



Blackall-Tambo
Regional Council

Community Services Policies and Procedures

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Chief Executive Officer
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Mayor
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Community Services Policies and Procedures

1 RESOLUTION

04/04A/10

11/09A/10

2 HARM PREVENTION AND RESPONSE POLICY

2.1 PURPOSE

This policy is to provide a framework, consistent with legislative requirements, for responsible behaviour, and preventing and responding to harm or potential harm to its clients. Harm can arise from incidents such as bullying, petty theft, violence, harassment and acts of aggression due to alcohol, drugs or stress. Violent behaviour is never acceptable. It has been developed with a view to minimize harm and ensure a safe environment for all who access Community Services. Blackall-Tambo Regional Council Community Services is committed to providing a safe, secure and positive environment for people using its services. Those accessing the centre need to use their professional skills and experience to decide on what actions they should take in each situation of potential harm. Where possible, decisions should be discussed with the Coordinator

2.2 PROCEDURE

- Blackall-Tambo Regional Council Community Services expects all service users, staff and volunteers to comply with this policy and to act responsibly in respect to safety of all.
- Staff and volunteers should always apply themselves in a manner that respects cultural, social and individual differences, preferences and choices.
- Blackall-Tambo Regional Council Community Services will not tolerate harassment, unacceptable or unlawful behavior that may result from the consumption of alcohol and/or drugs. Where necessary, any observed illegal activity will be reported to the appropriate authorities (e.g. the police).
- Any member who contravenes the requirements of this policy or those of the governing legislation could find themselves subject to disciplinary proceedings. Blackall-Tambo Regional Council Community Services reserves the right to remove any individual from its premises for failure to comply with its policies or the reasonable directions of its employees.
- Blackall-Tambo Regional Council Community Services will promote a responsible attitude.
- No employee or volunteer is to consume alcohol during or prior to participation in any activity at work.

2.3 INITIAL STEPS

- Notification of violent behaviour, potential harm or threats must be recorded and noted on the Case Management chart for the client where relevant and on the Incident / Accident Report form within 24 hours of the incident.

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- Staff must take all threats seriously and report them to the Chief Executive Officer of the Blackall-Tambo Regional Council immediately.
- If a known violent and/or threatening client is likely to visit the organisation, staff must be made aware of strategies to cope with any incident that may occur.
- In managing aggressive or threatening behaviour staff will first ensure their own safety and the safety of others. No punitive action, including restraining an aggressive client, will be taken. If behaviour continues, contact Blackall Police on 46 574 200.

2.4 WOKING ALONE

During office hours, staff should ensure all accesses to exits are kept locked and notice placed on the door for clients to press intercom button. If staff member has a client(s) in a room, then the door should be left unlocked.

2.5 ALARMS

If staff are concerned about a client's behaviour they should negotiate a backup system with the Chief Executive Officer.

2.6 STAFF PHONE NUMBERS

- No staff member's personal phone numbers are to be given out to clients.
- Recognised emergency phone numbers and / or local Hospital phone numbers are to be offered for out of hours contact.

2.7 WHEN VIOLENCE OCCURS

- The Incident / Accident Report form is to be completed.
- Counselling or debriefing will be accessed through the Coordinator, or other appropriate nominated person.

2.8 ACCIDENTS, "NEAR MISS" ACCIDENTS AND OTHER HAZARDS

- The Incident / Accident Report form is to be completed whenever any client is involved in an accident (however minor) at the workplace, including a 'near miss' accident.
- Any hazard or potential hazard must be reported on the Hazard Report form.
- All forms must be completed within 24 hours.
- If a client, who sustains an injury at the work place, is required to seek first aid, treatment shall be provided only by staff appropriately qualified in first aid.
- The Coordinator will liaise with the client to ensure that they are supported in a manner that is appropriate to their injury.
- Where relevant, the Coordinator will be guided by the Medical Practitioner who is overseeing the client's recovery.

2.9 COMMUNICABLE DISEASES

- Staff are trained in and observe basic hygiene and infection control measures in their work with clients in order to avoid communicable diseases.
- Staff who suspect that that a client has a communicable disease should report this immediately to the Coordinator who will advise them of the appropriate action.



2.10 STAFF ORIENTATION AND TRAINING

- All staff shall complete an Orientation Checklist upon recruitment and shall be provided refresher training on all of the above areas.
- All staff will have access to training on how to manage aggressive situations.

2.11 DUTY OF CARE

Blackall-Tambo Regional Council Community Services has a responsibility under the Occupational Health and Safety Act to ensure that workplaces under its control are properly maintained and remain safe. In accordance with this responsibility Blackall-Tambo Regional Council Community Services expects all who work for or visit to comply with occupational health and safety policies and procedures, thereby acting in a manner that promotes their own wellbeing and the health and safety of others.

Intervention

- In order to meet responsibilities under the Occupational Health and Safety Act, Blackall-Tambo Regional Council Community Services expects that any person accessing or employed on the premises will at all times, act reasonably and responsibly and will adhere to any requests that are made in the interests of preventing harm and minimizing risk. In the event of an emergency, all persons are to follow any reasonable directions that may be given.
- Any person who does not act reasonably in such circumstances will be asked to remove them selves from the premises. Should a person refuse such a request, other appropriate authorities will be used depending on the circumstances (e.g. Police).

Emergency Procedures

- Employees and volunteers should be familiar with emergency procedures so that emergency situations can be managed effectively. Persons in control (such as the Coordinator) must ensure they are fully conversant with the emergency preparedness program and be able to implement the emergency management plan.
- Implementation may include contacting emergency services as necessary in the circumstances.

2.12 DISCIPLINARY PROCEDURES

- Participation in any activity that directly or indirectly breaches any part of this policy or its underlying principles may result in disciplinary action. The Blackall-Tambo Regional Council Community Services have the right to instruct individuals (including staff and service users) to vacate its premises and will enforce this right through legal means (i.e. the police) where necessary.
- Participation in any activity that directly or indirectly breaches State or Federal law may be subject to both internal and/or external disciplinary proceedings

2.13 CHILD PROTECTION

Ways to identifying child abuse and procedures to follow, should abuse be suspected.

Definition



Child abuse is when a child has been harmed or there is a high risk of the child being harmed. Harm is defined as any detrimental effect of a significant nature on the child's physical, psychological or emotional well being (Child Protection Act 1999). Child abuse may consist of, but limited to, physical harm, sexual abuse and exploitation, neglect and abandonment. Examples of situation that may lead to the implementation of this policy are:

- When a child or young person discloses abuse by a caregiver, teacher or other person they are in contact with
- When a person expresses an intention by self or another to harm a child or that such event is imminent (eg denying medical attention, leaving children unsupervised, returning a child to a domestic violence situation, forcing a child to leave home)
- Where a person is known to a worker and has a previous history of abusing children and conveys information that can reasonably be interpreted as a warning sign of further abuse occurring

Procedure

Staff and volunteers will undertake every possible measure to ensure the safety of persons under the age of 18 years.

In order to achieve this policy, the following principles must be adhered to:

- Where concerns of child abuse exist, the staff member must consult with a senior staff member, preferably the coordinator. Where possible, client (either child of concern or adult guardian) should be sought to contact people who can help. Where this is not possible or unattainable, then consultation should occur with the coordinator or senior staff member regarding a breach or confidentiality
- If required, consultation with an external professional without providing identifying information is permitted to ascertain if a breach of confidentiality is required
- Response to concerns of child abuse must be prompt
- It is preferred that all staff having contact with children are trained in the Child Protection Act 1999, and have a basic understanding of child abuse indicators
- After appropriate consultation is made, child protection concerns should be raised with the Child Abuse Hotline on 1800 458 288
- The staff member involved in any situation where child abuse has been a concern must debrief with the coordinator regarding the organisations response to the situation and plan for any future involvement
- Once another agency have been involved, such as the Dept of Child Safety, the staff member must ensure that future contact is in cooperation with that external service

3 RECORD DISPOSAL POLICY

3.1 PURPOSE

To ensure the creation, maintenance and legal destruction of records and documents by establishing a framework and accountabilities for records management.



3.2 DEFINITIONS

For the purpose of this policy:

Archives - are those records that have been identified as having continuing value and that are kept permanently. These include records of significance that:

- provide evidence of the source of authority, foundation, governance and management;
- provide evidence of the deliberations, decisions and actions relating to key functions and programs and significant issues;
- provide evidence of the legal status and fundamental rights and entitlements of individuals and groups essential for the ongoing functions of Community Services;
- substantially contribute to the knowledge and understanding of the social and community context;
- provide substantial evidence of the impact of activities;
- have been identified as being required as State archives in a records retention and disposal authority.

Legal Document - refers to all legal documents, such as memoranda of understanding, contracts and agreements.

Publications - are any works, irrespective of format, issued for distribution.

A record - is any document or other source of information compiled, recorded or stored in written form or on film, or by electronic process, or in any other manner or by any other means.

Records Management - is the discipline and organisational function of managing records to meet operational business needs, accountability requirements and community expectations.

Secondary storage - is a records storage area that is used to store records that need to be kept for longer than the period for which they are required within the actual organisational unit.

Destroying - means shredding or incinerating paper records.

3.3 PROCEDURE

Records are a corporate memory, providing evidence of actions and decisions and representing a vital asset to support the daily functions and operations. They support consistency, continuity, efficiency and productivity in delivery, management and administration.



3.4 PUBLICATIONS

A copy of each publication produced by or for Blackall-Tambo Regional Council Community Services should be kept and archived where necessary

3.5 ARCHIVES

Blackall-Tambo Regional Council Community Services will maintain an archives collection of records with significance to its operation.

All client and service user information and records will be kept in a secure manner at all times – either electronically or paper. Paper records will be kept in a locked cabinet with the Coordinator having the responsibility of access to the key. Electronic records are kept and maintained on Council’s Record Information Program “Infoxpert” and are saved with a password.

The archived information will be managed under the responsibility of the Coordinator. They will:

1. develop a standardised records management system for archiving information;
2. be responsible for keeping and maintaining the archives;
3. authorise, secure and destroy records or nominate a person to destroy records;
4. monitor compliance with policies and standards with record archiving and disposal;
5. provide secondary storage for records;
6. educate staff on recordkeeping practices and responsibilities.

3.6 ALL STAFF

Each member of staff is responsible for records creation and management and must:

1. make and keep full and accurate records for which he or she is responsible;
2. handle records with care;
3. protect records from accidental damage;
4. protect sensitive records in their custody from unauthorised access; and
5. not destroy records without authorisation from his or her supervisor.

3.7 RELOCATION

Where Blackall-Tambo Regional Council Community Services is physically relocated, it is the responsibility of the Coordinator to ensure records are properly managed and not left behind

3.8 DESTRUCTION/PROTECTION OF RECORDS

- A member of staff must not abandon, dispose of, transfer possession or ownership, damage, alter or neglect records in such a way that causes or is likely to cause damage to them without appropriate authorisation from the Coordinator or Chief Executive Officer.
- Records must not be destroyed if they are the subject, or it is anticipated that they may be the subject, of a subpoena, or other formal request for access or relate to any ongoing action such as an appeal.



- Paper records will be archived accordingly and only be destroyed after a period of seven (7) years has lapsed after the client or service user has ceased using the service.
- If a client or service user under the age of eighteen (18) ceases using the service, their paper record will be destroyed after a period of seven (7) years has lapsed after they turn eighteen (18), so when they turn 25 years of age.
- Disposal of documents are in accordance with Queensland State Archives “Local Government Sector Retention and Disposal Schedule” which is used in conjunction with the “General Retention and Disposal Schedule for Administrative Records” issued by the State Archivist under the Authority of Section 13 of the *Public Records Act 2002*.

4 EQUIPMENT MANAGEMENT POLICY

Equipment is operated in accordance with manufacturer’s instructions and in a way which minimises the cost of repairs and maintenance.

4.1 DEFINITION

Business equipment includes photocopiers, facsimile machines, printers, binders and other specialised machinery.

4.2 PROCEDURE

4.3 MANAGEMENT OF MAINTENANCE

The Coordinator manages the maintenance of all equipment.

4.4 OPERATION OF EQUIPMENT

Operate all equipment in accordance with the manufacturer’s instructions and workplace health and safety procedures.

4.5 FAULTS

- When an equipment fault is detected, read the manufacturer’s manual to identify the type of fault and the steps required to fix it.
- Do not try to fix any fault where the manual specifies that the manufacturer must be contacted. This may void the warranty or the service agreement.
- For minor faults, follow the manufacturer’s instructions closely to minimise further damage to the equipment.
- If you cannot fix a minor fault, follow the procedure for major faults.
- For major faults, complete an Equipment Fault Report.
- Submit the Equipment Fault Report to the Coordinator, who will notify the relevant equipment supplier.
- Place an ‘Out of Order’ sign on the equipment item, showing when the fault will be rectified.
- Retain all Equipment Fault Reports as a record of an item’s reliability.

4.6 TONER

- When the toner is empty, remove the toner cartridge from the equipment item and place it in the original box.
- When a replacement cartridge is needed, notify the Coordinator so that a new cartridge can be ordered.



- Used cartridges are to be recycled where the facility is available or otherwise disposed of appropriately.
- Store any empty boxes in a cupboard close to the business equipment.

4.7 OTHER CONSUMABLES (INCLUDING STAPLES, PLASTIC COVERS AND BINDING COMBS)

- Store each consumable in a cupboard close to the equipment.
- Notify the Coordinator when additional quantities are required.

5 INFORMATION AND RECORD KEEPING MANAGEMENT

Information collected stored and distributed is current, accurate, complete, accessible and secure.

5.1 PROCEDURE

An information management system requires the effective collection, storage and application of information within the organisation.

5.2 ACCOUNTABILITY

- The organisation is accountable for all information it collects, processes, stores and distributes.
- Only the information required for the organisation to meet its service provision responsibilities to employees and community members should be collected and maintained/filed.

5.3 SECURITY, PRIVACY AND CONFIDENTIALITY

- All users must preserve the security, privacy and confidentiality of the organisation's information.
- For security purposes, access to the computer network and filing systems is restricted to employees and other authorised staff.
- All users must take precautions to ensure that personal information about individuals, commercial-in-confidence information about other organisations, or other sensitive information is not misused, intentionally or unintentionally, either within the organisation or when shared with other organisations.

5.4 COPYRIGHT

Observe copyright relevant to the information maintained by the organisation.

5.5 RESPONSIBILITIES FOR INFORMATION MANAGEMENT

5.5.1 Coordinator:

- Regularly review organisational information for completeness, accuracy and currency (being up to date).
- Identify organisational information that needs to be updated, added or deleted.
- Update current organisation information or develop information to be added, if appropriate.
- Advise Program Support Workers of information that needs to be collected, updated, added or deleted.
- Identify and implement improvements.



5.5.2 Employees and Volunteers:

- Use the Employee Feedback form to suggest ideas for improving the information management system.
- Discuss ideas for improving the information management system at team meetings.

5.5.3 Updating information

- Coordinator is responsible for maintaining and keeping information updated.

6 CLIENT COMPLAINTS AND GRIEVANCES POLICY

The organisation is committed to handling and resolving client complaints in a confidential, fair and timely manner.

6.1 TYPES OF COMPLAINTS

There are many factors that influence a client's decision to make a complaint. There is also a range in the types of complaints that can be made. Examples of factors and types of complaints include:

- service delivery complaints
- dissatisfaction with service provision
- accuracy and timeliness of information
- communication breakdown
- cultural issues
- stress and fatigue
- incidents of conflict
- inappropriate behaviour of staff and volunteers
- poor maintenance of facilities and equipment
- client abuse, harassment, discrimination and neglect
- breach in client confidentiality.
- Governance complaints:
 - financial mismanagement
 - fraud
 - procedures followed not in accordance with the organisation's constitution or organisational policies.
- Complaints of potentially criminal nature:
 - If the complaint has criminal implications, such as fraud or abuse, then the Police should be notified immediately.

6.2 METHODS OF COMPLAINT

There are two ways clients may chose to make a complaint to the organisation:

- verbal – face to face or by phone
- written – formal letter, e-mail, fax.

6.3 ANONYMOUS COMPLAINTS

Some clients may wish to remain anonymous in making their complaint. This should be respected and the complaint investigated.



6.4 RESPONDING TO COMPLAINTS

All client complaints should aim to handle and resolve every complaint immediately, wherever possible, using the following process:

6.5 VERBAL COMPLAINTS

- It is suggested that employees:
 - listen carefully and respond to the client in a polite and respectful manner
 - clarify your understanding of the complaint and ask the client how they would like the complaint resolved. Wherever possible, try to resolve the complaint at the time.

If the circumstances do not allow the complaint to be resolved immediately, direct the complaint to the Coordinator.

- If the Coordinator is unavailable, the complaint should be directed to the Chief Executive Officer or a staff member with the most appropriate skills to handle the matter, e.g. Workplace Health and Safety Officer (WHSO).
- If the client wishes only to speak with the Coordinator or Chief Executive Officer, arrange a meeting between the Coordinator or Chief Executive Officer and the client at a time that is mutually convenient.
- Advise the client that they may submit the complaint in writing to the Chief Executive Officer.
- Follow the process for written complaints below.
- Record complaint in the Client Complaint Log.

6.6 WRITTEN COMPLAINTS

- All complaints of a serious nature, e.g. corruption, fraud, harassment, etc. should be submitted in writing and referred to the Chief Executive Officer for investigation.
- Upon receiving a written complaint, the Chief Executive Officer should aim to provide a response within ten (10) working days.
- The response may include the following:
 - confirmation that the complaint has been received and the matter is being investigated
 - an understanding of the complaint
 - suggested actions for resolving the complaint
 - complaint process, including the estimated timeframe for resolution
 - client satisfaction and right to appeal
 - contact name and number

6.7 APPEALS AND SEEKING OUTSIDE ASSISTANCE

- If the complaint cannot be resolved internally, an option could be to seek support from the Dispute Resolution Branch of the Department of Justice and Attorney General.



7 CODE OF CONDUCT AND CODE OF DISCIPLINE POLICY(FOR EMPLOYEES)

7.1 POLICY

Employees' adherence to the organisation's Code of Conduct which reflects the behaviour expected and is designed to encourage integrity and professionalism.

7.2 DEFINITIONS

An Access Policy is a set of rules, regulations and guidelines which employees are expected to observe during their employment.

7.3 PROCEDURE

7.4 CODE OF CONDUCT PHILOSOPHY

- The organisation prides itself on the professionalism and ability of its employees to meet community needs. The organisation strives to be a leading service provider and to provide a safe, healthy and happy workplace.
- The Code of Conduct is designed to ensure that all employees and community members are treated in a manner that reflects the mission, culture and legal obligations of the organisation.

7.5 COMPLIANCE

All employees and volunteers:

- observe all policies, procedures, rules and regulations at all times
- comply with all Federal, State and local laws and regulations
- comply with all reasonable, lawful instructions and decisions related to their work
- maintain a high degree of ethics, integrity, honesty and professionalism in dealing with community members and other employees
- adhere to the Workplace Health and Safety Policy and Procedure
- maintain the confidentiality of the organisation's operations in relation to service activities, confidential documentation and work practices during and after their employment
- take reasonable steps to ensure their own health, safety and welfare in the workplace, as well as that of other employees and community members. Employees are expected to make themselves familiar with their workplace health and safety obligations.

7.6 EMPLOYEE BEHAVIOUR

- If an employee breaches the following guidelines, disciplinary action may be taken.
- If the breach of conduct is of a legal nature, it will be addressed in accordance with relevant Federal, State or Local Government Laws.
- Employees and volunteers should not:
 - discriminate against another employee or community member on the basis of sex, age, race, religion, disability, pregnancy, marital status or sexual preference
 - engage in fighting or disorderly conduct, or sexually harass other employees and community members



- steal, damage or destroy property belonging to the organisation, its employees or community members
- work intoxicated or under the influence of controlled or illegal substances
bring controlled or illegal substances to the workplace
- smoke on the organisation's premises or in its motor vehicles
- accept benefits or gifts which give rise to a real or apparent conflict of interest.

7.7 DRESS CODE

Employees should:

- dress to comply with workplace health and safety regulations relevant to their work activities
- dress suitably for their position, presenting a clean, neat and tidy appearance at all times
- wear minimal jewellery
- wear a uniform (if supplied) and maintain its condition (clean and not torn)

7.8 PRIVACY AND CONFIDENTIALITY

- Securely store personal information provided by a client, carer or employee.
- Take reasonable steps to ensure this material is kept secure against:
 - loss
 - unauthorised access
 - use
 - modification or disclosure
 - misuse
- Use personal information only for the purposes for which it was collected. Do not disclose personal information to another party unless the individual is aware of, or has consented to, the disclosure.
- Keep information about all service provision confidential within the organisation. Do not disclose information associated either directly or indirectly, to the organisation to external parties unless authorised by the Coordinator.

7.9 DEALING WITH AGGRESSIVE BEHAVIOUR

- Employees are expected to provide high standards of service provision but the organisation does not accept any form of aggressive, threatening or abusive behaviour towards its employees by community members.
- If an employee is unable to calm the person and/or believes the situation places them or other employees in danger, they should notify the Coordinator.

7.10 USE OF COMPUTERS, TELEPHONES, FACSIMILES

- Unauthorised access and use of confidential information can severely damage the reputation of the organisation and undermine personal privacy.
- Employees and volunteers should:
 - use communication and information devices for officially approved purposes only
 - use these communication and information devices for limited personal use, as long this use does not interfere with their daily duties
 - not share their password/s with another employee or share another employee's password/s.



7.11 USE OF THE INTERNET AND EMAIL

- Internet and email are provided to employees for genuine work-related purposes
- Employees should:
 - limit personal use to a minimum. The organisation may monitor use and call upon employees to explain their use.
 - comply with copyright regulations when using the Internet or email.
- Employees should not:
 - divulge personal or confidential information via the Internet or email
 - use the Internet to access websites or send emails of an explicit sexual nature or in any manner that breaches the Equity, Anti-Discrimination and Workplace Harassment Policy and Procedure.
- While the privacy of all employees is respected, emails may be used as evidence if legal action is taken against an employee.
- This information may also be used as evidence of a breach of the Code of Conduct or the Equity, Anti-Discrimination and Workplace Harassment Policy and Procedure.

7.12 EQUITY AND ANTI-DISCRIMINATION PHILOSOPHY

- The Blackall-Tambo Regional Council is an organisation providing an equal opportunity to all members of the Blackall District by conforming to equity and anti-discrimination guidelines.
- The organisation strives to provide a positive working environment in which all employees are valued and encouraged to contribute.
- As an equal opportunity employer, the organisation is bound by all relevant State and Federal legislation in relation to equal employment opportunity (EEO). This legislation ensures that no employee will be discriminated against unfairly or unlawfully.
- Work practices and processes are continuously reviewed including:
 - recruitment and selection
 - pay and benefits
 - training and development
 - promotion
 - discrimination and harassment
 - performance appraisals/reviews
 - grievance procedures
 - terminations

7.13 COMPLIANCE

Employees must neither be discriminated against nor discriminate, treat unfairly, or unlawfully another employee or community member on the following grounds:

- sex
- race, colour, nationality or ethnic origin
- religion
- disability
- age
- pregnancy, marital or parental status



- political belief or activity
- trade union activity
- lawful sexual activity

7.14 HARASSMENT

- Employees should not be subject to, or engage in unlawful harassment or discrimination against another employee or community member in a manner which is unwanted, intimidating or offensive.

- Forms of harassment include:
 - sexual harassment
 - homosexual and transgender vilification
 - HIV/AIDS vilification
 - racial vilification

- Sexual harassment includes:
 - unwanted attention or touching
 - sexual propositions
 - leering or staring
 - offensive language
 - displaying nude images
 - persistent requests for dates
 - crude or offensive jokes
- Harassment will not be tolerated and disciplinary action will be taken against those responsible.

7.15 BREACHES

- All breaches will be taken seriously
- Complaints will be dealt with promptly and in accordance with Shire and State legislation
- All complaints will remain confidential

8 PRIVACY STATEMENT POLICY

The organisation is committed to a privacy statement that safeguards the privacy of client and, for organisations with an annual turnover of \$3 million or more, complies with its obligations under the Privacy Act 1998.

8.1 DEFINITION

A privacy statement is a document that declares the intentions of the organisation in relation to client information and data, how personal information is stored, how clients can access this information and the purposes for which personal information is used and disclosed

8.2 PROCEDURE

The organisation's privacy statement includes:

- Data collection
- Data storage



- Access by an individual
- Data use
- Data disclosure

8.3 DATA COLLECTION

Blackall-Tambo Regional Council Community Services need to collect certain personal information in services it provides. The organisation collects personal information to ensure the most appropriate assistance is also provided. The information is collected in a fair, legal and transparent way.

8.4 DATA STORAGE

Blackall-Tambo Regional Council Community Services store personal information collected securely and discretely. Information collected by the organisation while individuals are accessing the services will be kept in a personal file. Files are stored in a secure location within the premises.

8.5 DATA USE

Blackall-Tambo Regional Council Community Services will only use the personal information collected for the purposes for which it was collected, or other purposes that are agreed to between the organisation and the client. Additional purposes may be required to comply with legislation. If this is the case, the organisation will communicate to the client that this has occurred

8.6 DATA DISCLOSURE

Data disclosure refers to making information available to another party. Blackall-Tambo Regional Council Community Services will disclose your data only under the following circumstances:

- Where required by law
- Where permitted by law
- With your consent

Access by an individual

Blackall-Tambo Regional Council Community Services will provide individuals access to their own information. The organisation undertakes to ensure access is:

- convenient
- without reasonable delay
- without cost

9 SERVICE DELIVERY- CLIENTS' RIGHTS AND RESPONSIBILITIES

Clients accessing services have rights on treatment, service and morals. They must also adhere to responsibilities on their part in compliance to this policy. Informed involvement by clients (or their carers if applicable) in planning their care is essential in quality service provision and in achieving optimal outcomes. The more informed the client/carer is in regard to rights and responsibilities, the greater the likelihood they will assume greater control over their health or well being.



9.1 DEFINITION

Customer's rights allow an equal treatment to all, as well as displaying a proper conduct to the service provider.

9.2 PROCEDURE

9.3 CLIENT RIGHTS

- to be treated with dignity and respect
- non-discriminatory, quality and respectful health care
- confidentiality, privacy and anonymity
- to have an advocate of their own choosing
- to refuse treatment or assessment
- refuse to be involved in research
- request to have their service provider changed
- have access to their own records
- give informed multi-service provider consent
- modify their consent at any time
- to be informed about what services are available
- to choose what service will be used
- to be assessed to receive services without discrimination
- to privacy and confidentiality
- to express own views and ideas
- to have someone present when seen by a health professional
- to have someone to speak on their behalf
- to have access to health records upon written request by the client or another representative. Information will be supplied within 3 working days from receipt of request.

9.4 CLIENT RESPONSIBILITIES

- to respect the Community Services staff and other clients.
- to respect the conditions on the agreed service plan between the Community Services staff and the client.

9.5 PROCESS

At interview stage, clients will be informed about their rights through:

- Receipt of the Community Services Programs Clients Rights Policy.
- Receipt of an appropriate information sheet about the services available by the Community Services Programs.
- Verbal explanation by the service provider conducting the Interview.
- The agency takes into account the special requirements of individual clients to ensure clients/carers fully understand their rights.
- Support Workers and other staff are provided with specific training on client's rights and responsibilities as part of the orientation process
- Client complaints will be processed according to the Community Services Programs Complaints Policy.
- Clients'/Carers' privacy and confidentiality are reinforced on an ongoing basis verbally, in correspondence sent, and in literature promoting the services offered by the agency.



9.6 CONSIDERATION

Special requirements of individuals are taken into account through the following actions:

- Linguistic – interpreters or interpreter services
- Cultural – acceptance of individual’s way of life, moral or religious beliefs and values, and the use of appropriately trained assessors
- Physical – barriers that may affect individuals (sight, hearing, literacy etc)
- Intellectual – appropriate language, utilisation of clarifying practices and identification of backup processes

9.7 TRANSPORTING CLIENTS

When transporting a client, staff should take into consideration their duty of care and assume safe work practices in relation to their personal safety, as well as their client’s. Blackall-Tambo Regional Council Community Services Programs are committed to providing a safe environment for both the worker and client, and this extends to transportation of clients. Where possible, the worker should have a mobile phone for us in case of an emergency.

When transporting clients, either in a Blackall-Tambo Regional Council vehicle or when using private vehicles, the following guidelines should be adhered to:

- Workers will not transport a client when:
 - The client is obviously intoxicated or substance affected
 - It is reasonable to assume the client may vomit
 - The client has exposed injuries that are bleeding (call the ambulance)
 - The client has suffered trauma that has or may lead to shock or delayed shock
 - It is reasonable to assume the client is experiencing an episode of mental illness
 - The client is suspected to carrying a weapon or other offensive item. The worker may allow the client to lock the item in the boot of the car - dependant on the situation
 - A client is in possession of alcohol
 - A client is in possession of illegal substances
- Workers will not load a vehicle with clients beyond the legal passenger load for that vehicle.
- When a worker feels uncomfortable or at risk with a client, they should ask another worker to accompany them, or not provide transportation for that client.
- Workers will not transport babies or small children in a vehicle without the prescribed car safety seat.
- Workers will not transport a client who is not wearing a seat belt.

10 ACCESS TO CONFIDENTIAL INFORMATION POLICY

All clients of the CISP Program and Disability Program will be assured that their informed consent will be obtained prior to discussion, or release, of information and/or access to any records regarding their situation. All clients have the right to decide who has access to information they have shared with other Service Clients.



10.1 PROCESS

For evidentiary purposes, a standard form of consent should be implemented into the service's practices to record that a client has consented to multi providers of services accessing his/her file (rather than relying on a notation on the file). If a consent form is used, this provides 'proof' that a valid consent was obtained, when it was obtained and by whom, if this is ever challenged.

10.2 CONTENT

- At interview stage, the client will be informed of their rights and provided with an information sheet explaining who may access their chart, who may discuss their situation in a multi-disciplinary setting, and for what purposes.
- The client will be asked to sign a Client Consent Form once it is clear that the requirements of informed consent have been met.
- A copy of this information sheet will be left with the client

11 REFUSAL OF SERVICE POLICY

Ensuring clients who refuse or have been refused a service are not disadvantaged from accessing services in the future.

11.1 DEFINITION

To establish and maintain:

- The right of the client to refuse a service without retribution in the future
- A uniform system of criteria and responses for clients who may be refused a service

11.2 PROCEDURE

- On assessment a client will be informed of their right to accept or refuse a service being offered
- On assessment a client will be informed that they may re-apply to receive a service at such time, if they wish, without fear of retribution
- Clients who refuse a service, or who choose to end a service may re-apply without retribution
- Agency may refuse a service to a client and must ensure that the client is aware of the reasons behind the refusal and the options now available to them for future access to the service

11.3 CONTENT

The Community Services Program may refuse a service to a client on the following:

- Client need for service is not established
- Client is under the influence of alcohol or drugs
- Service is not provided by this agency
- Funding availability is limited
- The service required by the client is out of scope of the agency

In these circumstances, the Agency will refer the client to other options, and place the client on a waiting list, where appropriate.



11.4 ADVOCACY

Blackall-Tambo Regional Council Community Services encourages clients to utilise an advocate of their choice to ensure that clients receive the best possible service. An advocate may be chosen to become involved in situations to represent the client's interests at any time.

11.5 THE SERVICE PROVIDER

- Offers each client the opportunity to nominate an advocate.
- Accepts the involvement of an advocate of the client's choice whenever this is the wish of the client.
- Has developed links with advocacy groups in the area and informs clients of the availability of such assistance.

11.6 CONTENT

- At point of first contact with a client, prior to assessment, clients are verbally advised of their right to have someone to represent their interests and help them with complaints, disputes or any aspect of service delivery if they wish.
- An advocate may be a relative, friend, neighbour or someone from an advocacy service.
- The agency maintains a register of service providers and agencies that provide advocacy services.
- Clients are to be reminded of their right to use an advocate of subsequent visits and contacts along with their other rights associated with the services they may receive.
- The agency documents informal feedback as a quality assurance measure to ensure the service provided to the client meets their needs.
- Staff are provided with regular training on the involvement of advocates

12 CONFLICT OF INTEREST POLICY

Employees and volunteers will declare potential, perceived and/or real conflicts of interests. The organisation will engage in open, transparent and ethical decision making processes.

12.1 DEFINITIONS

- Pecuniary interests are also known as financial or fiscal interests.
- A potential conflict of interest occurs when there is a risk that the matter could be considered a conflict of interest.
- A real conflict of interest occurs when there is an actual conflict of interest.
- Disclosed conflict of interest - an open declaration of a conflict of interest.

12.2 PROCEDURE

- A conflict of interest occurs when an employee's or volunteer's personal interests are in conflict with the organisation's and community's interest. When there is a conflict, it may influence the outcome of the decisions they are required to make.
- A personal interest occurs when a decision a person makes directly or indirectly affects themselves or associates including (but not limited to):



- immediate and extended family members or other persons with a strong personal bond
- organisations in which the person is actively involved.
- A personal or material interest occurs when a person and/or their associates may indirectly or directly stand to personally or financially profit from the decision being made by the decision maker.
- A decision that involves the whole community or a specific group of people does not normally lead to a conflict of interest. For example, if the organisation is reviewing a program targeting youth, an employee or volunteer of the organisation will not have a conflict of interest just because he or she has an adolescent son or daughter.
- If an employee or volunteer of the organisation believes they have a potential or real conflict of interest in a matter that requires a decision to be made, the employee or volunteer should disclose the personal interest at a staff meeting. For example, if the organisation is deciding whether or not to fund an all-expenses-paid trip for a young person to attend a conference and the person is a son or daughter of an employee or a volunteer, the employee or volunteer must declare the conflict of interest.
- If an employee or volunteer of the organisation believes they have a personal interest that may result in their financial gain, the employee or volunteer must declare the interest at a staff meeting.
- If the Coordinator believes that a potential or a real conflict of interest may exist, then the Coordinator is required to disclose the matter to the organisation

13 EMERGENCY RELIEF POLICY

Administering relief to residents and itinerants of the Blackall district, including those in personal hardship that require needed assistance when they have none of their own to rely on.

13.1 PROCEDURE

1. Determine eligibility
2. Explore all other options for assistance, and offer assistance if no other options
3. A Centrelink payment record or income verification is required where possible
4. A Client Details Sheet is to be completed (no identifying information is to be recorded on this sheet)
5. Vouchers are issued to the appropriate business/service
6. Assistance is organised by Community Development and Support Coordinator and Support Workers

If there are any suspicious circumstances, Blackall Police are to be advised

13.2 CLOSURE PROCEDURE

During extended periods of office closures clients, local emergency services and stakeholders are advised prior to or as soon as practical, that the office will be unmanned. Appropriate alternative arrangements are organised prior to the office being closed. Signs are displayed on the outside of the building and telephone answering machine messages are updated to advise clients when services will resume.



An After Hours Emergency mobile number has been provided to all local emergency services such as police, hospital, Centrelink, medical and clergy for emergency and urgent matters only. This number is not to be given out to members of the public, rather the agency will contact the Community Development Support Coordinator on this number, who will then make the necessary arrangements during emergency and urgent situations, if required.

13.3 GUIDING PRINCIPLES

- Access and Equity: maximise access for all people experiencing financial crisis, and ensure equity in the delivery of services
- Client Dignity, Respect and Rights: respect and uphold the dignity and rights of each individual requesting emergency relief
- Cultural Appropriateness: to embrace and respond appropriately to cultural diversity
- Centre Environment and Culture: to provide a safe and dignified environment for the provision of emergency relief
- Program Administration and Support: CISP offers maximum choice and benefit to people requesting emergency relief, within program and budget limitations

13.4 ELIGIBILITY CRITERIA

There must be an established need that cannot be met by alternative means (eg Centrelink or employment). This is not a judgemental process, but a realistic response to the very limited funds available for distribution.

13.5 FREQUENCY OF ASSISTANCE

Financial assistance will be given to a client not more than once every 13 weeks. If clients access Emergency Relief a third time, they must attend a Basic Budgeting Course organised through the Program.

13.6 RATE ASSISTANCE

Guide Only:

Food Assistance	Single person	up to \$50
	Family	up to \$80
	(no softdrinks or cigarettes)	
Meal Voucher	Choice of a meal, burger or sandwich per person plus a choice of tea, coffee, juice, milk or water	
	(no softdrinks or cigarettes)	
Fuel Voucher	Blackall to Emerald	\$60
	Blackall to Longreach	\$50
	Blackall to Roma	\$60
	Blackall to Charleville	\$40
Travel Assistance	If travelling towards Brisbane – purchase bus ticket to Brisbane or any point in between	



	If travelling towards Mt Isa – purchase bus ticket to Mt Isa or any point in between
Accommodation	Accommodation overnight at the Barcoo Hotel or Blackall Caravan Park
Medical Voucher	Pay for visit at Doctor’s Surgery if client does not have a Health Care Card Medicines can be purchased at Ian Kinsey Chemist to the value of \$30
Domestic Violence	Domestic violence victims with children who have to leave the family home and require assistance can be paid up to \$100 to assist with any expenses incurred. This assistance is available after a domestic violence order has been taken out.

14 RISK MANAGEMENT POLICY

Blackall-Tambo Regional Council Community Services identifies and manages risks in a systematic and cost effective manner.

14.1 DEFINITIONS

- A risk is the possibility or likelihood of something happening which may have a negative impact on the organisation’s capacity to deliver on its strategic and operational plans.
- Risk management is the process which is used to avoid, reduce or control risks.

14.2 PROCEDURE

Types of risks

Examples of risks include:

- client dissatisfaction with service delivery
- harm caused to staff, volunteers, clients or the public
- loss of government funding
- equipment
- inadequate allocation of resources, e.g. human, physical and financial
- financial mismanagement
- fraud
- breaches of confidentiality
- service disruption or closure.

14.3 WHY MANAGE RISKS?

- Risk management is a fundamental part of sound organisational management.
- The organisation will not be able to eliminate all risks but they can take active steps to prevent or minimise the likelihood level and impact of risk by developing a Risk Management Plan.
- An annual risk management plan should be prepared and reviewed as part of the Strategic and Operational Planning Process.
- By managing risks, the organisation is better placed to:
 - protect the safety and well being of staff, volunteers, clients and visitors
 - provide efficient and effective service delivery



- manage and maintain facilities and equipment
- improve confidence and public perception of the organisation
- operate within the allocated budgets
- protect or reduce likelihood of legal action
- comply with legislative or funding requirements.

14.4 RESPONSIBILITIES FOR RISK MANAGEMENT

- All employees and volunteers are responsible for identifying, reporting and managing risks.
- The Coordinator should approve and sign off the Risk Management Plan.

Managers and Program Supervisors are accountable for implementing and maintaining sound risk management processes in their work areas. This includes creating a culture and environment in which employees are encouraged and supported to identify and manage risks

14.5 RISK MANAGEMENT PROCESS

14.5.1 Step 1 Analyse the context

- Consider the environment in which the organisation operates to establish the boundaries in which risks must be managed and guide decisions on managing risks.
- The financial, operational, competitive, political, public perception/image, social, cultural and legal aspects of the organisation's functions are all part of the risk management context.

14.5.2 Step 2 Identify the risks

Identify the risks (what can go wrong) that arise from all aspects of the environment outlined in Step 1. Include:

- community perception/image
- political (e.g. government funding)
- cultural
- physical and environmental
- financial
- legal
- ethical or moral

14.5.3 Step 3 Evaluate the risk

High Risk

- A high level of risk requires close monitoring and immediate action where needed as the potential loss or negative impact could be devastating to the organisation.

Medium risk

- A medium level risk requires normal levels of monitoring action where required, as the potential loss or negative impact could be significant.

Minor risk

- A low level of risk can be treated with routine policy and procedures as the potential loss or negative impact is likely to be small.



Consider:

- Probability - How likely or how often will this risk occur: rare, likely or very likely?
- Seriousness - How serious would the consequences or the impact of the risk occurring, be on the organisation: minor, medium or major?
- Priority - Based on the probability and the seriousness, what priority should your organisation give to managing the risk: low, medium, high? The priority assigned impacts on the action required.

14.5.4 Step 4 Manage the risk

- The organisation will need to determine one of the following options to manage the risk:
- Avoid the risk. The organisation might decide on a different course of action rather than take the risk involved in the original course of action.
- Transfer the risk. The organisation might shift responsibility for the risk to another person or organisation (e.g. take out insurance against the risk).
- Reduce the risk. The organisation might reduce the likelihood or consequences of the risk by adopting a strategy such as regular training, progress reporting on major activities or auditing risk management procedures on a regular basis.
- Accept the risk. If all other options are not available to the organisation, they might decide to accept the risk but put in place policies and procedures to manage it.
- The organisation then needs to develop a risk management plan. Ask:
 - What can be done about the risk?
 - How can we prevent or reduce the likelihood of the risk occurring?

14.5.5 Step 6 Monitor and review

- Regularly monitor and evaluate the strategies used to manage risk.
- Risks do not remain the same. The environmental context changes and other factors have an impact.

14.6 WAYS TO REDUCE RISKS

- Develop and implement good strategic/operational planning, financial management and community engagement processes.
- Develop and monitor good risk reducing policy and procedures for staff, e.g. code of conduct, project planning, critical incident reporting.
- Develop a Risk Register.
- Plan for unseen events.
- Make sure that security measures are in place.
- Develop and implement effective reporting processes.
- Check that all assets (e.g. equipment) are in safe working order.
- Develop and maintain sound financial management practices.
- Place signs, notices or instructions regarding possible risks, e.g. Wet Floor
- Make sure that facilities, utilities and equipment are maintained regularly.



- Make sure that staff receive adequate safety induction and training.
- Make sure that staff is effectively supervised

15 HAZARD REPORT FORM

To be completed when any actual or potential hazard is identified

STAFF TO COMPLETE

Name and address of person reporting hazard or potential hazard:

.....

.....

.....

Date and time:

Involved Persons:.....

.....

Describe the hazard (include location):.....



.....

.....

.....

.....

.....

Immediate action taken or suggested action:

.....

.....

.....

.....

Is asset maintenance required? Yes..... No

Has the asset maintenance register been completed? Yes..... No

Name of staff member completing this report:

.....

(Signature)

Date.....

COORDINATOR TO COMPLETE

What priority should the hazard be given?

- Extreme High Medium Low

All hazards rated extreme or high must be reported to the Coordinator, including full disclosure of actions taken and outcomes:

Date reported to the Coordinator:



ACTION PLAN	Who	By When	Date Completed

Outcomes:

Description

.....

.....

.....

.....

.....

.....

End Result: (Tick applicable box)

- Issue resolved - no improvements implemented
- Minor improvement implemented
- Major improvement implemented
- Other (Describe)

.....

.....

.....

.....

.....

Signature:

Date:.....



INCIDENT / ACCIDENT FORM

FOR REPORTING ANY INCIDENT, ACCIDENT, 'NEAR MISS' OR THREAT Report No.:.....

This form is to be used to report **all incidents, accidents, 'near miss' or threats**, whether any injury occurred or not and to document the investigation into the incident by the Coordinator of the service involved.

If the incident caused, or could have caused, serious injury or property damage, or if the incident resulted in Emergency Services being called, then both Chief Executive Officer and an officer of the Department of Communities shall be notified within 24 hours.

Please complete this form within 24 hours of the incident.

SECTION A: TO BE COMPLETED BY THE PERSON INVOLVED OR BY THE COORDINATOR OF THE SERVICE IF THE PERSON REPORTING THE INCIDENT IS INCAPACITATED

Please print clearly

Details of the person involved in the incident, accident, 'near miss' or threat

Title: **Family name:** **Given names (in full):**.....

Date of birth: Male Female

Please select one:..... Staff Member Volunteer Student

Client Service User Contractor Visitor / Other

Details of the: Incident Accident 'Near Miss' Threat

Date: **Time:** am/pm **Location:**.....

Witness name(s) and signature:

Statement provided by witness Yes No

Was the incident reported to a staff member immediately? Yes No

Did any Emergency Service attend the incident? Yes No

If yes, which Emergency Service attended? Police Ambulance Fire Brigade

Has an Officer of the Department of Communities been notified? Yes No

Nature of incident, accident, 'near miss' or threat

injury accident physical verbal robbery theft
 assault fire explosion environmental illness other



Part of the body injured

Head	Trunk	Internal	Arm	Hand	Leg	Foot
<input type="checkbox"/> eye	<input type="checkbox"/> neck	<input type="checkbox"/> heart	<input type="checkbox"/> left	<input type="checkbox"/> left	<input type="checkbox"/> left	<input type="checkbox"/> left
<input type="checkbox"/> ear	<input type="checkbox"/> hip	<input type="checkbox"/> lungs	<input type="checkbox"/> right	<input type="checkbox"/> right	<input type="checkbox"/> right	<input type="checkbox"/> right
<input type="checkbox"/> nose	<input type="checkbox"/> chest	<input type="checkbox"/> system	<input type="checkbox"/> shoulder	<input type="checkbox"/> thumb	<input type="checkbox"/> knee	<input type="checkbox"/> big toe
<input type="checkbox"/> mouth	<input type="checkbox"/> back		<input type="checkbox"/> upper arm	<input type="checkbox"/> fingers	<input type="checkbox"/> lower leg	<input type="checkbox"/> other toes
<input type="checkbox"/> teeth	<input type="checkbox"/> groin		<input type="checkbox"/> elbow	<input type="checkbox"/> palm	<input type="checkbox"/> ankle	
<input type="checkbox"/> face	<input type="checkbox"/> stomach		<input type="checkbox"/> forearm		<input type="checkbox"/> thigh	
<input type="checkbox"/> skull	<input type="checkbox"/> multiple		<input type="checkbox"/> wrist		<input type="checkbox"/> upper leg	

Nature of injury

<input type="checkbox"/> abrasion	<input type="checkbox"/> puncture	<input type="checkbox"/> heart attack	<input type="checkbox"/> traumatic shock	<input type="checkbox"/> sprain
<input type="checkbox"/> bruise	<input type="checkbox"/> laceration	<input type="checkbox"/> hearing loss	<input type="checkbox"/> electric shock	<input type="checkbox"/> strain
<input type="checkbox"/> fracture	<input type="checkbox"/> amputation	<input type="checkbox"/> foreign body	<input type="checkbox"/> emotional distress	<input type="checkbox"/> hernia
<input type="checkbox"/> concussion	<input type="checkbox"/> bite	<input type="checkbox"/> minor cuts	<input type="checkbox"/> scald	<input type="checkbox"/> rash
			<input type="checkbox"/> allergy	<input type="checkbox"/> burn

aggravation of previous injury or medical condition (please describe):

.....

SECTION A: TO BE COMPLETED BY THE PERSON INVOLVED - CONTINUED

PLEASE print:

Type of incident which caused injury

<input type="checkbox"/> striking against	<input type="checkbox"/> stumbling	<input type="checkbox"/> lifting	<input type="checkbox"/> pushing	<input type="checkbox"/> ingestion
<input type="checkbox"/> struck by	<input type="checkbox"/> slipping	<input type="checkbox"/> bending	<input type="checkbox"/> pulling	<input type="checkbox"/> absorption
<input type="checkbox"/> caught in / on	<input type="checkbox"/> tripping	<input type="checkbox"/> twisting	<input type="checkbox"/> jumping	<input type="checkbox"/> inhalation
<input type="checkbox"/> stepping on	<input type="checkbox"/> falling	<input type="checkbox"/> stress	<input type="checkbox"/> vehicle	<input type="checkbox"/> needle stick
<input type="checkbox"/> other (please describe):				

Cause of injury

<input type="checkbox"/> vehicle	<input type="checkbox"/> buildings	<input type="checkbox"/> tools	<input type="checkbox"/> stress
<input type="checkbox"/> power tools	<input type="checkbox"/> furniture	<input type="checkbox"/> materials	<input type="checkbox"/> physical assault
<input type="checkbox"/> animal / insect	<input type="checkbox"/> heat stress	<input type="checkbox"/> equipment	<input type="checkbox"/> structures
<input type="checkbox"/> biological agent	<input type="checkbox"/> chemicals	<input type="checkbox"/> sunburn	
<input type="checkbox"/> objects			
<input type="checkbox"/> other (please describe):			

SECTION B: IDENTIFICATION OF PREVENTATIVE ACTION

AIM: TO AVOID RECURRENCE OF A SIMILAR INCIDENT, ACCIDENT, 'NEAR MISS' OR THREAT IN THE FUTURE



Probable cause or causes of incident, accident, 'near miss' or threat

- | | | | |
|--|--|---|----------------------------------|
| <input type="checkbox"/> inadequate instruction | <input type="checkbox"/> equipment unavailable | <input type="checkbox"/> poor storage | <input type="checkbox"/> weather |
| <input type="checkbox"/> inadequate workspace | <input type="checkbox"/> lack of attention | <input type="checkbox"/> poor access | <input type="checkbox"/> terrain |
| <input type="checkbox"/> assistance unavailable | <input type="checkbox"/> incorrect method | <input type="checkbox"/> work practices | |
| <input type="checkbox"/> fault of plant or equipment | | | |
| <input type="checkbox"/> other (please describe) | | | |

Describe what happened: Explain the exact sequence of events (attach sketches, maps etc.), include the exact location. (Attach additional documentation if necessary)

.....
.....
.....
.....

Prevention:

Describe what action is planned or has been taken to prevent a recurrence of the incident, based on the key contributing factors:

Immediate action:

Long term action:

Training Required? Yes No

Details:

Authorisation (ALL SIGNATURES ARE REQUIRED)

Person involved in the incident	Coordinator of Service
Name (please print):.....	Name (please print):.....
Signature:.....	Signature:.....
Date:	Date:

Maintenance Required? Yes No

Details Logged in Asset Maintenance Register:



16 ASSET MANAGEMENT AND DEPRECIATION

16.1 POLICY

Assets are properly recorded, secured and protected from loss or damage in the organisation.

16.2 DEFINITIONS

- Current assets include cash or other assets that are likely to be converted into cash, within 12 months. Examples include cash and bank account balances, inventory (stock) and accounts receivable (money owing by debtors).
- Fixed or non-current assets are assets that will be kept, or used up over 12 months. Examples include long-term investments, buildings, motor vehicles, and plant and equipment.
- Intellectual property refers to all property including copyrightable works, documents and ideas developed by your organisation that may be of value. Examples are program ideas and cultural information such as stories contained within a painting which cannot be copied without the agreement of the owner of the idea.
- Prepayments refer to payments made beyond the current financial period, eg rent payments.
- A tender refers to the process used by an organisation to purchase an asset or service. A public (or sometimes selected) offer is made for individuals/organisations to submit a price to provide the organisation with an asset or service as specified in the tender document. The tender document outlines what the organisation wants to buy and the date by which the tender price must be submitted. Once the asset is purchased, it must be added to the Asset Register which contains detailed records of all individual items of property, equipment and plant which the organisation owns.
- Depreciation is 'the cost of asset allocated over its life'. For example, if you buy a vehicle on July 1, 2005 for \$10,000 and on 30 June 2010 you think it will be worth nothing, the total depreciation is \$10,000 allocated over 5 years. Therefore, each year the organisation 'uses up' one fifth of the motor vehicle's value, i.e. \$2,000. This is the annual depreciation charge.

16.3 WHAT ARE THEY?

- Assets are anything of value that is owned by the organisation. Assets can be financial such as cash; physical such as motor vehicles; or even things of value that cannot be seen such as intellectual property. An asset must provide some future benefit to the organisation and assists directly or indirectly in earning its future income. Assets are included on the Balance Sheet and can be either current or non-current. In accounting, assets are listed on the debit side of the ledger.
- Accounts included in assets
- Current assets include:
 - Cash at Bank
 - Petty Cash
 - Cash Float
 - Prepayments
 - Accounts Receivable
 - Inventory
- Non-current assets include:



- Long term investments
- Land
- Buildings
- Plant and Equipment
- Motor Vehicles
- Purchase of property, motor vehicles and plant and equipment
- When buying assets, your organisation needs to follow its own Purchasing Policy (if there is one) and any conditions placed on the purchase of assets by any funding body. Usually, depending on the cost of the asset, there will be requirements to obtain three written quotes. For expensive purchases, there may be a need to go to tender.
- Ownership documents
- All documentation relevant to the purchase of fixed assets must be kept in the files. Examples are deeds of property, patents and any technical data.
- Recording fixed asset expenditure
- The following guidelines must be followed when recording journal entries relevant to fixed assets:
 - Capital expenditure
 - All the costs incurred in purchasing a fixed asset (including delivery charges), preparing it for productive use and improving its capacity must be capitalised (added to the cost of the asset and entered in the Asset ledger account).

16.4 RECORDING DEPRECIATION

- When an asset is purchased that will have a useful life of more than one year, the purchase price is not expensed. Rather, the capital cost is allocated over its useful life through depreciation, which is an expense.
- Depreciation is only a book entry and does not involve any cash.
- The Coordinator, in consultation with the Chief Executive Officer, is responsible for determining the depreciation method and the percentage to be written off a specific fixed asset. This information must be recorded on the Asset Register Record. At the end of the financial year or accounting period, calculate or identify the depreciation and enter it on the Asset Register Record. A General Journal entry must be prepared to record the amount of depreciation.

16.5 EXPENSES

- Such as repairs and maintenance
- All expenditure related to a specific accounting period, such as repairs and maintenance, must be treated as an expense and matched against the revenue for that period.

16.6 GST

The amount of GST relevant to the purchase of fixed assets is to be allocated to the GST Capital Acquisition Account.

16.7 IDENTIFICATION NUMBERS

An identification number should be engraved or painted on each item of property, plant or equipment and the number recorded on the relevant record in the Asset Register. These numbers must be matched when undertaking the annual asset stocktake.



16.8 ASSET REGISTER AND ASSET RECORD

- Each asset must be recorded as a separate item in the Asset Register on an Asset Record and detail the following:
 - purchase price
 - depreciation
 - repairs and maintenance
 - insurance claims
 - disposal
- The amount of depreciation on each item in the Asset Register provides information for the depreciation expense when year end adjustments are recorded.

16.9 INSURANCE CLAIMS

Details for insurance claims on property, plant and equipment can be obtained from the relevant record in the Asset Register. All claims should be entered on the Asset Record.

16.10 STORAGE OF PROPERTY, EQUIPMENT AND PLANT

16.11 LOCATION

The location of the asset must be shown on the relevant record in the Asset Register. If the asset is moved, the record in the Asset Register must be updated with the new location.

16.12 BORROWING

If employees wish to borrow equipment belonging to the organisation, written approval must be provided by the Coordinator.

16.13 REPAIRS AND MAINTENANCE

Refer to the Equipment Maintenance Policy

17 EMPLOYEE RECRUITMENT POLICY

17.1 POLICY

Staff position recruitment requirements

17.2 PROCEDURE

Recruitment processes are:

- Transparent and accountable
- Based upon merit
- Congruent with Equal Employment and Opportunity Legislation and the Anti-Discrimination Act

In order to achieve this policy, the following must be adhered to:

- All positions will have clear job descriptions and appropriate selection criteria. Job descriptions will include information regarding Children's Commission Certification Requirements and Police checks where necessary.
- All vacant positions will be advertised at least internally in the organisation. This requires a written notice being posted on the notice board and requests for expressions of interest being placed on all staff members' desks. Internal applications will address the selection



criteria and interviews will be conducted by the Coordinator and the Chief Executive Officer of the Blackall-Tambo Regional Council.

- If there are no suitable applicants, then positions will be advertised locally, depending on the qualifications required for the position.
- Applicants are required to address the selection criteria in writing. Applications will be short listed by the Coordinator and other relevant staff. All candidates will be notified in writing of their success or otherwise in this short listing process. Short listing will use a scoring method.
- Interviews, either in person or by telephone or video conferencing, will be conducted with the short list applicants. The interview panel will be comprised of at least 3 members, the Coordinator, Chief Executive Officer and one other relevant party (either internal or external to the organisation). Members of the interview panel should not have any personal relationships with any of the applicants being interviewed. Where this is unavoidable, the conflict of interest should be declared and taken into account by the selection process and other panel members.
- Each applicant will be asked the same questions which will relate to the selection criteria. The panel is responsible for writing the questions. The coordinator is responsible for arranging the interviews and ensuring that the scoring sheets and question sheets are available. In some circumstances, all applicants being interviewed will have 15 minutes to peruse the questions prior to the interview. Applicants' answers will be scored by the panel, using score sheets. A decision will be made using the panel's aggregate scores. Questions relating to the most important aspects of the position will be considered to be worth more points.
- References will be checked prior to any applicants being offered a position.
- Candidates will be notified verbally and in writing of their success or otherwise as soon as practicable – preferably within 48hours.
- All candidates are entitled to feedback on both their written applications and interview.
- The successful applicant will be required to present certification from the Children's Commission of their suitability for employment in an organisation that works with children
- In some circumstances, a police check will be carried out by the funding organisation, prior to appointment.
- New staff will be required to read the Code of Conduct and sign an Employment Contract prior to commencement of duties.
- All staff will be subject to a 3 month probationary period, unless the period of employment is 6 months or less.
- All staff will be subject to a 3 month probationary period, unless the period of employment is 6 months or less. Refer to the Probation Policy for more information

18 VOLUNTEER SELECTION POLICY

Blackall-Tambo Regional Council Community Services are advantaged from the unpaid work of volunteers and values their contribution highly. This policy is intended to ensure that volunteers working with Community Services feel safe, significant, fulfilling, and appreciated.

- All volunteers shall be treated with respect and with gratitude for their contribution.
- Volunteers shall be employed at the discretion of the management of Blackall-Tambo Regional Council Community Services.

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- Volunteers shall carry out duties assigned by the Coordinator or management.
- All volunteers shall be as far as possible protected from harm, and shall be relieved of liability for acts performed in the discharge of their volunteer functions.

18.1 RESPONSIBILITIES

- It is the responsibility of the Chief Executive Officer of the Blackall-Tambo Regional Council to appoint a Volunteer Co-ordinator.
- The Volunteer Co-ordinator shall be responsible for organising the recruitment, training, and supervision of volunteers. The Volunteer Co-ordinator shall report to the Chief Executive Officer.
- The Volunteer Co-ordinator shall assign supervisors to volunteers and shall monitor the work of the supervisor.
- The appointed supervisor shall ensure that each volunteer is trained and capable of fulfilling their functions adequately.

18.2 PROCEDURES

18.3 RECRUITMENT

- All volunteers are subject to the screening, approval, and probationary procedures set out by Blackall-Tambo Regional Council Community Services.
- In the recruitment of volunteers, the commitment to cultural diversity will also be taken into consideration.

18.4 SUPERVISION

All volunteers shall receive appropriate supervision in the exercise of their functions.

Reimbursement

All volunteers shall be reimbursed for all approved expenditure incurred in the exercise of their functions where applicable.

18.5 DISPUTE RESOLUTION

All volunteers shall be entitled to appeal any procedures set out in the Blackall-Tambo Regional Council Community Service’s policies and procedures relating to volunteering

19 EMPLOYEE AND VOLUNTEER INDUCTION POLICY

Principles that must be adhered to when staff or volunteers are inducted into the service.

19.1 PROCEDURE

All staff employed and volunteers under the Blackall-Tambo Regional Council Community Services will be orientated to the layout and working of the centre. All staff and volunteers shall be offered appropriate information and training to fulfil their functions, and successful completion of this training shall be a condition of carrying out these functions.

The coordinator will confer with the Blackall-Tambo Regional Council Human Resources Officer to ensure that all relevant policies and procedures for Council are conveyed to employees at the commencement of their employment or when new policies are adopted.

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In order to achieve this policy, the following principles must be adhered to:

- If not previously signed, an Agreement of Employment specifying the terms and conditions of employment is to be signed by the staff person/volunteer and the coordinator a copy given to the staff member.
- Ensure that the staff member has a copy of their job description.
- An employee Tax Declaration Form is to be completed and forwarded to the Australian Taxation Office.
- The employee is entered into the payroll program
- If practicable, a hand-over is arranged with the previous occupant of the position.
- Contents of the Policy and Procedures Manual relevant to the staff member's position are explained to them.
- The staff member/volunteer is given the opportunity to ask any questions

20 FINANCIAL DELEGATIONS

20.1 PETTY CASH

Petty cash is used to make cash payments to reimburse/pay back employees who have paid for expenses on behalf of the organisation.

20.2 DEFINITIONS

- The petty cash fund is the amount established to pay for petty cash expenses. The amount in the petty cash fund should be enough to cover petty cash expenses for a minimum two-week period. This amount is often \$50 or \$100. The Petty Cashier controls this fund.
- A Petty Cash Voucher is a form completed by an employee who wants to be reimbursed for an organisation-related expense or who wants an advance to pay for such an expense.
- A petty cash advance is an amount issued from petty cash to allow an employee to pay for an organisation-related expense.
- The Petty Cash Book is used to record all Petty Cash Vouchers and is balanced fortnightly, or as necessary.
- The petty cash box is a locked container which contains the cash for the petty cash fund.
- The Petty Cashier is the employee who is responsible for maintaining the petty cash fund and petty cash records. This person is usually the Coordinator.
- The Authorised Officer is the person in the organisation who is given the job of checking that documentation is correct before payment is made. This person could be a staff member or the Chief Executive Officer but is not the bookkeeper.

20.3 PROCEDURE

20.4 PETTY CASH FUND

- The Coordinator should regularly review the amount in the fund to ensure that the amount is adequate.
- The money should be kept in a locked petty cash box.

20.5 PETTY CASH EXPENSES

- Petty cash expenses must be related to legitimate organisational activities.
- The maximum limit for petty cash expenses is \$100. Expenses over this amount must be paid by cheque.



20.6 DOCUMENTATION REQUIRED

Employees:

- Keep all dockets and/or receipts for petty cash expenses as proof of payment.
- Attach dockets and/or receipts to the back of the Petty Cash Voucher.
- Record the amount of the expense plus GST on the Petty Cash Voucher.
- Check at the point of purchase that dockets/receipts are clear and correct.

20.7 CLAIMS PROCESS

Employees:

- Complete a Petty Cash Voucher (GST value should be shown on the Petty Cash Voucher).
- Attach relevant dockets/receipts to the back of the Petty Cash Voucher.
- Obtain the Coordinator's authorisation for amounts over \$50.
- Submit all claims to the Coordinator within seven (7) working days

Coordinator:

- Check the claim and reimburse the employee from the petty cash fund for the amount spent within two (2) days of the claim.

20.8 PETTY CASH ADVANCES

Employees:

- Complete a Petty Cash Voucher if money is needed, in advance, to pay an organisation-related expense.
- Get the Coordinator's approval for the advance.
- Give the Coordinator a docket/receipt for the money spent, as well as any change from the advance, within five (5) working days of receiving the money.

20.9 SECURITY

Coordinator:

- Keep the petty cash fund secure by:
 - not allowing other persons access to the petty cash box
 - locking the petty cash box when it is not being used
 - putting the petty cash box in a locked desk drawer during working hours
 - putting the petty cash box in a safe place overnight
- Do not issue funds from the petty cash fund unless a Petty Cash Voucher has been processed, in accordance with the above guidelines.

20.10 PETTY CASH EXPENSES

Coordinator:

- Check all Petty Cash Vouchers against dockets/receipts for accuracy.
- Check that all claims are related to the organisation's business.
- Check that all claims over \$50 have been authorised by the employee's supervisor.
- Pay approved petty cash claims promptly and accurately.
- Keep all Petty Cash Vouchers in the petty cash box until recorded.



20.11 PETTY CASH ADVANCES

Coordinator:

- Check that all petty cash advances are authorised.
- Pay out petty cash advances.
- Follow up petty cash advances if the docket/receipt for the expense is not submitted within five (5) working days.

20.12 PETTY CASH BOOK

Coordinator:

- Record all Petty Cash Vouchers in the Petty Cash Book at least weekly.
- Balance the Petty Cash Book fortnightly or when funds are running low.
- Check the balance in the Petty Cash Book against the amount remaining in the petty cash box.
- Submit the Petty Cash Book and Petty Cash Vouchers to the Authorised Officer fortnightly and advise of any problems.
- Advise the Authorised Officer of how much money is required to reimburse the fund (bring it back to its original amount).
- Advise the Authorised Officer when the amount in the petty cash fund needs to be increased.

20.13 TRAVEL

All travel by employees must be undertaken in a manner which achieves the outcomes required and reduces expenses and time wastage.

20.14 PROCEDURE

20.15 APPROVALS

- All travel for employees of the organisation must be approved by the Chief Executive Officer.
- The Coordinator is responsible for notifying the Chief Executive Officer of any expenses which need to be prepaid on behalf of the traveller.

20.16 AIR FARES

- Fares booked must be as soon as possible to take advantage of any discounts.
- Electronic check-in is to be used. The traveller is responsible for providing two forms of identification when checking in at the airport.
- All travellers travel economy class.

20.17 TAXI FARES

- The traveller should obtain a receipt for each Cab charge.
- After the trip, the traveller should submit the receipts for checking and recording.

20.18 ACCOMMODATION

- Accommodation booked must be within the current allowance specified.
- Where possible, accommodation will be booked and paid in advance



21 EXIT POLICY

Funding duration and continuation is dependent on funds available, funding purpose, a need for the service type and a demonstrated capacity by an organisation to deliver the required services and produce outcomes.

In the event that the Department of Communities, Department of Disabilities and Department of Families and Community Services and Indigenous Affairs provides the Blackall-Tambo Regional Council with written notification of its intention to cease funding, the Blackall-Tambo Regional Council shall undertake the following action in relation to the key areas of:

21.1 STAFF

Blackall-Tambo Regional Council shall make staff redundant according to the terms and conditions of the relevant State or Federal Awards or Individual Employment Contracts with should be consistent with the Bargaining Enterprise Agreement and Service Agreement requirements.

21.2 TARGET GROUP

Blackall-Tambo Regional Council Community Services will notify Clients, Service Providers and Organisations of the closure of the service as soon as practicable after a decision to cease service operations has been made. This will occur where current contact details are available and privacy and confidentiality requirements permit.

21.3 CONTINUITY OF SERVICE

Blackall-Tambo Regional Council Community Services agrees to work with relevant funding department to ensure continuity of the Services provided under that funding through the transition to a new Service Provider. Funding will be continued to appropriately provide relevant support services and wind up functions through the transition period.

21.4 RECORDS

Data held as hard copy shall be boxed, labelled and archived. Electronic records will be transferred to a suitable medium and computer hard drives wiped. All records will be managed according to Blackall-Tambo Regional Council Community Services Policies and Procedures on document and data control and according to relevant privacy legislation and requirements.

21.5 ASSETS

Where the service ceases to operate, Blackall-Tambo Regional Council Community Services will provide the relevant Department with a register of Assets (If any). Distribution of assets will be directed by the relevant Department.

21.6 LIABILITIES

Blackall-Tambo Regional Council Community Services will undertake to extinguish all liabilities incurred through the operation of the relevant Program.

21.7 RESIDUAL FUNDS

Residual funds will be reimbursed to the relevant Department after liabilities have been met, including organisation, staffing and creditor obligations



22 PEOPLE WITH DISABILITIES IN ORGANISATIONAL ROLE POLICY

Conforms to the following Standards:

- DSQ Standard 5 Participation and Integration
- DSQ Standard 6 Valued Status
- DSQ Standard 8 Service Management

22.1 RATIONALE

To ensure that Blackall-Tambo Regional Council community Services adheres to the inclusion and consultation with service users (people with disabilities) in all aspects of organizational performance.

22.2 POLICY

Blackall-Tambo Regional Council Community Services affirms the belief that individuals with a disability, particularly users of the service, should be involved in the planning, delivery and review of the Disability Service offered.

Inclusion and consultation can occur via the following mechanisms:

- Service User Assessments
- Reference groups comprising service users to advise Staff and Management of the Blackall-Tambo Regional Council
- Service users involvement with Quality Assurance
- People with disabilities (not necessarily users of the service) on Staff Selection Panels if required
- Client feedback forms/processes
- Complaints process (and associated Continuous Quality Improvement process)
- Client’s input into their own Individual Support Plan Reviews

The exercising of the principles of choice and decision-making by clients in their day to day programming with the organisation.

References:

DSQ’s Partners in Quality – Resources and Guides

23 VALUED STATUS

Conforms to the following Standards:

- DSQ Standard 6: Valued Status

23.1 RATIONALE

To ensure that the organization has a written policy statement supporting the belief in the valued status of its service users, both within the organization and in the wider community.

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23.2 POLICY

Blackall-Tambo Regional Council Community Services affirms the belief in the inherent value to society of people with disabilities. This belief will be evidenced by:

- Promotion, wherever possible, of the positive contribution people with disabilities play in the life of their community
- Programs and individual support plans that reflect age appropriate activities and the advancement of learning and development opportunities for the service user
- Linkages, wherever possible, with mainstream community groups
- Promotion of the opportunity for people with disabilities to fulfil valued roles in the community
- At all times, the portrayal of people with disabilities in a respectful, dignified and positive light

24 ANTI-DISCRIMINATION POLICY

Conforms to the following Standards:

- DSQ Standard 8: Service Management

24.1 RATIONALE

To ensure that Blackall-Tambo Regional Council Community Services develops an active anti-discrimination policy that promotes equality of opportunity for everyone by protecting them from unfairly being discriminated against in work and access to services on the basis of attributes listed in anti-discrimination legislation.

24.2 POLICY

Blackall-Tambo Regional Council community Services maintains a policy of non-discrimination in its practices with both service users and staff (paid or unpaid).

24.3 STAFF

- Blackall-Tambo Regional Council Community services will not directly or indirectly discriminate against a person on the basis of their:
 - sex,
 - relationship status,
 - pregnancy,
 - parental status,
 - age,
 - race,
 - impairment,
 - religious belief or religious activity,
 - political belief or activity,
 - trade union activity,
 - lawful sexual activity,
 - gender identity,
 - sexuality,
 - family responsibilities, or
 - association with, or relation to, a person identified on the basis of any of the above attributes.

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- Discrimination on any of the above attributes will not be acceptable when considering opportunities for learning/development or career advancement.
- Wherever possible, all vacant positions will be filled on the basis of merit only (however, temporary positions of less than 3 months may be filled on the basis of organisational efficiency).
- Blackall-Tambo Regional Council Community Services will access training for its staff and volunteers in a range of suitable areas where discrimination might occur, including cross-cultural issues.
- Wherever possible, Blackall-Tambo Regional Council Community Services will respect and accommodate specific cultural beliefs/practices (including religious holidays).
- Blackall-Tambo Regional Council Community Services will give positive regard to the virtues of a mix of staff from various diverse backgrounds.
- Wherever possible, employment applicants who have a disability or who have difficulty with the English language will be given some assistance at interview, and if necessary, some assistance through an induction period.
- Wherever practicable, employees with a disability may have tasks and their work environment modified to suit their capabilities.

24.4 SERVICE USERS

- Entry to the service may be determined by age, but will not generally be determined by
 - sex,
 - relationship status,
 - pregnancy,
 - parental status,
 - breastfeeding,
 - race,
 - impairment,
 - religious belief or religious activity,
 - political belief or activity,
 - lawful sexual activity,
 - gender identity,
 - sexuality,
 - family responsibilities, or
 - association with, or relation to, a person identified on the basis of any of the above attributes.
- Individual planning will take into account cultural and religious elements and will accommodate them wherever possible.
- Blackall-Tambo Regional Council Community Services will endeavour to take a consistent approach with application of its policies to minimise any perceived or actual less favourable treatment of service users.

However, Blackall-Tambo Regional Council Community Services is aware that it is not unlawful to discriminate on the basis of impairment if the potential/actual service user requires special services or facilities, and the supply of special services or facilities would impose unjustifiable hardship Blackall-Tambo Regional Council Community Services supplying the services.

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Anti-Discrimination Act 1991 (Queensland):

<http://www.legislation.qld.gov.au/LEGISLTN/CURRENT/A/AntiDiscrimA91.pdf>

Racial Discrimination Act 1975 (Commonwealth)

Sex Discrimination Act 1984 (Commonwealth)

Human Rights and Equal Opportunity Act 1986 (Commonwealth)

Disability Discrimination Act 1992 (Commonwealth)

25 ADVOCACY PLAN

25.1 POLICY STATEMENT

The Blackall-Tambo Regional Council Community Services Disability Program will encourage clients to utilise an advocate of their choice to ensure that clients receive the best possible service.

25.2 RATIONALE

All clients, and potential clients, may choose to involve an advocate to represent his or her interests at any time as accepted practice by this agency.

25.3 ACTION PROCESS

25.4 THE SERVICE

- Offers each client the opportunity to nominate an advocate.
- Accepts the involvement of an advocate of the client’s choice whenever this is the wish of the client.
- Has developed links with advocacy groups in its area and informs clients of the availability of such assistance.

25.5 CONTENT

- At point of first contact with the client, prior to assessment, clients are verbally advised of their right to have someone to represent their interests and help them with complaints, disputes or any aspect of service delivery if they wish.
- An advocate may be a relative, friend, neighbour or someone from an advocacy service.
- The agency maintains a register of service providers and agencies that provide advocacy services.
- Clients are to be reminded of their right to use an advocate on subsequent visits and contacts, along with their other rights associated with the services they may receive.
- The agency documents informal feedback as a quality assurance measure to ensure the service provided to the client meets their needs.
- Staff are provided with regular training on the involvement of advocates

26 CLIENT RIGHTS AND RESPONSIBILITIES POLICY

26.1 POLICY STATEMENT

- Clients of the Community Services Programs have the right to:

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- Non-discriminatory, quality and respectful health care
- Confidentiality, privacy and anonymity
- Have an advocate of their own choosing
- Refuse treatment or assessment
- Refuse to be involved in research
- Request to have their service provider changed
- Have access to their records
- Give informed multi service provider consent
- Modify their consent at any time

26.2 RATIONALE

- The Community Services Programs consider that informed involvement by clients (or their carers if applicable) in planning their care is essential in quality service provision and in achieving optimal outcomes for the client/s and their carers.
- The more informed the client and/or carer is in regard to client rights the greater the likelihood is that they will assume greater control over their health or well being.

26.3 PROCESS

- At interview stage clients will be informed about their rights through: -
 - Receipt of the Community Services Programs Clients Rights Policy (attached).
 - Receipt of an appropriate information sheet about the services available by the Community Services Programs
 - Verbal explanation by the service provider conducting the Interview.
- The agency takes into account the special requirements of individual clients to ensure clients and their carers (if applicable) fully understand their rights.
- Support Workers and other staff are provided with specific training on Client’s Rights and Responsibilities as part of the orientation process.
- Client complaints will be processed according to the Community Services Programs Complaints Policy.
- Clients’ and Carers’ privacy and confidentiality are reinforced on an ongoing basis verbally, in correspondence sent, and in literature promoting the services offered by the agency.

26.4 CONTENT

- Special requirements of individuals are taken into account through the following actions:
 - Linguistic – interpreters or interpreter services
 - Cultural – acceptance of individual’s way of life, moral or religious beliefs and values, and the use of appropriately trained assessors
 - Physical – barriers that may affect individuals (i.e. sight, hearing, literacy etc)
 - Intellectual – appropriate language, utilisation of clarifying practices and identification of back up processes
- Specific training on working with special needs of individuals is provided to staff as part of their professional development.
- Staff has the opportunity to identify gaps in skills as they arise as part of professional development.

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- Staff are encouraged to attend interagency meetings as a means of linking with other service providers to inform clients of their service options.

27 CONFIDENTIALITY AND PRIVACY PROCEDURES

27.1 POLICY STATEMENT

All clients of the Community and Individual Support Program or Disability Program will be assured that their records regarding their situation are kept confidential and private.

27.2 RATIONALE

All clients have the right to:

- Privacy and confidentiality.
- Decide who has access to information they have shared with a health professional.

27.3 PROCESS

- For evidentiary purposes, a standard form of consent should be implemented into the service's practices to record that a client has consented to multi providers of Human Services accessing his/her file (rather than relying on a notation on the file). A consent form provides "proof" that a valid consent was obtained, when it was obtained and by whom, if this is ever challenged.
- Blackall-Tambo Regional Council employees delivering programs funded by Department of Communities and Disabilities Services Queensland are bound to comply with the statutory duty of confidentiality.

27.4 CONTENT

- At assessment stage the client will be informed of their rights and the agency's protocols in association with privacy and confidentiality principles.
- At interview stage the client will be informed of the types of information kept in their personal records.
- Client details may not be discussed directly or indirectly with anyone unless the client or their authorised delegate has signed a Client Consent Form.
- In the event a client is unable to sign, an authorised delegate (Enduring Power of Attorney) may sign on the client's behalf.
- If there is a concern that the client may harm themselves or someone else, information may need to be passed to Doctor or Police Officer

28 CLIENT EXIT POLICY

Conforms to the following Standards:

- DSQ Standard 1: Service Access

28.1 RATIONALE

To ensure that the Blackall-Tambo Regional council community Services has a framework that indicates when clients may cease to receive service from the organization, and the steps to be taken thereafter to ensure that the client's needs are met.

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28.2 POLICY

Clients may exit the service by either:

- Withdrawing themselves or
- Blackall-Tambo Regional Council Community Services initiating a withdrawal of service to the client.

Reasons for a cessation in service may be any of the following:

- Client no longer requires service
- Service ceases to meet client’s needs
- Client no longer meets eligibility criteria
- Danger to workers under Workplace Health and Safety legislation
- Funding has ceased
- Financial viability issues in servicing clients which requires a rationalisation of services delivered to individuals
- Non-availability of particular resources (staff, community agencies etc)
- Client or guardian’s actions which create circumstances which significantly affect the ability of the organisation to provide a meaningful service
- Agency is to cease operation

In the case of voluntary withdrawal, the Coordinator will:

- Interview the client (with an advocate) to ascertain the reason for the withdrawal and to negotiate any issues of contention
- If the client has a complaint about the service, he/she should be supported and encouraged to make a formal complaint
- Provide the client with information regarding other possible supports or services
- Provide the client with a feedback form and process accordingly
- Encourage the client to remain associated with the organization as an ex-service user

29 STAFF GRIEVANCE POLICY

The staff grievance procedure specifies the procedures staff can follow if they have a grievance about their employment conditions or their supervisor / coordinator

Step 1

The employee should approach the Coordinator for discussion on the issue/s causing the grievance. The discussion is confidential.

Step 2

If the problem is not resolved in Step 1 the employee may put the issue in writing to the Chief Executive Officer of the Blackall-Tambo Regional Council.

The Chief Executive Officer shall make a decision on the issue and advise the employee within 3 working days (NOTE: this decision may be that the aggrieved party return to Step 1 for further attempts at resolving the issue if this seems appropriate).

Step 3

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If the problem is not resolved in Step 2 the employee may attend a meeting with the Chief Executive Officer and the Coordinator.

The employee may be accompanied by a representative of their choice.

The employee may request that the Coordinator not be present at the meeting.

The Chief Executive Officer shall make a decision on the issue and advise the employee of their decision within 7 days. The decision of the Chief Executive Officer is final. This decision may be a recommendation for mediation between any parties in dispute, and can include a referral to the Dispute Resolution Centre.

29.1 APPEAL

The Coordinator and Chief Executive Officer will ensure that their decisions are in line with the relevant Acts of Parliament which govern the employment of staff.

If staff feel that they have been unfairly treated, they may consult with the relevant Union or industrial relations body.

If staff feel that they have been unfairly discriminated against on the grounds of sex, race, etc. they may refer the issue to the Qld Anti-Discrimination Commission or the Human Rights and Equal Opportunity Commission.

Staff should be made aware of their rights to consult with the industrial relations body or Qld Anti-Discrimination Commission

30 MOTOR VEHICLE POLICY(GENERAL)

Conforms to the following Standards:

- DSQ Standard 8: Service Management

30.1 RATIONALE

To ensure that all workers at Blackall-Tambo Regional Council Community Services understand the basic requirements relating to the operation of motor vehicles whilst performing duties for the organisation, regardless of whether they are private or organisational vehicles

30.2 POLICY

Legal responsibilities of drivers:

- It is the responsibility of each driver to ensure they hold a current driving license acceptable under Queensland Legislation and appropriate to the vehicle to be driven.
- It is the responsibility of all staff or volunteers to inform the Coordinator if they lose their license through the demerit points system or disqualification for any other reason. This must occur within one working day of any such disqualification.
- Any breach of traffic regulations or parking infringements are the responsibility of the driver allocated the vehicle at the time the infringement occurs. Blackall-Tambo Regional Council community Services will not accept the responsibility of any fines which occur as the result of

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any infringements.

- If staff or volunteers have been advised in writing by a member of the medical profession that they are unfit to drive, the staff member or volunteer must not drive a Blackall-Tambo Regional Council vehicle or private vehicle on organisation business. The staff or volunteer member must provide their Coordinator with written evidence of their inability to drive.

30.3 DUTY OF CARE

- All employees and volunteers shall operate vehicles in a responsible manner, having due regard for the law and the rights of other road-users

Staff and volunteers will take into account any individual needs of any clients who may be a passenger in the vehicle (eg: sensitivity to temperature, noise)

31 RELEASE OF INFORMATION/ MEDIA POLICY

Conforms to the following Standards:

- DSQ Standard 4: Privacy, Dignity and Confidentiality

31.1 RATIONALE

Allows the release and exchange of relevant client information to allow for more comprehensive and informed planning for client needs

31.2 POLICY

The Chief Executive Officer is the only person permitted to discuss any matters with the media.

1. Any information released or exchanged **MUST** be undertaken with the client's (or legal guardian's) informed consent (written where possible) **EXCEPT**:
 - where disclosure is required or authorised by law (such as court subpoena or staff testifying under oath).
 - where it is reasonable that the disclosure is necessary for the enforcement of criminal law or for a law imposing a fine or for the protection of public revenue,
 - where it is reasonable that the disclosure is necessary to prevent or lessen serious threat to the life or health of the client, staff or another person.
 - non-identifying data required by funding bodies and by government departments for planning purposes.
2. Any information released or exchanged with other service providers must relate only to issues directly associated with service delivery.
3. No identifying client information (including photographic image) will be given to the media without the client or legal guardian's written consent.

31.3 RELATED FORMS

- Consent to release/obtain information form
- Media / Photographic Form

32 CLIENT BEHAVIOUR SUPPORT POLICY

Conforms to the following Standards:

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- DSQ Standard 2: Individual Needs

32.1 RATIONALE

To ensure that Blackall-Tambo Regional Council Community Services has a behaviour support policy that is legally and ethically sound.

32.2 POLICY

Blackall-Tambo Regional Council Community Services will develop, in consultation with the client and his/her guardian, a behavioural support plan at the time of Individual Support Plan development (if necessary) and these will be reviewed regularly.

The strategies proposed shall be based on cooperative planning, and will adopt the philosophy of the least restrictive alternative.

At all times, the client’s rights, dignity and safety will be protected and upheld.

Blackall-Tambo Regional Council Community services will not adopt, at any time, any form of physical punishment or withhold food, clothing or shelter as a form of behaviour management.

Staff will be trained in behaviour management, with refresher training occurring on a regular basis.

Specialist intervention will be requested when the Coordinator feels that behaviour management strategies have been consistently ineffective with a client.

The Coordinator will be mindful of the risk to staff in supporting clients with challenging behaviours, and will monitor high risk situations closely.

Behavioural support plans shall:

- identify the problem
- detail the strategies to overcome the problem
- detail how the plan will be monitored and reviewed and by whom
- detail what monitoring tools, forms and records are to be maintained and who is to maintain them.

If the Coordinator is of the opinion that the required action is beyond the service’s capabilities the matter may be referred to an appropriate qualified service provider, and withdrawal (or partial withdrawal) of service considered

33 CHANGES SINCE LAST REVISION

New Policy as of 14.04.2010 to reflect current procedures

34 RECORDS

When completed and approved the original, signed hard copy of the policy is filed in the Master File.

Electronic copies are saved in the appropriately labelled folder in InfoXpert.

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