer photograph is provided to the police to assist in identifying the consumer.

If a consumer returned to the service before we become aware that they were missing, there is no requirement to notify the Commission. However, we must notify the absence to the Commission if the police are aware of the consumer’s absence or where the consumer has been returned to the service environment by the police using the SIRS management process. The consumers representative/substitute decision maker are also notified as soon as practicable.

Figure 1: Missing Consumer Flow Chart¹



¹ See [SIRS Management](#) (Serious Incident Reporting Scheme)

4 ACTION IN THE EVENT OF A CONSUMER NOT RESPONDING TO A HOME SCHEDULED VISIT²

Each consumer is consulted regarding what they want Richmond Aged Care to do if they do not respond to a scheduled visit. This is documented in their care/support plan. Generally, if consumers do not respond to a scheduled visit, workers and volunteers:

- Knock loudly and shout at the door
- Check the boundaries of the property and/or check with neighbours (if applicable and appropriate)
- Notify the Administration Officer who will ring the consumer's representative/substitute decision maker and make a note in the care management system progress notes of the outcome
- If a meal delivery is underway, the meal is not left due to food safety requirements and the need to understand why the consumer is not responding.

If necessary, the Administration Officer will escalate to the relevant Manager who will ring the Police and ask them to check the house and take further action as necessary including ringing the consumer's representative/substitute decision maker and follow up as required.

DOCUMENT INFORMATION

Owner**	Director Community Services
Date Approved	
Applicable Aged Care Programs	CHSP, HCP
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Date of review and summary of changes	
Date of review and summary of changes	
Date of review and summary of changes	

**The person responsible for ensuring the Procedure is appropriate, followed and maintained up to date.

² Australian Government Department of Health and Aged Care [Commonwealth Home Support Programme \(CHSP\) Manual 2023-2024](#) Published 10 July 2023, 6.1.6 Client not responding to a scheduled visit or service. Refers to [Guide for Community Care Service Providers on How to Respond when a Community Care Consumer does not Respond to a Scheduled Visit](#) 2009

Item 4.5 Money and Property of Consumers Policy

EXECUTIVE SUMMARY

To provide worker guidance in the support of consumers to keep their money and property safe.

OFFICER'S RECOMMENDATION

That Council: adopt the Money and Property of Consumers Policy as presented.

Budget & Resource Implications

Nil

Background

Nil

Consultation (Internal/External)

N/A

Attachments

Attachment K – Policy

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

Money and Property of Consumers

POLICY STATEMENT

Richmond Aged Care ensures consumers’ money and property are always safeguarded and has incident and feedback systems to ensure any adverse events related to consumer money and property are investigated and resolved.

TABLE OF CONTENTS

1 Purpose 1

2 Scope 1

3 Security of Consumer Money and Property 1

4 Action in the Event of Missing Money or Property 2

Document Information 2

1 PURPOSE

To provide worker guidance in the support of consumers to keep their money and property safe.

2 SCOPE

Home Care

3 SECURITY OF CONSUMER MONEY AND PROPERTY

To ensure the security of and access to a consumer’s money and property we adopt the following strategies:

- Unless related to service delivery, consumers are asked to store their money and other valuables securely
- Workers are not permitted to undertake any tasks that involve money unless they are part of the person’s care/support plan and the consumer has consented to it
- Consumers are made aware that no expenditure can occur by a worker unless it is documented in the care/support plan
- Workers are not permitted to access a consumer’s bank PIN
- Consumers are asked to advise a supervisor immediately if a worker requests or takes any money or items of value not covered in the care/support plan, or requests their bank PIN
- The use of funds by workers is restricted to the minimal amount necessary
- A written record of available funds and the expenditure and top-up of funds is recorded whenever funds are utilised and a copy is provided to consumers
- Under no circumstances are workers permitted to accept gifts of money or other valuables or to request or accept a loan from a consumer
- Workers receive training on the importance of avoiding the handling of money or valuables unless necessary, and of the potential risks to themselves
- Workers are aware that any misuse of consumer funds or valuables will result in instant dismissal and prosecution under law.

4 ACTION IN THE EVENT OF MISSING MONEY OR PROPERTY

Should a consumer's money or property go missing, an **Incident Report** is completed and the Manager undertakes an investigation to determine the circumstances. The Manager will work with the consumer and/or their representative/substitute decision maker to resolve the issue to the satisfaction of all parties and take any actions necessary to resolve the issue.

DOCUMENT INFORMATION

Owner**	Director of Community Services
Date Approved	
Applicable Aged Care Programs	CHSP, HCP
Review History	Developed: 18 October 2024
Date of review and summary of changes	
Date of review and summary of changes	
Date of review and summary of changes	

**The person responsible for ensuring the Procedure is appropriate, followed and maintained up to date.

Item 4.6 Nutrition and Hydration Home Care Policy

EXECUTIVE SUMMARY

To provide worker guidance in the support of consumer's nutrition and hydration in the home.

OFFICER'S RECOMMENDATION

That Council: adopt the Nutrition and Hydration Home Care Policy as presented.

Budget & Resource Implications

Nil

Background

Nil

Consultation (Internal/External)

N/A

Attachments

Attachment L – Policy

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

Nutrition and Hydration Home Care

POLICY STATEMENT

Richmond Aged Care partners with home care consumers to encourage them to maintain their nutrition and hydration by providing information, advice, referral and support to shop and prepare meals within the limits of their care/support plan.

TABLE OF CONTENTS

1 Purpose	1
2 Scope	1
3 Care Team and Responsibilities	1
4 Partnering with Consumers	2
5 Assessment of Nutritional Needs and Preferences	2
6 Care/Support Planning	2
7 Care Provision	3
7.1 Weight Monitoring	3
7.2 Swallowing Impairment	3
Figure 1: Weight Loss/Gain Management	4
7.3 Dietary and Fluid Modification	5
Figure 2: The IDDSI Framework	5
8 Dehydration	6
Document Information	6

1 PURPOSE

To provide worker guidance in the support of consumer’s nutrition and hydration in the home.

(See also [Life Threatening Events](#) for the management of choking. See [Food Service](#) for the provision of home delivered meals.)

2 SCOPE

Home Care

3 CARE TEAM AND RESPONSIBILITIES

The care team who contributes to supporting consumers’ nutrition and hydration include:

- **Medical Practitioner:** medical assessment; diagnosis and treatment of alterations in consumer nutrition and hydration status.
- **Registered Nurse** (and Enrolled Nurse within scope of practice): nursing assessment; development of appropriate care/support plans including for the provision of medications requiring modification for swallowing difficulties; monitoring consumer nutrition and hydration status within the constraints of service delivery; referral to appropriate health professionals; ensuring adequate supplies and administration of nutritional supplements.

- **Health Professionals** (Speech Pathologist, Dietician, Occupational Therapist): specialist assessment; advice and care planning to support nutrition and hydration.
- **Support Workers**: following and implementing care/support plans; supporting, recording and monitoring consumers' food and fluid intake; reporting concerns or changes in consumers intake to the Registered Nurse; participating in training to ensure appropriate skills in the provision of meals and drinks, and the preparation and provision of modified meals and drinks.
- **Consumers/representatives**: Monitoring their own food and fluid intake; ensuring they have access to adequate food and fluids.

4 PARTNERING WITH CONSUMERS

We partner with consumers by:

- Talking with consumers and their representatives/substitute decision makers about the food and drinks they like (with consideration to cultural preferences), and how they can ensure they are receiving adequate nutrition and hydration.
- Discussing with consumers their access to adequate food and fluids and ways to stay healthy through assessment and care/support planning.
- Supporting consumers to take risks in their choices of food and fluids (See [Choice, Independence and Quality of Life](#))
- Monitoring the health outcomes of consumers regarding nutrition and hydration and referring to appropriate health professionals as required.

5 ASSESSEMENT OF NUTRITIONAL NEEDS AND PREFERENCES

We assess and reassess nutritional needs and preferences by speaking with consumers about their access to adequate food and fluids and providing advice on healthy options, recognising that consumers live in their own home and make their own choices, by:

- Completing a weight recording at service commencement and when required (if indicated)
- Conducting screening (e.g. swallowing screening) on admission/return from other care environments (if indicated) by the Registered Nurse to develop a safe swallowing care/support plan before assessment by other Health Professionals including for the provision of medications requiring alteration for swallowing difficulties
- Referring consumers to other Health Professionals as required including the Dietician, Speech Pathologist or Occupational Therapist to support adequate nutrition and hydration, safe swallowing and consideration to dexterity when consuming food and drinks (if indicated)
- Ensuring workers are aware of how to escalate nutrition and hydration concerns to the Registered Nurse and document concerns and escalation in the client management system.

6 CARE/SUPPORT PLANNING

We develop a care/support plan that describes the consumer's nutritional needs and preferences by:

- Considering the above and ensuring the care/support plan is understood and agreed to with consumers and their representatives/substitute decision makers
- Ensuring ongoing monitoring of nutritional status if indicated (See below Weight Monitoring)
- Ensuring the review of the care/support plan should the consumer's health or nutritional and fluid status change and on return from hospital (or other care environment transitions).

7 CARE PROVISION

Workers support consumers to access food and fluids (if indicated as a need in their care/support plan) by:

- Providing consumers the opportunity to make food and fluid choices on an ongoing basis
- Ensuring the consumer has access to food and fluid choices and referring to the Registered Nurse if supplies are not available
- Ensuring consumers have assistive devices such as assistive cutlery, crockery and non-slip mats to support them to eat effectively
- Supporting consumers to shop or access food and fluids
- Reporting to the Registered Nurse nutritional concerns (e.g. consumer not eating or drinking adequate amounts, evidence of weight loss or gain, consumer lack of appetite).

7.1 WEIGHT MONITORING

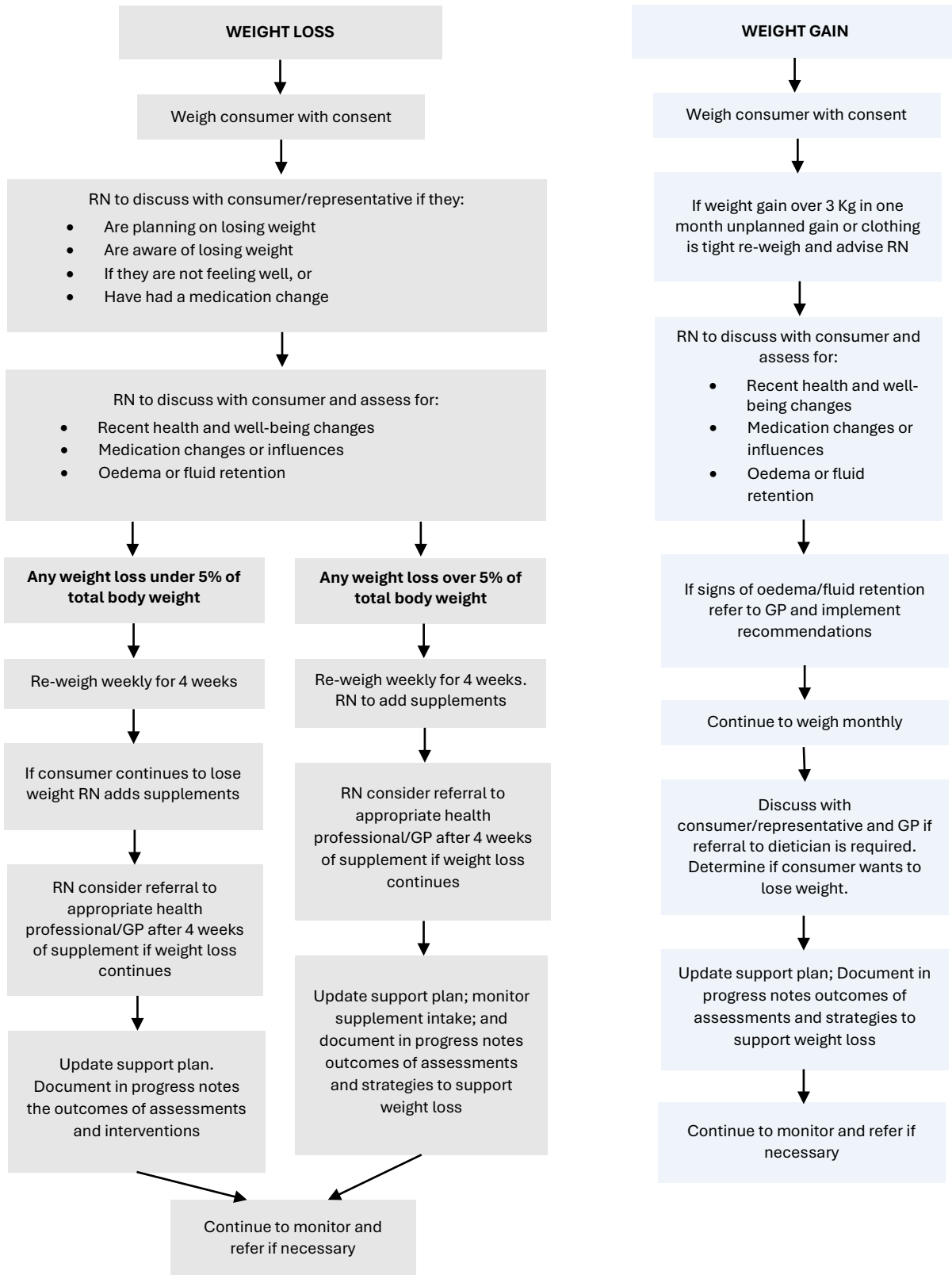
- Nutritional status is monitored through weight measures (if nutritional risk is identified).
- Weights are documented and monitored/evaluated by the Registered Nurse who reviews the care/support plan should there be evidence of weight loss/gain. An entry is made in the care management system that details the evaluation and the appropriate actions (e.g. referral to the Medical Practitioner or Dietitian, increased monitoring)
- Weight loss or gain is monitored and reported by workers as per the flow chart below and appropriate actions taken to support consumers.

7.2 SWALLOWING IMPAIRMENT

The Registered Nurse and/or Speech Pathologist assess consumers for swallowing impairment and any impact on clinical safety on assessment. A care/support plan is developed to ensure workers are aware of the consumer's swallowing impairment and provide guidance on supporting safe swallowing.

(See below Dietary and Fluid Modification and [Life Threatening Events](#)).

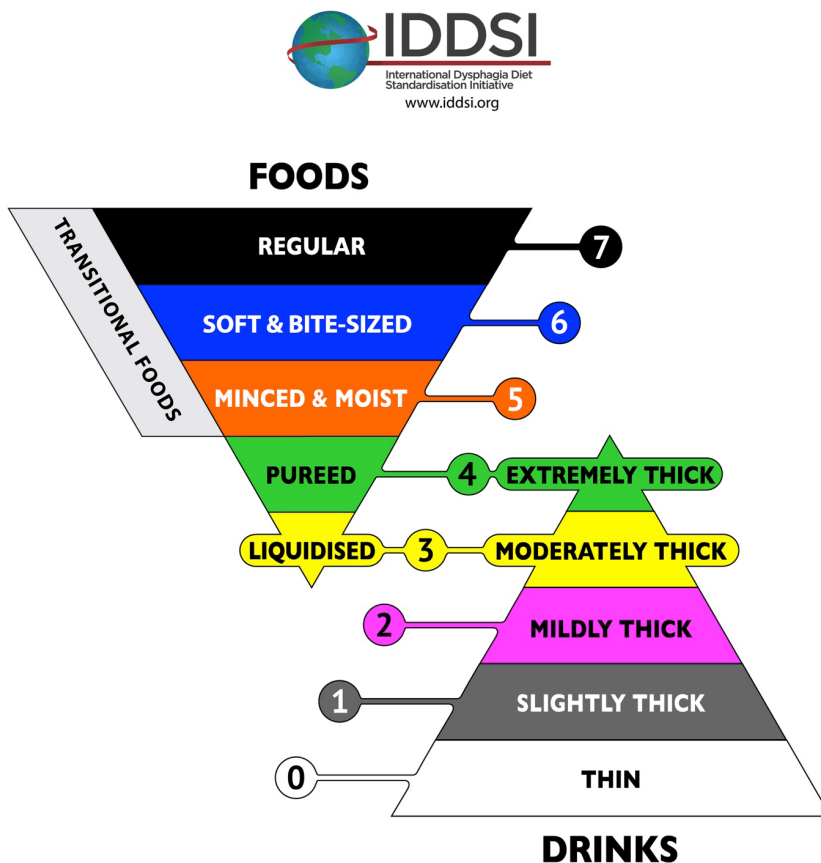
Figure 1: Weight Loss/Gain Management



7.3 DIETARY AND FLUID MODIFICATION

- If the consumer has a dietary or fluid modification, the Registered Nurse ensures the care/support plan includes the details of the consumer’s modified dietary and fluid requirements and these are available to workers supporting food and fluids (including medications) at point of care and updated through the care management system.
- Consumers who have swallowing impairment are referred to the Speech Pathologist and a safe swallowing plan is developed and implemented in consultation with the consumer and included in the care/support plan. Modified food and fluid textures are provided as per the International Dysphagia Diet Standardisation Initiative¹ and as per the **specific care plan** outlining the type of modification required and thickening requirements to meet the dysphagia guidelines.
- Consumers have the right to take risks regarding their assessed food and fluid modification requirements and are afforded the opportunity to participate in discussions to alter their care/support plan with consideration to those risks in consultation with their Medical Practitioner and relevant Health Professionals (See [Choice, Independence and Quality of Life](#)).
- Relevant workers are provided with training in the preparation and provision of modified diets and fluids and in supporting people with dysphagia to consume their meals, drinks, medications and oral care. Workers are also trained in the management of choking (See [Life Threatening Events](#)).

Figure 2: The IDDSI Framework



¹ The International Dysphagia Diet Standardisation Initiative 2016 <https://iddsi.org/framework/>

8 DEHYDRATION

Dehydration is a harmful reduction in the amount of water in the body². Older consumers may be at greater risk of dehydration due to immobility, underlying medical conditions, illness, cognitive impairment, and medications.³

Registered Nurses and Support Workers monitor consumers’ fluid intake through the provision of food and fluids and identify consumers who may be at risk of dehydration if indicated in their care-support plan (withing the constraints of home care service delivery). If a consumer is identified as at risk of dehydration, the Registered Nurse conducts an assessment (vital signs; urine specific gravity [>1.029] and colour [greenish brown]; reduced urinary output; observation of dry oral mucosa; fatigue; sunken eyes; furrowed and dry skin; constipation; non-fluent speech; change in mental state) and determines care interventions to support the consumer. This can include:

- Referral to Medical Practitioner or acute care facility
- Implementing a care/support plan in consultation with the consumer after assessment
- Supporting the consumer to increase oral intake as tolerated and providing supportive care
- Monitoring the consumer’s functional ability and reassessing the consumer to determine ongoing dehydration or over-hydration.

DOCUMENT INFORMATION

Owner**	Director Community Services
Date Approved	
Applicable Aged Care Programs	CHSP & HCP
Review History	Developed: 18 October 2024
Date of review and summary of changes	
Date of review and summary of changes	
Date of review and summary of changes	

**The person responsible for ensuring the Procedure is appropriate, followed and maintained up to date.

² Oxford dictionary accessed April 2024

³ Gaspar, P & Menten, J 2020 Chapter 12: Managing oral hydration in the older adult’ in M Boltz, E Capezuti, D Zwicker & T Fulmer, 2020. Evidence-based geriatric nursing protocols for best practice. Springer, New York

Item 4.7 1 Carter Street Roof Replacement – Report at the request of the CEO

EXECUTIVE SUMMARY

Following the heavy rain in February, it has become clear that the leaks in various areas of 1 Carter continue to be a problem. Continuing with ineffective patch jobs is not an option.

We need to proceed with a complete roof replacement and have obtained quotes for this necessary work.

Two quotes have been received for your consideration.

OFFICER'S RECOMMENDATION

That Council: determine whether there is capacity in the 2024/25 budget to allow the commencement of this project or whether it is budgeted for in the 2025/26 year.

Budget & Resource Implications

\$40,000.00

Background

JKC, who is well-acquainted with the property, has submitted a quote for \$39,369.53.

Whiskey Plumbing and Civil has provided a quote of \$38,400.00.

Given that roofing falls outside my expertise, I am attaching the Whiskey Plumbing Inspection Report below for your review.

“Firstly, the structural side is dubious. Looking from the street you can even see the ridge line of the roof is like a wave. I will be organising a builder in the coming week to get inside the space and do an inspection as it would be a waste of time and council money to re-roof this property if there are more underlying problems. Due to the roof shape being compromised you can see there is copious amounts of stretching and crimping of roof sheets. The ridge cap looks to be the incorrect profile, far sharper than the pitch of the roof therefore leaving large openings on the end (above where internal walls have been repaired). There was also a large amount of screws loose and pulled most the way out. This happens when battens become rotten, and the screw no longer has solid timber to grip too underneath. I also found multiple holes in roof from old roof screws that would have been used to fix the matting down in the past. I silicone up a dozen holes and there may have been more. The reason I say “may” is because with every 4th ridge on the roof sheet is completely covered by old black silicone used to stick the matting down. This means I was unable to properly inspect up to 25% of the roof and there may be more underlying problems in those areas. My recommendation would be to have the builder inspect the roofs structural integrity then come up with a game plan to re-roof.”

Both contractors have indicated that the tenants will need to relocate during part of the work due to the presence of asbestos in the ceilings and the associated risk of asbestos dust. I would suggest given the short-term nature of this relocation, Council utilise one of the two air bnb's available.

Whiskey Plumbing also mentioned that they have another roofing job scheduled for May, and it is possible to split the travel and accommodation costs for a second roofer.

Consultation (Internal/External)

External: JKC Building – Builders
Whiskey Plumbing – Plumbers

Attachments

Nil

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

Item 4.8 Educational Program Policy

EXECUTIVE SUMMARY

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

OFFICER'S RECOMMENDATION

That Council: adopt the Educational Program Policy as presented.

Budget & Resource Implications

Nil

Background

Nil

Consultation (Internal/External)

N/A

Attachments

Attachment M – Policy

Report prepared by **Teena Chappell (Outside School Hours Care Coordinator)**

EDUCATIONAL PROGRAM POLICY

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.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 1: EDUCATIONAL PROGRAM AND PRACTICE		
1.1	Program	The educational program enhances each child's learning and development.
1.1.1	Approved learning framework	Curriculum decision making contributes to each child's learning and development outcomes in relation to their identity, connection with community, wellbeing, and confidence as learners and effectiveness as communicators.
1.1.2	Child-centred	Each child's current knowledge, strengths, ideas, culture, abilities and interests are the foundation of the program.
1.1.3	Program learning opportunities	All aspects of the program, including routines, are organised in ways that maximise opportunities for each child's learning.
1.2	Practice	Educators facilitate and extend each child's learning and development.
1.2.1	Intentional teaching	Educators are deliberate, purposeful, and thoughtful in their decisions and actions.
1.2.2	Responsive teaching and scaffolding	Educators respond to children's ideas and play and extend children's learning through open-ended questions, interactions and feedback.
1.2.3	Child directed learning	Each child's agency is promoted, enabling them to make choices and decisions that influence events and their world.
1.3	Assessment and planning	Educators and co-ordinators take a planned and reflective approach to implementing the program for each child.
1.3.1	Assessment and planning cycle	Each child's learning and development is assessed or evaluated as part of an ongoing cycle of observation, analysing learning, documentation, planning, implementation and reflection.
1.3.2	Critical reflection	Critical reflection on children's learning and development, both as individuals and in groups, drives program planning and implementation.
1.3.3	Information for families	Families are informed about the program and their child's progress.
QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.2.2	Educational leadership	The educational leader is supported and leads the development of the educational program and assessment and planning cycle

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
S.168	Offence relating to required programs
73	Educational programs
74	Documenting of child assessments or evaluations for delivery of educational program
75	Information about educational program to be kept available
76	Information about educational program to be given to parents
118	Educational leader
148	Educational leader
168	Education and care services must have policies and procedures
170	Policies and procedures are to be followed
254	Declared approved learning frameworks
298A	QLD- Programs for children over preschool age

RELATED POLICIES

Additional Needs Policy Behaviour Guidance Policy Celebrations Policy Code of Conduct Policy Cyber Safety Policy English as an Additional Language or Dialect (EAL/D) Policy Environmental Responsibility Policy Excursion/Incursion Policy	Family Communication Policy Interactions with Children, Family and Staff Policy Multi-Cultural Policy Photograph Policy Physical Activity Policy Privacy and Confidentiality Policy Professional Development Policy Respect for Children Policy Supervision Policy
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PURPOSE

School age education and care programs are acknowledged in the National Quality Framework (NQF) as distinct from early childhood programs. Programs in school age education and care supplement children’s formal schooling. The program supports each child and young person’s continuity of learning by providing opportunities for active learning, social development and wellbeing and recreational or leisure activities. (ACECQA, 2023).

SCOPE

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

IMPLEMENTATION

Under the Education and Care Services National Law and National Regulations, approved Out of School Hours Care (OSHC) services are required to base their educational program on an approved learning framework. The national approved learning framework which outlines practices that support and promote children's learning is [My Time, Our Place- Framework for School Age Care in Australia.V2.0, 2022](#)

In school age education and care services, *"the program has different formats depending on whether it is wrapping around the school day or vacation periods. The program is a group of experiences that underpin the achievement of the Outcomes"*. (MTOP, V2. p.68). Planning for learning is a continuous cycle that involves: planning, implementation, critical reflection, assessment and evaluation.

THE APPROVED PROVIDER WILL ENSURE:

- obligations under the *Education and Care Services National Law and National Regulations* are met
- educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy
- the education leader selected is supported to lead the development, implementation and review of the educational program and assessment and planning cycle within the OSHC Service
- the educational leader has the skills, knowledge and attributes to mentor and work collaboratively with educators, fostering a shared responsibility and professional accountability of children and young people's learning, development and wellbeing
- to support educator's understanding of educational programming and practices for school aged children
- the staff record includes the name of the person designated as the educational leader
- the educational leader accepts the position of *Educational Leader* in writing (Reg. 118)
- evidence about the development of the educational program for a child over preschool age is documented
- documentation and individual child assessments are collected for children preschool age or under who attend OSHC service aligned with the EYLF or relevant approved learning framework.

THE NOMINATED SUPERVISOR/EDUCATIONAL LEADER WILL:

- implement the Assessment and Planning Cycle that takes into account the unique nature of school age care as the *'ongoing process... to design programs that enhance and extend each child's learning and development'* (MTOP. V2.0, p.131)
- base the educational program on an approved learning framework and deliver the program in accordance with the framework (outcomes, practices and principles)
- ensure the program is evidence based, age-appropriate and supports and extends the developmental needs, interests and experiences of each child
- ensure the program contributes to the five learning outcomes for each child
- collaborate with educators to ensure they plan experiences and activities based on individual and group goals that maximise opportunities to extend emerging strengths, abilities and interests for each child and young person
- ensure all educators work as a team in preparing and/or implementing the curriculum based on the Service's philosophy
- gather information from families upon enrolment regarding the child's needs, interest and family backgrounds
- document family input with the educational program to strengthen connections and partnerships
- ensure all children and young people have the access to a quality and inclusive educational program that celebrates and makes visible children's diversity (MTOP, V2.0)
- ensure the program is inclusive of all children and young people
- be consistently aware of and responsive to children and young people who may require additional support, assistance or attention, noticing and listening carefully to children's concerns and discussing diverse perspectives on issues of inclusion and exclusion and fair and unfair behaviour
- develop collaborative relationships with families to achieve quality outcomes for all children and young people
- display cultural responsiveness by learning about multiple perspectives and diversity such as Aboriginal and Torres Strait Islander peoples, ethnic, cultural, linguistic, family and individual's diversity
- ensure the educational program is displayed in a place that is accessible to families
- ensure information regarding the content and operation of the education program is provided to families if requested (Reg. 76)
- provide information regarding the child or young person's participation within the program when requested by families (Reg. 76)

- ensure a copy of the program is available at all times (Reg. 75)
- ensure documentation related to the development of the education program are recorded (Reg. 74)
- ensure evaluations of each child’s wellbeing, development and learning are recorded for children attending OSHC services (applicable to services in the ACT only)
- consider the period of time a child or young person is being educated and cared for by the service when preparing documentation

EDUCATORS WILL:

- collaborate with children and young people to influence the development of the program in response to their own strengths, ideas, abilities and interests
- plan a contextual program that actively promotes or initiates the investigation of ideas, complex concepts and thinking, reasoning and hypothesizing the supports in learning, development and wellbeing of each child and young person
- use the learning outcomes to guide the planning for children and young people’s learning
- provide play and leisure opportunities that are meaningful to children and support their wellbeing, learning and development
- assess and analyse play, leisure, learning and participation in a variety of ways
- document children’s wellbeing and learning, utilising contemporary theories and research concerning children’s play, leisure, and learning, and make this visible to children, educators and families
- include children and young people in the assessment process by encouraging them to select strategies to document their own learning
- ensure each child and young person is acknowledged for their uniqueness in a positive way
- provide unstructured experiences that take into account that school age children have had a structured and busy day at school
- ensure the curriculum reflects diversity and reflects the values and beliefs of children and families
- take responsibility to be culturally responsive
- provide experiences that actively promote and initiate the investigation of ideas, exploration, prediction, and hypothesizing
- support the development of dispositions such as confidence, curiosity, persistence, imagination, and creativity
- be intentional in the roles they take in children’s play and leisure and the way they intentionally plan the environment and curriculum experiences
- make use of spontaneous ‘teachable moments’ to extend learning
- further extend critical thinking skills and problem-solving skills through provocations

- plan realistic curriculum goals for children considering the period of time the child is being educated and cared for by the service
- ensure documentation and evaluations are readily understood by parents
- ensure documentation includes evaluations of children’s wellbeing, development and learning (ACT services only)

The program will provide a variety of developmentally appropriate experiences and materials that are selected to achieve the following goals:

- Foster positive self-concept
- Foster high-level thinking skills
- Develop social skills
- Encourage children and young people to reason, question and experiment
- Support language development
- Enhance physical development and skills
- Foster independence and initiative
- Encourage and demonstrate sound health, safety and nutritional practices
- Encourage creative expression
- Respect cultural diversity of staff, children and young people
- Respect gender diversity
- Develop understandings of environmental, social and economic sustainability

DOCUMENTATION REQUIREMENTS

From July 1 2023, services that educate and care for school age children in SA, TAS, VIC, NT, NSW and QLD are not required to keep documentation of individual evaluations of school age children.

Documentation will demonstrate children and young people:

- Showing themselves as active participants and decision makers
- Engaged in their skills, development and programs
- Providing feedback that has resulted in a decision to continue or extend on an aspect of the program
- Providing work samples such as drawings, reflections, or photographs of their thoughts and ideas about the program and their learnings.

Documentation will also demonstrate educator’s reflections on their own practice and interpreting the feelings, thoughts and ideas of children families and colleagues.

Services must ensure that evidence about the development of the program is documented. Documentation will provide evidence about the development and reflection of the program.

EXAMPLES OF DOCUMENTATION USED BY EDUCATORS MAY INCLUDE:

- Learning stories or narratives
- photographs with captions
- observations or reviews
- journals
- mind maps and surveys

PHYSICAL ACTIVITY

Our *Physical Activity Policy* provides further details to support school age children’s physical activity and development of their gross and fine motor skills through a range of spontaneous and intentionally planned active play experiences that are both child initiated and educator led.

CONTINUOUS IMPROVEMENT/REFLECTION

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

CHILDCARE CENTRE DESKTOP - RELATED RESOURCES

Activity/Floor Plan	Learning Development Register
Assessment and Planning Cycle Audit	Management Programming Audit
Assessment and Planning Cycle Guide and Procedure	Observation Record
Assessment of Learning Summary	Pre-Assessment Educational Program and Practice Checklist
Critical Reflection Template	Program Template
Educational Program and Practice Procedure	Special Days and Events Calendar 2025
Educators Program Resources Guide	

SOURCES

Australian Children’s Education & Care Authority (2023) [Documenting Programs for School Age Services](#)
 Australian Children’s Education & Care Quality Authority. (2025). [Guide to the National Quality Framework](#)
 Australian Government Department of Education (2022). [My Time, Our Place- Framework for School Age Care in Australia.V2.0](#)
 Australian Government Department of Education (2022). Information sheet- My Time, Our Place. [Cultural Responsiveness](#)
 Early Childhood Australia Code of Ethics. (2016)

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

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

NSW Government. Department of Health. Eat Smart Play Smart. A manual for out of school hours care. (2016)

[Western Australian Legislation Education and Care Services National Law \(WA\) Act 2012](#)

[Western Australian Legislation Education and Care Services National Regulations \(WA\) Act 2012](#)

REVIEW

POLICY REVIEWED BY	Tina Chappell	Coordinator	March 25
POLICY REVIEWED	FEBRUARY 2025	NEXT REVIEW DATE	FEBRUARY 2026
VERSION NUMBER	V11.02.25		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • no major changes to policy • sources checked for currency and updated as required 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
JANUARY 2024	<p>JANUARY</p> <ul style="list-style-type: none"> • annual policy maintenance • addition inclusions re: MTOP V2.0 • sources updated as required <p>JUNE</p> <ul style="list-style-type: none"> • major edits in policy to align with principles, practices and outcomes of MTOP V2.0 • updated policy to align with regulation changes re: documentation requirements effective 1 July 2023 • removed Physical Activity section- covered in <i>Physical Activity Policy</i> • sources updated 	FEBRUARY 2025	

Item 4.9 Acceptance and Refusal Authorisation Policy

EXECUTIVE SUMMARY

Under the Education and Care Services National Law and National Regulations, education and care services are required to obtain written authorisation from parents/guardians for some circumstances, to ensure that the health, safety, wellbeing, and best interests of the child are met and upheld. An authorisation is given where a person who has legal responsibility for a child gives permission to another person to do something or to make a decision on that person's behalf. Authorisations are usually authenticated by a signature- either in written form or as an electronic signature. All authorisations and refusals are to be kept in the child's enrolment record.

OFFICER'S RECOMMENDATION

That Council: adopt the Acceptance and Refusal Authorisation Policy as presented.

Budget & Resource Implications

Nil

Background

Nil

Consultation (Internal/External)

N/A

Attachments

Attachment N – Policy

Report prepared by **Teena Chappell (Outside School Hours Care Coordinator)**

ACCEPTANCE AND REFUSAL AUTHORISATION POLICY

Under the Education and Care Services National Law and National Regulations, education and care services are required to obtain written authorisation from parents/guardians for some circumstances, to ensure that the health, safety, wellbeing, and best interests of the child are met and upheld. An authorisation is given where a person who has legal responsibility for a child gives permission to another person to do something or to make a decision on that person's behalf. Authorisations are usually authenticated by a signature- either in written form or as an electronic signature. All authorisations and refusals are to be kept in the child's enrolment record.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
S. 165	Offence to inadequately supervise children
S. 167	Offence relating to protection of children from harm and hazards
S. 175	Offence relating to requirement to keep enrolment and other documents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement- anaphylaxis or asthma emergency
99	Children leaving the education and care service
102	Authorisation for excursions
102C	Conduct a risk assessment for transporting children by the education and care service

102D	Authorisation for service to transport children
157	Access for parents
160	Child enrolment records to be kept by approved provider
161	Authorisation to be kept in enrolment record
168	Education and care services must have policies and procedures
170	Policies and procedures must be followed
171	Policies and procedures to be kept available
172	Notification of change to policies and procedures

RELATED POLICIES

Administration of First Aid Policy Administration of Medication Policy Anaphylaxis Management Policy Asthma Management Policy Child Protection Policy Child Safe Environment Policy Cyber Safety Policy Delivery of Children to, and collection from Education and Care Service Premises Policy Diabetes Management Policy Emergency and Evacuation Policy Enrolment Policy	Epilepsy Management Policy Excursion/Incursion Policy Governance Policy Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Nutrition Food Safety Policy Orientation of Families Policy Record Keeping and Retention Policy Safe Arrival of Children Policy Safe Transportation Policy Sun Safety Policy Water Safety Policy
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PURPOSE

Our priority is ensuring the health, safety and wellbeing of children. We aim to ensure that all educators, staff, students and volunteers of the OSHC Service are consistent in how authorisations are managed and what constitutes a correct authorisation and what does not, which consequently may lead to a refusal. Our governance and quality management processes are effective and transparent and meet all regulatory requirements.

Decisions around refusing an authorisation will be made on a case-by-case basis by the OSHC Service in accordance with the nominated supervisor, Police, regulatory authority or other authorities.

SCOPE

This policy applies to children, families, staff, educators, management, approved provider, nominated

supervisor, students, volunteers and visitors of the OSHC Service

IMPLEMENTATION

Our OSHC Service will ensure we comply with the current *Education and Care Services National Regulations*, and have policies and procedures in place in relation to the acceptance and refusal of authorisations which require parent or guardian written authorisation to be provided in matters including:

- Administration of medication to children
- Self-administration of medication
- Administration of medical treatment, dental treatment, and general first aid treatment.
- Emergency Ambulance transportation
- Transportation- including regular outings and regular transportation
- Safe Arrival of children to the OSHC service
- Excursions
- Incursion attendance
- Taking of photographs by people other than educators
- Water based activities
- Enrolment of children, including providing details of persons nominated to authorise consent for medical treatment, to collect children from the service, or trips outside the service premises
- Children leaving the premises in the care of someone other than a parent or guardian
- Children having access to the internet and/or an email account

THE APPROVED PROVIDER/NOMINATED SUPERVISOR/MANAGEMENT WILL ENSURE THAT:

- obligations under the *Education and Care Services National Law and National Regulations* are met
- the *Acceptance and Refusal Authorisation Policy* is reviewed and maintained by the OSHC Service management and adhered to at all times by educators and staff
- policies and procedures are readily accessible to nominated supervisors, coordinators, educators and staff and students and available for inspection
- all staff and educators follow the policies and procedures of our OSHC Service
- parent/guardians are provided with a copy of relevant policies for our OSHC Service or are aware of how they can be accessed
- an enrolment record is kept for each child that includes all authorisations signed by a parent or a person authorised to

- to consent to seek medical treatment from a registered medical practitioner, hospital or ambulance service
 - transportation by an ambulance service
 - to authorise the education and care service to transport the child or arrange regular outings for the child
- documentation relating to authorisations contains:
 - the name of the child enrolled in the service
 - date
 - signature of the child's parent/guardian and authorised nominee as named on the enrolment form
- all staff understand circumstances that may lead to refusal of an authorisation
- the right of refusal is exercised if written or verbal authorisations do not comply with National Regulations or Child Protection Legislation. If an authorisation is refused by the OSHC Service, it is best practice to document:
 - the details of the authorisation
 - why the authorisation was refused, and
 - actions taken by the service. For example: if the service refused an authorised nominee named in the child's enrolment record to collect the child from the service as they were under the influence of alcohol, the action taken to ensure that the child was collected (Refer to *Refusal of Authorisation Record*)
- all parents/guardians have completed the authorised person's section of their child's enrolment form including authorised nominees (refer to *Enrolment Policy*), and that the form is signed and dated before the child commences at the OSHC Service
- attendance records are maintained for all children attending the OSHC Service
- a written record of all visitors to the OSHC Service, including time of arrival and departure and reasons for visit is documented.
- educators/staff do not administer medication without the written authorisation of parent/guardian or authorised nominee named in the enrolment record as authorised to consent to the medical treatment of the child, except in the case of an emergency, including an asthma or anaphylaxis emergency (refer to *Administration of Medication Policy, Incident, Injury, Trauma and Illness Policy, Emergency and Evacuation Policy, Asthma Management Policy, Anaphylaxis Management Policy, Diabetes Management Policy, and Epilepsy Management Policy*)

- where a child requires medication to be administered by educators/staff, that an *Administration of Medication Record* is completed, and authorisation provided by the parent/guardian or authorised nominee and included with the child's record (Refer to *Administration of Medication Policy*)
- where a child over preschool age, and is authorised by the parent or guardian to self-administer medication, this is recorded in the *Administration of Medication Record*
- when a child requires emergency medical treatment for conditions such as anaphylaxis or asthma compliance for authorisation is waived. In accordance with National Regulations (R. 93) the OSHC Service can administer medication in these circumstances without authorisation. If these situations occur the approved provider/management will be required to contact the parent/guardian as soon as practicable after the medication has been administered and emergency services. Notification to the Regulatory Authority is required within 24 hours of a serious incident
- parents/guardians and the child's health practitioner are consulted to determine the circumstances that the child could self-administer their medication as per their ASCIA Action Plan for Anaphylaxis or Asthma Foundation Action Plan for Asthma
- a location to store self-administered medication is determined by the OSHC service (asthma, anaphylaxis or diabetes medication must be stored in an easily accessible location)
- educators and staff only allow a child to participate in regular outings and regular transportation with the written authorisation of a parent/guardian or authorised nominee name in the child's enrolment record
- educators and staff allow a child to participate in excursions only when the written authorisation of a parent/guardian or authorised nominee named in the child's enrolment record is received and documented (refer to *Excursion Policy, Safe Transportation Policy and Safe Arrival of Children Policy*)
- educators/staff allow a child to depart the OSHC Service only:
 - with a person who is the parent/guardian or authorised nominee named in the child's enrolment record; or
 - in accordance with the written authorisation of the parent; or authorised nominee; or
 - on an excursion; or
 - in the case of a medical emergency or another emergency (Refer to *Delivery of Children to, and collection from Education and Care Service Premises Policy and Emergency Evacuation Policy*).
- there are procedures in place if an inappropriate person, or a person who does not appear to be fit to take care of the child attempts to collect the child from the OSHC Service or poses a risk to the safety of children or staff (refer to *Delivery of Children to, and collection from Education and Care Service Premises Policy*)

- families are notified at least 14 days before changing the policy or procedures (Reg. 172).

EDUCATORS WILL:

- follow the policies and procedures of the OSHC Service
- ensure that written authorisation is provided by the parent or other person named in the child's enrolment record for a regular outing or regular transportation
- ensure that parents/guardians sign and date permission/authorisation forms for excursions prior to the excursion being implemented
- allow a child to participate in an excursion only with the written authorisation of a parent/guardian or authorised nominee
- check that parents/guardians or an authorised nominee sign the attendance record as their child arrives and departs from the OSHC Service
- administer medication only with the written authorisation of a parent/guardian or authorised nominee as per the *Administration of Medication Record*, except in the case of an emergency, including asthma or anaphylaxis
- allow a child over pre-school age to self-administer medication under the following circumstances:
 - a parent or guardian provides written authorisation with consent on the child's enrolment form - administration of medication.
 - medication is stored safely by an educator, who will provide it to the child when required
 - supervision is provided by an educator whilst the child is self-administering.
 - a recording is made in the medication record for the child that the medication has been self-administered
- allow a child to depart from the OSHC Service only:
 - with the person who is a parent/guardian or authorised nominee named in the child's enrolment record; or
 - in accordance with the written authorisation of the parent/guardian; or authorised nominee; or
 - on an excursion; or
 - in the case of a medical emergency or another emergency (Refer to *Delivery of Children to, and collection from Education and Care Service Premises Policy and Emergency Evacuation Policy*).
- follow procedures if an inappropriate person attempts to collect a child from the OSHC Service and poses a risk to the safety of the children and staff (for example, an intoxicated person). (Reg. 99)

- inform the approved provider when a written authorisation does not meet the requirements outlined in OSHC Service's policies.

FAMILIES WILL:

- read and comply with the policies and procedures of the OSHC Service
- complete and sign the authorised nominee section of their child's enrolment form before their child commences at the Service
- ensure that changes to nominated authorised persons are provided to the OSHC Service in a timely manner
- advise nominated authorised persons that they will require photo identification (such as a driver's licence) in order to collect their child from the OSHC Service
- sign and date permission forms for regular transportation and regular outings
- sign and date permission forms for excursions
- sign the attendance record as their child arrives and departs from the Service
- provide written authorisation on the *Administration of Medication Form* when their child requires medication to be administered by educators/staff, including signing and dating it for inclusion in the child's medication records
- provide a medical management plan and/or ASCIA Action Plan from their child's health practitioner regarding circumstances by which the child could self-administer their medication (e.g.: Asthma inhaler)
- be familiar with circumstances where authorisations may be refused/not applicable.

REFUSAL OF AUTHORISATIONS

All authorisations which are incomplete or incorrectly recorded are to be returned to the parent or guardian for required adjustments. Written or verbal authorisation may be refused if the authorisation does not comply with National Regulations or Child Protection Legislation. The approved provider or nominated supervisor will inform the parent or guardian the reason why the written or verbal authorisation does not meet National Regulations or policy procedures.

The parent or guardian will be provided a copy of this *Acceptance and Refusal of Authorisation Policy* and procedure. Management will discuss an alternative arrangement with the family following the refusal of authorisation. If an authorisation is refused by the Service, it is best practice to document details surrounding the refusal (See *Refusal of Authorisation Record*).

Examples when an authorisation may be refused include:

- requests relating to dietary restrictions that are not related to medical reasons
- an authorised person collecting the child appears to be under the influence of drugs or alcohol
- the authorisation breaches a parenting order
- the authorisation breaches a service policy (person under the **age of 18** collecting a child)
- medication to be provided to a child that is not in original container or prescribed to the child or other breach of *Administration of Medication Policy*
- a breach of *Excursion/Incursion Policy* where the person providing consent for the excursion is not listed as a parent/guardian or authorised nominee on the enrolment form

AUTHORISATION REQUIREMENTS

Authorisation documents are required for the following situations and must have details recorded as specified:

<p>Administration of Medication</p>	<ul style="list-style-type: none"> • Name of the child • <i>Administration of Medication Record</i> is signed by a parent or a person named in the child's enrolment record as authorised to consent to administration of medication • Authorisation is provided by a parent or guardian for the child to self-administer medication as per their Action Plan • Name of the medication to be administered • Clearly indicate time and date medication was last administered • Clearly indicate the time and date the medication is to be administered • Dosage of the medication to be administered • Method of dosage (e.g.: oral or inhaled) • Whether the medication is to be self-administered (asthma, diabetes) • Period of authorisation (actual days and dates: from and to). • Parent/Carer name and signature • Date the authorisation is signed • Medication must be in its original container and bearing the correct child's name • Medication is not past its expiry or use-by date • Medication is administered in accordance with any instructions attached to the medication or provided by a registered medical practitioner • A second person checks the signed <i>Administration of Medication Record</i>, checks the dosage of the medication, and witnesses its administration • The educator administering medication and witness must write their full name and sign the medication record • Details of the administration must be recorded in the medication record • Supervision is provided by an educator whilst a child is self-administering medication • A recording is made in the medication record for the child that the medication has been self-administered
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<p>Medical treatment of the child including transportation by an ambulance service</p> <p>(Included and authorised initially as part of the child’s enrolment record):</p>	<ul style="list-style-type: none"> • Name of the child • Authorisation to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service • Authorisation for the transportation of the child by an ambulance service • Name, address and telephone number of the child's registered medical practitioner or medical service • Child's Medicare number • Name of the parent or guardian providing authorisation
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<p>Emergency Medical Treatment</p> <p>(included and authorised initially as part of the child’s enrolment record or as updates during enrolment):</p>	<ul style="list-style-type: none"> • The Service is able to seek emergency medical assistance for a child as required (i.e. medical practitioner, ambulance or hospital) without seeking further authorisation from a parent or guardian in the case of an emergency, including for emergencies relating to medical conditions noted on the enrolment form.
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<p>Collection of Children</p> <p>(included and authorised initially as part of the child’s enrolment record or as updated during enrolment)</p>	<ul style="list-style-type: none"> • Name of the child • Name of the parent or the guardian of the child or the authorised nominee on the enrolment form providing authorisation • Name of the person/s authorised by a parent or authorised nominee named in the child's enrolment record to collect the child from the premises • Signature of the person providing authorisation and date of authorisation
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<p>Transportation</p> <p>(other than as part of an excursion)</p>	<p>If the transportation is ‘regular transportation’ the authorisation is only required to be obtained once in a 12-month period. The authorisation must state:</p> <ul style="list-style-type: none"> • name of the child • the reason the child is to be transported • if the authorisation is for regular transportation, a description of when the child is to be transported and the date the child is to be transported • a description of the proposed pick-up location and destination • the means of transport • the period of time during which the child is to be transported • the anticipated number of children likely to be transported • the anticipated number of staff members and any other adults who will accompany and supervise the children during the transportation • any requirements for seatbelts or safety restraints under a law of each jurisdiction in which the children are being transported • that a risk assessment has been prepared and is available at the education and care service • that written policies and procedures for transporting children are available at the education and care service
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Excursions	<p>The authorisation must state:</p> <ul style="list-style-type: none"> • name of the child • date of the excursion • reason for the excursion • proposed destination for the excursion • method of transport to be used • route to be taken to and from the excursion • any requirements for seatbelts or safety restraints • period of time away from premise- include time leaving premise and time returning to premise • proposed activities to be undertaken by the child during the excursion • anticipated number of children likely to be attending the excursion • ratio of educators attending the excursion to the number of children attending the excursion • number of staff members and any other adults who will accompany and supervise the children on the excursion (including parents, students, volunteers) • statement that a risk assessment has been prepared and is available at the service • name of the parent or guardian-providing authorisation • relationship to the child • signature of the person providing authorisation and date of authorisation • details of any water hazards and risks associated with water-based activities (to be included in risk assessment). • items that should be taken on the excursion
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Regular outing	<p>A regular outing means a walk, drive or trip to and from a destination that the service visits regularly as part of its educational program and where the circumstances relevant to the risk assessment are the same on each outing. Written authorisation only needs to be given once in a specified 12-month period for a regular outing. (Reg. 102(5)). If the conditions of the regular outing change, a new authorisation is required. The written authorisation must include:</p> <ul style="list-style-type: none"> • name of the child • a description of when the child is to be taken on the regular outings • a description of the proposed destination • method of transportation (including walking) • any requirements for seatbelts or safety restraints • proposed activities to be undertaken • proposed time the child will be away from the premises • anticipated ratio of educators to the anticipated number of children • that a risk assessment has been prepared and is available at the OSHC service
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Confirmation of Authorisation	<ul style="list-style-type: none"> All authorisation forms received (including the initial enrolment form) are to be checked for completion All authorisations (excluding the initial enrolment form) are checked to ensure that the authoriser (name and signature) is the nominated parent or guardian a person named on the enrolment form as having authority to authorise If incomplete or inappropriately signed, the authorisation form should be returned to the parent or guardian for correction Children will be suspended from any activity requiring authorisation until the appropriate form has been correctly completed and signed
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CONTINUOUS IMPROVEMENT/REFLECTION

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

CHILDCARE CENTRE DESKTOP - RELATED RESOURCES

Authorisation to Collect Form Enrolment Form Enrolment Form Information Update	Refusal of Authorisation Procedure Refusal of Authorisation Record Refusal of Authorisation Register
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SOURCES

- ACECQA. (2021). Policy and procedure guidelines. [Acceptance and refusal of authorisations.](#)
- Australian Children’s Education & Care Quality Authority. (2025). [Guide to the National Quality Framework](#)
- Cancer Council. Preventing cancer: Sun protections: <https://www.cancer.org.au/preventing-cancer/sun-protection/>
- Early Childhood Australia Code of Ethics. (2016).
- Education and Care Services National Law Act 2010. (Amended 2023).
- [Education and Care Services National Regulations.](#) (2023).
- [Western Australian Legislation Education and Care Services National Law \(WA\) Act 2012](#)
- [Western Australian Legislation Education and Care Services National Regulations \(WA\) Act 2012](#)

REVIEW

POLICY REVIEWED BY	Tina Chappell	Coordinator	March 25
POLICY REVIEWED	FEBRUARY 2025	NEXT REVIEW DATE	FEBRUARY 2026
VERSION NUMBER	V12.02.25		
MODIFICATIONS	<ul style="list-style-type: none"> annual policy maintenance sources updated and checked for currency 		

POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
FEBRUARY 2024	<ul style="list-style-type: none"> • annual policy maintenance • small edits within policy • additional related policies added • new section added- Refusal of Authorisations • additional points added to authorisation inclusions • sources updated and checked for currency 	FEBRUARY 2025

Item 4.10 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).

Emergency and evacuation situations may arise for a variety of reasons, often suddenly and unexpectedly. It is vital that if an emergency situation arises, staff are confident to manage the situation effectively and efficiently, maintaining the safety and wellbeing of children, families and visitors.

Ensuring that educators and children know what to do in an emergency situation requires vigilant planning and practice. Regularly practicing the drills for emergency situations also provides an opportunity to help support and build on children's coping mechanisms and resilience.

OFFICER'S RECOMMENDATION

That Council: adopt the Emergency and Evacuation Policy as presented.

Budget & Resource Implications

Nil

Background

Nil

Consultation (Internal/External)

N/A

Attachments

Attachment O – Policy

Report prepared by **Teena Chappell (Outside School Hours Care Coordinator)**

EMERGENCY AND EVACUATION POLICY

Under the *Education and Care Services National Regulations*, an approved provider must ensure that policies and procedures are in place for emergency and evacuation and take reasonable steps to ensure policies and procedures are followed. (ACECQA, 2021).

Emergency and evacuation situations may arise for a variety of reasons, often suddenly and unexpectedly. It is vital that if an emergency situation arises, staff are confident to manage the situation effectively and efficiently, maintaining the safety and wellbeing of children, families and visitors.

Ensuring that educators and children know what to do in an emergency situation requires vigilant planning and practice. Regularly practicing the drills for emergency situations also provides an opportunity to help support and build on children's coping mechanisms and resilience.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
S. 174(2)(a)	Serious incident - Any emergency for which emergency services attended
S. 174(2)(c)	Any incident that requires the approved provider to close, or reduce the number of children attending the service for a period
S.174(2)(c)	Any circumstance at the service that poses a risk to the health, safety or wellbeing of a child attending the service
12(d)	Meaning of a serious incident- any emergency for which emergency services attended
97	Emergency and evacuation procedures
98	Telephone or other communication equipment

99	Children leaving the education and care service premises
136	First aid qualifications
168	Education and Care Services must have policies and procedures
170	Policies and procedures are to be followed
171	Policies and procedures to be kept available
175	Prescribed information to be notified to regulatory authority

RELATED POLICIES

Acceptance and Refusal Authorisation Policy Administration of First Aid Policy Bush Fire Policy Child Safe Environment Policy Delivery of Children to, and collection from Education and Care Service Premises Enrolment Policy	Family Communication Policy Health and Safety Policy Incident, Injury, Trauma and Illness Policy Lockdown Policy Record Keeping and Retention Policy Sun Safety Policy Supervision Policy
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PURPOSE

Our Out of School Hours Care (OSHC) Service has a duty of care to maintain the safety and wellbeing of each child, educator, and all using or visiting the OSHC Service during an emergency or evacuation situation. We are committed to identifying risks and potential hazards of emergency and evacuation situations by conducting thorough risk assessments on an annual basis and continually plan for further risk minimisation and improvement to our policy and procedures.

SCOPE

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

IMPLEMENTATION

We define an emergency as an unplanned, sudden or unexpected event or situation that requires immediate action to prevent harm, injury, or illness to persons, or damage to the OSHC Service’s premises. Emergency situations may pose a risk to an individual’s health and safety. It is important that services identify potential emergencies that may be specific to their location and environment. Severe heat or heatwaves, also pose an immediate risk to young children and require risk mitigation strategies to be implemented. [See: *Sun Safety Policy*].

An emergency is any event, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of children at the service. (Guide to the NQF)

Circumstances under which an emergency evacuation will occur may include:

- Fire within the building or playground
- Fire in the surrounding area where the OSHC Service may be in danger
- Flood
- Cyclone, severe storm or dust storm or other natural weather event
- dangerous animal, insect or reptile
- Terrorist threat
- Other circumstances may include:
 - gas explosion, traffic accident, or any event which could render the building unsafe (eg: earthquake).

[Our Bushfire Policy contains specific information about Bushfire Risk Management Plans and evacuation plans for Bush Fires.]

The approved provider, in conjunction with educators of the OSHC Service, will conduct a comprehensive risk assessment in order to identify any risk/s or hazards associated with potential emergencies that may affect the safe evacuation of children from the OSHC Service.

The risk assessment will be reviewed at least annually or after being aware of an incident or circumstance that may affect the safe evacuation of children. All risk assessments will be regularly assessed and evaluated as to facilitate continuous improvement in our OSHC Service. If a risk concerning the safe evacuation of a child is identified during the risk assessment, the approved provider must update the *Emergency and Evacuation Policy* and procedure as soon as possible. The risk assessment is to be stored safely and securely and kept for a period of 3 years.

THE AUSTRALIAN WARNING SYSTEM (AWS)

The Australian Warning System (AWS) is a nationally consistent, three-tiered approach designed to make warnings clearer and lead people to take action during emergencies like bushfire, flood, storm, extreme heat and severe weather. The warning system comprises of levels, action statements, hazard icons, colours and shapes. <https://www.ses.nsw.gov.au/about-us/our-warnings/>

The three warning levels are:

Advice (Yellow): An incident has started. There is no immediate danger. Stay up to date in case the situation changes. Monitor conditions.

Watch and Act (Orange): There is a heightened level of threat. Conditions are changing and you need to start taking action now. Prepare to leave/evacuate. Do not enter flood water.

Emergency Warning (Red): An Emergency Warning is the highest level of warning. You need to take action immediately. Leave/evacuate (immediately by am/pm/hazard timing).

When there is an Emergency Warning, educators need to prepare for possible emergency evacuation and implement the procedures effectively to ensure the safety of all children, staff, families and visitors in the OSHC Service.

THE APPROVED PROVIDER/ NOMINATED SUPERVISOR/ MANAGEMENT AND EDUCATORS WILL ENSURE:

- obligations under the *Education and Care National Law and Regulations* are met
- emergency and evacuation policies and procedures are available for inspection at the OSHC Service's premises at all times
- the approved provider will conduct an annual risk assessment to identify potential emergencies that are relevant to the OSHC Service
- the approved provider will review the risk assessment after becoming aware of any circumstance that may affect the safe evacuation of children from the OSHC Service
- relevant stakeholders/authorities are consulted for advice and guidance to improve risk mitigation strategies as part of our emergency and evacuation plan (School Principal, police, fire, parents/families)
- an Emergency Management Plan (EMP) is developed and updated.
- all staff and educators have a thorough understanding of the [Australian Warning System \(AWS\)](#)
- the [Bureau of Meteorology \(BOM\)](#) will be checked regularly to monitor emergency situations and warnings relevant to our Service location
- consideration is made to evacuate non-ambulant children evacuating the premises resulting in enhanced ratios (see *Evacuating non-ambulatory children* section below)
- additional consideration is made for OSHC services operating in multi-storey buildings (assembly areas, lifts not being used, stairwells, non-ambulant children, staffing implications, supervision) [Reg. 97(1)(b)]
- emergency rehearsals should involve school students and staff if OSHC is located on a school site (if applicable)

- emergency evacuation plans are displayed in prominent positions near each exit at the OSHC Service premises including both the indoor and outdoor learning areas
- the emergency and evacuation procedures include instructions for what must be done in the event of an emergency
- the plan includes a floor plan for ease of reference with clearly defined assembly points and clearly marked exit routes from all locations
- all exits have exit signs clearly visible
- there are no obstructions in hallways, stairways or emergency exits
- all educators, including casual/relief educators and staff members, are familiar with our *Emergency and Evacuation Policy*, procedures and regulatory requirements
- new staff, volunteers and students are provided with information and training about our *Emergency and Evacuation Policy* and procedures during induction
- all staff are aware of their roles and responsibilities in event of an emergency situation
- emergency evacuation rehearsals (drills) will be practiced **every three months** by the responsible person, all staff members, volunteers, and children present on the day
- National Regulations state that evacuation rehearsals are to be practiced **every 3 months**: However, to ensure best practice our Service will conduct emergency evacuation drills in a **weekly block every 3 months** so that all children and staff experience an evacuation on a regular basis.
- spontaneous rehearsals also take place during the year to assist in refining risk management procedures and evacuation procedures
- each time a planned or spontaneous emergency evacuation drill is performed it is to be timed and documented in the *Emergency Evacuation Rehearsal Evaluation*
- after reflection, notes on any areas that need improving or revising are to be documented in the *Emergency Evacuation Rehearsal Evaluation*. Educators will discuss and implement strategies to make continuous improvement to procedures which will be documented in the Service's Staff Meeting minutes and Quality Improvement Plan (QIP)
- in the event of limited educators (e.g., early morning or late afternoon), staff members are to work together to perform the duties as per the evacuation plan (the roster must include a responsible person being on the premises at all times to take responsibility and delegate duties). This scenario will be discussed and documented in the Service's Staff Meeting Minutes (WHS).
- regular communication with families includes information about emergency and evacuation procedures
- families are informed when a rehearsal or drill has occurred

- at least one staff member or one nominated supervisor who holds current ACEQCA approved first aid qualifications, approved anaphylaxis management and emergency asthma management training is in attendance at all times
- an *Emergency Evacuation Kit* located in a prominent position
- *Emergency Evacuation Kit* are regularly audited and restocked as required
- an up-to-date register of emergency telephone numbers for children is maintained. A copy of the current list will always be available in the *Emergency Evacuation Kit*
- portable First Aid Kits are readily available in case of an emergency evacuation
- medical management plans for children are able to be accessed easily
- children’s medication is collected during an evacuation
- all fire extinguishers, fire blankets, fire hoses, and other emergency equipment located throughout the Service will be inspected and tested at six monthly intervals by an authorised company as per the Australian Safety Standard AS 1851-2012: *Maintenance of Fire Protection Systems and Equipment*.
- extinguishers will be emptied, pressure tested, and refilled every five years
- all tests performed on emergency equipment and the date on which it was tested will be recorded on a label or metal tag attached to the unit. Certificates to verify testing will be filed
- ensure smoke detectors are regularly tested and batteries replaced annually
- staff and educators have access to an operating telephone or other means of communication at all times (mobile phone)
- in the event of an operating telephone or no other means of communication the service will consider closure of the OSHC Service (See *Closure of Service* below)
- emergency telephone numbers will be displayed prominently throughout the OSHC Service in the kitchen, office, staff room and each area where children are educated and cared for
- Our emergency telephone list (located next to the telephone) includes the numbers for:
 - Police
 - Local fire station
 - Rural Fire Service
 - State Emergency Services (SES)
- following the emergency evacuation or an incident that poses a risk to the health and safety of children attending the OSHC Service, an *Emergency Evacuation Record* and an *Incident, Injury, Trauma and Illness Record* will be completed
- the approved provider will make a notification of a serious incident to a regulatory authority (within 24 hours) through the [NQA IT System](#) when emergency services have attended an education and

- care service in response to an emergency, rather than as a precaution or for any other reason or following an incident that poses a risk to the health and safety of children attending the OSHC Service
- ensure the regulatory authority is notified within 24 hours via the [National Quality Agenda IT System \(NQAITs\)](#) if the OSHC Service is required to close for a period of time as a result of a local emergency [Reg.175 (2)(b)]
- the approved provider will notify the Department of Education (CCS) if the OSHC Service is required to close for a period of time as a result of a local emergency [Reg.175 (2)(b)].

EMERGENCY AND EVACUATION PROCEDURE GUIDELINES

(include who is responsible for the implementation of each step)

As per Reg. 97, the emergency and evacuation procedures must set out-

- a) instructions for what must be done in the event of an emergency; and
 - b) an emergency and evacuation floor plan
 - c) if the education and care service premises is located within a multi-storey building shared with other occupants and on a storey with no direct egress to an assembly area—
 - I. all possible evacuation routes from each storey on which the premises is located; and
 - II. the evacuation routes that are proposed to be used in an evacuation; and
 - III. how all children will be safely evacuated from the premises, including non-ambulatory children; and
 - IV. the stages in which an evacuation will be carried out; and
 - V. the identity of the person in charge of an evacuation; and
 - VI. the roles and responsibilities of staff members during an evacuation; and
- the nominated supervisor/approved provider will make the final call to whether to evacuate the premises due to an emergency situation
 - contact 000 for local emergencies- provide name, address and nearest cross street, reason for evacuation, phone contact number, number of children and adults evacuating
 - guidance will be provided by the relevant emergency service (Fire service, SES, Police)
 - move all children and visitors to identified evacuation/emergency assembly area as indicated on the *Emergency and Evacuation Plan*
 - collect Emergency Evacuation Kit, medical management plans and associated children's medication
 - collect First Aid Kit
 - check daily attendance record and visitor record
 - once children are safely evacuated, administer first aid if required
 - remain calm and reassure children

- once emergency services arrive, contact parents/emergency contacts
- await instructions from relevant emergency services for re-entering premises or alternative evacuation procedure.

EVACUATING NON-AMBULATORY CHILDREN

The approved provider and nominated supervisor will:

- complete a detailed risk assessment specifically considering the safe evacuation of non-ambulatory children from the OSHC Service including:
 - the location of emergency equipment which may include- wheel chairs or walkers
 - ensuring this equipment can travel through the evacuation route to the assembly area without obstruction
- ensure non-ambulatory children are included in ALL evacuation rehearsals
- ensure staff assess children's physical mobility during an emergency to ensure children who cannot walk independently or require assistance will be identified and prioritised for evacuation
- ensure weight restrictions and maximum capacity requirements are maintained at all times when using emergency equipment during an emergency evacuation
- reflect and assess evacuation rehearsals with all staff considering time taken to safely evacuate non-ambulatory children
- ensure all equipment is easily accessible in an emergency situation
- ensure all staff have knowledge of how to use emergency equipment for transporting non-ambulatory children.

FAMILIES WILL:

- ensure contact details are kept up to date
- provide emergency contact details on their child's enrolment form and advise the service of any change of name or phone number
- ensure the attendance record for their child is completed each day
- ensure they are aware of the service's *Emergency and Evacuation Policy* and procedures
- follow the directions of the approved provider/Chief Warden in the event of an emergency or evacuation

CLOSURE OF THE SERVICE

There may be times where the normal operation of the OSHC Service is disrupted, and the Service is required to close temporarily during a planned or unplanned emergency occurrence. Situations that affect the normal operation include a local emergency which poses a risk to the health and safety of children attending the service, or where the service is inaccessible or is unsafe for children or staff or the emergency services/authority have directed the service to close.

Situation where the OSHC Service may consider closure include:

- A period of local emergency, or emergency event
 - Flooding
 - Health emergency (i.e., pandemic)
 - Bushfire
 - Cyclone
 - Unexpected absence of staff where ratios are unable to be met
 - Severe outbreak of illness or disease
 - Lack of access to operating phone/communication means
 - Damage or vandalism to the service
 - Chemical hazard
 - Earthquake
- The approved provider or nominated supervisor will consult with emergency services/ local authorities regarding the closure of the OSHC Service
 - Our OSHC Service will ensure families are informed of emergency closures as soon as practicable to ensure immediate collection of children
 - In the event of a planned closure, management will advise families as reasonably practicable through SMS/social media/phone calls/email to provide details of the planned closure including the period of closure
 - Our OSHC Service will notify the regulatory authority of the service closure within 24 hours of an incident
 - Our OSHC Service will notify the Department of Education through the Provider Entry Point (PEP) or our third-party software of the Service closure within 24 hours.

DEALING WITH TRAUMA

Emergencies and natural disasters are extremely stressful, and it is normal for children and adults to feel

overwhelmed and distressed. People cope with trauma in many different ways. Children look to adults for reassurance, care and opportunities to share their feelings. It is important for educators to understand the impact of disasters and seek help when needed.

The approved provider/nominated supervisor will support educators to provide information to parents and families following any emergency or natural disaster including:

- will the service be open in the days and weeks ahead?
- how to find alternative care and education
- how to contact services for support with dealing with trauma

Several organisations offer support for educators in these situations:

[Emerging Minds](#)

BeYou- [Trauma informed practice](#)

PREPARING FOR AN EMERGENCY

Australian Government Department of Education Resources- [Help in an emergency](#)

[Australian Government Bureau of Meteorology](#)

QUEENSLAND (QLD)

- Queensland Police: www.police.qld.gov.au
- Queensland Fire and Emergency Services: <https://www.qfes.qld.gov.au>

CONTINUOUS IMPROVEMENT/REFLECTION

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

CHILDCARE CENTRE DESKTOP RESOURCES

Bomb Threat Checklist	Emergency Management Plan (EMP)
Bomb Threat Procedure	Emergency Management Team Structure and Guide
Emergency Evacuation Record	Emergency Support Services
Emergency Evacuation Kit Checklist	Extreme Weather Procedure
Emergency Evacuation Procedure	Fire and Safety Equipment Checklist
Emergency Evacuation Rehearsal Calendar	Interruptions to Care - Risk Assessment Action Plan
Emergency Evacuation Rehearsal Evaluation	Planned and Unplanned Power Outage Procedure
Emergency Evacuation Rehearsal Letter to Families	Potential Emergencies - Risk Assessment Action Plan
Emergency Evacuation Rehearsal Procedure	
Emergency Evacuation Situation Letter	
Emergency Management Audit	

SOURCES

Australian Children’s Education & Care Quality Authority. (2023). Policy and procedure guidelines- [Emergency and evacuation guidelines](#).

Australian Children’s Education & Care Quality Authority. (2025). [Guide to the National Quality Framework](#)

Australian Children’s Education & Care Quality Authority. (2023). [Multi Storey Buildings: Evacuations and Approvals](#)

Australian Government. Business. (2024). [Emergency management](#).

Australian Government Department of Education. (2023). [Help in an emergency](#)

Australian Government. National Emergency Management Agency. [Australian Warning System](#).

Early Childhood Australia Code of Ethics. (2016).

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

Fire Protection Association Australia: www.fpa.com.au/

Fire System Services: <http://www.firesys.com.au/Fire-Extinguisher-Service-and-Maintenance-pg14686.html>

NSW Department of Education. (2023). [Emergency Planning, Management, Response and Recovery](#)

NSW Rural Fire Service: www.rfs.com.au

Work Health and Safety Act 2011.

[Western Australian Legislation Education and Care Services National Law \(WA\) Act 2012](#)

[Western Australian Legislation Education and Care Services National Regulations \(WA\) Act 2012](#)

REVIEW

POLICY REVIEWED BY	Tina Chappell	Coordinator	March 25
POLICY REVIEWED	FEBRUARY 2025	NEXT REVIEW DATE	FEBRUARY 2026
VERSION NUMBER	V11.02.25		

<p>MODIFICATIONS</p>	<ul style="list-style-type: none"> • annual policy maintenance • minor edits within policy • additional section added: Evacuation of non-ambulatory children • sources checked and updated as required 	
<p>POLICY REVIEWED</p>	<p>PREVIOUS MODIFICATIONS</p>	<p>NEXT REVIEW DATE</p>
<p>SEPTEMBER 23/JANUARY 24</p>	<p>JANUARY</p> <ul style="list-style-type: none"> • annual review of policy • additional information added re: closure of a service due to an emergency or evacuation situation <p>SEPTEMBER</p> <ul style="list-style-type: none"> • review of policy to include additional considerations for multi-storey buildings (NQF review) • new resources from CCD added • sources updated 	<p>FEBRUARY 2025</p>

Item 4.11 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 (Reg. 168) and take reasonable steps to ensure those policies and procedures are followed (Reg. 170) (ACECQA 2021).

Our OSHC Service is committed to the ongoing safety and wellbeing of children, staff, students, families and visitors. To achieve this, we will implement our Emergency Management Plan (EMP) which provides a clear plan to manage all emergency situations, including a plan for emergencies that may require our Service to go into lockdown and ensure our educators and staff are well equipped with the knowledge and expertise to respond effectively when required. Children and staff will regularly rehearse our emergency procedures, including different lockdown measures to ensure their safety and wellbeing.

OFFICER'S RECOMMENDATION

That Council: adopt the Lockdown Policy as presented.

Budget & Resource Implications

Nil

Background

Nil

Consultation (Internal/External)

N/A

Attachments

Attachment P – Policy

Report prepared by **Teena Chappell (Outside School Hours Care Coordinator)**

LOCKDOWN POLICY

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S.174(2)(c)	Any circumstance at the service that poses a risk to the health, safety or wellbeing of a child attending the service
12(d)	Meaning of a serious incident- any emergency for which emergency services attended
97	Emergency and evacuation procedures

98	Telephone or other communication equipment
99	Children leaving the education and care service premises
168	Education and Care Services must have policies and procedures
170	Policies and procedures are to be followed
171	Policies and procedures to be kept available
175	Prescribed information to be notified to the regulatory authority

RELATED POLICIES

Acceptance and Refusal Authorisation Policy Administration of First Aid Policy Child Safe Environment Policy Delivery of Children to, and collection from Education and Care Service Premises Policy Emergency and Evacuation Policy	Family Communication Policy Health and Safety Policy Incident, Injury, Trauma and Illness Policy Record Keeping and Retention Policy Supervision Policy
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PURPOSE

We aim to minimise the risk of harm, ensuring the safety of children, educators, families and visitors of the OSHC Service in the event of a threatening or emergency situation.

SCOPE

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

IMPLEMENTATION

Our OSHC Service’s Emergency Management Plan (EMP) outlines emergency management arrangements. Within the EMP we have set procedures to follow in the event of any emergency requiring evacuation or lockdown. These procedures comply with regulatory requirements and are consistent with recommendations by recognised authorities. They are designed to ensure an efficient, safe, and calm procedure for all children, staff, families, and visitors.

DEFINITIONS

Within education and care services there are three types of lockdowns that may be required to be implemented in an emergency situation. During an emergency, it may be necessary to implement a combination of measures. [Emergency and evacuation- Policy guidelines](#) - ACECQA 2023

Lockdown: a security measure taken during an emergency to prevent people from **leaving or entering** a building or premises until the threat or risk has been resolved. This may be implemented when an external and immediate danger is identified and children and staff should be kept safely inside the building. For example:

- Potentially dangerous unwanted or uninvited intruder
- Potentially dangerous person due to intoxication or substance abuse
- Receiving an emergency services warning about a reported incident or civil disturbance

Lockout: a security measure taken during an emergency to prevent people from **entering** a building or premises until the threat or risk has been resolved. This may be implemented when an internal or immediate danger is identified and it is determined that children and staff are to be **excluded** from the premises for their safety. The OSHC Service will evacuate children, staff, visitors and families to a pre-identified evacuation point as identified in the EMP. For example:

- internal fire or flood damage to the building
- chemical or hazardous substance spill or gas leak inside the building
- snake or dangerous animal inside the building

Lock in- (Shelter in place): a security measure taken during an emergency to prevent people from **leaving** a building or premises until the threat or risk has been resolved. This may be implemented when an incident occurs outside the OSHC Service and emergency services determine the safest course of action is to keep children, educators and staff inside a designated building in the Service until it is safe to return to normal operation. For example:

- unidentified dangerous animal or insects
- natural disaster (severe storm)
- aggressive visitor or person within the community.

THE APPROVED PROVIDER/MANAGEMENT/NOMINATED SUPERVISOR WILL:

- ensure obligations under the *Education and Care National Law and Regulations* are met and understood by all educators and staff
- ensure the nominated supervisor, management, staff, educators comply with this policy
- ensure new staff, volunteers and students are provided with information and training about lockdown procedures upon induction
- ensure the OSHC Service's Emergency Management Plan (EMP) is reviewed and updated at least annually
- engage relevant stakeholders/authorities to improve risk mitigation strategies for lockdown situations as part of our Emergency Management Plan (police, fire, school principal, parents/families)
- engage relevant stakeholders/authorities to improve risk mitigation strategies for lockdown situations as part of our EMP (police, fire, parents/families)
- develop, and review annually, a risk assessment to identify potential emergencies that may require the Service to go into lockdown, lock out or lock in emergency response
- review the risk assessment annually or after becoming aware of any circumstance that poses a risk to the safety and well-being of children attending the OSHC Service
- ensure capacity to lock internal doors within the OSHC premises
- consider procedures for non-ambulant children and staff implications in the event of a lockdown (especially for a multi-storey setting)
- ensure emergency evacuation floor plans and instructions/procedures, are displayed in prominent positions near each exit and in the indoor and outdoor learning environments (Reg. 97(4))
- nominate the person/persons with authority to manage the lockdown response
- determine communication channels- ensure all educators and staff have access to an operating telephone or means of communication- consider use of communication apps for silent group communication among staff members (What's app, Messenger)
- determine how the different type of lockdown alert signal will be given
- contact emergency services as soon as practicable- provide essential information to police depending on the type of lockdown to be implemented (e.g. description of the intruder, threat, weapons)
- design a movement and wellbeing plan to follow if not in the classroom/indoor learning area
- develop an effective strategy for checking the roll and communicating with children, educators, families, and visitors of the OSHC Service
- document roles and responsibilities of staff and educators
- plan to maintain children's safety and wellbeing
- ensure all children, staff, families, and visitors of the OSHC Service remain inside

- ensure lockdown drills are practiced every three months at different times to ensure all staff and children have the opportunity to participate
- document lockdown rehearsals and the responsible person who is present at the time of the rehearsal
- ensure lockdown drills are reviewed and reflected upon each time they occur and are adequately documented including any improvements
- communicate with families about lockdown procedures and drills
- submit a serious incident notification to the regulatory authority within 24 hours when there has been an emergency that has posed a risk to the safety and wellbeing of the children
- refer to the *Emergency and Evacuation Policy* for steps to be followed when the Service needs to close in response to an emergency
- ensure the regulatory authority is notified via the [National Quality Agenda IT System \(NQAITS\)](#) if the OSHC Service is required to close for a period of time as a result of a local emergency (evacuation due to cyclone, or to repair damage caused by a cyclone) (Reg.175 (2)(b))
- ensure the Department of Education (CCS) is notified if the Service is required to close for a period of time as a result of a local emergency through the Provider Entry Point (PEP) or our third-party software within 24 hours.

IN THE EVENT OF A LOCKDOWN, MANAGEMENT AND EDUCATORS WILL:

- contact emergency services (000) for assistance
- alert staff using agreed signal for immediate lockdown
- move infants and children to a secure designated lockdown location where doors can be locked or barricaded securely (as per EMP)
- ensure all children, educators, staff and visitors are accounted for (check daily sign on sheet/app, staff sign in/out, visitor register, head count)
- **Remove the evacuation plans from the walls of the OSHC Service once all staff and children are in the lockdown position**
- check the premises to ensure no one is left outside
- gather transportable first aid/emergency kit/medical management plans/medication (including emergency contact list for children)
- lock external doors, windows and close blinds and turn off lights. During a Lock Down staff will lock internal doors
- turn mobile phones onto silent/vibrate
- ensure children remain out of sight during the lockdown period

- ensure children remain calm with quiet activities to engage them
- ensure a telephone line is kept free
- administer first aid if necessary
- divert families and returning groups from the OSHC Service if required
- continue to liaise with emergency services and other relevant agencies
- remain in lockdown until the all-clear signal is given by emergency services
- ensure all families are notified of the incident as soon as practicable after the lockdown has ended
- ensure a record of all actions/decisions and times is maintained
- complete a serious incident notification to the regulatory authority within 24 hours via the [NQA IT System](#) when there has been an emergency that has posed a risk to the safety and wellbeing of the children
- provide opportunities for debriefing and counselling to families, children and staff.

DURING A LOCKOUT, MANAGEMENT AND EDUCATORS WILL:

- contact emergency services (000) for assistance
- decide which of the OSHC Service's pre-identified evacuation point/s is most appropriate to the emergency situation (as stated in the EMP)
- assemble children, educators, staff and visitors at the evacuation point if children and staff have already arrived at OSHC Service
- if emergency situation occurs before usual operating hours of the OSHC Service, divert families from accessing the service due to the emergency if possible- (app; email)
- follow the *Emergency Management Plan*, including *Emergency Evacuation Procedure*
- ensure all children, educators, staff and visitors are accounted for (check daily sign on sheet/app, staff sign in/out, visitor register, head count)
- check the premises to ensure no one is left inside
- lock external doors to prevent entry to the OSHC Service
- gather transportable first aid/emergency kit/medical management plans/medication (including emergency contact list for children)
- continue to liaise with emergency services and other relevant agencies
- confirm with emergency services when it is safe to return to the OSHC Service
- alert families that the emergency lock out has been resolved and children are able to return to the Service or be reunited with families
- ensure a record of all actions/decisions and times is maintained

- complete a serious incident notification to the regulatory authority within 24 hours via the [NQA IT System](#) when there has been an emergency that has posed a risk to the safety and wellbeing of the children
- provide opportunities for debriefing and counselling to families, children and staff.

DURING A LOCK IN- SHELTER IN PLACE, MANAGEMENT AND EDUCATORS WILL:

- contact emergency services (000) for assistance if required
- move children, educators, staff and visitors to a pre-determined shelter-in place location (as indicated in EMP) as quickly as possible if safe to do so
- ensure all children, educators, staff and visitors are accounted for (check daily sign on sheet/app, staff sign in/out, visitor register, head count)
- gather transportable first aid/emergency kit/medical management plans/medication (including emergency contact list for children)
- lock external doors, windows and close blinds or curtains where possible and turn off lights. If required, staff will lock internal doors
- ensure a telephone line is kept free
- keep children away from windows if the emergency involves an extreme weather event
- use any available linen to block gaps around doors or window to minimise the entry of smoke/hazardous chemicals
- continue to liaise with emergency services
- ensure the delegated educator/responsible person contacts families or emergency contacts to notify them of the emergency situation. If advised by emergency services, they will arrange for the child/ren's collection from the OSHC Service
- ensure children remain in a confined area, or out of sight for a 'full lockdown'
- administer first aid if necessary
- implement the OSHC Service's *Emergency Management Plan* including *Emergency Evacuation Procedure* If advised by emergency services
- remain in 'lock in' until the all-clear signal is given by emergency services
- ensure a record of all actions/decisions and times is maintained
- complete a serious incident notification to the regulatory authority within 24 hours via the [NQA IT System](#) when there has been an emergency that has posed a risk to the safety and wellbeing of the children
- provide opportunities for debriefing and counselling to families, children and staff

CONTINUOUS IMPROVEMENT/REFLECTION

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

CHILDCARE CENTRE DESKTOP RESOURCES

Emergency Evacuation Record	Emergency Management Plan (EMP)
Emergency Evacuation Rehearsal Evaluation	Lockdown Procedure
Emergency Lockdown Rehearsal Procedure and Guide	Lockdown Rehearsal - Letter to Families

SOURCES

Australian Children’s Education & Care Quality Authority. (2023). Policy and procedure guidelines- [Emergency and evacuation guidelines](#).

Australian Children’s Education & Care Quality Authority. (2025). [Guide to the National Quality Framework](#)

Australian Government Department of Home Affairs. [Emergency Management](#)

Australian Government Department of Education. (2023). [Help in an emergency](#)

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

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

NSW Department of Education. (2023). [Emergency Planning, Management, Response and Recovery](#). Emergency Management Plan.

Victoria State Government Department of Education and Training (2018). *Responding to Intruder Threat Guidelines for Early Childhood Services and Schools*.

[Western Australian Legislation Education and Care Services National Law \(WA\) Act 2012](#)

[Western Australian Legislation Education and Care Services National Regulations \(WA\) Act 2012](#)

REVIEW

POLICY REVIEWED BY	Tina Chappell	Coordinator	March 25
POLICY REVIEWED	FEBRUARY 2025	NEXT REVIEW DATE	FEBRUARY 2026
VERSION NUMBER	V8.02.25		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • minor edits • sources updated as required 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
JANUARY 2024	<ul style="list-style-type: none"> • major review of policy to incorporate 3 types of lockdown measures as per ACECQA key terms – lock down; lock out; lock in • additional information added re: notification to regulatory authority if 	FEBRUARY 2025	

	<p>service needs to be closed in response to an emergency</p> <ul style="list-style-type: none">• sources checked for currency and repaired where required	
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Item 4.12 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

Nil

Background

Nil

Consultation (Internal/External)

N/A

Attachments

Attachment Q – Policy

Report prepared by **Teena Chappell (Outside School Hours Care Coordinator)**

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 NATIONAL REGULATIONS	
S.165	Offence to inadequately supervise children
S.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
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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 in line with Red Nose and ACECQA guidelines (Reg. 84A).

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. (2025). [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).

The NSW Work Health and Safety Act 2011

The NSW Work Health and Safety Regulation 2011

[Western Australian Legislation Education and Care Services National Law \(WA\) Act 2012](#)

[Western Australian Legislation Education and Care Services National Regulations \(WA\) Act 2012](#)

REVIEW

POLICY REVIEWED BY	Tina Chappell	Coordinator	March 25
POLICY REVIEWED	FEBRUARY 2025	NEXT REVIEW DATE	FEBRUARY 2026
VERSION NUMBER	V10.02.25		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • minor edits • sources updated as required 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
FEBRUARY 2024	<ul style="list-style-type: none"> • annual policy review • minor edits and additions • sources checked and updated as required 	FEBRUARY 2025	

Item 4.13 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

Nil

Background

Nil

Consultation (Internal/External)

N/A

Attachments

Attachment R – Policy

Report prepared by **Teena Chappell (Outside School Hours Care Coordinator)**

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
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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.' (MTOP, 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 ‘<i>garden to plate</i>’ 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.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Sustainability Audit	Sustainability Commitment Statement
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SOURCES

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

Australian Children’s Education & Care Quality Authority. (2025). [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

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

[Western Australian Legislation Education and Care Services National Law \(WA\) Act 2012](#)

[Western Australian Legislation Education and Care Services National Regulations \(WA\) Act 2012](#)

REVIEW

POLICY REVIEWED BY	Tina Chappell	Coordinator	March 25
POLICY REVIEWED	FEBRUARY 2025	NEXT REVIEW DATE	FEBRUARY 2026
VERSION NUMBER	V8.02.25		
MODIFICATIONS	<ul style="list-style-type: none"> annual policy review added Childcare Centre Desktop Related resources section sources checked for currency and additional resources added 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
FEBRUARY 2024	<ul style="list-style-type: none"> annual policy review additional information added to align to MTOP (V2.0) principle- <i>Sustainability</i> sources checked for currency and additional resources added 	FEBRUARY 2025	

Item 4.14 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

Nil

Background

Nil

Consultation (Internal/External)

N/A

Attachments

Attachment S – Policy

Report prepared by **Teena Chappell (Outside School Hours Care Coordinator)**

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	
82	Tobacco, drug and alcohol -free environment
84A	Sleep and rest
98	Telephone or other communication equipment
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

Adventurous (Risky and Nature Play) Policy 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 Work Health and Safety Policy
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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 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. Non-fixed play equipment in the Service grounds must be comply with maximum free height of fall under AS-4685:2021
- impact area surrounding play equipment must comply with AS/NZS 4422- playground surfacing requirements
- play equipment must be supervised at all times by an educator
- non-fixed play equipment over 600mm must have soft fall material surrounding the fall zone
- 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 and 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 [if applicable]

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.
- ensure 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.
- ensure 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

Blank Risk Assessment Action Plan	Outdoor Cleaning and Safety Checklist
Celebrations - Risk Assessment Action Plan	Outdoor Environment and Playground Safety
Daily Playground Surface Temperature Check	Audit

Equipment and Maintenance Record Equipment and Resource Audit Guide and Record Hazardous Substances and Chemicals Register Modifications to the Outdoor or Indoor Area - Risk Assessment Action Plan Opening/Closing Checklist	Physical Environment and Parent Journey Audit Record of Service Modifications Risk Assessment Guide and Procedure Space Item Structure Risk Assessment Action Plan
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SOURCES

Australian Children’s Education & Care Quality Authority. (2025). [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>

KidSafe (2021). Water Safety. <https://kidsafe.com.au/water-safety/>

National Health and Medical Research Council. (2024). *Staying Healthy: preventing infectious diseases in early childhood education and care services* (6th Ed.). NHMRC. Canberra.

NSW Government *Kids and Traffic Early Childhood Road Safety Education Program*

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

[Western Australian Legislation Education and Care Services National Law \(WA\) Act 2012](#)

[Western Australian Legislation Education and Care Services National Regulations \(WA\) Act 2012](#)

REVIEW

POLICY REVIEWED BY	Tina Chappell	Coordinator	March 25
POLICY REVIEWED	FEBRUARY 2025	NEXT REVIEW DATE	FEBRUARY 2026
VERSION NUMBER	V9.02.25		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • National Law sections that are not covered in this policy • additional information re: playground equipment heights and fall zones • sources checked and updated as required 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
FEBRUARY 2024	<ul style="list-style-type: none"> • annual policy maintenance • additional information added for OSHC Services that are set up on school premises • minor edits within policy as indicated 	FEBRUARY 2025	

	<ul style="list-style-type: none">• hyperlinks checked and repaired as required	
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Item 4.15 Staffing Arrangement 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

Nil

Background

Nil

Consultation (Internal/External)

N/A

Attachments

Attachment T – Policy

Report prepared by **Teena Chappell (Outside School Hours Care Coordinator)**

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 NATIONAL REGULATIONS	
S.56	Notice of addition of nominated supervisor (Notice of change to nominated supervisor (WA Services))
S.56A	Notice of change of a nominated supervisor's name or contact details
S.161	Offence to operate education and care service without nominated supervisor
S.161A	Offence for nominated supervisor not to meet prescribed minimum requirements
S.162	Offence to operate education and care service unless responsible person is present
S.162A	Child protection training (Persons in day-to-day charge and nominated supervisors to have child protection training -WA Services)
S.169	Offence relating to staffing arrangements
S.172	Offence to fail to display prescribed information

S.173	Offence to fail to notify certain circumstances to Regulatory Authority
S.174	Offence to fail to notify certain information to Regulatory Authority
S.175	Offence relating to requirement to keep enrolment and other documents
S.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/D/E	Service approval with rest period condition (QLD ONLY)

RELATED POLICIES

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

STAFFING ARRANGEMENTS

Under the Education and Care Services National Regulations, the approved provider must ensure the OSHC Service meets minimum staffing arrangements including:

- nominating a responsible person to oversee the day-to-day operation of the Service
- employing staff who hold required qualifications including: anaphylaxis and emergency asthma management training, first aid, CPR and child protection training
- adhering to educator to child ratios
- ensuring an appropriately qualified and experienced educational leader is employed to lead the implementation of the educational program under the approved learning framework
- ensuring each staff member is considered fit and proper to work with children and hold a valid WWCC.

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
- 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)
- 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
- ensure the nominated supervisors meets the following requirements:
 - must be 18 years of older
 - holds a valid WWCC/clearance
 - have 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)
 - have the ability to adequately supervise and manage an education and care service

- have successfully completed Child Protection training and be aware of mandatory reporting obligations
- have a history of compliance with *Education and Care National Law* and other relevant laws (e.g., Family Law)
- ensure the nominated supervisor signs a Compliance history statement and a Prohibition notice declaration
- remove the nominated supervisor from the role if a compliance action is determined against them or concerns are held regarding their suitability to meet the requirements of the role.

The nominated supervisor will:

- accept the role in writing, to ensure they have a clear understanding about their role and responsibilities
- ensure the OSHC Service program is reflective of the approved learning framework, incorporate the children’s interests, and experiences, and consider the individual differences and needs of each child
- adhere to Service policies ensuring a safe and healthy environment is provided
- register with PRODA and complete required background checks, including Working with Children Check and criminal history record check.

RESPONSIBLE PERSON

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)
- clearly communicate the responsible person on duty with families, educators, staff and visitors by displaying this information in the foyer or reception area
- ensure the responsible person adheres to Service policies and procedures and maintain a safe and healthy environment for children
- ensure the responsible person always acts with professionalism when dealing with children, educators, visitors, families and volunteers
- ensure the responsible person accepts the role in writing, to ensure they have a clear understanding about their role and responsibilities (Reg.117A)

- ensure the responsible person has a history of compliance with *Education and Care National Law* and other relevant law (e.g., Family Law)
- ensure the responsible person has successfully completed Child Protection training and be aware of mandatory reporting obligations. (Reg. 84).

‘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](#).

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)
- ensure the name of the educational leader is displayed at the OSHC Service in a place that is clearly visible to staff, educators, families and visitors (Reg.173)
- support the educational leader to fulfill their responsibilities by ensuring opportunities for professional development to support continuous improvement

The educational leader will:

- accept the position, in writing
- keep a record about how they mentor and guide educators of the OSHC Service to ensure continuous improvement
- guide educators to provide a range of learning experiences that cater for the needs and interests of children through play and leisure opportunities
- maintain evidence about the development of the learning program and the alignment to the *My Time, Our Place* (V2.0) framework

WORKING WITH CHILDREN CHECK /CLEARANCE

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.

The approved provider will:

- keep a record of the expiry date of the Working with Children Check (WWCC) for all staff, volunteers and students.
- verify all WWCC before any staff, educators, students and volunteers are engaged at the OSHC Service, to ensure the children are protected at all times
- check the [NQAITs portal](#) during the recruitment process for any prohibition notices issued to a potential employee
- 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).
- ensure any visitor who has direct contact with children will be required to provide a WWCC for verification prior to coming into contact with children.
- 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.

APPROVED FIRST AID QUALIFICATIONS/ANAPLYXIS AND EMERGENCY ASTHMA MANAGEMENT TRAINING

- 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 must 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

STAFF RECORD

Approved Services must keep information about the nominated supervisor, educational leader, staff, volunteers, students, and the responsible person at the OSHC 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 records are kept in accordance with regulation 145 and our *Record Keeping and Retention Policy*.

ADEQUATE SUPERVISION

Our OSHC Service adheres to the educator-to-child ratios outlined in the National Legislation and National Quality Framework and requires educators to comply with our *Supervision Policy* and designated floor plans to ensure effective supervision. Educators will actively monitor children at all times, adjusting supervision to suit group needs, maintaining visibility and accessibility, and work together to ensure safety and well-being during all activities, including transitions, rest, toileting, and transportation.

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.
- The staff roster will be planned in advance to ensure regulation requirements are met, including staff qualification and first aid qualification requirements.

STUDENTS, VOLUNTEERS AND VISITORS

The approved provider will ensure that students, volunteers and visitors meet any requirements for WWCC/Clearance and record and verify each student, volunteer or visitors WWCC (where required). At no time will students, volunteers and/or visitors be left alone with a child or group of children or be included in the educator to child ratio. Management will ensure the OSHC Service's *Student, Volunteer and Visitor Policy* is followed at all times. All volunteers and students will be inducted into the OSHC Service to ensure they adhere to the Service's policies and procedures, Statement of Philosophy and Code of Conduct.

PRIVACY

- Staff and educators will adhere to the OSHC 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, as per the *Service Recruitment Policy*. 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 maintenance of a valid WWCC /Clearance 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 six (6) 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, National Principles for Child Safe Organisations, Code of Conduct, child protection, Work Health and Safety guidelines, behaviour guidance, service routines, human resource documentation, physical environment, communication with families' processes, Family Assistance Law and 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														
Over Pre-School Age	NT, QLD, SA, TAS, VIC, NSW	1 :15														
	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- <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>No. Children</th> <th>Qualified Educator</th> <th>Number Educator</th> </tr> </thead> <tbody> <tr> <td>1-10</td> <td>1</td> <td>1</td> </tr> <tr> <td>11-26</td> <td>1</td> <td>2</td> </tr> <tr> <td>26-39</td> <td>1</td> <td>3</td> </tr> <tr> <td>40-52</td> <td>2</td> <td>4</td> </tr> </tbody> </table>	No. Children	Qualified Educator	Number Educator	1-10	1	1	11-26	1	2	26-39	1	3	40-52	2
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, 299C/D/E

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 approved 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	Record ‘actively working towards’ qualification Form
Educational Leader Programming Agreement	Student and Volunteer Application Form
Educational Leader Report	Roster Template
Ensure Staff Follow Policies Guide	Team Meeting Agenda
Flexible Working Arrangement Guidelines	Team Meeting Minutes
Individual Staff Record Nominated Supervisor	Team Memo
Offer and Acceptance Form	Team/Staff Register
Policy Acknowledgement Form	Visitor sign in/out Record
Responsible Person Offer and Acceptance Form	

SOURCES

Australian Children’s Education & Care Quality Authority. (2025). [Guide to the National Quality Framework](#)

Australian Children’s Education & Care Quality Authority. (2023). [Educators Who are ‘Working Towards a Qualification’](#). Information Sheet.

Australian Children’s Education & Care Quality Authority. (2021). Policy and procedure guidelines. [Staffing Guidelines](#).

Australian Children’s Education & Care Quality Authority. (2023). [Short Term Relief of Educators at Centre-Based Services](#)

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](#)

[Western Australian Legislation Education and Care Services National Law \(WA\) Act 2012](#)

[Western Australian Legislation Education and Care Services National Regulations \(WA\) Act 2012](#)

REVIEW

POLICY REVIEWED BY	Tina Chappell	Coordinator	March 25
POLICY REVIEWED	FEBRUARY 2025	NEXT REVIEW DATE	FEBRUARY 2026
VERSION NUMBER	V12.02.25		
MODIFICATIONS	<ul style="list-style-type: none"> major review of policy restructured policy to provide improved flow, less repetition and staffing arrangements information outlined in the Guide to NQF - QA4 sources checked for currency and updated as required 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
JUNE 2024	<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 	FEBRUARY 2025	

Item 5. General Business

DATE OF NEXT MEETING

15 April 2025

CONCLUSION

Peter Bennett
Chief Executive Officer