



**RICHMOND SHIRE COUNCIL  
AGENDA**

**FOR**

**ORDINARY MEETING  
TUESDAY 20 MAY 2025  
COMMENCING AT 8:00AM**

Richmond Shire Council  
Ordinary Meeting of Council 20 May 2025

<b>AGENDA AND TIMETABLE FOR ORDINARY MEETING</b>
--------------------------------------------------

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 15 April 2025.

UNCONFIRMED MINUTES OF THE ORDINARY MEETING  
OF THE RICHMOND SHIRE COUNCIL HELD IN THE BOARDROOM, RICHMOND  
ON TUESDAY 15 APRIL 2025



# **RICHMOND SHIRE COUNCIL**

## **UNCONFIRMED MINUTES**

UNCONFIRMED MINUTES OF THE ORDINARY MEETING  
OF THE RICHMOND SHIRE COUNCIL HELD IN THE BOARDROOM, RICHMOND  
ON TUESDAY 15 APRIL 2025

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UNCONFIRMED MINUTES OF THE ORDINARY MEETING  
OF THE RICHMOND SHIRE COUNCIL HELD IN THE BOARDROOM, RICHMOND  
ON TUESDAY 15 APRIL 2025

**PRESENT**

Present when Mayor Wharton declared the meeting open at 8:57 were:

**COUNCILLORS:**

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

**STAFF:**

Chief Executive Officer – Peter Bennett, Director of Corporate Services– Peta Mitchell, Minutes Secretary – Camille Carrigan.

**PRAYER**

Cr Brown read the prayer.

Council acknowledges the passing of long time Richmond Resident Harold ‘Bam’ Brisbin with 1 minute silence.

**APOLOGIES**

Director of Community Services and Development – Angela Henry will attend the meeting later.  
Director of Works – Syed Qadir

**CONFIRMATION OF MINUTES**

***RESOLUTION 20250415.1***

*It was moved Cr Fox, seconded Cr Johnston and carried that the Minutes of the General Meeting of the Richmond Shire Council held in the Board Room, Richmond on Tuesday, 18 March 2025 be adopted as presented.*

**BUSINESS ARISING**

Cr Wharton congratulated Cr Fox, Director of Corporate Services – Peta Mitchell and Works Administration Officer – Evie Batt on a good job with orchestrating the resupply during ‘Stand up’ for the Richmond Shire Council Disaster Management Group.

CEO Peter Bennett advised he has engaged with our LDMG Coordinator – Andy Pethybridge for a resupply exercise to be conducted later this year.

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

**2.1 Legal Assistance for Councillors and Employees Policy**

The purpose of this policy is to set guidelines about the provision of financial assistance by Council to fund, or contribute to funding, Councillors and employees who become involved in legal proceedings as a direct result of actions or decisions made by them while exercising their functions or duties in their official roles on behalf of Council.

**OFFICER’S RECOMMENDATION**

***That Council: adopt the Legal Assistance for Councillors and Employees Policy as presented.***

**RESOLUTION 20250415.2**

*It was moved Cr Easton, seconded Cr Johnston and carried that Council adopt the Legal Assistance for Councillors and Employees Policy as presented.*

**REFERENCE DOCUMENT**

- Policy

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

**2.2 Simpson Street – Permanent Road Closure**

I, Camille Carrigan, inform the meeting that I have declared an interest in the relation to item 2.2 as I am a residential landowner.

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

**Attendance**

Minutes Secretary – Camille Carrigan left the room at 9:07am

**Attendance**

Peta Michell left the room at 9:23am

**Attendance**

Cr Fox left the room at 9:25am

**EXECUTIVE SUMMARY**

Engage in a Permanent Road Closure on Simpson Street. Landowners at 86 Simpson Street, 88 Simpson Street, 90 Simpson Street, 92 Simpson Street, 94 Simpson Street, 96 Simpson Street, 98 Simpson Street and 100 Simpson Street given the option to acquire and maintain additional land.

**OFFICER'S RECOMMENDATION**

*That Council: give further direction.*

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**DISCUSSION**

A unanimous decision was made that Cr Wharton will contact the landowners to discuss further.

**REFERENCE DOCUMENT**

- Street Map

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

**Attendance**

Minutes Secretary – Camille Carrigan re-entered the room at 9:26am

**Attendance**

Cr Fox re-entered the room at 9:26am

**Attendance**

Peta Mitchell re-entered the room at 9:28am

## **2.3 Development Application – Material Change of Use – Liberty Oil**

### **EXECUTIVE SUMMARY**

The purpose of this document is to provide an assessment of the development application for a proposed Service Station and Medium Impact Industry Use located land described as Lots 22, 23, and 24 on SP247137 and located at 2 Jim McGuire Road and Flinders Highway, Richmond.

The development application has been lodged by Liberty Oil Australia Pty Ltd c/- Milford Planning (the Applicant)

This document provides an overview of the proposed development, an assessment against the relevant assessment benchmark from the *Richmond Shire Planning Scheme 2020* (the planning scheme), outlines relevant aspects of development assessment process and establishes a recommendation for Richmond Shire Council (Council) based on the assessment of the application.

### **OFFICER'S RECOMMENDATION**

***That Council: approve the development application.***

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### **RESOLUTION 20250415.3**

*It was moved Cr Easton, seconded Cr Flute and carried that Council approve the Development Application.*

### **REFERENCE DOCUMENT**

- Development Assessment Report

## **3. REPORTS FOR CONSIDERATION – Corporate Services**

### **3.1 Motor Vehicle Use Policy**

#### **EXECUTIVE SUMMARY**

This policy is to outline the conditions under which a vehicle is used by identified employees of Richmond Shire Council (Council) and the obligations of employees who have been provided with a vehicle.

#### **OFFICER'S RECOMMENDATION**

***That Council: adopt the Motor Vehicle Use Policy as presented.***

---

### **RESOLUTION 20250415.4**

*It was moved Cr Brown, seconded Cr Johnston and carried that Council adopt the Motor Vehicle Use Policy as presented.*

### **REFERENCE DOCUMENT**

- Policy

#### **Attendance**

Cr Johnston left the room at 9:31am

### 3. REPORTS FOR CONSIDERATION – Corporate Services

#### 3.2 Retirement/Resignation Policy

##### EXECUTIVE SUMMARY

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

##### OFFICER’S RECOMMENDATION

*That Council: adopt the Retirement/Resignation Policy as presented.*

---

##### RESOLUTION 20250415.5

*It was moved Cr Fox, seconded Cr Easton and carried that Council adopt the Retirement/Resignation Policy presented.*

##### REFERENCE DOCUMENT

- Policy

### 3. REPORTS FOR CONSIDERATION – Corporate Services

#### 3.3 Operational Plan

##### EXECUTIVE SUMMARY

As Required by Section 174(3) of the *Local Government Regulation 2012*, a progress report on the implementation of Council’s 2024/2025 Operation Plan at the end of March quarter is tabled for Council’s consideration.

##### OFFICER’S RECOMMENDATION

*That Council: receive and note the Quarter 3 progress report of Richmond Shire Council 2024/2025 Operational Plan for the March 2024 reporting period.*

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##### RESOLUTION 20250415.6

*It was moved Cr Fox, seconded Cr Brown and carried that Council receive and note the Quarter 3 Richmond Shire Council 2024/2025 Operational Plan for March 2024 as presented.*

##### REFERENCE DOCUMENT

- Operational Plan

##### Attendance

Cr Johnston re-entered the room at 9:34am

### 3. REPORTS FOR CONSIDERATION – Corporate Services

#### 3.4 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 March 2025

**OFFICER'S RECOMMENDATION**

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

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

**RESOLUTION 20250415.7**

*It was moved Cr Fox, seconded Cr Johnston and carried that Council receive the monthly financial report presenting the progress made as at 31 March 2025 in relation to the 2024/2025 budget as presented.*

**REFERENCE DOCUMENT**

- Statements

**4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES**

**4.1 Oral and Dental Policy**

**EXECUTIVE SUMMARY**

To provide worker guidance in the support of the consumer's oral and dental health.

**OFFICER'S RECOMMENDATION**

*That Council: adopt the Oral and Dental Policy as presented.*

---

**RESOLUTION 20250415.8**

*It was moved Cr Johnston, seconded Cr Brown and carried that Council adopt the Oral and Dental Policy as presented.*

**REFERENCE DOCUMENT**

- Policy

**4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES**

**4.2 Pain Management Policy**

**EXECUTIVE SUMMARY**

To provide worker guidance in the support of the consumer's pain management.

**OFFICER'S RECOMMENDATION**

*That Council: adopt the Pain Management Policy as presented.*

---

**RESOLUTION 20250415.9**

*It was moved Cr Fox, seconded Cr Easton and carried that Council adopt the Pain Management Policy as presented.*

**REFERENCE DOCUMENT**

- Policy

**4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES**

**4.3 Palliative and End of Life Care Policy**

**EXECUTIVE SUMMARY**

To provide workers guidance in the management and support of consumer's receiving palliative and end of life care.

**OFFICER'S RECOMMENDATION**

*That Council: adopt the Palliative and End of Life Care Policy as presented.*

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**RESOLUTION 20250415.10**

*It was moved Cr Johnston, seconded Cr Brown and carried that Council adopt the Palliative and End of Life Care Policy as presented.*

**REFERENCE DOCUMENT**

- Policy

**4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES**

**4.4 Participation in Community and Leave Policy**

**EXECUTIVE SUMMARY**

To provide guidance to workers on maintaining consumer participation in community.

**OFFICER'S RECOMMENDATION**

*That Council: adopt the Participation in Community and Leave Policy as presented.*

---

**RESOLUTION 20250415.11**

*It was moved Cr Brown, seconded Cr Fox and carried that Council adopt the Participate in Community and Leave Policy as presented.*

**REFERENCE DOCUMENT**

- Policy

**4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES**

**4.5 Personal Care Policy**

**EXECUTIVE SUMMARY**

To provide worker guidance in the support of the consumer's personal care.

**OFFICER'S RECOMMENDATION**

*That Council: adopt the Personal Care Policy as presented.*

---

**RESOLUTION 20250415.12**

*It was moved Cr Fox, seconded Cr Easton and carried that Council adopt the Personal Care Policy as presented.*

**REFERENCE DOCUMENT**

- Policy

**4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES**

**4.6 Person-Centred Care Policy**

**EXECUTIVE SUMMARY**

To provide worker guidance in the delivery of person-centred care for consumers.

**OFFICER'S RECOMMENDATION**

*That Council: adopt the Person-Centred Care Policy as presented.*

---

**RESOLUTION 20250415.13**

*It was moved Cr Brown, seconded Cr Johnston and carried that Council adopt the Person-Centred Care Policy as presented.*

**REFERENCE DOCUMENT**

- Policy

**4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES**

**4.7 Planning Policy**

**EXECUTIVE SUMMARY**

To provide guidance in organisational planning.

**OFFICER'S RECOMMENDATION**

*That Council: adopt the Planning Policy as presented.*

---

**RESOLUTION 20250415.14**

*It was moved Cr Fox, seconded Cr Johnston and carried that Council adopt the Planning Policy as presented.*

**REFERENCE DOCUMENT**

- Nil

**4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES**

**4.8 Pressure Injury Prevention and Management Policy**

**EXECUTIVE SUMMARY**

To provide worker guidance in the prevention and management of pressure injury in line with contemporary practice and ensure the evaluation of care outcomes and reporting of pressure injuries.

**OFFICER'S RECOMMENDATION**

*That Council: adopt the Pressure Injury Prevention and Management Policy as presented.*

---

**RESOLUTION 20250415.15**

*It was moved Cr Fox, seconded Cr Johnston and carried that Council adopt the Pressure Injury Prevention and Management Policy as presented.*

**REFERENCE DOCUMENT**

- Policy

**4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES**

**4.9 Privacy and Confidentiality Policy**

**EXECUTIVE SUMMARY**

To provide organisational guidance in ensuring privacy and confidentiality is upheld for all stakeholders.

**OFFICER'S RECOMMENDATION**

*That Council: adopt the Privacy and Confidentiality Policy as presented.*

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**RESOLUTION 20250415.16**

*It was moved Cr Easton, seconded Cr Brown and carried that Council adopt the Privacy and Confidentiality Policy as presented.*

**REFERENCE DOCUMENT**

- Policy

**4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES**

**4.10 Provider Responsibilities Policy**

**EXECUTIVE SUMMARY**

To provide guidance in meeting provider responsibilities for aged care programs.

**Attendance**

Angela Henry re-entered the room at 9.43am

**OFFICER'S RECOMMENDATION**

*That Council: adopt the Provider Responsibilities Policy as presented.*

---

**RESOLUTION 20250415.17**

*It was moved Cr Brown, seconded Cr Fox and carried that Council adopt the Provider Responsibilities Policy as presented.*

**REFERENCE DOCUMENT**

- Policy

**4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES**

**4.11 RADF**

**EXECUTIVE SUMMARY**

Application on behalf of MiHardware for 2-day Leadlighting and Wire Sculpture Workshops.  
Requested amount: \$ 7959.10.  
Balance of RADF available for use: \$9037.06

**OFFICER'S RECOMMENDATION**

*That Council: approve the application.*

---

**RESOLUTION 20250415.18**

*It was moved Cr Fox, seconded Cr Brown and carried that Council approve the application.*

**REFERENCE DOCUMENT**

- Application
- Information Flyer
- Michelle Hollister Resume
- Jobella Bennett Resume

**4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES**

**4.12 Multicultural Policy**

**EXECUTIVE SUMMARY**

Australia is an increasingly multicultural society and as we recognise more cultural and ethnic diversity, it is imperative we lead children in recognising, respecting and accepting similarities and differences in cultures. The cultural beliefs, linguistic and religious diversity represented within our Out of School Hours Care Service (OSHC) and wider community helps to form the foundation of the program being implemented to ensure we are promoting an inclusive environment for all children.

**OFFICER'S RECOMMENDATION**

*That Council: accept the Multicultural Policy as presented.*

---

**RESOLUTION 20250415.19**

*It was moved Cr Easton, seconded Cr Fox and carried that Council adopt the Multicultural Policy as presented.*

**REFERENCE DOCUMENT**

- Policy

**4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES**

**4.13 Physical Activity Policy**

**EXECUTIVE SUMMARY**

Physical activity is vital for young children's health, wellbeing and development and lays the foundation for a healthy active life. All children and young people benefit from a mix of physical activity, inactivity and sleep. Our Out of School Hours Care (OSHC) Service recognises the important role educators and

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staff have in promoting children's physical activity in appropriate ways ensuring children's comfort and wellbeing requirements are being met. We are committed to supporting the *Australian 24-Hour Movement Guidelines for children and young people (5 to 17 years)- An Integration of Physical Activity, Sedentary Behaviour* into our curriculum.

**OFFICER'S RECOMMENDATION**

***That Council: accept the Physical Activity Policy as presented.***

---

**RESOLUTION 20250415.20**

*It was moved Cr Johnston, seconded Cr Brown and carried that Council adopt the Physical Activity Policy as presented.*

**REFERENCE DOCUMENT**

- Policy

<b>4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES</b>
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**4.14 Cyber Safety Policy**

**EXECUTIVE SUMMARY**

Cyber safety is the safe and responsible use of Information and Communication Technologies (ICT). It involves being respectful of other people online, using good 'netiquette' (internet etiquette), and above all, is about keeping information safe and secure to protect the privacy of individuals. Our Out of School Hours Care Service (OSHC) is committed to create and maintain a safe online environment with support and collaboration with staff, families and community. As a child safe organisation, our Service embeds the [National Principles for Child Safe Organisations](#) and continuously address risks to ensure children are safe in physical and online environments.

**OFFICER'S RECOMMENDATION**

***That Council: accept the Cyber Safety Policy as presented.***

---

**RESOLUTION 20250415.21**

*It was moved Cr Easton, seconded Cr Fox and carried that Council adopt the Cyber Safety Policy as presented.*

**REFERENCE DOCUMENT**

- Policy

<b>4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES</b>
----------------------------------------------------------

**4.15 Dealing with Infectious Diseases Policy**

**EXECUTIVE SUMMARY**

The National Quality Standard requires education and care services implement specific strategies to minimise the spread of infectious illness and maintain a healthy environment for all children, staff, educators and families. The spread of infections in the education and care environment is facilitated by microbial contamination of the environment, as well as the greater exposure to young children who are still developing hygienic behaviours and habits. Our Out of School Hours Care (OSHC) Service will minimise children's and staff's exposure to infectious diseases by adhering to all recommended guidelines from relevant authorities regarding the prevention of infectious diseases, promoting practices

that reduce the transmission of infection, ensuring the exclusion of sick children and educators, supporting child immunisation, and implementing effective hygiene practices.

#### **OFFICER'S RECOMMENDATION**

*That Council: adopt the Dealing with Infectious Diseases Policy as presented.*

---

#### **RESOLUTION 20250415.22**

*It was moved Cr Johnston, seconded Cr Brown and carried that Council adopt the Dealing with Infectious Diseases Policy as presented.*

#### **REFERENCE DOCUMENT**

- Policy

### **4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES**

#### **4.16 Earthquake Management Policy**

##### **EXECUTIVE SUMMARY**

Earthquakes are a unique encounter in Australia. They are unpredictable and transpire without warning. Australia is located away from tectonic plate boundaries where large earthquakes occur more frequently. However, Australia can still experience potentially damaging earthquakes, which are caused by the sudden release of stress that slowly builds up across the plate as it moves northeast. To ensure the safety of children, educators, staff and families, education and care services should be prepared for earthquakes, minimising risks and implementing explicit management strategies if required.

#### **OFFICER'S RECOMMENDATION**

*That Council: adopt the Earthquake Management Policy as presented.*

---

#### **RESOLUTION 20250415.23**

*It was moved Cr Fox, seconded Cr Easton and carried that Council adopt the Earthquake Management Policy as presented.*

#### **REFERENCE DOCUMENT**

- Policy

### **4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES**

#### **4.17 Flood Management Policy**

##### **EXECUTIVE SUMMARY**

Floods are a natural phenomenon that occur when water covers land that is usually dry. Flooding most commonly occurs from heavy rainfall when natural watercourses cannot carry the excess water. Flooding can also be caused by storm surges as a result of a tropical cyclone, or severe storm, a tsunami or even due to a dam release or fail.

Extensive flooding in 2011, led the Australian Government to introduce a [standard definition of flood](#) for certain insurance policies. For this purpose, a flood is defined as:

*The covering of normally dry land by water that has escaped or been released from the normal confines of: any lake, or any river, creek or other natural watercourse, whether or not altered or modified; or any reservoir, canal, or dam.*

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According to Geoscience Australia, floods can have both positive and negative impacts. They can bring welcome relief for people and ecosystems suffering from prolonged drought, but also are estimated to be the costliest natural disaster in Australia.

Appropriate emergency preparedness and mitigation strategies need to be developed to ensure flooding can be a manageable hazard, especially in flood prone communities. Changes in rainfall intensity and the occurrence of severe storms and rising sea levels, however, have made many parts of Australia, especially coastal areas, a flood risk. The Australian Warning System is a new national approach to information and warnings during emergencies including flooding and tsunamis.

**OFFICER'S RECOMMENDATION**

***That Council: adopt the Flood Management Policy as presented.***

---

**RESOLUTION 20250415.24**

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

**REFERENCE DOCUMENT**

- Policy

<b>4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES</b>
----------------------------------------------------------

**4.18 Immunisation Policy**

**EXECUTIVE SUMMARY**

When groups of children are together, illness and disease can spread rapidly. Preventable diseases such as measles and whooping cough can have serious health consequences for children, and especially young children. Staff members who work in school aged care services are also at increased risk of contracting certain infectious illnesses due to the close proximity of working with children. Immunisation is therefore an important health measure and an effective way of protecting children and adults from harmful diseases by reducing the spread of disease.

(Australian Government Department of Education, Skills and Employment, 2020)

**OFFICER'S RECOMMENDATION**

***That Council: adopt the Immunisation Policy as presented.***

---

**RESOLUTION 20250415.25**

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

**REFERENCE DOCUMENT**

- Policy

<b>4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES</b>
----------------------------------------------------------

**4.19 Incident, Injury, Trauma and Illness Policy**

**EXECUTIVE SUMMARY**

The health and safety of all staff, children, families and visitors to our Out of School Hours Care (OSHC) Service is of the utmost importance. We aim to reduce the likelihood of incidents, illness, accidents and trauma through implementing comprehensive risk management, effective hygiene practices and the

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ongoing professional development of all staff to respond quickly and effectively to any incident or accident.

We acknowledge that in education and care services, illness and disease can spread easily from one child to another, even when implementing the recommended hygiene and infection control practices. Our OSHC Service aims to minimise illnesses by adhering to all recommended guidelines from relevant government authorities regarding the prevention of infectious diseases and adhere to exclusion periods recommended by the Australian Government National Health and Medical Research Council (NHMRC) and Public Health Unit.

When groups of children play together and are in new surroundings accidents and illnesses may occur. Our OSHC Service is committed to effectively manage our physical environment to allow children to experience challenging situations whilst preventing serious injuries.

**OFFICER'S RECOMMENDATION**

***That Council: adopt the Incident, Injury, Trauma and Illness Policy as presented.***

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**RESOLUTION 20250415.26**

*It was moved Cr Easton, seconded Cr Fox and carried that Council adopt the Incident, Injury, Trauma and Illness Policy as presented.*

**REFERENCE DOCUMENT**

- Policy

<b>4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES</b>
----------------------------------------------------------

**4.20 Privacy and Confidentiality Policy**

**EXECUTIVE SUMMARY**

Privacy is acknowledged as a fundamental human right. Our Out of School Hours Care (OSHC) Service has an ethical and legal responsibility to protect the privacy and confidentiality of children, individuals and families as outlined in the Early Childhood Code of Ethics, Education and Care Services National Regulations and the Privacy Act 1988 (Cth). The right to privacy of all children, their families, and educators and staff of the OSHC Service will be upheld and respected, whilst ensuring that all children have access to high quality early years care and education. All staff members will maintain confidentiality of personal and sensitive information to foster positive trusting relationships with families.

**OFFICER'S RECOMMENDATION**

***That Council: adopt the Privacy and Confidentiality Policy as presented.***

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**RESOLUTION 20250415.27**

*It was moved Cr Fox, seconded Cr Easton and carried that Council adopt the Privacy and Confidentiality Policy as presented.*

**REFERENCE DOCUMENT**

- Policy

*Change of business to consider late items.*

### **3. REPORTS FOR CONSIDERATION – Corporate Services**

#### **3.5 Budget Considerations**

##### **EXECUTIVE SUMMARY**

Kronosaurus Korner have received lighting quotes to upgrade the lighting in the café and gallery. They are also sourcing quotes to upgrade the 2 projectors that the museum have. The cost breakdown are:

- Lights \$57,500
- Gallery (small one) \$3,500
- Gallery (big one) \$10,000
- Total expenditure \$71,000 (all costs excluding GST)

##### **OFFICER'S RECOMMENDATION**

***That Council: Discuss the proposed lighting and projector upgrade for the Kronosaurus Korner***

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##### **RESOLUTION 20250415.28**

*It was moved Cr Fox, seconded Cr Johnston and carried that Council accept the proposed lighting and projector upgrade for Kronosaurus Korner as presented.*

##### **REFERENCE DOCUMENT**

- Nil

### **3. REPORTS FOR CONSIDERATION – Corporate Services**

#### **3.6 Fees and Charges – Food Preparation Premises**

##### **EXECUTIVE SUMMARY**

As food licences expire 31 August 2025, and renewals need to be sent out before 30 June 2025 to allow licensee 60 days' notice. Council should set their food preparation premise fees prior. The fees have not been increased in the past 2 financial years.

Below are the recommendation charges for the 2025/26 financial year.

##### **OFFICER'S RECOMMENDATION**

***That Council: adopt the new fees for the Food preparation premises for the 2025/26 financial year.***

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##### **RESOLUTION 20250415.29**

*It was moved Cr Easton, seconded Cr Flute and carried that Council adopt the new fees for the Food preparation premises for the 2025/26 financial year as presented.*

##### **REFERENCE DOCUMENT**

- *Proposed Food preparation premises fees for 2025/26*

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**GENERAL BUSINESS**

Cr Flute queried about the power pole at the Saleyards that had been knocked over in a storm in September and whether there was an alternative to installing a new power pole. The alternative would be to attached lights to an existing pole. The existing electric wiring could be used for this. Council will seek quotes to complete this work.

Cr Wharton enquired if Council could make an insurance claim for the lightning strike that hit the weigh bridge.

Cr Fox enquired about the rural address numbering system for rural properties for emergency services. Cr Wharton suggested forming a sub committee to discuss particulars around the numbering system for emergency services.

Cr Wharton advised Council of the design for the six billboards at each entrance of town for business to lease for advertising.

Cr Brown thanked Council for their support for International Women's Day. She also noted that the flood monitoring cameras were beneficial during the recent flood event. She had also received feedback from Queensland Health meeting regarding the wonderful catering the Moonrock Café had provided.

Cr Brown noted that in the future when space permits in the gymnasium if Council would consider adding a pilates reformer machine for operation.

Cr Brown enquired if it was a good idea to visit employees on site to congratulate them for long service awards.

CEO Peter Bennett advised we invite employees who receive a long service award to the Council office during a Council meeting to participate in morning tea.

**CLOSE OF MEETING**

**Meeting closure**

**RESOLUTION 20250415.30**

*It was moved Cr Fox, seconded Cr Johnston and carried that the meeting close at 10:11am.*

**Next Ordinary Meeting**

20 May 2025.

I hereby confirm that this is a true and correct record of the minutes of the Richmond Shire Council Ordinary Meeting Tuesday 15 April 2025.

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**Mayor**

Richmond Shire Council  
Ordinary Meeting of Council 20 May 2025

**COMMENCEMENT OF MEETING**

**SIGNING OF ATTENDANCE BOOK**

**READING OF OFFICIAL PRAYER**

**LEAVE OF ABSENCE**

**CONFIRMATION OF MINUTES**

- Unconfirmed 15 April 2025 Minutes

**DECLARATIONS OF INTEREST**

**MATTERS ARISING FROM PREVIOUS MEETINGS**

**Item 1. Reports for Consideration – Works**

**Item 1.1 Request for Driveway Maintenance – 25 Simpson Street**

**EXECUTIVE SUMMARY**

A request for driveway maintenance at 25 Simpson Street has been received.

**OFFICER'S RECOMMENDATION**

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

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**Budget & Resource Implications**

To be advised.

**Background**

See attached letter

**Consultation (Internal/External)**

External: Narelle Shaw

**Attachments**

Attachment B – Letter

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

GE & NJ Shaw  
25 Simpson Street  
Richmond Qld 4822

Peter Bennett CEO  
Richmond Shire Council  
PO Box 18  
Richmond Qld 4822

Dear Peter

I would like to ask if Richmond Shire Council would consider fixing up our driveway at our 25 Simpson Street premises, please

From the top of the bitumen to the gutter is very steep and getting vehicles in and out of the driveway, is an issue as they hit down on the bitumen as many people have found out with entering and leaving our residence

We have to continue to cart gravel in the driveway each time it washes away or the gravel shifts with the movement of vehicles all the time

Hoping to get a solution to this problem, that we have experienced for many years now

Kind regards

  
George & Narelle Shaw

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

**Item 2.1 Requests from Richmond Wagon Adventures**

**EXECUTIVE SUMMARY**

Richmond Wagon Adventures have requested for Council to consider doing maintenance work to the dirt road behind Lake Fred Tritton as this is part of their tour route, enabling them to limit main roads usage.

They have also noted the water outlet pipe at the back of Lake Fred Tritton is currently blocked with dirt and bullrush causing seepage, creating further issues with bogging.

Richmond Wagon Adventures are also requesting for Council to consider granting them a seasonal wet area permit for 2025, covering Matrons Bay at Lake Fred Tritton and Richmond Racecourse. With the request for Council to also consider permitting Richmond Wagon Adventures to use the Cambridge Ruins to conduct some activities for their tours.

**OFFICER'S RECOMMENDATION**

*That Council: provide further direction with the requests.*

---

**Budget & Resource Implications**

Unknown

**Background**

Nil

**Consultation (Internal/External)**

Nil

**Attachments**

Attachment C – Letter

---

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



RECEIVED  
07 MAY 2025

BY: .....

25 Simpson Street  
Richmond Qld 4822

6 May 2025

Peter Bennett Chief Executive Officer  
Richmond Shire Council  
PO Box 18 Richmond Qld 4822

Dear Peter

I am writing to ask council, if they would consider grading the track at the back of Lake Fred Tritton, starting from the edge of the bitumen at the start of the brick wall on the Lions Park side please.

With the tourist season approaching, I am concerned about using that particular area, due to the roughness & washouts from the floods.

I use that track for safety reasons, away from the main highway for our bush tours to add atmosphere to a bush theme and then we travel up over the Flinders River to our Sandy Springs block.

Also, I would like to mention that the water pipe outlet, half way up the back of the lake is blocked with dirt & bullrushes, causing the water to run down and seep out on to that particular track, which will end up creating further issues of bogging

I have made contact with JS Sands Pty Ltd & we have both agreed that I notify them when we have a tour up that way, so as everyone is aware of our presence

I would also like to ask if RSC would consider permitting Richmond Wagon Adventures a 2025 seasonal wet area declaration for Matrons Bay at Lake Fred Tritton & Richmond Racecourse again to hold our special celebration events in unique style. Also, if we could use Cambridge Ruins to conduct some of our activities for our tours, please. All these premises would be left clean and tidy

I would like to thank council for their wonderful support towards my small business and look forward to working with you once again in 2025

Kind regards

  
Narelle Shaw Richmond Wagon Adventures

**Item 4. Reports for Consideration – Community Services**

**Item 4.1 Richmond Shire Council Economic Development Strategy Draft**

**EXECUTIVE SUMMARY**

The State Development Team are losing staff members making onsite visits more challenging. A potential online teams meeting is recommended to discuss the current draft to gather feedback.

**OFFICER'S RECOMMENDATION**

*That Council: discuss the draft proposal.*

---

**Budget & Resource Implications**

Nil

**Background**

Nil

**Consultation (Internal/External)**

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

**Attachments**

Attachment D - Draft

---

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

# Economic Development Strategy – Richmond Shire Council

DRAFT STRATEGY

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While every care has been taken in preparing this publication, the State of Queensland accepts no responsibility for decisions or actions taken as a result of any data, information, statement or advice, expressed or implied, contained within. To the best of our knowledge, the content was correct at the time of publishing.

### Amendment History

Version:	Date:	Who:	Amendments:
1.0 Draft	20/11/2024	Deonnie Brennan	Initial draft



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# 1.0 Message from the Mayor & CEO

## 1.1 Mayor

X

## 1.2 CEO

X

<<Designer: include an Acknowledgement of Country>>



*STATEMENT TO SUM UP THESE MESSAGES - E.G. OUR VISION IS TO*  
.....

## 2.0 Our History

Richmond Shire (Shire) is a local government area located in North West Queensland and covers an area of 26,581 km<sup>2</sup> and has existed as a local government entity since 1916. The major town and administrative centre of the Shire is Richmond. Other settlements within the Shire include Maxwellton, Burleigh and Cambridge.

The Richmond township is located 498km west of Townsville, 406 km east of Mount Isa and 655km south of the Gulf of Carpentaria. The Shire has a population of 781 persons (ABS ERP 2023p). Predominantly rural, with rich mining and pastoral industries, the Shire is located in the middle of the North West Minerals Province and the Mount Isa to Townsville Economic Development Zone.

Accessible by road, rail and air, the Shire provides a vital link in the Mount Isa to Townsville rail corridor connecting agricultural, mining and broader regional activity in Queensland's North West to the Townsville Port. The Shire provides its residents and surrounding properties access to a range of hospital, aged care, medical, education and family services and sporting and recreational facilities.

The Shire is part of the traditional lands of the Kalkadoon people, whose connection to land is evident through sacred sites and rock art through the region. The region also has ties to other Indigenous groups, including the Mitakoodi people. These communities used the area's waterways, floral, and fauna for sustenance and cultural practices.

Richmond is part of the Dinosaur Trail, a network of towns in Queensland recognised for significant paleontological discoveries. Once an ancient inland sea, the area has revealed fossilised remains of marine creatures. At the heart of these discoveries is Kronosaurus Korner, the town's marine fossil museum, home to over 1500 fossils over 110 million years old. Kronosaurus Korner is renowned for having some of the best-preserved marine fossils in the world.

## 3.0 The Economy

Pastoralism became a major economic driver after the establishment of sheep and cattle grazing in the 1860s and 1870s. The arrival of the Great Northern Railway in the late 1800s played a significant role in the Shire's growth, connecting it to Townsville and facilitating the transport of goods, particularly livestock and wool.

Today the Shire's economy is built upon strengths in the agricultural and tourism industries. Future opportunities exist with several significant critical mineral operations seeking to establish within the North West Queensland region.

Richmond Shire's economy is primarily driven by the agriculture, construction and public administration industries followed by the rental/hiring and real estate services, retail trade and transport industries.

Total gross revenue generated by businesses/organisation in Richmond Shire is approximately \$135.645 million primarily driven by Agriculture, Forestry & Fishing (\$29.456 million), Construction (\$24.577 million) and Public Administration & Safety (\$17.488 million).

The Richmond Shire key employers are Construction (18.7%), Agriculture, Forestry & Fishing (15%) and Retail Trade (14.9%).

The population has remained constant, however as the demand for and focus on critical mineral development increases, it is expected there will be an increase in the population. Leveraging the region's critical minerals to create new opportunities will be instrumental in driving population attraction and retention, thereby ensuring the continued prosperity of the region.

Richmond Shire aims to promote economic growth, support industries, encourage innovative projects, and continuously enhance and maintain public infrastructure to accommodate the Shire's development.

<<Designer: Include Location Map of Shire>>

### 3.1 Economic Snapshot

<<Designer: These statistics can be turned into infographics>>

Statistic		Data Source
Resident population	781	ABS, Region Summary: 2023
Median Age	38 years	ABS Region Summary: Richmond, Estimated Resident Population – year ended 30 June 2023
Indigenous population	7.2%	ABS, Region Summary: Richmond, Aboriginal and Torres Strait Islander Peoples – Census 2021
Employment	811 jobs	REMPPLAN 2023 Release 2
Unemployment rate	1.4% (4.1% Queensland) (as at December quarter 2022)	ABS 2021 Census
Largest employing industries	<ul style="list-style-type: none"> <li>• 1. Agriculture (37.1%)</li> <li>• 2. Public administration and safety (16.13%)</li> <li>• 3. Retail trade (7.1%)</li> <li>• 4. Transport, postal and warehousing (6.1%)</li> </ul>	ABS, Population and Housing, 2021 General Community Profile

	• 5. Education and training (6.1%)	
Gross Regional Product	\$531,733 million	REMPLAN 2023 Release 2
Businesses	158	REMPLAN 2023 Release 2
Median weekly personal income	\$1,074	ABS, 2021 Census
Median weekly total family income	\$2,297	ABS, 2021 Census

### 3.2 Key Regional Exports

Statistic		Data Source
Total Exports	\$175.126 million	REMPLAN 2023 Release 2
Top 3 Exports	Mining \$1.229 million	REMPLAN 2023 Release 2
	Agriculture, Forestry & Fishing \$134 million	REMPLAN 2023 Release 2
	Manufacturing \$10.6 million	REMPLAN 2023 Release 2

### 3.3 Key Regional Imports

Statistic		Data Source
Total Imports	\$107.143 million	REMPLAN 2023 Release 2
Top 3 Imports	Agriculture, Forestry & Fishing \$55.676 million	REMPLAN 2023 Release 2
	Construction \$39.293 million	REMPLAN 2023 Release 2
	Public Administration & Safety \$22.544 million	REMPLAN 2023 Release 2

### 3.4 Property Market

Statistic		Data Source
House Price	\$120,000 Median House Price	Queensland Valuation and Sales database.
Rental	\$ Median Weekly Rental	

Residential Builds	\$400 000 Residential Building Approvals (12 months ending 31 January 2023)	ABS, Region Summary: Richmond, 2023
Commercial Builds	Nil	ABS, Building Approvals, Non-residential building 2023

## 4.0 Regional Strengths

### STATEMENT TO SUM UP REGIONAL STRENGTHS / COMPETITIVE ADVANTAGE - E.G. RICHMOND SHIRE HAS....

#### 4.1 Community spirit and facilities

Richmond Shire is a region where community spirit thrives at its core, creating an atmosphere of unity, collaboration, and support. The community takes pride in their shared identity, fostering a welcoming environment where individuals and families feel valued and connected. Whether through local events, volunteer initiatives, or the simple acts of neighbourly kindness, the people of Richmond Shire work together to build a strong and resilient community that supports one another in times of need and celebrates collective achievements.

The Shire is home to many beautifully maintained parks and public spaces that provide residents and visitors with places to relax, connect, and enjoy the outdoors. These spaces cater to people of all ages, featuring amenities such as playgrounds, walking paths, picnic areas, and open green spaces perfect for recreation or leisure.

The Shire's parks serve as hubs for community gatherings, offering picturesque settings for events, celebrations, and casual get-togethers. Families can enjoy quality time together, children can play in safe and engaging environments, and visitors can take in the natural beauty that surrounds the area.

Richmond Shire's commitment to preserving and enhancing these public spaces not only adds to the overall quality of life for its residents but also highlights the region's dedication to creating a welcoming and vibrant community. Whether it is for relaxation, recreation, or social connection, the Shire's parks and public spaces play a central role in the community's lifestyle and identity.

Despite having a population of fewer than 800 residents, Richmond Shire offers an impressive range of community facilities and events that enrich its vibrant and dynamic community life.

#### 4.2 Location and transport infrastructure

Adding to its charm, Richmond Shire's central location enhances its appeal as a place to live, work, and visit. Positioned within the heart of North West Queensland, it serves as a gateway to stunning natural landscapes, including the iconic Fossil Hunting Sites and expansive outback horizons. The Shire's strategic location provides accessibility to key transport routes and services, making it a hub for both local industries and tourism. This combination of a supportive community and an advantageous location makes Richmond Shire a truly special place where tradition and progress meet to create endless opportunities for residents, visitors, and businesses alike.

#### 4.3 Access to education and training

Richmond State School is a cornerstone of education in the Richmond Shire, providing a nurturing and inclusive learning environment for students from Prep to Year 10. The school is a co-educational institution established in 1889 and has a long-standing tradition of delivering quality education. It has a student population of approximately 100 and offers a close-knit and supportive atmosphere where students receive personalised attention from dedicated teachers. For senior secondary education (Years 11 and 12) students must participate in distance education programs such as boarding school or attend the senior school in Hughenden, 115 kilometres to the east.

TAFE Queensland offers an extensive range of courses through TAFE Open Learning, which provides flexible, distance-based education across various fields including business, community services, and engineering. This mode of learning enables individuals in Richmond Shire to acquire a nationally recognised qualification without the need to relocate.



## 5.0 Growth Opportunities

### 5.1 Beef Industry

Richmond and its surrounding region play a crucial role in beef production in North West Queensland. In recent years, the beef industry in Richmond Shire has grown significantly, becoming a key sector of the local economy. While sheep farming once dominated the area, cattle production has now taken precedence, reflecting a strategic shift to meet the increasing demand for beef.

Located approximately 50 km west of Richmond, the Maxwellton Cattle Railyards is a vital facility supporting the industry. It features spelling yards, a double-decker loading ramp, live weight weighing, and dipping facilities, all designed to streamline cattle transport. These amenities ensure that cattle are well-managed and efficiently prepared for transportation.

To sustain this growth, significant investments have been made in the region's infrastructure. Upgrades to key transport facilities, including rail yards, aim to improve the efficiency of moving cattle to processing centres along the east coast. These improvements strengthen the supply chain and enhance the industry's ability to meet market demands, securing the future of beef production in Richmond Shire.

### 5.2 Agriculture industry

Richmond Shire's agricultural sector has diversified in recent years, with cropping becoming an important addition to traditional cattle grazing. Local graziers are incorporating crops such as cotton, grains, and grapes into their operations to complement livestock production and strengthen economic resilience. This shift not only provides additional income streams but also enhances the long-term sustainability of agriculture in the region.

To support this growing industry, a common-user grain facility has been established at Maxwellton. Located next to the cattle loading yards, the facility processes grain from start to finish and connects directly to the train line to the Port of Townsville. This infrastructure improves grain handling and transportation, streamlining the supply chain. By enhancing logistics and reducing costs, the facility is expected to drive further growth in the cropping industry across Richmond Shire.

Additionally, the Richmond Irrigated Agriculture Project is set to develop a 6,000-hectare, 60,000-megalitre irrigated cropping enterprise for grains, cotton, corn, and other crops. This initiative will boost the local economy, create new opportunities for farmers, and attract investment to the region.

### 5.3 Mining

Richmond Shire is emerging as a key region for critical minerals, thanks to its rich natural resources and its strategic positioning within the states North West Minerals Province. The region is becoming increasingly important in the exploration and production of minerals essential for emerging technologies, particularly in the fields of energy storage, renewable energy, and electric vehicles. This has led to a growing focus on Richmond Shire as a critical minerals zone, with significant investment flowing into exploration and mining activities.

The Queensland Government has recognised the importance of the region and is actively supporting mining exploration through initiatives such as the Collaborative Exploration Initiative (CEI). This program provides funding to companies exploring critical minerals, fostering the development of essential resources for the green economy. As a result, Richmond Shire is on track to become a significant player in the global supply chain of critical minerals, offering exciting opportunities for economic growth, investment, and job creation in the mining and energy sectors.

## 5.4 Tourism industry

Richmond Shire is actively developing its tourism sector to complement traditional industries like agriculture and mining. The region is famous for its rich fossil heritage, with the renowned Kronosaurus Korner museum displaying an impressive collection of marine reptile fossils, drawing visitors from across Australia and beyond.

Situated along the Overlanders Way, Richmond serves as a convenient stop for travellers exploring Outback Queensland. Attractions such as Lake Fred Tritton, a man-made recreational lake, and the Cambridge Downs Heritage Display Centre, a replica of an 1860s homestead, offer visitors a mix of relaxation and historical insight into the region's pastoral past.

To support tourism growth, the Richmond Shire Council is investing in infrastructure, including sealing key roads like the Winton-Richmond and Richmond-Croydon routes to improve accessibility. The Council also encourages private enterprise development to expand visitor services and experiences, creating jobs and boosting the local economy. By promoting its natural and cultural assets, Richmond Shire aims to become a must-visit destination in Outback Queensland, strengthening its economic resilience.

## 5.5 Industry and business development

Richmond Shire is actively supporting industry and business development to diversify its economy and drive regional growth. Traditionally centred around beef cattle farming, the Shire is now expanding into irrigated agriculture, mining, and tourism. This diversification strengthens the local economy, creates new job opportunities, and enhances long-term resilience.

Strategically located within the North West Mineral Province, Richmond Shire has been designated a Critical Minerals Zone. With a growing mining sector, a strong pastoral industry, and reliable transport infrastructure, the region is well-positioned for continued economic development. Investments in key industries are helping to attract businesses and boost employment.

## 6.0 Key Outcomes Sought (drivers of change)

RICHMOND SHIRE COUNCIL'S MISSION IS TO...

### 6.1 Enabling infrastructure

- Reliable access to power to support the growing commercial and residential opportunities
- Access to residential and commercial land
- Reliable, affordable and sustainable water infrastructure which supports regional and industry growth.
- Health and education infrastructure to provide a higher standard of living and improving retention of residents through all stages of their life.
- Urban infrastructure to enhance the appeal and beautification of the community within the Richmond Shire
- Improved transport infrastructure, including road networks to support the region's mining and agriculture industries.
- Expanding digital connectivity and telecommunications infrastructure vital for business, education and residents
- Airstrip
- Connection/connection to CopperString 2032.
- Streamlined planning and development approval pathways.

### 6.2 Investment attraction

- Property development including housing and industrial land development.
- Increased primary health and allied health services.
- New and alternative accommodation offerings to support tourism.
- Increased agricultural production including irrigated and diversified cropping.
- Increased mining investment in region.
- Access to in region education for senior school students

### 6.3 Enhanced liveability

Supports liveability and additional visitation to Richmond Shire.

- Increased recreational events and activities.
- Access to child care and out of school hours care.
- Affordable and suitable housing.
- Access to a recreational activities

- Main street beautification and access to parking

## 6.4 Strong business community

- New business investment and expansion of existing local businesses.
- Access to banking services
- Businesses have the capacity and capability to respond to market opportunities.



## 7.0 Infrastructure Pipeline

### 7.1 Industry development

- CopperString 2032.
- Residential land development.
- Improved telecommunications.

### 7.2 Transport and freight infrastructure

- Common user road/rail load out facility.
- Airport upgrades
- Maintain existing access routes

### 7.3 Tourism infrastructure

- Upgrades to Kronosaurus Korner
- Well maintained parks

### 7.4 Urban infrastructure

- Main street parking
- Town beautification/signage

## 8.0 Investment Opportunities

### 8.1 Property development

- Industrial land development.
- Residential land development.
- Diverse housing mix.

### 8.2 Tourism

- New and alternative accommodation offerings to support tourism.
- New product and experience development.

### 8.3 Business and industry

- Business opportunities – trades.

### 8.4 Agriculture

- Irrigated agricultural opportunities.
- Dryland cropping.

### 8.5 Mining

- Future mining projects.
- Common user mining processing facility - acid.
- Community legacy projects.



## 9.0 Key Action Areas

INCLUDE SOME STATEMENT AROUND WHAT COUNCIL IS GOING TO DO...

### 9.1 Advocacy

Advocate for opportunities in Richmond Shire with government agencies, industry associations and regional economic development organisations.

Council will:

- Prioritise and focus efforts on projects which deliver the most significant benefits for the Shire.
- Advocate for improved telecommunications.
- Regularly engage with state and federal government agencies and industry associations.
- Seek state government grant funding wherever possible.
- Maintain access to banking and credit facilities.

### 9.2 Planning for growth

Support future opportunities and plan for growth.

Council will:

- Provide necessary planning support to ensure proposed developments can proceed.

### 9.3 Supporting local business

Identify opportunities for local procurement and establish supportive networks for businesses to engage, grow, collaborate and resolve common issues.

Council will:

- Provide ongoing support to Richmond Shire businesses.
- Encourage local procurement and purchasing.

### 9.4 Investment attraction

Private sector investment across a range of industries is needed to realise the growth opportunities in the Shire.

Council will:

- Invest in project de-risking (business cases) to ensure projects are investment ready.
- Promote Richmond Shire as a great place to live, work and invest.

### 9.5 Regional promotion and destination management

Richmond Shire Council has an opportunity to increase visitation through regional promotion, attraction of events, expansion of existing activities and attractions, as well as the development of new product / experiences. These will positively impact on the local economy through extended length of stay and increase in local spend.

Council will:

- Promote capacity and capability for hosting regional events and conferences.
- Explore opportunities for new product and experience development.
- Enhance existing events by providing experiences surrounding these events (e.g. tours, packaging).
- Develop a marketing plan and improve / implement signage.



# 10.0 Measuring Success

## 10.1 Performance

- Delivery of specified tasks / actions

## 10.2 Effectiveness

Will be measured by the achievements of regional outcomes sought:

- Enabling infrastructure
- Investment attraction
- Enhanced liveability
- Strong business community

## 10.3 Impact

Success will be measured by a change in the Richmond Shire:

- Employment – Total FTE jobs
- Gross Regional Product – GRP
- Value of construction – residential
- Value of construction – non-residential
- Total overnight visitation
- Regional population
- Regional migration
- Business counts



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**Item 4.2 Regulatory Compliance Policy**

**EXECUTIVE SUMMARY**

To provide guidance to the Council, senior management and other workers on our regulatory compliance responsibilities.

**OFFICER'S RECOMMENDATION**

*That Council: adopt the Regulatory Compliance Policy as presented.*

---

**Budget & Resource Implications**

Nil

**Background**

Nil

**Consultation (Internal/External)**

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

**Attachments**

Attachment E – Policy

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

# Regulatory Compliance

**POLICY STATEMENT**

**Richmond Aged Care is committed to ensuring that all our operations comply with funded program guidelines, legislation, regulatory requirements and professional standards.**

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## 1 PURPOSE

To provide guidance to the Council, senior management and other workers on our regulatory compliance responsibilities.

## 2 SCOPE

Home Care

## 3 IDENTIFY RELEVANT REQUIREMENTS

The Council and CEO is responsible for ensuring that all operations of Richmond Aged Care, including services for consumers, compliance with funded program guidelines, legislation, professional standards and any other regulatory requirements are complied with.

Relevant requirements are identified through:

- Legal advice
- Membership of Aged and Community Care Providers Association (ACCPA)
- Subscription to the Chamber of Commerce and Industry (CCI)
- Notices and advice from the Department of Health and Aged Care, The Aged Care Quality and Safety Commission, My Aged Care, Services Australia, The Office of the Information Commissioner, ASIC and other relevant government departments
- Notices and advice from the State Government, including Emergency Orders
- GGJ Consultants Policies and Procedures Updates
- The internet

- Networking with other providers.

Key legislation, regulations and other requirements from the following sources (but not limited to) are included in these policies and procedures and detailed below.

### 3.1 AUSTRALIAN GOVERNMENT

- The Commonwealth Home Support Programme Living Well at Home CHSP Good Practice Guide 2015 (Minor update 2020)
- The Commonwealth Home Care Packages Program Manual 2024-2025
- The Home Care Grant Agreement
- Aged Care Quality Standards 2018
- The Strengthened Aged Care Quality Standards 2024
- Aged Care Quality and Safety Commission Guidance and Resources for Providers to Support the Aged Care Quality Standards August 2023
- Aged Care Quality and Safety Commission Rules 2018
- New Aged Care Act: Statement of Principles<sup>1</sup>
- Carer Recognition Act 2010
- Aged Care Act 1997 and Principles including:
  - Accountability principles 2014
  - Approval of care recipients principles 2014
  - Approved provider principles 2014
  - Committee principles 2014
  - Information principles 2014
  - Quality of care principles 2014 (containing the aged care quality standards)
  - Records principles 2014
  - Sanctions principles 2014
  - Subsidy principles 2014
  - User rights principles 2014 (containing the charter of aged care rights)
- Aged Care (Subsidy, Fees and Payments) Determination 2014
- Specific funding requirements detailed in contracts with funders
- Health Practitioner Regulation National Law (2009)
- Competition and Consumer Act 2010
- Privacy Act 1988 and Australian Privacy Principles
- Fire and Emergency Regulations
- NHMRC Australian Guidelines for the Prevention and Control of Infection in Healthcare 2024
- Food Standards Australia New Zealand Food Standards Code Standard 3.3.1 Food Safety Programs for Food Service to Vulnerable Persons

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<sup>1</sup> The New Aged Care Act will include a new Statement of Principles, that will replace the Aged Care Sector Statement of Principles. See Australian Government Department of Health and Aging [New Aged Care Act: Statement of Principles Fact Sheet](#) Website Accessed August 2024

- Fair Work Act 2009 including relevant awards
- Income Tax Assessment Act 1997
- Superannuation Guarantee (Administration) Act 1992
- Model Work Health and Safety (WHS) Act 2023 / Model Work Health and Safety Bill
- Equal Employment Opportunity including: Age Discrimination Act 2004, Australian Human Rights Commission Act 1986, Disability Discrimination Act 1992, Racial Discrimination Act 1975, Sex Discrimination Act 1984
- Australian Government and States and Territories of Australia Building Code of Australia National Construction Code (NCC) 2022 (Volume One, Volume Two & Volume Three).

### 3.2 STATE/TERRITORY GOVERNMENT

- Queensland Government [Power of attorney and making decisions for others](#) Website accessed September 2024
- Queensland Government [Office of the Public Guardian](#) Website accessed September 2024
- Medicines and Poisons Act 2019
- Medicines and Poisons (Medicines) Regulation 2021
- Queensland Government Health Ombudsman Act 2013
- Queensland Government Queensland Legislation Health Practitioner Regulation National Law Act 2009
- Queensland Government Food Act 2006, Food Regulation 2016
- Queensland Government Work Health and Safety Act 2011
- Queensland Government Industrial Relations Act 2016
- Queensland Government Anti-Discrimination Act 1991
- Queensland Government WorkSafe Queensland - Workplace Health and Safety, Electrical Safety Office, Workers' Compensation Regulator
- Queensland Associations Incorporation Act 1981 and Associations Incorporation Regulation 1999.

## 4 MONITORING CHANGES TO LEGISLATION

The Leadership Team are responsible for identifying any changes in legislative and regulatory requirements and determining any required changes. Changes are monitored through:

- Review of newsletters and notices from our subscription services and government agencies
- Advice from legal advisors and Council members
- Noting changes advised by any other government or statutory authorities such as the Department of Health and Aged Care and the Department of Human Services and Therapeutic Goods Administration
- Accessing relevant information on the Internet.

When information advising of legislative changes is received, it is reviewed to identify if there are any implications for Richmond Aged Care. If any immediate action is required (such as a directive from WA Health) the relevant Director, in consultation with their team, ensure that they are carried out. The following process then applies:

- Information on required changes, the implications for Richmond Aged Care and draft changes to the Policies and Procedures are documented by the relevant Director in consultation with team members
- The Director then forwards information on changes to their Director/CEO (minor wording changes can be approved by the Leadership Team; consequential changes required governance committee approval/endorsement)
- Directors review the changes and forward to the relevant governance committee with a copy of the proposed changes and rationale in a briefing note as part of the committee agenda. Changes requiring approval/endorsement include:
  - Changes with budget/workforce implications
  - Changes affecting other programs
  - Changes to policies and procedures are required
- The relevant governance committee reviews the information and decides on the action and determines if the changes require Council approval before implementation (Council approval is required if changes involve significant expenditure, and specific procedures outlined in the Council Charter)
- The Leadership Team ensures implementation of the required changes including communication and education and training if required.

## 5 IMPLEMENT CHANGES

The following steps apply, as necessary, in implementing regulatory/legislative changes in Richmond Aged Care:

- The Policies and Procedures and other associated documents such as the Consumer Handbook are updated (See [Information Management](#)/ Updating the Policies and Procedures)
- Forms and templates are updated as required
- Workers are notified of relevant changes through:
  - Meetings, Handover
  - Notices, memos/emails and/or
  - Education and training (and recorded in the training system)
- Other stakeholders such as consumers, referrers or suppliers are informed through a range of strategies including (as relevant):
  - Discussions/meetings
  - Newsletters and/or
  - Notices, memos/emails.

## 6 APPLICATION OF REGULATORY COMPLIANCE PROCESSES

Appropriate policies and procedures to reflect legislative requirements (e.g. Work Health & Safety, Equal Employment Opportunity, Superannuation, Privacy, Insurances, Food Safety, police checks etc) are included in relevant sections of these Policies and Procedures.

Processes are developed to support the implementation of requirements and are reflected in the Policies and Procedures. Examples of processes include:

- All workers and volunteers have a current National Police Certificate that is updated every three years (See [Workforce Employment Checks](#)/ Police Checks)

- Work health and safety considerations are part of our risk management strategies for workers and include annual (and as required) assessments and re-assessments of work environments (See [Risk Management and Emergencies](#))
- Privacy and confidentiality is maintained through processes described in the Policies and Procedures (See [Privacy and Confidentiality](#) and [Information Management](#))
- We have a maintenance program that ensures that all electrical equipment (including items such as Residual Current Devices<sup>2</sup> and hoists) is checked and tagged annually
- Food safety requirements (Food Standards Code Standard 3.3.1 Food Safety Programs for Food Service to Vulnerable Persons) are adhered to when food is being prepared for more than six people
- As sharps (e.g. needles) are required to be handled by workers, a sharps container is used in the consumer's home, in our centres, as required.

## 7 MONITOR AND EVALUATE CHANGES

When changes to practices and processes are implemented in response to legislative and regulatory requirements, the CEO (in consultation with the Directors and Team Leaders) monitors and evaluates them to ensure that the requirements have been implemented and that there are no unintended consequences.

### DOCUMENT INFORMATION

<b>Owner**</b>	Director of Community Services
<b>Date Approved</b>	
<b>Applicable Aged Care Programs</b>	CHSP, HCP
<b>Review History</b>	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.

<sup>2</sup> WorkSafe Queensland [Testing and tagging of electrical equipment](#) Website accessed September 2024

**Item 4.3 Restrictive Practices Policy**

**EXECUTIVE SUMMARY**

To provide worker guidance to minimise the use of restrictive practices and ensure safe and monitored use of restrictive practices when indicated.

**OFFICER'S RECOMMENDATION**

*That Council: adopt the Restrictive Practices Policy as presented.*

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**Budget & Resource Implications**

Nil

**Background**

Nil

**Consultation (Internal/External)**

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

**Attachments**

Attachment F - Policy

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

# Restrictive Practices<sup>1</sup>

## POLICY STATEMENT

Richmond Aged Care promotes a restrictive practice free environment to ensure the safety and wellbeing of consumers and to ensure care is delivered in accordance with legislative, regulatory, standards, safety and best practice guidelines. We acknowledge that a restraint-free environment is a basic human right for all consumers and restrictive practices should not be implemented until all alternatives are explored.

Inappropriate use of restrictive practices are reported through the Serious Incident Response Scheme (SIRS).

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<sup>1</sup> Australian Government Department of Health and Aged Care [Decision-making Tool: Supporting a Restraint Free Environment in Residential Aged Care 2012](#) Website Accessed April 2024

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## 1 PURPOSE

To provide worker guidance to minimise the use of restrictive practices and ensure safe and monitored use of restrictive practices when indicated.

## 2 SCOPE

Home Care

We do not use restrictive practices for consumers at any time in the provision of home care. Consumers who require a seatbelt on mobility equipment (such as wheelchairs) is not considered restraint; however, a risk assessment is conducted to ensure the safety of the consumer regarding the use of safety belts.

## 3 CARE TEAM AND RESPONSIBILITIES

The care team who contributes to minimising the use of restrictive practices and ensuring limited and safe use of restrictive practices include:

- **Management:** provision of policy, procedures, audit, and education and training programs to support restrictive practice use and implements clinical governance arrangements that ensure restrictive practices are monitored, consent for restraint has been obtained and is consistent with state and territory laws
- **Medical Practitioner:** makes the decision, obtains informed consent, authorises and reviews all restrictive practices following consultation with the consumer/legal representative, Registered Nurse and allied health professionals
- **Nurse Practitioner:** consultation, assessment, care planning, prescription of chemical restraint, advice and review of restrictive practices
- **Registered Nurse:** consultation, assessment, care planning, monitoring and review of restrictive practices; provision of training and supervision regarding restrictive practice use
- **Health Professionals:** consultation, assessment, care planning and review of restrictive practices when required (e.g. appropriate fitting of mechanical restraint)
- **Support Workers:** monitoring restraint use, consultation with health professionals regarding restrictive practices use, identification of improvement opportunities, attendance at training
- **Consumer/substitute decision maker:** the consumer provides informed consent to the use of the restrictive practice, if the consumer lacks capacity to give consent, the restrictive practices substitute decision maker substitute decision maker (RPSDM) must consent the restrictive practice.

## 4 DEFINITIONS OF RESTRICTIVE PRACTICES<sup>2</sup>

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

- **Chemical restraint:** use of medications or chemical substances for the primary purpose of influencing the consumer's behaviour
- **Environmental restraint:** intervention that restricts, or that involves restricting, a consumer's free access to all parts of the consumer's environment (including items and activities) for the primary purpose of influencing the consumer's behaviour
- **Mechanical restraint:** practice or intervention that is, or that involves, the use of a device to prevent, restrict or subdue a consumer's movement for the primary purpose of influencing the consumer's behaviour, but does not include the use of a device for therapeutic or non-behavioural purposes in relation to the consumer
- **Physical restraint:** practice or intervention that is or involves the use of physical force to prevent, restrict or subdue movement of a consumer's body, or part of a consumer's body, for the primary purpose of influencing the consumer's behaviour
- **Seclusion:** practice or intervention that is, or involves, the solitary confinement of a consumer in a room or physical space at any hour of the day or night where voluntary exit is prevented or not facilitated or it is implied that voluntary exit is not permitted for the primary purpose of influencing a consumer's behaviour.

(See [Appendix 1: Definitions of Restrictive Practices](#) for full definitions and examples of the types of restrictive practices).

## 5 CONSIDERATIONS FOR ALL RESTRICTIVE PRACTICES<sup>3</sup>

### 5.1 RISK IDENTIFICATION AND MANAGEMENT

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

- Restrictive practices are only used as a last resort to prevent harm to the consumer or other person and after due consideration to the likely impact of the use of the restrictive practice on the consumer
- To the extent possible, we ensure that all best practice alternative strategies have been used before using restrictive practices. The alternative strategies trialed are documented and evaluated for suitability to meet the consumer's needs
- The restrictive practice is only used to the extent that it is necessary and in proportion to the risk of harm to the consumer or other persons
- The least restrictive form of restrictive practice is used and for the shortest time to prevent harm to the consumer or other persons
- Informed consent to the use of the restrictive practice is sought from the consumer or, if the consumer lacks capacity to give consent, the substitute decision maker for the restrictive practice (See Consent and Decision Making below)
- Any restrictive practice is included in the care/support plan for the consumer and provides details of the use of the restrictive practice and considerations for safety and care interventions. A behaviour

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<sup>2</sup> The Aged Care Legislation Amendment (Royal Commission Response No.1) Principles 2021 and Australian Government Aged Care Quality and Safety Commission [Regulatory Bulletin RB 2021-13 Regulation of restrictive practices and the role of the Senior Practitioner, Restrictive Practices](#) March 2022

<sup>3</sup> Australian Government Aged Care Quality and Safety Commission [Regulatory Bulletin RB 2021-13 Regulation of restrictive practices and the role of the Senior Practitioner, Restrictive Practices](#) March 2022

support plan is developed for each consumer who has any form of restrictive practice as part of their care

- The use of restrictive practices is compliant with the Aged Care Quality Standards and any State or Territory laws relating to restrictive practices
- The use of restrictive practices is consistent with the Charter of Aged Care Rights
- The inappropriate use of restrictive practices is not permitted and if identified, must be reported to the Serious Incident Response Scheme (SIRS) as outlined in SIRS Management<sup>4</sup>
- Consumers who have chemical or mechanical restrictive practices are entered into the **High-Risk Consumer Register**.

## 5.2 ADDITIONAL REQUIREMENTS FOR THE USE OF RESTRICTIVE PRACTICES OTHER THAN CHEMICAL RESTRAINT

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

- An approved health practitioner who has day-to-day knowledge of the consumer must assess the consumer as posing a risk of harm to the consumer or any other person and assessed, that the use of the restrictive practice is necessary. The assessments must be documented.
- For the assessment and use of mechanical restrictive practices, an Allied Health Professional (Occupational Therapist or Physiotherapist with knowledge and experience in these types of restrictive practices) must assess and fit the restrictive practice in consultation with the Registered Nurse.

## 5.3 ADDITIONAL REQUIREMENTS FOR THE USE OF RESTRICTIVE PRACTICES THAT ARE CHEMICAL RESTRAINT

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

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

## 5.4 EMERGENCY USE OF RESTRICTIVE PRACTICES

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

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<sup>4</sup> Australian Government Aged Care Quality and Safety Commission Serious Incident Response Scheme Guidelines for residential aged care providers Published 19 July 2022

- We are committed to minimising the use of restrictive practices and the use of any type of restraint<sup>5</sup>
- The use of any restrictive practices or forms of restraint involves weighing the benefits of using restraint against the risks of not using restraint
- Interventions are tailored to promote the consumer's safety and quality of life
- Restrictive practices of any type cannot be used without written authorisation from the Medical Practitioner, consultation with the consumer or their legal representative (including a discussion by the Medical Practitioner that outlines why restraint is required, what has been trialed to prevent the use of restraint, the risks of restraint and the care that will be provided in the use of the restrictive practices)
- Any use of restrictive practices require a specific **Behaviour Support Plan** that outlines the use of the specific form of restraint, timeframes for use of the restraint, review timeframes (monthly review and annual consent) and strategies for minimising the use of restraint and include any assessments (See below) that have informed the use of the restrictive practice.

## 5.5 CONSUMERS WITH EXISTING RESTRICTIVE PRACTICES ON ADMISSION<sup>6</sup>

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

## 6 ASSESSMENT<sup>7 8</sup>

### 6.1 KEY MEDICAL/NURSE PRACTITIONER ASSESSMENT ELEMENTS

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

<sup>5</sup> Australian Government Aged Care Quality and Safety Commission Regulatory Bulletin RB 2021-13 Regulation of restrictive practices and the role of the Senior Practitioner, Restrictive Practices

<sup>6</sup> The Australian Government Explanatory Statement cited below talks only of consideration of chemical restraint for consumers admitted to RACFs; we have included restrictive practices more broadly as consumers may be admitted with any.

<sup>7</sup> Australian Government Explanatory Statement Quality of Care Amendment (Minimising the Use of Restraints) Principles 2019 and Australian Government Aged Care Quality and Safety Commission Regulatory Bulletin RB 2021-13 Regulation of restrictive practices and the role of the Senior Practitioner, Restrictive Practices

<sup>8</sup> The Aged Care Legislation Amendment (Royal Commission Response No.1) Principles 2021

## 6.2 ALTERNATIVES TO RESTRICTIVE PRACTICES

- Alternatives to restrictive practices must be considered including whether the risk of harm can be managed using alternatives. Any form of restrictive practice should always be the last resort and viewed as a temporary solution to any behaviour causing concern or circumstantial factor
- Unless the restrictive practice is necessary in an emergency, we fully document the consideration to the use and alternatives
- Alternatives to restrictive practices are demonstrated, documented tried (or properly assessed and found to be unsuitable in the individual consumer's circumstance) and documented on the **Restrictive Practices Assessment and Authorisation Form**
- The least restrictive form of restraint is used to address the risk of harm. We consider the total period the restrictive practice is used, including periods of release, before it is considered
- Alternatives to restrictive practices are considered at each review.

## 6.3 CONSENT AND DECISION MAKING

- All decisions regarding restrictive practices are clearly documented with the relevant approvals including discussion and communication with the consumer or their representatives in a way they can understand. Opportunity for discussion, concerns and expectations is always provided. The Medical/Nurse Practitioner conducts these discussions with the consumer/their legal representative.
- Consent to the use of restrictive practices is obtained from the consumer (if competent to make that decision) or their legal representative as per:
  - **restrictive practices nominee:** an individual or a group of individuals nominated by the consumer who can give informed consent to the use of the restrictive practice in relation to the consumer if the consumer lacks capacity to give that consent, has agreed in writing, and has capacity to give that consent.
  - **partner:** who has a close continuing relationship with the consumer has agreed in writing to act as the restrictive practices substitute decision-maker (RPSDM) and has capacity to give consent
  - **relative/friend who was carer:** person who was the carer on an unpaid basis immediately before the consumer entered care, has a personal interest in the welfare of the consumer, has a close continuing relationship with the consumer, has agreed in writing to act as the RPSDM and has capacity to give consent
  - **relative/friend who was not the carer:** person who has a personal interest in the welfare of the consumer, has a close continuing relationship with the consumer, has agreed in writing to act as the RPSDM and has capacity to give consent
  - **medical treatment authority:** individual or body appointed in writing under the law of the state or territory in which the consumer is provided with aged care, as an individual or body that can give informed consent to the provision of medical treatment (however described) to the consumer if the consumer lacks capacity to give that consent<sup>9</sup>
- A family member or legal representative does not have the legal power to require that a consumer be restrained. This is a clinical decision that is made by appropriately authorised and qualified health professionals (Medical/Nurse Practitioners)
- Consumers and their legal representative are consulted initially and on an ongoing basis regarding restraint use and communicated with regularly to ensure ongoing understanding of the restrictive practice.

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<sup>9</sup> Australian Government Department of Health and Aged Care [Restrictive Practices in Aged Care – A Last Resort](#) Informed consent for restrictive practices and Interim arrangements for consent to restrictive practices. Website Accessed April 2024

- The Medical Practitioner is ultimately responsible for the decision to authorise the restrictive practice. This is done in consultation with the consumer, their legal representative and other health professionals
- Those making the decision to use restrictive practices are legally accountable for the decision and its consequences<sup>10</sup>
- In an emergency, where the safety and wellbeing of the consumer is deemed to be at risk, the Registered Nurse can commence a restrictive practice with review by the relevant Medical Practitioner at the earliest possible time
- Each consumer or their representative receive a copy of 'What are Restrictive Practices Fact Sheet'<sup>11</sup> prior to giving consent and are required to sign to acknowledge that they have received this information. This will assist them in making an informed decision on whether or not to consent to the restrictive practice being used.

## 7 CARE/SUPPORT PLANNING<sup>12</sup>

A **Behaviour Support Plan** is developed that outlines:

- The consumer's behaviours that are relevant to the need for the restrictive practice
- The assessments conducted to assess the suitability and need of any restrictive practice
- The reasons the restraint is necessary (and for chemical restraint, the information provided to the practitioner by the provider that informed the decision to prescribe the medication)
- The restrictive practice and how it is to be used, including its duration, frequency and intended outcome
- The best practice alternatives to restraint that have been used (if any) before the restrictive practice was used
- How the restrictive practice is reviewed and monitored, including how the monitoring will be escalated if required, based on the restrictive practice and any care needs resulting from the restrictive practice
- The care provided to the consumer in relation to the consumer's behaviour
- The restraint type
- Review timeframes (at a minimum, monthly)
- Documented release timeframes for non-chemical restraint (at least two hourly during the daytime)
- Correct application of the restrictive practice (with regard to manufacturer's instructions)
- The frequency and type of observation required for the specific restraint (including regularly monitoring for distress or harm)
- Details of how comfort and safety will be ensured with regard to toileting, activity, exercise and mobility, nutrition and hydration, skin care, pain relief and social interaction
- Information related to psychotropic medication provision (in residential care) is detailed in the **Psychotropic Self-Assessment Tool**<sup>13</sup> and reviewed monthly or when medications change. The

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<sup>10</sup> Australian Government Department of Health and Aged Care 2012 Decision-making tool: Supporting a Restraint Free Environment in Residential Aged Care p22

<sup>11</sup> Australian Government Aged Care Quality and Safety Commission Accessed July 2024 What are restrictive practices? (consumer guide) ([agedcarequality.gov.au](https://agedcarequality.gov.au))

<sup>12</sup> Australian Government Explanatory Statement Quality of Care Amendment (Minimising the Use of Restraints) Principles 2019

<sup>13</sup> Australian Government Aged Care Quality and Safety Commission Accessed July 2024 Psychotropic Self Assessment Tool [psychotropic-medications-self-assessment-tool.docx](#)

pharmacy assists this process by providing regular updates on psychotropic medication prescribing for consumers in our facility.

## 8 CARE PROVISION

- Workers follow the care/support plan and **Behaviour Support Plan** in the application and removal of restrictive devices and record this in the Care Management System
- Workers report any issues with restrictive practices in the progress notes and report issues to the Registered Nurse so that immediate review and action can occur.

## 9 REVIEW

- The Registered Nurse is responsible for monitoring restrictive practice use on a shift-by-shift basis to ensure the safety, comfort and wellbeing of all relevant consumers. Workers record mechanical restraint application in the Care Management System and note any issues or concerns in the progress notes and discuss with the Registered Nurse
- All restrictive practices (other than environmental that are reviewed annually) are reviewed monthly by the Registered Nurse. Documentation that demonstrates this review includes the suitability of the restrictive practice, the continued need for the restrictive practice and consideration of alternatives
- Chemical restraint is also reviewed and documented periodically (e.g. when review requested by the Registered Nurse or when medications reviewed, changed or ceased) by the Medical Practitioner (and Pharmacist where applicable) to ensure the safety and wellbeing of the consumer.

## 10 REFERRAL

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

## 11 TRAINING

Education and training are provided to all workers responsible for the assessment, application, monitoring and review of restrictive practices, including escalation to the Registered Nurse.

## 12 ESCALATION

Refer to Registered Nurse if any concerns regarding consumer restrictive practices. The Registered Nurse escalates to the appropriate Health Professional for advice and support if necessary.

## 13 REPORTING

Monthly reporting of restrictive practices is conducted to ensure quality care and inform the National Aged Care Quality Indicator Program (See [Clinical Governance](#)). Data, including the **Psychotropic Self-Assessment Tool**<sup>14</sup>, is reviewed at clinical meetings and restrictive practice usage is reported to the Clinical Care Committee and escalated through the clinical governance framework.

If inappropriate use of restrictive practices is identified, (i.e. restraint used other than in the circumstances set out in the Quality of Care Principles) a Serious Incident Response Scheme (SIRS) is reported (See [SIRS Management](#)).

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<sup>14</sup> Australian Government Aged Care Quality and Safety Commission Accessed July 2024 Psychotropic Self Assessment Tool [psychotropic-medications-self-assessment-tool.docx](#)

## APPENDIX 1: DEFINITIONS OF RESTRICTIVE PRACTICES

### CHEMICAL RESTRAINT

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

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

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

### INAPPROPRIATE USE OF CHEMICAL RESTRAINT

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

Inappropriate use of restrictive practices is reported to the Serious Incident Response Scheme (SIRS) (See [SIRS Management](#)).

### ENVIRONMENTAL RESTRAINT

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

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

### MECHANICAL RESTRAINT

Mechanical restraint is a practice or intervention that is, or that involves, the use of a device to prevent, restrict or subdue a consumer's movement for the primary purpose of influencing the consumer's behaviour, but does not include the use of a device for therapeutic or non-behavioural purposes in relation to the consumer. An Allied Health Professional must assess and fit these types of restrictive practice in consultation with the Registered Nurse.

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

### PHYSICAL RESTRAINT

Physical restraint is a practice or intervention that is or involves the use of physical force to prevent, restrict or subdue movement of a consumer's body, or part of a consumer's body, for the primary purpose of influencing the consumer's behaviour; but does not include the use of a hands-on technique in a reflexive way to guide or direct the consumer away from potential harm or injury if it is consistent with what could reasonably be considered to be the exercise of care towards the consumer.<sup>15</sup>

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<sup>15</sup> The Aged Care Legislation Amendment (Royal Commission Response No.1) Principles 2021

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

## SECLUSION

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

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

## DOCUMENT INFORMATION

<b>Owner**</b>	Director Community Services
<b>Date Approved</b>	
<b>Applicable Aged Care Programs</b>	CHSP, HCP
<b>Review History</b>	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 Rights and Responsibilities of Consumers Policy**

**EXECUTIVE SUMMARY**

To provide worker guidance in ensuring consumer rights and responsibilities are upheld in the delivery of care and services.

**OFFICER'S RECOMMENDATION**

*That Council: adopt the Rights and Responsibilities of Consumers Policy as presented.*

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**Budget & Resource Implications**

Nil

**Background**

Nil

**Consultation (Internal/External)**

N/A

**Attachments**

Attachment G – Policy

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

# Rights and Responsibilities of Consumers

**POLICY STATEMENT**

**The Charter of Aged Care Rights provides the overarching principles of service delivery, irrespective of program funding. Richmond Aged Care is committed making consumers the focus of our care and services and embedding the principles of the Charter of Aged Care Rights in our organisation.**

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## 1 PURPOSE

To provide worker guidance in ensuring consumer rights and responsibilities are upheld in the delivery of care and services.

## 2 SCOPE

Home Care

## 3 CHARTER OF AGED CARE RIGHTS

Consumers are the focus of Richmond Aged Care, and it is important that their rights are acknowledged and promoted at every opportunity and that they are aware of their responsibilities as consumers.

Consumers are provided with a copy of the Charter of Aged Care Rights before they enter into an agreement. The copy of the Charter that is provided:

- Is signed by a worker providing it
- Includes the signature of the consumer or their authorised representative if they have signed it
- Includes the date on which the consumer or their authorised representative was given reasonable opportunity to sign the Charter, if they have not signed it
- Sets out the full name of the consumer
- Sets out the full name of the worker who was present at the time the copy of the Charter was given to the consumer, if relevant, and
- Sets out the date on which the copy of the Charter was given to the consumer.

Consumers and their representatives/ substitute decision maker are encouraged (but not required) to sign an acknowledgement of receipt of the Charter of Aged Care Rights and are provided with information

and support to ensure they are aware of their rights. If a consumer or their representatives/substitute decision maker does not wish to sign an acknowledgement of receipt of the Charter of Aged Care Rights, we record this in the consumer record as follows:

- Signature of a worker
- Date on which the provider gave the consumer a copy of the Charter
- Date on which the provider gave the consumer or their representatives/ substitute decision maker a reasonable opportunity to sign the Charter
- Consumer or their representatives/ substitute decision maker's signature and date (if they choose to sign) and
- Full name of the consumer or their representatives/ substitute decision maker as applicable.<sup>1</sup>

## 4 EMBEDDING THE CHARTER OF AGED CARE RIGHTS

The principles in the Charter of Aged Care Rights are implemented by ensuring they underpin:

- Our policies and procedures in all aspects of service management and service delivery
- Position descriptions and other role specifications
- Checklists, forms and other documents
- Senior management and workforce training
- Information to and engagement with consumers including working in partnership with consumers and
- The implementation and evaluation of improvements to our services and organisation.

Information on rights and responsibilities is included in the Consumer Handbook and the Consumer Agreement. These documents are updated, as described in Regulatory Compliance, whenever advice is received that the Charter has been revised.

## 5 CONSUMER RIGHTS

Under the Charter of Aged Care Rights, consumers have the right to:

1. Safe and high-quality care and services
2. Be treated with dignity and respect
3. Have their identity, culture and diversity valued and supported
4. Live without abuse and neglect
5. Be informed about their care and services in a way they understand
6. Access all information about themselves, including information about their rights, care and services
7. Have control over and make choices about their care, and personal and social life, including where the choices involve personal risk
8. Have control over, and make decisions about, the personal aspects of their daily life, financial affairs and possessions
9. Their independence
10. Be listened to and understood

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<sup>1</sup> Australian Government Aged Care Quality and Safety Commission [Charter of Aged Care Rights for providers](#) Website Accessed August 2024

11. Have a person of their choice, including an aged care advocate, support them or speak on their behalf
12. Complain free from reprisal, and to have their complaints dealt with fairly and promptly
13. Personal privacy and to have their personal information protected
14. Exercise their rights without it adversely affecting the way they are treated.

## 6 CONSUMER RESPONSIBILITIES<sup>2</sup>

We value consumer input and participation in determining the services provided and how they are provided, and we also believe that all people involved in aged care including consumers, their families, carers, visitors and the aged care workforce, must respect and be considerate of each other. To support this principle, consumers are expected to:

- Provide us with the information we need to deliver quality care and services
- Comply with the conditions of their Agreement and pay the fees outlined in the agreement on time and
- Respect the rights of our workers to work in a safe environment. Any kind of violence, harassment or abuse towards workers or others is not acceptable.

## 7 CONSUMER RIGHTS UNDER CONSUMER LAW

In addition to our responsibilities under the Aged Care Act 1997 and other relevant legislation, we ensure the following rights of consumers under the ACCC are respected<sup>3</sup>:

- We provide clear, honest and complete information about our services including information displayed on the My Aged Care website
- We provide time to consumers to seek advice before making decisions and encourage them to ask for help if they need to
- We avoid pressuring consumers and adopting commission-based business models which might lead to pressure selling
- We make sure all the terms in our agreements are fair for all parties
- We provide a clear and easy to understand dispute resolution process.<sup>4</sup>

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<sup>2</sup> Australian Government Department of Health and Aged Care and Australian Government Aged Care Quality and Safety Commission [Charter of Aged Care Rights](#) (Effective 1 July 2019) Website Accessed August 2024

<sup>3</sup> Australian Government Competition and Consumer Act 2010

<sup>4</sup> Australian Competition and Consumer Commission [Aged Care](#) Published 13 July 2018, Website Accessed August 2024

## DOCUMENT INFORMATION

<b>Owner**</b>	Director of Community Services
<b>Date Approved</b>	
<b>Applicable Aged Care Programs</b>	CHSP, HCP
<b>Review History</b>	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 4.5 Risk Management and Emergencies Policy**

**EXECUTIVE SUMMARY**

To provide guidance to management and workers in identifying, reporting and managing known and potential risks in line with contemporary practice.

**OFFICER'S RECOMMENDATION**

*That Council: adopt the Risk Management and Emergencies Policy as presented.*

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**Budget & Resource Implications**

Nil

**Background**

Nil

**Consultation (Internal/External)**

N/A

**Attachments**

Attachment H – Policy

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

# Risk Management and Emergencies

## POLICY STATEMENT

Richmond Aged Care is committed to ensuring a safe environment for consumers, workers, the organisation and visitors through the ongoing identification and management of risks.

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## 1 PURPOSE

To provide guidance to management and workers in identifying, reporting and managing known and potential risks in line with contemporary practice.

## 2 SCOPE

Home Care

## 3 RISK MANAGEMENT FRAMEWORK

Richmond Aged Care's risk management framework details the components that provide the foundations for ensuring effective risk management processes and how we effectively manage risks across the organisation.

### 3.1 COMMITMENT TO RISK MANAGEMENT

Richmond Aged Care is committed to identifying and managing risk to ensure the organisation is sustainable and risks to the organisation, the workforce and consumers are managed, giving all stakeholders confidence in our performance. Our risk management framework includes:

- Development of risk management plans to identify and mitigate risks, along with detailed emergency procedures informed by our Business Continuity Framework, for actions taken if the risk occurs
- Implementation of a simple clinical governance system led by health professionals, that ensures a review of the safety and quality of our systems and care delivery
- Six monthly reviews (or more often if required) of the risk management plans to improve the strategies to minimise the risk (controls) and plans for responding to the risk if it occurs
- The continuous identification of new risks and controls
- The involvement of consumers, workers and management in the risk management process to ensure support and services are provided in a way that is consistent with the risk management system. This includes consultation, discussion and ongoing feedback from all stakeholders.

### 3.2 PRINCIPLES UNDERPINNING OUR RISK MANAGEMENT APPROACH

Our risk management approach is consistent with the international standard for risk management AS/NZS 31000:2018 Risk Management- Guidelines and the eight best practice principles for risk management:

- **Integration:** We integrate risk management into all organisational activities
- **Structured and Comprehensive:** We have implemented a risk management structure that is workable for our organisation and considers all relevant risks
- **Customised:** Our risk management approach is suitable for the size and complexity of our business ensuring it is not too onerous whilst ensuring appropriate risk management
- **Inclusive:** We engage all relevant stakeholders in a timely manner to support effective risk management

- **Dynamic:** We review our risk management approaches regularly to ensure we anticipate and respond to changes in our organisation and the sector more broadly to remain effective
- **Informed:** We ensure we remain informed about past, current and future risks to inform our approach to risk management whilst ensuring we engage with relevant stakeholders
- **Considered:** We consider human and organisation culture factors in implementing and monitoring our risk management approach, changing our approach as necessary
- **Continuous Improvement:** We strive to continuously improve our risk management approach based on lessons learned and input from stakeholders.

### 3.3 RESPONSIBILITIES

All Richmond Aged Care personnel are expected to take a risk management approach and consider risk management in everything they do to ensure a sustainable organisation, safe and quality services and a safe environment and workforce.

- **Council:** Sets the organisation's approach to risk and risk appetite in line with the Board Charter and Strategic Plan and monitors the performance of the organisation's risk management framework. The organisation has a risk appetite of 'medium' hence we aim to have all risks rated as medium or low or have satisfactory additional controls in place for 'high' risks. We do not accept 'extreme' risks
- **Leadership Team:** Reviews organisational risks, develops risk management plans in consultation with relevant stakeholders, implements and monitors risk management plans and provides/authorises resources to implement and improve risk management approaches
- **Our People:** Contribute to the development of risk management plans relevant to role and comply with organisational policies and procedures
- **Consumers, Representatives and Visitors:** Contribute to risk identification through feedback and engagement.

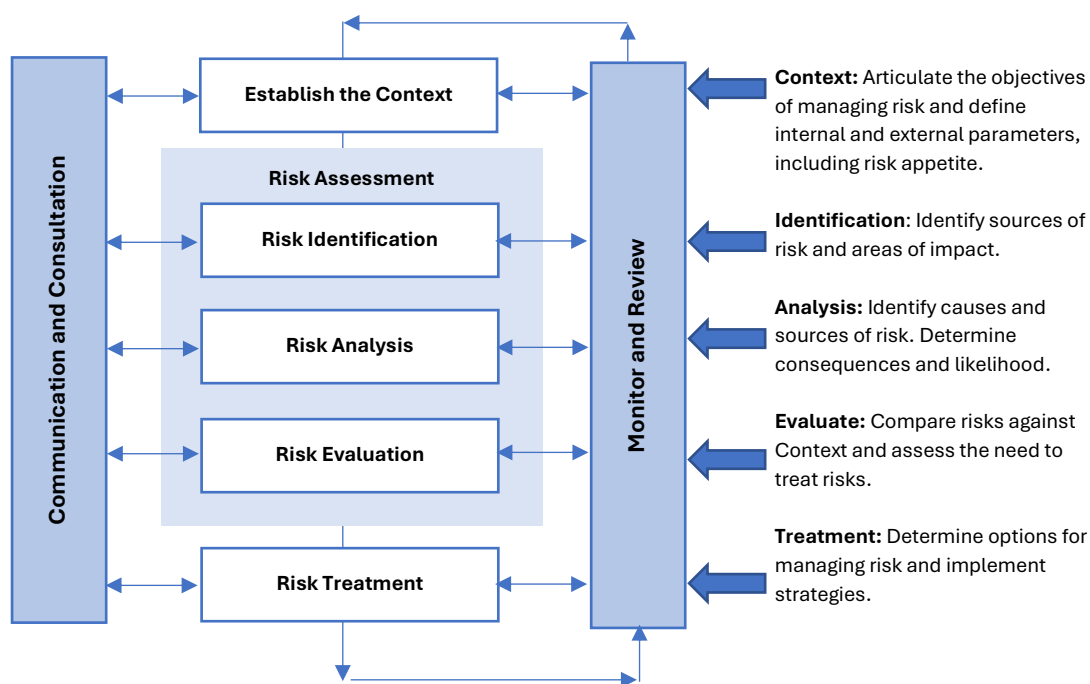
## 4 RISK MANAGEMENT PLANNING

Our approach to Risk Assessment and Risk Management is shown in Figure 1: Risk Assessment and Risk Management and is described below.<sup>1</sup>

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<sup>1</sup> See [Appendix 1: Definitions](#) for all risk related activities.

Figure 1: Risk Assessment and Risk Management



## 4.1 THE CONTEXT

The Board determines the risk appetite for the organisation in consultation with the Leadership Team and this appetite is adhered to by the Leadership Team in the management of the organisation and reflected in the risk management plan implementation. When reviewing risk management plans the Leadership Team ensures the organisation’s objectives are considered, suitable stakeholders are engaged, and relevant information is available (e.g. plans, performance data) to inform risk management plans.

The following risk management plans are maintained:

- Organisation Risks
- Business Continuity Risks
- Workforce Risks
- Bullying and Sexual Harassment Risks
- Consumer and Clinical Risks.

Risk Management Plans are included in the **Risk Management Spreadsheet**.

### 4.1.1 COMMUNICATION AND CONSULTATION

The Leadership Team communicate and consult with relevant stakeholders to ensure that those involved have a good understanding of the risks, strategies for control and how these are applied to the way we work.

### 4.1.2 RISK MANAGEMENT PLAN INFORMATION

Risk Management Plans include the following information:

- Date risk was identified
- The specific risks identified

- What can go wrong in relation to the risk
- Rating of the risks with no controls in place (inherent risk) based on an assessment of the consequence of the risk and the likelihood of the risk occurring. These are calculated using the matrix in Figure 2: Risk Rating Matrix, below. The consequences of risks are defined in Table 1: Definitions of Consequences. Likelihood is defined in Table 2: Definitions of Likelihood
- Current controls to reduce risk
- Rating of the risks with controls in place to reduce the risk (residual risk), based on an assessment of the consequence of the risk and the likelihood of the risk occurring
- The Risk Owner: the person selected with the appropriate knowledge and skill who owns and actions the risk
- The Risk Approver: the person or entity (e.g. Board) who approves the risk actions
- Date the controls were last reviewed
- Actions taken to implement controls, and date to complete.
- New controls or required changes to controls.

#### 4.1.3 RISK OWNERSHIP

The owner of a risk in Risk Management Plans is responsible for the effective management of the risk. This includes responsibility for implementing new controls and monitoring the effectiveness of the controls. Where an individual has a legal responsibility, they should be recorded as the risk owner. Risk owners receive support in risk plan management from the Manager Corporate Services.

## 4.2 RISK ASSESSMENT

### 4.2.1 RISK IDENTIFICATION

In identifying risks, the Leadership Team considers:

- The organisation's strategy including input from the Annual Planning Day (See [Planning](#)/ Annual Planning Day)
- Advice from external agencies including peak bodies, funders, consultants and the Aged Care Quality and Safety Commission.
- Operational performance including management knowledge and understanding of service delivery and work processes and review of policies and procedures and processes (Operational Risks)
- Consumer and worker incidents
- Feedback and complaints from consumers and workers including bullying and sexual harassment
- Hazards and maintenance information.

Where appropriate, different consumer and worker groups are involved directly in the risk management process through risk workshops and attendance at organisation meetings. In identifying risks, we consider these questions:

- What could happen?
- How could it happen?
- Where could it happen?
- Why might it happen?
- What might be the impact?
- Who does or can influence the risk?

### 4.2.2 RISK ANALYSIS

Risks are analysed to identify causes and sources of risk, determine risk consequences and likelihood, and controls and strategies to manage risk balanced against the cost and inconvenience of the control.

Common controls include:

- Workforce training, development and information
- Provision of information and guidance for consumers and representatives
- Consideration of environmental controls such as equipment and environmental safety strategies for both consumers and workers
- Changes in procedures or practices including review of clinical care processes
- Personnel checks
- Performance monitoring (e.g. additional audit checks and monitoring processes).

#### Rating Risks Using the Risk Rating Matrix

The Risk Rating Matrix below, in Figure 2: Risk Rating Matrix is used to determine the status of each risk based on the likelihood, and consequences of the risk. The Leadership Team judges the likelihood and consequences of the risk to identify the rating. (See below Table 1: Definitions of Consequences and Table 2: Definitions of Likelihood).

We rate risks with no controls in place (inherent risks) and then after considering controls, we rate the risks with controls in place (residual risks).

**Figure 2: Risk Rating Matrix**

		CONSEQUENCES				
		Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
LIKELIHOOD	Almost Certain A	Medium	High	High	Extreme	Extreme
	Likely B	Medium	Medium	High	High	Extreme
	Possible C	Low	Medium	High	High	High
	Unlikely D	Low	Low	Medium	Medium	High
	Rare E	Low	Low	Medium	Medium	High

**Table 1: Definitions of Consequences<sup>2</sup>**

Consequence	Workforce/Safety	Clinical	Finance/assets	Legal
<b>Catastrophic</b>	Fatality or permanent injury/disability Workforce unavailable to provide services	Significant governance failing Consumer fatality/ permanent injury	>15% Earnings before Income Tax (EBIT) Permanent loss of high value assets	Significant prosecution, litigation or class action threatening a licence to operate
<b>Major</b>	Serious long term physical or psychological injury Workforce disruption impacting on quality of services	Major governance failing Serious injury/ harm to consumer requiring lengthy hospitalisation	10-15% EBIT Temporary loss of high value assets	Major breach involving prosecution or litigation
<b>Moderate</b>	Short term serious physical or psychological injury Workforce gaps not impacting quality of services	Some protocol breaches Temporary injury/harm to consumer requiring brief hospitalisation and/or medical treatment	5-10% EBIT Temporary loss of low value assets	Serious breach with regulator notified
<b>Minor</b>	Minor injuries requiring medical attention No workforce disruption	Minor protocol breaches Minor harm to consumer requiring medical treatment	1-5% EBIT Insignificant loss of assets	Minor breach with modest fine or penalty incurred
<b>Insignificant</b>	Minor harm requiring first aid only No workforce disruption	No protocol breaches Minor harm to consumer requiring first aid	<1% EBIT No loss of assets	Minor breach with no penalties

**Table 2: Definitions of Likelihood<sup>3</sup>**

Likelihood	Description
A. Almost certain	Is expected to occur in the immediate term (weeks/months)
B. Likely	Is anticipated that it may occur in the short-term < 1 year
C. Possible	May occur in the short to medium term 1-3 years
D. Unlikely	Is not anticipated to occur in the medium term 3-5 years
E. Rare	Is not expected to occur within the medium to long term > 5 years

### 4.3 RISK EVALUATION

In evaluating risks, we identify the risk, the current controls and the residual risk we need to manage. The organisation has a risk appetite of 'medium, so we aim to have all risks rated as medium or low. The risk evaluation allows us to understand:

- Is the risk adequately controlled (i.e. are the controls adequate or ineffective)?
- Is the controlled risk acceptable to the organisation?

<sup>2</sup> Australian Government Aged Care Quality and Safety Commission [Risk Matrix – Example](#) Website accessed July 2024

<sup>3</sup> Australian Government Aged Care Quality and Safety Commission [Risk Matrix – Example](#) Website accessed July 2024

- Do we need to add further risk treatment or controls to reduce the risk to within the organisation's risk appetite? We do a risk treatment (by commencing a Plan for Continuous Improvement) for any risks rated high or above, to ascertain if we can mitigate or accept the risk by reviewing the controls in place, interrogating what might be the outcomes and satisfying ourselves we are comfortable to accept the risk or implement further controls.
- What is the priority order in which risks should be managed?

## 4.4 RISK TREATMENT

In ensuring risks are appropriately managed and treatment plans are put in place, we determine risk treatments including:

- Accepting the risk
- Modifying or improving controls
- Transferring or sharing the risk
- Removing the source of the risk.

If additional treatments are required to manage the risk, a Plan for Continuous Improvement is commenced detailing the risk treatment activities and reported until the risk treatment has reduced the risk to within the organisation's appetite (low or medium risk rating) or the higher risk is accepted and monitored.

### 4.4.1 REVIEWING THE RISK MANAGEMENT PLAN

Risk management plans are reviewed at least every six months. The review involves:

- Archive the current Risk Management Spreadsheet into the folder: Plans/ Risk Management Plans Archive. Add the date to the beginning of the file name. This will provide a history of risk management plans
- In the current plan assess whether the controls in place have been successful – i.e. are the risks adequately controlled. Refer to the above Figure 2: Risk Rating Matrix and Table 1: Definitions of Consequences
- If the risks are adequately controlled (low or medium risk rating) controls are reviewed and validated that they are accurate and current (and the date of the review noted) and they are maintained in the Risk Management Spreadsheet as a record of our risk management strategies
- If the risks are not adequately controlled (high or extreme risk rating) the controls are reviewed. Some controls may need to be revised or removed and/or new controls may be required. These are entered into the spreadsheet in the far-left column, the date of review noted and the residual risk re-rated with consideration of the new controls. A risk treatment improvement is documented in the organisation's Plan for Continuous Improvement as described in Risk Evaluation and Risk Treatment above. (See also [Continuous Improvement](#)).

## 4.5 MONITOR AND REVIEW

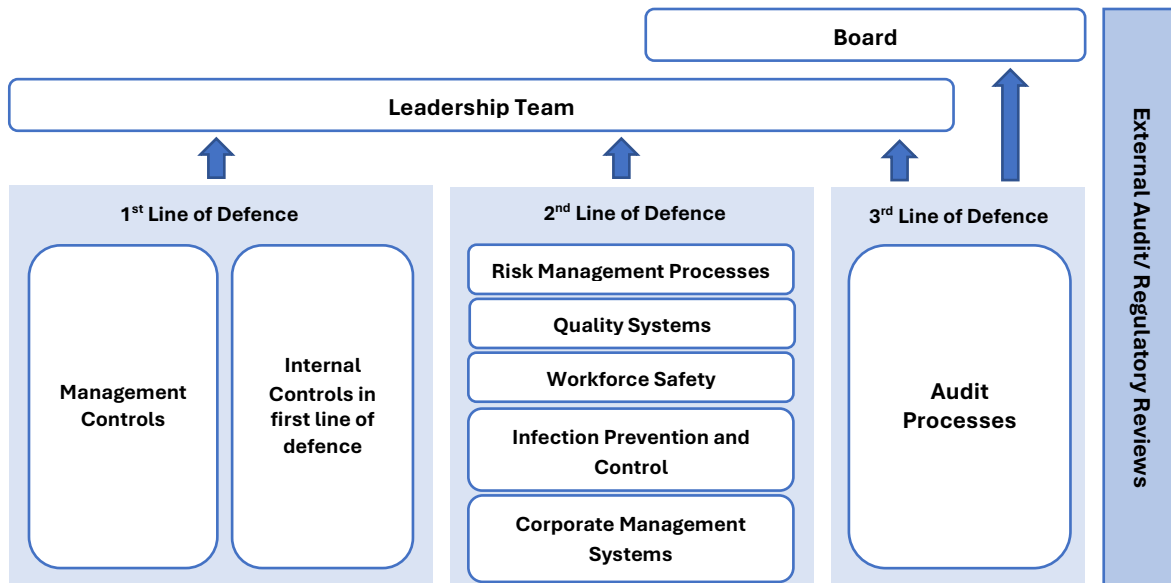
Risk identification may occur at any time in response to changes impacting on the organisation, workforce, consumers, environment or other changes. The Leadership Team are responsible for raising additional potential risks at Leadership Team meetings and implementing the risk assessment process. Relevant governance meeting minutes and updates to the risk management plans reflect the review of risk management plans. Any identification of new risks or changes to risk controls or treatments must be approved by the Risk Approver. The Risk Owner and the Risk Approver should not be the same person or entity (e.g. Board). Approval of risks must be documented in the minutes of the relevant meeting where the risks were discussed, and controls reviewed.

Major improvements implemented because of risk management planning are recorded in the Plan for Continuous Improvement to ensure that they are implemented, monitored and evaluated (See [Continuous Improvement](#)).

## 5 ASSURANCE ACTIVITIES

We have implemented a ‘three lines of defence’ assurance model to support an understanding that risks are being appropriately managed and escalated as shown in Figure 3: Three Lines of Defence Assurance Model and described below.

Figure 3: Three Lines of Defence Assurance Model<sup>4</sup>



### 5.1 1<sup>ST</sup> LINE OF DEFENCE

First line of defence activities are owned by operational teams and include assessing, controlling and mitigating risks in their work through operational practices and care delivery, specifically:

- Identifying risks in their work (e.g. consumer, worker and environment risks) and escalating these to management and participating in controlling the risks
- Conducting local audits, reviews and evaluation of care and services or organisation processes to assess the effectiveness of controls, reporting these and determining if additional risk management strategies are required
- Reporting results of the abovementioned to the appropriate team meeting forum for discussion and actioning (+/- inclusion in the Plan for Improvement)
- Reviewing clinical indicator data and taking actions to improve outcomes for consumers (See [Clinical Governance](#)).

### 5.2 2<sup>ND</sup> LINE OF DEFENCE

Second line of defence activities are conducted by the Quality Coordinator, Infection Prevention and Control lead, Work Health and Safety representative and leaders (if necessary) to:

- Conduct audits, reviews or evaluations of operations as independent agents to review performance and provide recommendations for improvement.

<sup>4</sup> Adapted from The Institute of Internal Auditors - the three lines of defence in effective risk management

- These reviews are reported to the appropriate governance meeting (relating to area of operation) for discussion and actioning (+/- inclusion in the Plan for Improvement).

### 5.3 3<sup>RD</sup> LINE OF DEFENCE

Third line of defence activities are conducted by external contractors engaged to conduct independent and objective assurance to the Board on specific areas determined by the CEO and Board as requiring investigation or external regulator review such as:

- Conduct of an external audit against the Aged Care Quality Standards in preparation for accreditation by a suitably qualified consultant to identify gaps and areas for improvement
- Conduct of accreditation audit by the Aged Care Quality and Safety Commission
- These reviews are reported to the appropriate governance meeting (relating to area of operation) for discussion and actioning (+/- inclusion in the Plan for Improvement).

## 6 EMERGENCY PROCEDURES

### 6.1 BUSINESS CONTINUITY FRAMEWORK

We have a Business Continuity Framework that includes:

- Risk Management Plans for:
  - The Organisation
  - Workforce
  - Consumer and Clinical Workforce
  - Business Continuity Risks
  - Bullying and Sexual Harassment (See Risk Management Planning above and the **Risk Management Spreadsheet**)
- A Business Continuity Plan
- A Transition Out of Service Plan
- Other emergency plans specific to the care environments (as necessary) and including our Emergency Procedures and Safety Manual.

#### 6.1.1 BUSINESS CONTINUITY PLAN

We have a **Business Continuity Plan** detailing:

- How to respond to an emergency or disaster including how to manage risks to the health, safety and wellbeing of consumers and workers
- Our strategies to prepare for, and respond to, an emergency or disaster includes:
  - engaging with older people, family, carers and workers about our emergency and disaster management plans
  - regularly testing and reviewing the emergency and disaster management plans in partnership with consumers, family, carers, workers
  - seeking input from emergency services such as fire, police, ambulance and hospitals to ensure our plans are safe and practical.

The Business Continuity Plan is included in the Plans folder.

## Planning for a Potential Business Continuity Disrupting Event

Prior to an event we:

- Identify and assess local risks
- Ensure we are aware of local emergency plans through liaising with local authorities and collaborating with other providers
- Identify and collaborate with other providers who can accept our consumers in the event of an emergency
- Encourage and support consumers to make an emergency plan with their families and significant others
- Maintain a Business Continuity Plan for Risks from Emergency Events and trial it (See **Business Continuity Plan** in the Plans folder.)
- Identify vulnerable consumers, record the following and ensure it is kept up to date:
  - the best ways to contact consumers in an emergency
  - information about high risk or high need, CALD, Indigenous or other clients
  - specific services being delivered including cultural or spiritual requirements and any other consumer specific requirements
  - any subcontracting arrangements.
- Let consumers know about our plans in the case of an event.

## During a Business Continuity Disrupting Event

- Monitor emergency broadcasts for local warnings
- Liaise with emergency agencies to assess the risk and determine appropriate actions
- Refer vulnerable consumers to emergency agencies or other identified providers if necessary
- Keep all stakeholders informed
- Support vulnerable consumers if safe to do so

In addition, in an emergency situation we may need to:

- Notify and liaise with emergency services and local councils and follow their approved evacuation procedures
- Call the Commonwealth Department of Health and Aged Care state/territory office for assistance as soon as possible
- Contact Services Australia (Medicare) service centre for assistance if records or documents have been lost or destroyed.

## Following a Business Continuity Disrupting Event

- Assess the impact of the event and take steps to commence services as soon as practicable
- Liaise with local authorities as necessary
- Review and update risk plans in consultation with workers and other stakeholders, and
- Communicate with consumers and workers on the outcomes of the event and any changes in policy or practices in dealing with future events.

### 6.1.2 TRANSITION OUT OF SERVICE PLAN

Our **Transition Out of Service Plan** (See [Appendix 2: Transition Out of Service Plan](#)) details how we would transition out of service provision if required, for example, withdrawal of funding, expiry of a funding agreement or inability for us to continue to deliver services. To minimise the risks of having to transition out of service provision we have implemented the following controls:

- Development of effective and robust systems such as service delivery, financial management, data systems, consumer information, continuous improvement and risk management that adhere to funding program requirements and the Aged Care Quality Standards
- Processes to monitor, manage and report incidents or threats to service continuity
- Policies and procedures to support systems
- Workforce training and support in following our systems and processes
- Ongoing communication with consumers and other stakeholders.

## 6.2 HOME CARE PERSONAL EMERGENCY PLANNING FOR CONSUMERS AND VULNERABLE CONSUMERS<sup>5</sup>

We encourage and support home care consumers and their families to develop a personal emergency plan that details what they will do in an emergency such as bushfire, flood, power outage etc.

Vulnerable consumers (those living in the community who are frail, cognitively impaired, without family support and unable to comprehend warnings and directions and/or respond in an emergency situation) are identified in the **Home Care Vulnerable Consumer Register** and we discuss emergency planning with them and/or their representatives (as available) and ensure a personal emergency plan is developed. This is reviewed annually with the consumer/representative or as required.<sup>6</sup>

Should an emergency event, such as a bushfire or flood occur in the area, we ensure we contact the vulnerable consumers and provide support to them such as visiting the consumer (if safe to do so), providing transport, contacting family or alerting emergency services.

Details on preparing for, managing and reviewing emergency events are included in the Business Continuity and in the Transition Out of Service Plan.

## 7 CONSUMER CHOICE AND RISK

(See [Choice, Independence and Quality of Life](#)/ Dignity of Risk)

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<sup>5</sup> Australian Government Department of Health and Aged Care [Preparing for an Emergency Event – Home Care](#) September 2019 Website accessed July 2024

<sup>6</sup> Whilst we take every effort to support vulnerable consumers to implement risk management strategies to support their safety, we are not responsible for their living environment or outcomes related to emergency events.

## APPENDIX 1: DEFINITIONS<sup>7</sup>

**Consequence:** The outcome of an event affecting objectives.

**Control:** A measure that is modifying risk. Controls can be broadly defined as either preventative or mitigating. Preventative controls seek to stop a risk from materialising, while mitigating controls seek to limit the consequences of a risk that has materialised. Worker training, audit processes and policy and procedures implementation are examples of controls.

**Corrective Actions:** These are actions taken to improve the strength of controls and their effectiveness in mitigating risk.

**Event:** The occurrence or change of a particular set of circumstances.

**Financial Risk:** Risk of the organisation not being able to meet its financial commitments as they fall due.

**Inherent Risk:** The risk as originally identified before actions or controls have been implemented. The probability of loss arising in the absence of organisation-specific controls such as policies and procedures to modify the circumstances. Societal norms and common sense are still to be assumed as being in place. Also known as Initial Risk.

**Likelihood:** How likely an event is to occur.

**Operational Risk:** To be operational in nature a risk must clearly relate to activities that are undertaken on a day-to-day basis by the relevant Business Unit in pursuit of the Business Unit's objectives.

**Residual Risk:** The risk remaining after agreed actions and controls have been implemented. Also known as Current Risk.

**Risk:** Risk is the effect of uncertainty on objectives: This definition highlights risk as an uncertainty and can relate to either a threat or an improvement. The Risk Management discipline should therefore relate to the decision-making process to minimise and manage adverse consequences and increase or enhance opportunities in line with business objectives.

**Risk Appetite:** The degree of readiness to bear the risks that come with the nature of operations. The willingness to pursue or retain risks to meet objectives. Our organisation accepts a low or medium risk as our risk appetite, whilst understanding that some high risks may be determined. In this case, we conduct a risk treatment, to understand if the controls are adequate, thereby allowing us to accept and monitor the risk.

**Risk Approver:** The person or entity responsible for approving the risk for the organisation with consideration to ensuring controls are adequate and within the risk appetite of the organisation.

**Risk Management:** Co-ordinated activities to direct and control an organisation with regard to risk.

**Risk Management Process:** The systematic application of management policies, procedures

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<sup>7</sup> ISO 31000:2018 Risk Management - Guidelines

and practices to the activities of communicating, consulting, establishing the context, identifying, analysing, evaluating, treating, monitoring and reviewing risk.

**Risk Owner:** The person responsible for managing and reporting on the status of the risk for the organisation (selected relevant to role and responsibility within the organisation).

**Risk Rating:** The risk rating is the multiple of the number used to describe realistic adverse outcome likelihood and consequences of the risk event.

**Risk Owner:** Person or entity with the accountability and authority to manage a risk.

**Risk Matrix:** Risk assessment process that includes analysing the risk against likelihood and consequence to understand the risk rating to support the development of risk management, control and treatments.

**Risk Treatment:** A process to modify a risk by changing the consequences that could occur or their likelihood. It requires an analysis of processes, systems and practices to understand if additional actions can be taken to reduce the risk rating. We do a risk treatment (by commencing a Plan for Continuous Improvement) for any risks rated high or above, to ascertain if we can mitigate or accept the risk.

## APPENDIX 2: TRANSITION OUT OF SERVICE PLAN

BUSINESS TRANSITION OUT OF SERVICE PLAN <sup>8</sup>					
Date Identified	Strategies	Tasks	Date of Last Review	Action Taken to Complete Tasks, Responsibility and Date to Complete	Date Completed
	<b>Call emergency Board Meeting to plan for cessation of operations</b>	Advise members Book room Liaise with funding provider representatives – consider their attendance at Board meeting in consultation with Board (Note: CHSP providers must provide at least 5 months’ notice of transitioning out of service <sup>9</sup> ) Work with the Department to ensure a smooth transition			
	<b>Develop communication plans</b>	The Department Keep the Department fully informed of: <ul style="list-style-type: none"> <li>All aspects of our transition out of service including the provision of this plan</li> <li>All changes made to the plan</li> <li>All progress including any issues</li> </ul> Consumers <ul style="list-style-type: none"> <li>Keeping consumers/representatives informed and supported, particularly about continuity of service provision and arrangements with alternative providers</li> <li>Ensure contact details for all consumers/representatives are up to date</li> <li>Develop notice for consumers and representatives</li> <li>Arrange an information session if appropriate</li> <li>Distribute notice to consumers</li> <li>Provide ongoing updates</li> <li>Liaise with consumers and representatives in relation to transferring to other agencies</li> </ul> Workers and volunteers <ul style="list-style-type: none"> <li>Ensure contact details are up to date</li> </ul>			

<sup>8</sup> Material included in this plan is for example purposes only. It is important for providers whilst completing the plan to consider the presented material and revise it as appropriate their service.

<sup>9</sup> Australian Government Department of Health and Aged Care [Commonwealth Home Support Programme \(CHSP\) Manual](#) 2024-2025 Published December 2024, 9.8 Service continuity / Providers transitioning out

<b>BUSINESS TRANSITION OUT OF SERVICE PLAN <sup>8</sup></b>					
<b>Date Identified</b>	<b>Strategies</b>	<b>Tasks</b>	<b>Date of Last Review</b>	<b>Action Taken to Complete Tasks, Responsibility and Date to Complete</b>	<b>Date Completed</b>
		<ul style="list-style-type: none"> <li>• Liaise with relevant unions</li> <li>• Arrange an information session</li> <li>• Advise workers and volunteers in writing about changes to their employment</li> <li>• Keep workers/volunteers informed and supported</li> </ul>			
	<b>Complete wind down provisions related to incorporation</b>	Check the wind down provisions related to incorporation Identify and implement required procedures			
	<b>Prepare key documents and other relevant information for review in board meeting</b>	Reasons/events leading to cessation Up to date financial report on financial position and funds available for cessation – develop a budget Timeline for cessation based on available resources Plan for complying with wind down provisions (e.g. Companies Act, Incorporation Act) Information to support arrangements with alternative providers such as My Aged Care and DEX data registration details, including whether information and care plans are up to date, inactive clients and waitlist			
	<b>Support consumers through transfer process</b>	Support consumers /representatives, particularly those in stress Develop profile of consumers including: <ul style="list-style-type: none"> <li>• Service details, including specific services being delivered to client groups i.e. cultural or centre based activities specifically designed to meet the needs of clients</li> <li>• Client details, including information about high risk or high need, CALD, Indigenous or other clients to ensure a smooth and efficient transition of services</li> <li>• Specific service delivery requirements due to cultural, area specific (rural/remote) or other reasons that impact on current service delivery and transitioning services</li> <li>• Communication details for consumers to keep them informed about continuity of service provision and arrangements with alternative providers</li> </ul>			

<b>BUSINESS TRANSITION OUT OF SERVICE PLAN <sup>8</sup></b>					
<b>Date Identified</b>	<b>Strategies</b>	<b>Tasks</b>	<b>Date of Last Review</b>	<b>Action Taken to Complete Tasks, Responsibility and Date to Complete</b>	<b>Date Completed</b>
		<ul style="list-style-type: none"> <li>Any current issues that may impact the client transition (See <b>Business Continuity Plan</b> all sections, esp. 3. Related Documents)</li> </ul> Obtain consent from all consumers to transfer records and funds as appropriate including any unspent funds			
	<b>Arrange alternative service providers</b>	Identify alternative service providers and make arrangements with providers appropriate to each consumer with the consumer’s consent Prepare consumer support information including support plans, assessments and other records for transfer Prepare consumer funds and associated records for transfer			
	<b>Review workers arrangements</b>	Consider workforce requirements to complete all aspects of this plan			
	<b>Advise suppliers and contractors</b>	Compile contact list for all providers and contractors with a current fixed term agreement in place and negotiate a cessation. Advise all other providers and contractors of cessation date and required services in the interim			
	<b>Advise other funding providers of cessation</b>	Advise other funding providers by email/letter Clarify processes for any unexpended funds			
	<b>Conduct a review of assets</b>	Identify ownership of all assets and distribute/dispose of as required by funding providers and wind down requirements of incorporation			
	<b>Information and records</b>	Review all information and records ensuring necessary consumer records are transferred to new providers, with consumer consent Arrange for archiving of other records as per archiving requirements Destroy records not required to be kept			
	<b>Calculate unspent funds</b>				

<b>BUSINESS TRANSITION OUT OF SERVICE PLAN <sup>8</sup></b>					
<b>Date Identified</b>	<b>Strategies</b>	<b>Tasks</b>	<b>Date of Last Review</b>	<b>Action Taken to Complete Tasks, Responsibility and Date to Complete</b>	<b>Date Completed</b>
	<b>Finalise payments to Consumers and new service providers</b>				
	<b>Finalise payments to workers</b>	Identify all termination requirements including payments and finalise payments			
	<b>Acquit funding to Department</b>	Acquit funding associated with contract and complete any relevant outstanding reporting milestones for the period where service provision was delivered			
	<b>Distribute Remaining funds</b>	Distribute remaining funds as per funding provider requirements and wind down requirements of incorporation			
	<b>Confirm all Arrangements for Consumers are in Place</b>	Contact new providers and representatives to confirm if consumers have settled into the new service. Follow up with any consumers who have not settled. Check if any further information is required by providers. Confirm all funds transfers have been finalised.			

## DOCUMENT INFORMATION

<b>Owner**</b>	Director of Community Services
<b>Date Approved</b>	
<b>Applicable Aged Care Programs</b>	CHSP, HCP
<b>Review History</b>	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 Additional Needs Policy**

**EXECUTIVE SUMMARY**

Supporting children with additional needs requires educators to extend upon the strategies they already use in providing quality care for children. It is imperative for educators to develop a comprehensive understanding of each child's interests and abilities and implement a program and environment that is receptive to their needs and inclusion.

As Out of School Hours Care (OSHC) Service offer flexible attendance options, and vacation care options, it is critical that our service works in partnership with families and other professionals to ensure specific consideration and adaptations/adjustments allow children with additional needs access and participation. Our OSHC Service is committed to take into account children's social and cultural diversity, including learning styles, abilities and disabilities to achieve positive experiences for children in our setting.

**OFFICER'S RECOMMENDATION**

*That Council: adopt the Additional Needs Policy as presented.*

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**Budget & Resource Implications**

Nil

**Background**

Nil

**Consultation (Internal/External)**

N/A

**Attachments**

Attachment I – Policy

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

# ADDITIONAL NEEDS POLICY

Supporting children with additional needs requires educators to extend upon the strategies they already use in providing quality care for children. It is imperative for educators to develop a comprehensive understanding of each child's interests and abilities and implement a program and environment that is receptive to their needs and inclusion.

As Out of School Hours Care (OSHC) Service offer flexible attendance options, and vacation care options, it is critical that our service works in partnership with families and other professionals to ensure specific consideration and adaptations/adjustments allow children with additional needs access and participation. Our OSHC Service is committed to take into account children's social and cultural diversity, including learning styles, abilities and disabilities to achieve positive experiences for children in our setting.

## NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 1: EDUCATIONAL PROGRAM AND PRACTICE		
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, confidence as learners and effectiveness as communicators.
QUALITY AREA 3: PHYSICAL ENVIRONMENT		
3.1	Design	The design of the facilities is appropriate for the operation of a service.
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.
3.2.1	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	Resources support play-based learning	Resources, materials and equipment allow for multiple uses, are sufficient in number, and enable every child to engage in play-based learning.
QUALITY AREA 5: RELATIONSHIPS WITH CHILDREN		
5.1	Relationships between educators and children	Respectful and equitable relationships are maintained with each child.
5.1.1	Positive educator to child interactions	Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.
5.1.2	Dignity and rights of the child	The dignity and rights of every child are maintained.
QUALITY AREA 6: COLLABORATIVE PARTNERSHIPS WITH FAMILIES AND COMMUNITIES		
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role.

6.1.1	Engagement with the service	Families are supported from enrolment to be involved in the service and contribute to service decisions.
6.1.2	Parent views are respected	The expertise, culture, values and beliefs of families are respected, and families share in decision-making about their child’s learning and wellbeing.
6.2	Collaborative partnerships	Collaborative partnerships enhance children’s inclusion, learning and wellbeing.
6.2.2	Access and participation	Effective partnerships support children's access, inclusion and participation in the program.

**EDUCATION AND CARE SERVICES NATIONAL REGULATIONS**

155	Interactions with children
156	Relationships in groups
157	Access for parents
168	Education and care service must have policies and procedures
170	Policies and procedures are to be followed

**RELATED LEGISLATION**

[Disability Discrimination Act 1992](#)

**POLICIES**

Anti-Bias and Inclusion Policy Behaviour Management Policy Code of Conduct Policy Educational Program Policy Enrolment Policy	Interaction with Children, Family and Staff Policy Medical Conditions Policy Privacy and Confidentiality Policy Respect for Children Policy
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**PURPOSE**

Our OSHC Service understands and meets our obligations under the Disability Discrimination Act (DDA) to support children with disability and be responsive to each child, irrespective of their additional needs and abilities. We aim to provide a supportive and inclusive environment that sanctions each child to fully participate in its education and care at the OSHC Service. Educators will remain encouraging, unprejudiced and supportive, ensuring that all children are treated equally and fairly and have the opportunity to grow and develop to their individual potential.

**SCOPE**

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

students, volunteers and visitors of the OSHC Service.

## DEFINITIONS

According to the [Inclusion Support Program Guidelines](#) (Australian Department of Education 2023), there is no national definition of *'additional needs.'* This term is used within the policy to describe children who may need or require specific considerations or adaptations to participate fully in our Education and Care Service.

Additional needs may include children who:

- have a disability or developmental delay- physical, sensory, intellectual, or autism spectrum disorder
- are presenting with challenging behaviours and/or behavioural or psychological disorders
- have a serious medical or health condition
- are presenting with trauma-related behaviours

Meeting the needs and requirements of:

- Aboriginal or Torres Strait Islander children
- children from refugee or humanitarian backgrounds
- children from culturally and linguistically diverse background
- may also require specific considerations, such as cultural support, to ensure that these children are able to participate fully in ECEC services and experience positive outcomes

[source: Inclusion Support Program Guidelines. 2023. p. 6]

## WHAT IS A DISABILITY

Disability is defined broadly in the Disability Discrimination Act (DDA) and does not rely on formal diagnosis of disability. Disability can be visible or non-visible. Disability in relation to the DDA includes: Physical; intellectual; psychiatric; sensory; neurological and learning disabilities as well as physical disfigurement.

## REASONABLE ADJUSTMENTS

Changes to a policy, practice, procedure, program or environment that enables a person with disability to access and participate in the service on the same basis as others. [ACECQA: The Disability Discrimination Act 2022].

We understand that additional needs may be temporary or permanent with diverse origins, which require different responses. Supporting children with additional needs enables them to have equitable access to resources and participation. This can lead to stronger skills in literacy and numeracy, social and emotional development and understanding of diversity. Strategies for supporting children with additional needs can differ significantly because every child is unique.

## IMPLEMENTATION

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

- obligations under the *Education and Care Services National Law and National Regulations* are met
- obligations under the *Disability Discrimination Act 1992 (DDA)* are met
- all staff, educators, students and visitors have knowledge and adhere to this policy and understand and comply with the (DDA) including making reasonable adjustments to the program, practices and environment in collaboration with families and children
- all new employees are provided with a copy of this policy as part of their induction process
- support is provided to educators to make reasonable adjustments to enable children with disability access and participate in the Service on the same basis as others
- children's social, cultural and linguistic diversity is considered to inform curriculum decision-making processes to provide an inclusive education
- completed enrolment forms are used to gather information about children's additional needs and supports that may be required
- equitable access is provided to support children with additional needs
- communication with families is consistent and supportive
- develop effective relationships with school leaders and the OSHC service to support the child
- they have a thorough understanding of the NDIS plan for each child (if applicable) and assist to help achieve goals and build skills and independence
- they contact their local Inclusion Agency to access information and support about the Inclusion Support Program (see: [Inclusion Development Fund Manager \(IDFM\)](#) for your state/territory organisation)
- that any barriers preventing a child's inclusion are identified and strategies to make improvements implemented
- they develop a *Strategic Inclusion Plan* and *Individual Support Plans* in collaboration with the Inclusion Agency (IA) which will identify any barriers preventing a child's inclusion and implement strategies for improvement
- they seek assistance, training, and where possible, financial funding from inclusive support agencies

to promote the development of skills in children with identified additional needs

- educators are meeting the needs of each individual child, by providing educators with targeted professional development and opportunities to network with professional agencies
- they access the Inclusion Support Portal (IS Portal) through PRODA
- parents/guardians provide written consent for information about their child to be shared with relevant IA, IDFM and the Department if accessing support under the Inclusion Support Program
- families are encouraged to meet with the educators who will be working with the child to ensure an understanding of the child's needs, appropriate methods for communication, and to ascertain those suitable resources and support is provided to both the family and the child
- the OSHC Service works in partnership with allied health professionals and families to verify the educational program and learning environment is inclusive for each child with additional needs, including children and families from culturally diverse backgrounds
- specific plans and programs provided by external resource providers and professionals for children with additional needs are shared with educators and copies filed in the child's individual record
- children are encouraged to feel safe and secure during their education and care at the OSHC Service by developing trusting relationships with educators, other children, and the community
- inclusive strategies and practices are embedded in the delivery of quality education and care
- the privacy and confidentiality for children and families is maintained
- the indoor and outdoor environment and equipment is designed or adapted/adjusted to ensure access and participation for all children, supporting the inclusion of children with additional needs.

This may include the use of:

- portable ramps
- use of standing frames and support swings
- specialised furniture such as chairs, tables and positioning equipment
- communication charts and Auslan dictionaries
- resources and books in languages other than English to support Indigenous children and children from linguistically diverse backgrounds
- the program and curriculum are inclusive and meet the individual needs of children with additional needs, disability or developmental delay
- children's sensory sensitivities to pressure, texture, smell, noise, or colour are considered within the environment.

**EDUCATORS WILL:**

- treat children equally and fairly and with respect
- create an inclusive program and environment, which is adaptable and supportive of all children
- advocate for children's rights
- conduct specific observations on the individual child, outlining their interests, strengths, and developmental needs to support programming including open ended learning opportunities
- meet with families of children with additional needs to familiarise themselves with the specific communication needs of each child. Communication could include verbal and non-verbal communication skills and cues and may necessitate the use of systems such as sign language, the use of images, and/or learning key words in the child's home language
- establish a means for frequent communication with parents of children with additional needs through a communication book, verbal daily information exchanges, and/or formal and informal meetings
- collaborate with all families to meet children's developmental needs in order to build strengths and capabilities
- develop an Inclusion Support Plan (ISP) in collaboration with Inclusion Agency professionals, health professionals and parents of the child and keep a copy in the child's individual record
- liaise with school counsellor and other key personal at the school to ensure consistent strategies are implemented for the child at OSHC Service
- collaborate with other professionals who play a role in supporting the child's development
- create a flexible environment, which can be adapted to each child's needs within the OSHC Service to support the inclusion of children with additional needs
- implement programming experiences and activities, that are inclusive for all children to access, explore and participate
- listen carefully to all children's concerns and discuss issues of inclusion and exclusion, and fair and unfair behaviour
- act as role models by displaying appropriate behaviour and language, being consistently aware of and responsive to children who may require additional support, attention, or assistance
- discuss a wide range of emotions, thoughts, and views constructively with the children within a supportive environment
- not judge or compare one child's development with another
- talk to children about differences and acceptance.
- provide opportunities for all children to play and learn together, promoting cooperative, caring, and social behaviours.

### INCLUSION SUPPORT PROGRAM (ISP):

To assist in the provision of an inclusive environment for children with additional needs, our OSHC Service may apply for additional support through the [Inclusion Support Program \(ISP\)](#) if the eligibility requirements are met.

The nominated supervisors and educators will refer to the Inclusion Support Guidelines and consult with families to submit an application. Applications would need to be submitted for the different types of care the child accesses through our OSHC Service (care during school terms and vacation care). The objectives of the Inclusion Support Program include:

- supporting Out of School Hours Services increase their capacity and capability to provide quality inclusive practices for all children
- to address access and participation barriers
- support the inclusion of children with additional needs

### HIGH POTENTIAL AND GIFTED CHILDREN

Our OSHC Service will collaborate with families to support the needs of high potential and gifted children. We will:

- respect the uniqueness of each child
- acknowledge the characteristics of high potential and gifted children
- be sensitive to the social-emotional needs of gifted children and assist them to feel a sense of belonging
- develop our capacity to cater for the needs of gifted children through professional development
- support children's transition to school
- assist educators cater for gifted children who also have a disability- 'Twice Exceptional' children.

### FAMILIES WILL:

- work collaboratively with our OSHC Service
- share information about their child's specific needs- their interests, things they do well, strategies that are used at home to support their child, identify routines or situations that may cause physical or emotional challenges
- provide accurate information about their child's additional needs including relevant reports, documentation, NDIS plans, details about support services and other allied professionals

- help to identify possible barriers for inclusion and reasonable adjustments that may be required
- consent to our OSHC Service accessing external professional support if required to assist educators manage the diagnosed, or undiagnosed additional needs of their child
- collaborate with external professional support agencies and educators to implement plans to support inclusion
- provide written consent for information about their child to be shared on the IS Portal if accessing support under the Inclusion Support Program
- adhere to our policies that should the safety of other children and staff be compromised enrolment may be suspended or terminated.

## CONTINUOUS IMPROVEMENT/REFLECTION

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

## CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Additional Needs Procedure
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## SOURCES

- Australian Children’s Education & Care Quality Authority. (2022). [Disability Discrimination Act 1992 \(DDA\) resources](#).
- Australian Children’s Education & Care Quality Authority. (2025). [Guide to the National Quality Framework](#)
- Australian Government Department of Education. (2022). [Belonging, Being and Becoming: The Early Years Learning Framework for Australia.V2.0](#).
- Australian Government Department of Education. (2023) [Inclusion Support Program \(ISP\) Guidelines](#). Version 2.5 July 2023.
- Australian Government. Australian Institute of Families Studies. (2024). [Supporting disability inclusion with children and families](#).
- Early Childhood Australia Code of Ethics. (2016).
- Early Childhood Australia (ECA), & Early Childhood Intervention Australia (ECIA). (2012). [Position statement on the inclusion of children with disability in early childhood education and care](#).
- Early Childhood Intervention Australia *National Guidelines for Best Practice in Early Childhood Intervention*
- Education and Care Services National Law Act 2010. (Amended 2023).
- [Education and Care Services National Regulations](#). (Amended 2023).
- New South Wales Department of Education. (2019). [High Potential and Gifted Education Policy](#).
- Raising Children *Supporting gifted and talented learning* <https://raisingchildren.net.au/preschoolers/play-learning/gifted-talented-children/supporting-learning>
- [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	May 25
POLICY REVIEWED	APRIL 2025	NEXT REVIEW DATE	APRIL 2026
VERSION NUMBER	V10.04.25		
MODIFICATIONS	<ul style="list-style-type: none"> <li>• annual policy maintenance</li> <li>• no major edits</li> <li>• Childcare Centre Desktop related resources section added</li> <li>• sources checked and updated as required</li> </ul>		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
APRIL 2024	<ul style="list-style-type: none"> <li>• annual policy maintenance</li> <li>• updated Inclusion Support Program guidelines (2023)</li> <li>• sources checked and updated as required</li> </ul>	APRIL 2025	

**Item 4.7 Administration of Medication Policy**

**EXECUTIVE SUMMARY**

In supporting the health and wellbeing of children, the use of medications may be required by children at the Out of School Hours Care (OSHC) Service. All medications must be administered as prescribed by medical practitioners and first aid guidelines to ensure the continuing health, safety, and wellbeing of the child. Under the *Education and Care Services National Law and Regulations*, OSHC Services are required to ensure medication records are kept for each child to whom medication is or is to be administered by the OSHC Service (Reg 92).

**OFFICER'S RECOMMENDATION**

*That Council: adopt the Administration of Medication Policy as presented.*

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**Budget & Resource Implications**

Nil

**Background**

Nil

**Consultation (Internal/External)**

N/A

**Attachments**

Attachment J – Policy

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

# ADMINISTRATION OF MEDICATION POLICY

In supporting the health and wellbeing of children, the use of medications may be required by children at the Out of School Hours Care (OSHC) Service. All medications must be administered as prescribed by medical practitioners and first aid guidelines to ensure the continuing health, safety, and wellbeing of the child. Under the *Education and Care Services National Law and Regulations*, OSHC Services are required to ensure medication records are kept for each child to whom medication is or is to be administered by the OSHC Service (Reg 92).

## NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
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.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
S.167	Offence relating to protection of children from harm and hazards
12	Meaning of serious incident
85	Incident, injury, trauma and illness policy
86	Notification to parent of incident, injury, trauma or illness
90	Medical conditions policy
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement - anaphylaxis or asthma emergency
95	Procedure for administration of medication

96	Self-administration of medication
136	First Aid qualifications
162(c) and (d)	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures are to be followed
175	Prescribed information to be notified to Regulatory Authority
183	Storage of records and other documents

**RELATED POLICIES**

Administration of First Aid Policy Dealing with Infectious Diseases Policy Child Protection Policy Code of Conduct Policy Delivery of Children to, and collection from Education and Care Service Premises Diabetes Management Policy Enrolment Policy Epilepsy Policy Family Communication Policy	Health and Safety Policy Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Privacy and Confidentiality Policy Record Keeping and Retention Policy Respect for Children Policy Safe Storage of Hazardous Substances Policy Supervision Policy Work Health and Safety Policy
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**PURPOSE**

To ensure all educators of the Out of School Hours Care (OSHC) Service understand their liabilities and duty of care to meet each child’s individual health care needs. To ensure all educators are informed of children diagnosed with a medical condition and strategies to support their individual needs. To ensure that all educators are specifically trained to be able to safely administer children’s required medication with the written consent of the child’s parent or guardian. Educators will follow this stringent procedure to promote the health and wellbeing of each child enrolled at the OSHC Service.

**SCOPE**

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

## IMPLEMENTATION

Families requesting the administration of medication to their child will be required to follow the guidelines developed by the OSHC Service to ensure the safety of children and educators. The Service will follow legislative guidelines and adhere to the Education and Care Services National Regulations to ensure the health of children, families, and educators at all times.

For children with a diagnosed health care need, allergy or relevant medical condition a medical management plan must be provided prior to enrolment and updated regularly. A *risk minimisation plan and communication plan* must be developed in consultation with parents/guardians to ensure risks are minimised and strategies developed for minimising any risk to the child. (see *Medical Conditions Policy*).

In this policy, the term *medication* is defined within the meaning of the Therapeutic Goods Act 1989 and includes prescription, over the counter and complementary medicines. All therapeutic goods are listed on the Australian Register of Therapeutic Goods (see [tga.gov.au](http://tga.gov.au)) (ACECQA, 2021)

### THE APPROVED PROVIDER/MANAGEMENT/NOMINATED SUPERVISOR 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 and associated procedure
- all new employees are provided with a copy of the *Medical Conditions Policy and Administration of Medication Policy* as part of their induction process
- children with specific health care needs or medical conditions have a current medical management plan detailing prescribed medication and dosage by their medical practitioner
- medication is only administered by the OSHC Service with written authority signed by the child's parent or other responsible person named and authorised in the child's enrolment record to make decisions about the administration of medication [Reg. 92(3)(b)]
- medication, **prescribed by a medical practitioner**, provided by the child's parents must adhere to the following guidelines:
  - the administration of any medication is authorised by a parent or guardian in writing
  - medication is prescribed by a registered medical practitioner (with instructions either attached to the medication, or in written form from the medical practitioner)
  - medication is from the original container
  - medication has the original label clearly showing the name of the child
  - medication is before the expiry/use by date.

- over-the-counter medication, provided by the child's parents must adhere to the following guidelines:
  - the administration of any medication is authorised by a parent or guardian in writing
  - medication is from the original container/packaging
  - medication includes instructions attached to the medication
  - medication is before the expiry/use by date
  - where possible, medication contains a label showing the child's name
- the *Administration of Medication* Record is completed for each child by the parent/guardian including:
  - name of medication
  - time and date medication was last administered
  - time and date medication is to be administered (or circumstances to be administered)
  - dosage to be administered
  - method of administration
  - period of authorisation
  - parent/guardian name and signature
- a separate form must be completed for each medication if more than one is required
- any person delivering a child to the OSHC Service must not leave any type of medication in the child's bag or locker. Medication must be given directly to an educator for appropriate storage upon arrival.
- written and verbal notifications are given to a parent or other family member of a child as soon as practicable if medication is administered to the child in an emergency when consent was either verbal or provided by medical practitioners
- if medication is administered without authorisation in the event of an asthma or anaphylaxis emergency the parent/ guardian of the child is notified as soon as practicable
- if the incident presented imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident
- reasonable steps are taken to ensure that medication records are maintained accurately
- medication records are kept in a secure and confidential manner and archived for the regulatory prescribed length of time following the child's departure from the Service
- children's privacy is maintained, working in accordance with the Australian Privacy Principles (APP).
- educators receive information about *Medical Conditions and Administration of Medication Policies* and other relevant health management policies during their induction

- educators, staff and volunteers have a clear understanding of children’s individual health care needs, allergy or relevant medical condition as detailed in medical management plans, Asthma or Anaphylaxis Action Plans
- written **authorisation consent** is requested from families on the enrolment form to administer emergency asthma, anaphylaxis, or other emergency medication or treatment if required
- families are informed of the Service’s medical and medication policies
- safe practices are adhered to for the wellbeing of both the child and educators
- a review of practices is conducted following an incident involving incorrect administration of medication or failure to follow proper medication procedures, including an assessment of areas for improvement
- first aid procedures are followed in the event of incorrect medication administered to a child, in accordance with the *Administration of First Aid Policy and Procedure*
- the **Poisons Information Centre** phone number, **13 11 26**, is prominently displayed alongside emergency service information
- ensure that families/parents are notified when practicable or within 24 hours if their child is involved in an incident at the Service and that details are recorded on the *Incident, Injury, Trauma and Illness Record*, including incorrect medication provided to a child
- ensure the regulatory authority is notified within 24 hours if a child is involved in a serious incident at the Service.

#### EDUCATORS WILL:

- not administer any medication without the written authorisation of a parent or person with authority, except in the case of an emergency, **with** the written **authorisation** on an enrolment form, verbal consent from an authorised person, a registered medical practitioner or medical emergency services will be acceptable if the parents cannot be contacted
- ensure medications are stored in the refrigerator in a labelled and locked medication container with the key kept in a separate location, inaccessible to children. For medications not requiring refrigeration, they will be stored in a labelled and locked medication container with the key kept in a separate location, inaccessible to children
- ensure adrenaline autoinjectors and asthma medication are kept out of reach of children and stored in a cool dark place at room temperature. They must be readily available when required and **not** locked in a cupboard. A copy of the child’s medical management plan should be stored with the adrenaline autoinjector or asthma medication.

- ensure that two educators administer and witness administration of medication at all times (Reg. 95). One of these educators must have approved First Aid qualifications as per current legislation and regulations. Both educators are responsible for:
  - checking the *Administration of Medication Record* completed by the parent/guardian
  - checking the prescription label for:
    - the child's name
    - the dosage of medication to be administered
    - the method of dosage/administration
    - the expiry or use-by date
  - confirming that the correct child is receiving the medication
  - signing and dating the *Administration of Medication Record*
  - returning the medication back to the locked medication container.
- follow hand-washing procedures before and after administering medication
- discuss any concerns or doubts about the safety of administering medications with management to ensure the safety of the child (checking if the child has any allergies to the medication being administered)
- seek further information from parents/guardian, the prescribing doctor or the Public Health Unit before administering medication if required
- ensure that the instructions on the *Administration of Medication Record* are consistent with the doctor's instructions and the prescription label
- ensure that if there are inconsistencies, medication is not to be administered to the child
- invite the family to request an English translation from the medical practitioner for any instructions written in a language other than English
- ensure that the *Administration of Medication Record* is completed and stored correctly including name and signature of witness and date and time of administration
- if after several attempts of encouraging the child to take medication, but they still refuse, contact the parent or guardian. Educators cannot use restrictive practices to make a child take medication at any time.
- observe the child post administration of medication to ensure there are no side effects
- respond immediately and contact the parent/guardian for further advice if there are any unusual side effects from the medication
- contact emergency services on 000 immediately if a child is not breathing, is having difficulty breathing, or shows signs of unusual side effects requiring immediate attention following administration of any medication.

**FAMILIES WILL:**

- provide management with accurate information about their child's health needs, medical conditions and medication requirements on the enrolment form
- provide the OSHC Service with a medical management plan prior to enrolment of their child if required
- develop a *medical risk minimisation plan* for their child in collaboration with management and educators and the child's medical practitioner for long-term medication plans
- develop a *medical communication plan* in collaboration with management and educators
- ~~complete and sign an~~ provide written authorisation on the *Administration of Medication Record* for their child requiring any medication to be administered by educators/staff whilst they are at the OSHC Service, including signing and dating it for inclusion in the child's medication records
- update (or verify currency of) *medical management plan* annually or as the child's medication needs change
- provide authorisation on the enrolment form for staff or educators of the Service to administer paracetamol or ibuprofen in the event their child registers a temperature of 38°C or higher
- be requested to sign consent to use creams and lotions should first aid treatment be required (list of items in the first aid kit provided at enrolment)
- keep prescribed medications in original containers with pharmacy labels. Please understand that medication will only be administered as directed by the medical practitioner and only to the child whom the medication has been prescribed for. Expired medications will not be administered.
- adhere to our OSHC Service's *Incident, Injury, Trauma and Illness Policy and Dealing with Infectious Diseases Policy*
- keep children away at home while any symptoms of an illness remain
- keep children at home for 24 hours from commencing antibiotics to ensure they have no side effects to the medication (best practice)
- advise the OSHC Service if their child has taken any medication with them to school. The *Administration of Medication Record* may be emailed to the Service if necessary.
- complete the *Administration of Medication Record* if dropping off their child in the morning, and the educator will sign to acknowledge the receipt of the medication. The educator will then ensure this medication is taken to school with the child where school policy regarding medication will be adhered to (e.g. giving medication to the class teacher).
- provide any herbal/ naturopathic remedies or non-prescription medications (including paracetamol) with a letter from the doctor detailing the child's name and dosage.

## SELF-ADMINISTRATION OF MEDICATION [Reg.96]

A child over pre-school age may 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 *Administration of Medication Record* for the child that the medication has been self-administered
- the *Administration of Medication Record* is signed by the parent upon collection of their child acknowledging the dose and time of administration of medication (e.g.: Asthma inhaler, Diabetic treatment).

## MEDICATIONS KEPT AT THE OSHC SERVICE

- Any medication, cream or lotion kept on the premises will be stored out of reach of children and checked monthly for expiry dates
- Management will ensure only authorised personnel purchase medication for the Service
- A list of First Aid Kit contents (including medications) close to expiry or running low will be given to the nominated supervisor who will arrange for the purchase of replacement supplies
- Any medication purchased by the Service which appears to be missing will be reported to the nominated supervisor
- Expired medication will be disposed of safely to ensure no harm the environment- (returned to pharmacy RUM bin- return unwanted medicine project)
- Educators will ensure medication purchased by the Service is administered as per procedures noted within this policy
- If a child's individual medication is due to expire or running low, the family will be notified by educators that replacement items are required
- It is the family's responsibility to take home short-term medication (such as antibiotics) at the end of each day, and return it with the child as necessary
- MEDICATION WILL NOT BE ADMINISTERED IF IT HAS PAST THE PRODUCT EXPIRY DATE
- Families are required to complete an *Administration of Medication Record* for lotions or over the counter medications to be administered.

### EMERGENCY ADMINISTRATION OF MEDICATION [Reg.93 (5)]

- In the occurrence of an emergency and where the administration of medication must occur, the approved provider/nominated supervisor must attempt to receive verbal authorisation by a parent, or a person named in the child's enrolment form who is authorised to consent to the administration of medication.
- If all the child's nominated contacts are non-contactable, the approved provider/nominated supervisor must contact a registered medical practitioner or emergency service on 000
- In the event of an emergency and where the administration of medication must occur, written notice must be provided to a parent of the child or other emergency contact person listed on the child's enrolment form as soon as practicable
- The approved provider/nominated supervisor will contact the regulatory authority within 24 hours as soon as practicably possible (if urgent medical attention was sought or the child attended hospital)
- The child will be comforted, reassured, and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.

### EMERGENCY INVOLVING ANAPHYLAXIS OR ASTHMA [Reg. 94]

- For anaphylaxis or asthma emergencies, medication/treatment will be administered to a child without authorisation, following the Asthma or Anaphylaxis Action Plan provided by the parent/guardian. [National Asthma Council (NAC) or ASCIA]
- In the event of a child not known to have **asthma** and appears to be in severe respiratory distress, the *Administration of First Aid Procedure* must be followed immediately:
  - an ambulance must be called
  - place child in a seated upright position
  - give 4 separate puffs of a reliever medication (e.g.: Ventolin) using a spacer if required.
  - repeat every 4 minutes until the ambulance arrives
- in the event of a child not known to be diagnosed with **anaphylaxis** and appears to be an **anaphylaxis** emergency where any of the following symptoms are present, an EpiPen must be administered
  - difficulty/noisy breathing
  - swelling of the tongue
  - swelling or tightness in throat
  - difficulty talking
  - wheeze or persistent cough
  - persistent dizziness or collapse pale and floppy

(Sydney Children’s Hospitals Network – 2020)

The approved provider/nominated supervisor will contact the following (as required) as soon as practicably possible:

- o Emergency Services 000
- o a parent of the child
- o the regulatory authority within 24 hours (if urgent medical attention was sought or the child attended hospital).

The child will be comforted, reassured, and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.

### CONTINUOUS IMPROVEMENT/REFLECTION

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

### CHILDCARE CENTRE DESKTOP - RELATED RESOURCES

Administration of First Aid Procedure Administration of Medication Procedure Administration of Medication Record Administration of Paracetamol Record Authorisation to Apply Non-Prescription Medication	Managing a Medical Condition Procedure Medical Communication Plan Medical Management Plan Medical Risk Management Plan Medication Audit
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### SOURCES

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Australian society of clinical immunology and allergy. ASCIA. <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>

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).

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

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

REVIEW

POLICY REVIEWED BY	Tina Chappell	Coordinator	May 25
POLICY REVIEWED	APRIL 2025	NEXT REVIEW DATE	APRIL 2026
VERSION NUMBER	V11.04.25		
MODIFICATIONS	<ul style="list-style-type: none"> <li>• annual policy maintenance</li> <li>• additional information added- definition of medication</li> <li>• additional information added- re: incorrect administration of medication</li> <li>• added section for <i>over the counter medication</i></li> <li>• added information- Medications kept at Service</li> <li>• sources checked for currency and updated as required</li> </ul>		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
APRIL 2023	<ul style="list-style-type: none"> <li>• annual policy review</li> <li>• removal of reference to Sick Child Policy</li> <li>• information required on administration of medication record expanded</li> <li>• revised Administration of Paracetamol section</li> <li>• sources checked for currency and updated as required</li> </ul>	APRIL 2024	

**Item 4.8 Managing an Aggressive Person/Visitor Policy**

**EXECUTIVE SUMMARY**

Our Out of School Hours (OSHC) Service aims to establish and maintain positive and open relationships with all parents of enrolled children. However, we understand that on occasion there may be times when a parent or visitor arrives at our OSHC Service displaying aggressive, difficult or challenging behaviour. Our OSHC Service is committed to maintain a safe workplace for all staff and visitors and ensure staff have the skills to safely prevent and de-escalate aggressive behaviours. Workplace violence can be any incident where a person is abused, threatened or assaulted whilst engaged in work.

**OFFICER'S RECOMMENDATION**

*That Council: adopt the Managing an Aggressive Person/Visitor Policy as presented.*

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**Budget & Resource Implications**

Nil

**Background**

Nil

**Consultation (Internal/External)**

N/A

**Attachments**

Attachment K – Policy

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

# MANAGING AN AGGRESSIVE PERSON/VISITOR POLICY

Our Out of School Hours (OSHC) Service aims to establish and maintain positive and open relationships with all parents of enrolled children. However, we understand that on occasion there may be times when a parent or visitor arrives at our OSHC Service displaying aggressive, difficult or challenging behaviour. Our OSHC Service is committed to maintain a safe workplace for all staff and visitors and ensure staff have the skills to safely prevent and de-escalate aggressive behaviours. Workplace violence can be any incident where a person is abused, threatened or assaulted whilst engaged in work.

## NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN’S HEALTH AND SAFETY		
2.2	Safety	Each child is protected
QUALITY AREA 6: COLLABORATIVE PARTNERSHIPS		
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role.
6.1.2	Parent views are respected	The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child’s learning and wellbeing.
6.2	Collaborative partnerships	Collaborative partnerships enhance children’s inclusion, learning and wellbeing.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
168	Education and care services must have policies and procedures
170	Policies and procedures must be followed
173	Prescribed information to be displayed

## RELATED POLICIES

Code of Conduct Policy Dealing with Complaints Policy Enrolment Policy	Family Communication Policy Interactions with Children, Family and Staff Policy Privacy and Confidentiality Policy
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## PURPOSE

Our OSHC Service aims to ensure that all staff members have skills and understanding of conflict resolution strategies to manage situations involving angry or aggressive parents or visitors.

## SCOPE

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

## IMPLEMENTATION

Parents have the right to make a complaint or report a concern to our OSHC Service at any time. Complaints may be real or perceived, and of a serious nature or more trivial nature (but important to them) such as not being able to quickly find their child's shoes at the end of the day. However, on occasion a parent's feelings may escalate into anger or aggression, not necessarily due to the concern at hand, but due to other events or situations they have had to already deal with that day, or due to the effect of drugs or alcohol or mental health.

## WHAT IS 'AGGRESSIVE BEHAVIOUR' OR 'WORKPLACE VIOLENCE'?

Within this policy, aggressive behaviour or workplace violence could include, but is not limited to:

- verbal abuse and threats
- intimidation and insults
- angry and hostile behaviour
- shouting and swearing
- stamping feet
- physical violence
- threatening behaviours

These behaviours could be caused due to:

- frustration
- intoxication
- substance misuse or abuse
- psychological imbalances or disturbances

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

- violence and aggression toward educators and/or staff are treated like any other hazard
- a risk assessment is conducted to identify possible hazards and identify control measures
- a procedure/plan is developed to de-escalate any aggression or violence and ensure the safety and wellbeing of staff
- all staff are familiar with this policy and are provided with opportunities to review and modify this policy
- staff are provided with training to learn skills to safely prevent and de-escalate aggressive behaviours- such as conflict resolution
- staff involved in a situation involving an angry or aggressive parent or visitor will be provided time for a debrief session following the event with a supervisor and/or offered professional support
- families are clearly informed, that any aggressive behaviour towards staff will not be tolerated
- families are made aware of our *Dealing with Complaints Policy* and *Code of Conduct* at time of enrolment of their child
- notification of a serious incident **is submitted** to the regulatory authority within 24 hours when there has been an incident that has posed a risk to the safety and wellbeing of the children
- the name and telephone number of the person to whom complaints can be made is clearly visible at the entrance to our OSHC Service.

### EDUCATORS/STAFF

Should a situation arise where a staff member is confronted by an aggressive or violent parent or visitor, they will:

- remain calm
- implement strategies to de-escalate the aggressive behaviours
- establish whether or not this is a situation you should deal with on your own, *or*
- advise the parent or visitor that you will get the nominated supervisor/ responsible person/appropriate person to come and speak to them
- offer and encourage the parent or visitor to move into a private space away from children and other families (This may even be outside if the children are inside). If they ignore or refuse the invitation, begin moving slowly towards a private area
- if moving into a room with the parent or visitor, always ensure you have access to the exit door
- if you are continuing to deal with the situation but feeling uncomfortable, request another staff member to accompany you

- if you are feeling threatened or in danger at any time, request another staff member to ring the police
- calmly tell the parent or visitor that you are prepared to listen, but the interview cannot continue if he/she continues to use a raised voice or inappropriate language
- if the same behaviour continues, leave the room and state that you will give the parent or visitor five minutes to calm down and then return
- ensure children are removed from the area/room if a parent or visitor becomes hostile in an area where children are located

When you feel the parent or visitor has calmed down enough to discuss the issue:

- remain calm
- be aware of what you say and how you say it (tone of voice)
- do not be provoked into getting into an argument
- listen effectively and allow the parent to talk without interrupting
- when the parent or visitor has got the main facts 'off their chest', restate what you believe the problem to be politely and respectfully
- ask relevant questions to clarify any issues
- as soon as the issue has been clarified begin to work on a solution: Note, do not give excuses as to why something may or may not have happened as it may anger the parent or visitor again. Instead, focus on moving forward with strategies the parent or visitor will accept to solve the problem.
- when discussing solutions clearly explain any limitations of the OSHC Service (regulations, policies and procedures)
- refer to *Dealing with Complaints Policy* (family) for information about procedural fairness, strategies and practices to promote conflict resolution.

Dealing with difficult, challenging and aggressive behaviours can have a huge impact on staff's wellbeing. Following the incident Management will ensure staff involved will:

- be provided with a 'debriefing' time. This may be talking to a manager or colleague, or simply moving off the floor for a short time
- document the incident and provide management with a copy
- follow up on anything agreed to with the parent or visitor or monitor that another staff member/management follows up in a timely manner

- be aware of any modifications to care or procedures and have a thorough understanding of the situation
- respect the confidentiality and/or privacy rights of the parent, family or visitor
- evaluate the risk assessment for the OSHC Service regarding aggression and/or violence.

**CONTINUOUS IMPROVEMENT/REFLECTION**

The *Managing an Aggressive Person/Visitor Policy* will be reviewed on an annual basis in conjunction with children, families, educators, staff and management.

**SOURCES**

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

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

**REVIEW**

POLICY REVIEWED BY	Tina Chappell	Coordinator	May 25
POLICY REVIEWED	APRIL 2025	NEXT REVIEW DATE	APRIL 2026
VERSION NUMBER	v4.04.25		
MODIFICATIONS	<ul style="list-style-type: none"> <li>• annual policy maintenance</li> <li>• no major changes in policy</li> <li>• sources checked for currency and repaired where required</li> </ul>		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
JANUARY 2024	<ul style="list-style-type: none"> <li>• annual policy maintenance</li> <li>• no major changes in policy</li> <li>• sources checked for currency and repaired where required</li> </ul>	APRIL 2025	

**Item 4.9 Safe Arrival of Children Policy**

**EXECUTIVE SUMMARY**

Under the Education and Care Services National Regulations, Outside School Hours Care (OSHC) Services must have policies and procedures in place for the safe arrival of children who travel to or from an education and care service premises [ACECQA, 2023]. This may include children traveling between our OSHC service and educational facilities such as Family Day Care service, preschool, school, long day care service or any other service which provides education and care to children.

**OFFICER'S RECOMMENDATION**

*That Council: adopt the Safe Arrival of Children Policy as presented.*

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**Budget & Resource Implications**

Nil

**Background**

Nil

**Consultation (Internal/External)**

N/A

**Attachments**

Attachment L – Policy

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

# SAFE ARRIVAL OF CHILDREN POLICY

Under the Education and Care Services National Regulations, Outside School Hours Care (OSHC) Services must have policies and procedures in place for the safe arrival of children who travel to or from an education and care service premises [ACECQA, 2023]. This may include children traveling between our OSHC service and educational facilities such as Family Day Care service, preschool, school, long day care service or any other service which provides education and care to children.

## 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 6: COLLABORATIVE PARTNERSHIPS WITH FAMILIES AND COMMUNITIES		
6.2	Collaborative partnerships	Collaborative partnerships enhance children's inclusion, learning and wellbeing.
QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1	Governance	Governance supports the operation of a quality service.
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.

EDUCATION AND CARE SERVICES NATIONAL 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
86	Notification to parents of incident, injury, trauma and illness
99	Children leaving the education and care service premises
102AAB	Safe arrival of children policies and procedures

102AAC	Risk assessment for the purposes of safe arrival of children policies and procedures
102C	Conduct a risk assessment for transporting children by the education and care service
102D	Authorisation for service to transport children
102E	Children embarking a means of transport – centre-based services
102F	Children disembarking a means of transport – centre-based services
158	Children’s attendance record must be kept by the approved provider
160	Child enrolment records to be kept by the approved provider and family day care educator
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
172	Notification of change to policies or procedures

**RELATED POLICIES**

Acceptance and Refusal of Authorisations Policy Child Safe Environment Policy Delivery of Children to, and Collection from Education and Care Service Premises Enrolment Policy	Incident, Injury, Trauma and Illness Policy Probation and Induction Orientation Policy Safe Transportation Policy Supervision Policy
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**PURPOSE**

Our Outside School Hours (OSHC) Service aims to ensure the safe and secure arrival and departure of all children into our service who may be travelling to or from another early childhood service or education facility. We are committed to identifying and minimising risks and potential hazards to ensure children are not placed at risk of harm or hazard when travelling between other educational facilities and our OSHC Service.

**SCOPE**

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

**IMPLEMENTATION**

The safety of children enrolled at our OSHC Service is paramount. Every reasonable precaution is taken to protect children from harm and from any hazard likely to cause injury. Appropriate safety measures have

been implemented through our comprehensive risk assessment process to ensure supervision is adequate at all times including when children are travelling between our OSHC Service and an educational facility. We are advocates for children and have a strong commitment to child safety and establishing and maintaining a child safe environment.

#### DEFINITION:

An education or early childhood service includes a school, an education and care service (including Long Day Care, Family Day Care, Outside School Hours Care), a children's service or any other service which provides education or care to children.

Examples of travel between education or early childhood services may include, but is not limited to:

- A child travelling from our OSHC Service to school or from school to our OSHC Service
- A child travelling from our OSHC Service to preschool/kindy or from the preschool/kindy to our OSHC Service
- A child travelling from our OSHC Service to a FDC or LDC Service or from the FDC or LDC Service to our OSHC Service

#### SAFE ARRIVAL OF CHILDREN 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 safe arrival and departure of children who are travelling between our OSHC Service and an educational facility.

The risk assessment will be reviewed at least every 12 months or after being aware of an incident or circumstance where the health, safety or wellbeing of children may be compromised. All risk assessments will be regularly assessed and evaluated to facilitate continuous improvement in our OSHC Service. If a risk concerning a child's travel is identified during the risk assessment, the approved provider must update the safe arrival of children 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 age, developmental stages and individual needs of children
- the roles and responsibilities of;
  - the nominated supervisor of each service (where applicable)
  - the child's parents/family member

- an authorised nominee listed on the child’s enrolment form
- a person authorised by a parent or authorised nominee listed on the child’s enrolment form (if applicable)
- the role and responsibilities of the service the care of which the child is entering or leaving
- communication arrangements made between the service the child is leaving from, and the service the child is entering, including arrangements if the child is missing or unaccounted for
- procedures to be followed if a child is missing or unaccounted for during travel between services
- educator to child ratios required for adequate supervision during travel between services
- the proposed route and destination, including proximity to harm and hazards
- the process for entering and exiting the service premises and the pickup location or destination (as required)
- procedures to be followed to ensure children only leave the service in accordance with written authorisation from the parent or authorised nominee listed on the child’s enrolment form.

(ACECQA 2023)

#### THE APPROVED PROVIDER/MANAGEMENT/NOMINATED SUPERVISOR WILL:

- ensure that obligations under the *Education and Care Services National Law and National Regulations* are met
- take reasonable steps to ensure all staff, educators, visitors, families, children follow this policy and related procedure
- ensure all staff and educators are inducted in the *Safe Arrival of Children Policy* and procedure
- ensure copies of the policy and procedures are readily available and accessible to educators, coordinators, staff and families
- clearly communicate any updates to policies and procedures to educators
- develop a *Safe Arrival of Children Procedure* to clearly outline roles, responsibilities and obligations for educators, families and the educational facility when children are travelling between services
- conduct a risk assessment to identify any risks or hazards that may pose a risk to children’s health, safety or wellbeing as they travel between our OSHC service and an educational facility including embarking and disembarking a means of transport
- consult with staff, educators, families and children (where applicable) during the preparation of a risk assessment
- consult with the educational facility during the preparation of a risk assessment
- review the risk assessment every 12 months or after being aware of an incident or circumstance where the health, safety or wellbeing of children may be compromised

- notify families at least 14 days in advance of any changes to policy or procedures - as per regulations
- provide induction training to new educators and staff of this policy and related procedure
- provide ongoing training and information to coordinators, nominated supervisors and educators to ensure they can fulfil their roles and provide a child safe environment for all children and young people
- develop open communication channels and strategies between families, our OSHC Service, educators and the educational facility
- request families complete a *Safe Travel Agreement Form* prior to children travelling between our OSHC Service and another educational facility
- advise families to inform the OSHC service of any change in attendance or routine that may affect the child's safe arrival or departure as soon as they are aware
- ensure the *Administration of First Aid Policy* and *Incident, Injury, Trauma and Illness Policy* is implemented in the event of a serious incident, injury, trauma or medical emergency, including contacting emergency services and notifying parents/guardians as required **and that details are recorded on the *Incident, Injury, Trauma and Illness Record***
- **review practices following an incident involving children travelling between the Service and an educational facility, including an assessment of areas for improvement**
- **ensure the regulatory authority is notified within 24 hours if a child is involved in a serious incident at the Service**
- ensure the **OSHC** Service keeps accurate attendance records recording the following:
  - the time and date children arrive or depart our OSHC Service
  - the signature of the person who has collected or delivered the child to our service or the signature of the nominated supervisor or educator in accordance with the *Delivery of Children to, and collection from Education and Care Service Premises Policy*.

### EDUCATORS WILL:

- implement a risk assessment to identify and manage any risks or hazards that may pose a risk to children's health, safety or wellbeing as they travel between our OSHC Service and an educational facility
- implement procedures for the safe handover of children between our OSHC Service and educational facility is documented correctly and clearly communicated with all stakeholders
- ensure enrolment records are kept up to date for all children, including authorisations from families
- ensure accurate attendance records are kept up to date recording the following:
  - the time and date children arrive or depart our OSHC Service

- the signature of the person who has collected or delivered the child to our OSHC Service or the signature of the nominated supervisor/coordinator or educator in accordance with the *Delivery of Children to, and Collection from Education and Care Service Premises Policy*
- cross check children’s attendance against an accurate attendance record showing when children are within the care of our OSHC Service- strategies include conducting a head count
- follow the *Safe Transportation Policy* at all times to ensure regulations are met when children embark and disembark from vehicles during travel between our OSHC Service and other educational facilities
- implement the *Administration of First Aid Policy* and *Incident, Injury, Trauma and Illness Policy* in the event of a serious incident, injury, trauma or medical emergency, including contacting emergency services and notifying parents/guardians as required
- ensure that when leaving our OSHC Service, children are given into the care of a parent, an authorised nominee named in the child’s enrolment form or a person authorised by the parent or authorised nominee; or given into the care of a person in accordance with the written authorisation of the child’s parent or authorised nominee
- discuss safe travel strategies with children prior to children travelling between our OSHC Service and the educational facility to ensure children are supported to feel safe and act responsibly
- ensure families complete a *Safe Travel Agreement Form* prior to children travelling between our OSHC Service and an educational facility
- communicate any changes to travel routine to family members, educators and the nominated supervisor
- follow the *Safe Transportation Policy* at all times to ensure regulations are met when children embark and disembark from vehicles during travel between our OSHC Service and educational facilities (Reg 102E, 102F).

#### FAMILIES WILL:

- adhere to the Service’s *Delivery of children to, and Collection from Education and Care Service Premises Policy* and *Safe Arrival of Children Policy*
- communicate any changes in routine and activities that may affect the child’s safe arrival or departure as soon as they are aware
- notify the OSHC Service if their child is going to be absent on a particular day or session (best practice)
- provide emergency contact details and phone numbers upon enrolment and update emergency contact details and phone numbers regularly (as required)

- complete a *Safe Travel Agreement Form* detailing circumstances where children will travel between our OSHC Service and an educational facility.

### MISSING OR UNACCOUNTED CHILD

Our OSHC Service and educators will develop clear procedures to follow in case of a missing or unaccounted a child who is deemed missing whilst travelling to or from our OSHC Service from an educational facility. Parents must advise the service as early as possible of any changes to the child's routine or activity.

If the child does not arrive at our OSHC Service at the predetermined time the nominated supervisor/responsible person or educators will:

- check the *Safe Travel Agreement Form* and any communication from the family if the child does not arrive at our OSHC Service at the pre-determined time.
- contact the educational facility and confirm the child left the educational facility at the arranged time
- contact the parents or authorised nominee to determine the location of the child
- contact the nominated supervisor/responsible person to advise of the situation
- where possible, help conduct a search of the route of travel, ensuring supervision of all children within care
- liaise with Police, emergency services and parents as required
- complete an incident, injury, trauma and accident record as soon as possible.

If the child does not arrive at the educational facility at the predetermined time, our service will:

- assist the educational facility to provide details when the child left our OSHC service.
- where possible, assist in a search of the route of travel, ensuring supervision of all children within care.
- contact the Nominated Supervisor/Responsible Person and advise of the situation.
- liaise with parents and the police/emergency services if required.

Our OSHC Service will notify the regulatory authority within 24 hours of becoming aware of a serious incident, including if a child is missing or unaccounted for when travelling between our OSHC Service and an educational facility. **A thorough review of the incident will be conducted and assessment of our current procedures and policy to identify any areas of improvement in our practices.**

### CONTINUOUS IMPROVEMENT

Our *Safe Arrival of Children Policy* will be updated and reviewed annually in consultation with families, staff, educators and management **to ensure currency.**

**CHILDCARE CENTRE DESKTOP- RELATED RESOURCES**

Safe Arrival of Children Procedure	Safe Travel Agreement Form
Safe Arrival of Children Risk Assessment	

**SOURCES**

**Australian Children’s Education & Care Quality Authority. (2025). *Guide to the National Quality Framework***  
 ACECQA. (2023). Policies and procedures guidelines. [Safe Arrival of Children](#)  
 ACECQA. (2023). Information Sheet. [Safe Arrival of Children](#)  
 Education and Care Services National Law Act 2010. (Amended 2023).  
[Education and Care Services National Regulations](#). (Amended 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	May 25
POLICY REVIEWED	APRIL 2025	NEXT REVIEW DATE	APRIL 2026
VERSION NUMBER	V3.04.25		
MODIFICATIONS	<ul style="list-style-type: none"> <li>• annual policy maintenance</li> <li>• additional regulations added- re: children embarking/disembarking transport</li> <li>• sources checked and updated as required</li> </ul>		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
APRIL 2024	<ul style="list-style-type: none"> <li>• annual policy maintenance</li> <li>• sources checked and updated as required</li> </ul>	APRIL 2025	

**Item 4.10 Supervision Policy**

**EXECUTIVE SUMMARY**

Supervision is an integral part of the whole care and education experience. “*At its most basic level, supervision helps to protect children from hazards or harm that may arise in their daily experiences in play, interactions with others, and daily routines.*” (Victoria Department of Education and Training, 2010, p.1). Effective supervision allows educators to actively engage in play and leisure opportunities that are meaningful to children and support their wellbeing, development and learning.

**OFFICER’S RECOMMENDATION**

*That Council: adopt the Supervision Policy as presented.*

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**Budget & Resource Implications**

Nil

**Background**

Nil

**Consultation (Internal/External)**

N/A

**Attachments**

Attachment M – Policy

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

# SUPERVISION POLICY

Supervision is an integral part of the whole care and education experience. *“At its most basic level, supervision helps to protect children from hazards or harm that may arise in their daily experiences in play, interactions with others, and daily routines.”* (Victoria Department of Education and Training, 2010, p.1). Effective supervision allows educators to actively engage in play and leisure opportunities that are meaningful to children and support their wellbeing, development and learning.

## NATIONAL QUALITY STANDARDS (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.

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.174	Offence to fail to notify certain information to Regulatory Authority
100	Risk assessment must be conducted before an excursion
101	Conduct of risk assessment for excursions
102C(2)(g)	Supervision during transportation
102E	Children embarking a means of transport- centre based service
102F	Children disembarking a means of transport- centre based service
115	Premises designed to facilitate supervision
120	Educators who are under 18 to be supervised
121	Application of Division 3
122	Educators must be working directly with children to be included in ratios
123 (1) (d)	Educator to child ratios-Centre based services

168	Education and care service must have policies and procedures
176	Time to notify certain circumstances to Regulatory Authorities

**RELATED POLICIES**

Administration of Medication Policy Adventurous (Risky and Nature) Play Policy Bottle Safety and Preparation Policy Child Safe Environment Policy Code of Conduct Policy Cyber Safety Policy Delivery of Children to, and Collection from Education and Care Service Premises Emergency Evacuation Policy	Handwashing Policy Incident, Injury, Trauma and Illness Policy Multi-Storey Building Policy Nutrition and Food Safety Policy Physical Environment Policy Road Safety Policy Safe Transportation Policy Rest Time Policy Water Safety Policy
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**PURPOSE**

Out of School Hours Care (OSHC) educators have a duty of care to ensure children are actively supervised at all times, maintaining a safe and secure environment adhering to Education and Care National Law and National Regulations. Supervision for children in OSHC requires educators to cater for a wide range of ages and abilities and requires flexibility and organisation to ensure thoughtful design and arrangement of children’s environments, assists in the prevention and severity of injury to children. Effective supervision of children provides educators with the opportunity to support and build on younger children’s play experiences whilst supporting older children’s independence.

Educators will actively supervise children, identifying risks and taking all necessary steps to prevent or minimise injury in a range of situations including, transitioning children between school and the Out of School Hours Care (OSHC) Service and whilst transporting children to and from the OSHC Service. Effective supervision of children provides educators with the opportunity to support and build on children’s play experiences. Our OSHC Service will ensure no child or children are left alone with a visitor, student or volunteer.

**SCOPE**

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

## IMPLEMENTATION

Our OSHC Service caters for children of different ages and abilities requiring educators to consider a variety of different supervision strategies. Younger children require closer supervision, whilst educators need to be respectful of older children's developing independence and autonomy.

In all environments, adequate supervision means:

- that an educator can respond immediately to a child
- knowing where children are at all times and monitoring their activities actively and diligently
- educators using different skills when supervising and engaging with children- monitoring changes in noise and stress levels, using peripheral vision and changing position regularly
- assessing the risks in the environment and experiences children are engaged in when determining the number and positioning of educators

(Source: ACECQA, 2024).

## THE APPROVED PROVIDER/NOMINATED SUPERVISOR/MANAGEMENT WILL:

- ensure obligations under the *Education and Care Services National Law and National Regulations* are met
- ensure educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy and associated procedure
- ensure all new employees, students and volunteers are provided with a copy of this policy as part of their induction process
- ensure that the premises and facilities are designed and maintained to provide a clear line of sight and facilitate adequate supervision of children at all times while maintaining the rights and dignity of all children
- notify the regulatory authority of any serious incident or complaints alleging the safety, health or wellbeing of children has been compromised within 24 hours of the incident or the time that the person becomes aware of the incident or complaint. This includes if an ambulance was called in response (not as a precaution) to the incident, situation or event
- notify parents as soon as practicable but within 24 hours if their child is involved in a serious incident/situation at the OSHC Service or whilst under the care of the OSHC Service. Details of the incident/situation are to be recorded on the *Incident, Injury, Trauma and Illness Record*
- conduct a review of practices following a supervision related incident, such as a child being missing or unaccounted for, including an assessment of areas for improvement
- ensure educators under eighteen years of age (18) are adequately supervised by an educator over the age of 18 at all times and are not left alone with children at any time

- ensure students, volunteers and/or visitors are never left alone with a child whilst at the OSHC Service under any circumstance
- minimum educator qualification requirements are recognised and adhered to according to legislative requirements
- the OSHC Service maintains the required educator-to-child ratio for children over preschool age- **1:15 (NT, QLD, NSW, TAS, VICT) 1:11 (ACT)**
- ensure that all educators are aware of where children are at all times and monitor the environment closely
- ensure educators are able to respond to any situation immediately, particularly if a child is distressed or in a hazardous situation
- develop and maintain rosters that ensure continuity of care and adequate supervision at all times when children are in attendance at the OSHC Service including:
  - visiting and returning from children’s toilets
  - transported to and from the OSHC Service premises (see: *Safe Transportation Policy*)
  - transported in a vehicle/bus as part of an excursion
  - when children are moving between different levels of the OSHC Service (See: *Multi-Storey Building Policy*)
  - transitioned between the OSHC Service and school grounds and
  - during excursions and outings (including Vacation Care)
  - **during meal times to prevent and manage allergy and anaphylaxis risk**
- ensure a staff member or nominated supervisor is present at the Service to account for children when they embark and disembark the vehicle at the OSHC Service **premises** (Regulation 102E and 102F)
- ensure flexibility of supervision to provide for educators to supervise individual children or small groups of children
- guide and mentor educators to ensure a range of strategies are used to provide effective supervision such as regular head counts and attendance checks
- respect children’s age and developing independence and need for privacy when providing supervision for children in the OSHC setting
- conduct risk assessments and plan ongoing supervision taking into consideration the layout of the premises and grounds, any higher risk activities, the presence of any animals, the location of activities and the location of bathroom facilities. The supervision plan and strategies will be displayed for families in all rooms and in the outdoor area.

- develop, maintain and regularly review a supervision plan and strategies for both the indoor and outdoor areas, which will support educators to position themselves effectively to allow them to observe the maximum area possible
- ensure educators employ 'active supervision' strategies at all times
- ensure educators avoid activities or actions that will distract them from supervision, such as speaking to other educators for long periods of time, taking personal phone calls, checking mobile phones or smart watches or administrative tasks
- ensure educators are aware if they need to move away from children, another educator is to replace them
- ensure educators are positioned allowing them to watch the maximum area possible
- ensure educators move around the environment to observe the maximum area and to avoid standing with their back to children or talking with other educators
- adopt accepted best practice, ensuring no staff member is left alone with a child to support child protection protocols
- in the event of a child missing or unaccounted for, the *Missing Child Procedure* is followed, including notification to the regulatory authority within 24 hours of a serious incident. See *Incident, Injury, Trauma and Illness Policy*
- ensure that a Risk Assessment and a Management Plan is carried out before an authorisation is requested for an excursion. The risk assessment will consider and identify the number of adults required to ensure continuous adequate supervision throughout the excursion
- conduct risk assessment to determine how children are supervised while being transported and whether additional adults are required during transportation.

### EDUCATORS WILL:

- monitor and maintain staff to child ratios to ensure adequate supervision of children
- have a sound understanding of their duty of care and responsibilities in ensuring children are within a safe environment
- **respond immediately to children, especially if they are distressed or in a hazardous situation**
- communicate and collaborate with others to ensure the effective supervision of children within the OSHC Service
- alert other colleagues if they need to leave an area for a particular reason to ensure continuous supervision of children (e.g., to obtain resources, visit the bathroom)
- adhere to a supervision plan and strategies for both the indoor and outdoor environment, assisting colleagues to position themselves in order to effectively supervise children's play. The supervision

plan will include the floor plan of the OSHC Service and include the location of activity areas and the closest bathroom facilities for boys and girls

- respect children’s age and need for independence when actively supervising children in the OSHC setting- (younger children will require closer supervision than older children)
- implement vigilant supervision strategies for hygiene requirements including:
  - regular handwashing
  - cough and sneeze routines- using disposable tissues and handwashing
- inform new and relief educators about supervision arrangements, outlining their supervision responsibilities
- regularly evaluate the efficiency of the supervision plan and update as required
- in the event of a child missing or unaccounted for, **ensure** the *Missing Child Procedure* is followed. (See *Incident, Injury, Trauma and Illness Policy*)
- ensure any educators under the age of 18 years old are never left alone with children
- ensure students, volunteers and/or visitors are never left alone with children
- **ensure that at least one other educator is within sight when working with children or if it is necessary to assist a child to change their clothes**
- arrange the environment to balance supervision of children’s needs depending on age, ability and activities
- emphasis for supervision will be on open playgrounds, risky play opportunities and doors during arrival and departure times
- communicate with each other about their location within the environment and any relevant information about supervising individual children to ensure their needs are met
- maintain correct ratios adhering to the Education and Care National Regulations throughout the education and care environment
- ensure that all children are in sight **and**/or hearing of educators at all times
- ensure that children are supervised by an educator or accompanied by an older child when going to the bathroom at the OSHC Service
- ensure that hazardous equipment and chemicals are inaccessible to children
- scan the environment during interacting with individuals or small groups
- continuously scan and look around the area to observe all the children in the vicinity.
- implement correct supervision strategies and not perform other duties while responsible for the supervision of children
- listen closely to children whilst supervising areas that may not be in a direct line of sight noticing changes in volume or tone of voice

- plan for a mixture of activities to allow for appropriate supervision of groups of children
- adhere to *Nutrition Food Safety Policy* to ensure provide supervision during mealtimes to prevent and manage allergy and anaphylaxis risks
- provide effective and adequate supervision when children are transported in a vehicle at all times (see *Safe Transportation Policy* and *Road Safety Policy*)
- employ a variety of methods to account for all children throughout the day with particular attention to key transition times, including checking children’s name on attendance records and conducting headcounts and recording the date and time of all checks using the *Head Count Record*.

**CONSIDERATION WILL BE GIVEN TO THE DESIGN AND ARRANGEMENT OF CHILDREN’S ENVIRONMENTS TO SUPPORT ACTIVE SUPERVISION BY:**

- using supervision skills to recognise areas of risk therefore reducing the potential for injury or incident to children and adults
- providing direct, constant and proximal monitoring to children undertaking activities that involve some risk and recognising when the ratio of educators to children needs to be increased- (e.g.: carpentry, water activities, climbing)
- guiding educators to make decisions about when children’s play and games need to be interrupted and redirected
- supporting educators with specific strategies such as positioning, peripheral vision and monitoring children’s arrival and departure from the OSHC Service
- providing consistent supervision strategies when the OSHC Service requires relief educators.

**CONTINUOUS IMPROVEMENT/REFLECTION**

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

**CHILDCARE CENTRE DESKTOP - RELATED RESOURCES**

Child Safe Environment Procedure	Risk Assessment Guide and Procedure
Direct Supervision sign in/ sign out sheet	Supervision Audit
Educator Sign in Out Record	Supervision Guidelines and Procedure (including Head
Risk Assessment Guide and Procedure	Count Record)
Missing Child Procedure	Supervision Plan
	Working Directly with Children Guide

**SOURCES**

Australian Children’s Education & Care Quality Authority. (2023). [Active Supervision: Ensuring safety and promoting learning.](#)

Australian Children’s Education & Care Quality Authority. Children’s Health and Safety. *An analysis of Quality Area 2 of the National Quality Standard.* Occasional Paper 2. (2016).

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

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).

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

**REVIEW**

POLICY REVIEWED BY	Tina Chappell	Coordinator	May 25
POLICY REVIEWED	APRIL 2025	NEXT REVIEW DATE	APRIL 2026
VERSION NUMBER	V7.04.25		
MODIFICATIONS	<ul style="list-style-type: none"> <li>annual policy maintenance</li> <li>additional points added to strengthen policy for compliance focus</li> <li>sources checked for currency and updated as required</li> </ul>		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
APRIL 2024	<ul style="list-style-type: none"> <li>annual policy review</li> <li>added information in Implementation section</li> <li>added requirement for additional children checks for OSHC Services located in multi-storey buildings and use of head checks as an effective strategy</li> <li>sources checked for currency and adjusted as required</li> </ul>	APRIL 2025	

**Item 5. General Business**

DATE OF NEXT MEETING

**17 June 2025**

**CONCLUSION**

Peter Bennett  
**Chief Executive Officer**