[Insert organisation name/logo]

SERVICE AND PROGRAM OPERATIONS POLICY

**Version: [Year/no]**

**Document status: Draft or Final**

**Date issued: [date]**

**Approved by: [insert organisation name] Board of Directors on [date]**

**Date for review: [date]**

**Record of policy development:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version number** | **Date of issue** | **Lead author/ reviewer** | **Consultative panel** | **Significant changes on previous version** |
| **[Yr/no]** | **[Date]** | **[Name/role]** | **[Name/role/ organisation]** | **[For example, incorporate changes to new legislation]** |
|  |  |  |  |  |
|  |  |  |  |  |

***🖌Note\****

*This policy template has been developed to meet the needs of a diverse range of services and includes items for consideration in policy and procedure.*

***Not all content will be relevant to your service.******Organisations are encouraged to edit, add and delete content to ensure relevancy.***

*All notes (like this one) should be considered and deleted before finalising the policy, and the contents list should be updated as changes are made and when content is finalised. See the NADA Policy Toolkit User Guide for more editing tips.*

*\*Please delete note before finalising this policy.*

***🖌Note\****

*To update the contents list when all content has been finalised, right click on the contents list and select ‘update field’, an option box will appear, select ‘Update entire table’ and ‘Ok’.*

*To use the contents list to skip to relevant text, use Ctlr and click to select the relevant page number.*

*\*Please delete note before finalising this policy.*

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**🖌Note\***

This policy could also include the following sections:

* Clients leaving the facility without notice or approval
* Responding to bullying, harassment, violence, racism

For more information about these issues, refer to the NADA website [www.nada.org.au](http://www.nada.org.au) for updates and policy releases.

\*Please delete note before finalising this policy.

# SECTION 1: SERVICE AND PROGRAM OPERATIONS FRAMEWORK

## 1.1 Policy statement

**[Insert organisation name]** is committed to providing clients with quality facilities and resources in order to be inclusive and responsive to client needs.

**[Insert organisation name]** has the responsibility to ensure the appropriate use of its facilities, equipment and consistent application of onsite rules to protect clients and workers and the organisation from any legal liabilities arising from their inappropriate use.

This document sets out the processes governing the use of the organisation facilities.

## 1.2 Purpose and scope

The purpose of this policy is to provide guidance to **[insert organisation name]** in the responsible use of the organisation’s facilities, to ensure that its amenities and services are high quality and are equally accessible by all clients.

All staff and the Board of Directors are responsible for being aware of, implementing and maintaining operational systems as appropriate to their role and responsibilities.

## 1.3 Definitions

|  |  |
| --- | --- |
| **Access details** | Allocated identification credentials which allows a user access to the organisation’s IT systems, services and facilities. |
| **Allegation**  **or report** | Formal mechanisms to bring an incident of abuse, assault, harassment or other illegal behaviour to the attention of Management, the Board and/or law enforcement and other agencies. |
| **Client account** | Established access point for clients when using the organisation’s computing and communication facilities. |
| **Computing and communication facilities** | All computing and communication services operated by the organisations – whether owned, leased, used under license or by agreement – including, but not limited to:   * telephones (including mobile devices) and telephone equipment, voice mail, SMS * mobile data devices * desktop and laptop computers * tablet computers * workstation computers * any connection to the organisation's network, or use of any part of the organisation's network to access other networks * all hardware, including printers, scanners, and facsimile machines. |
| **Disclosure** | Communicating to another person an incident of abuse, assault, or harassment, or acknowledging to another person that this has occurred, whether the incident is recent, past or ongoing. Disclosure and acknowledgment are about support-seeking and are distinct from making a report or allegation. |
| **Organisation’s property** | Unless third parties have clearly noted copyright or some other rights on the information and messages handled by the organisation’s computing and communications facilities, all information and messages generated on or handled by the organisation computing and communications facilities are considered to be the property of the **[insert organisation name].** |
| **Medication dosage compliance**  **aids** | Devices that assist clients to organise and/or take their medication. These include: blister packaging (with each ‘blister’ containing medication needed at a specific medication administration time) and medication boxes. |
| **Prescription-only medication** | Any medication listed in Schedule 4 or Schedule 8 of the NSW Poisons List and which is only available to the public on prescription by a medical practitioner or dentist. |
| **PRN medication** | Medication required “as needed”, with particular conditions and limits. |
| **Sexual assault** | Sexual assault occurs when:   * a person is forced, coerced or tricked into sexual acts against their will or without their consent, or * a child or young person under 16 years of age is exposed to sexual activities, or * a young person over 16 and under 18 years of age is exposed to sexual activities by a person with whom they have a relationship of ‘special care’ e.g. step-parent, guardian, foster parent, health practitioner, employer, teacher, coach, clergyman, etc. |
| **Sexually disinhibited**  **behaviour** | Poorly controlled behaviour of a sexual nature, where sexual thoughts, impulses or needs are expressed in a direct or disinhibited way, such as in inappropriate situations, at the wrong time, or with the wrong person. |
| **Sexual harassment** | Unwelcome conduct of a sexual nature which makes a person feel offended, and/or humiliated. Can involve physical, visual, verbal or non-verbal conduct. |
| **Sexual health** | A state of physical, emotional, mental and social well-being related to sexuality, including the absence of disease, dysfunction or infirmity; a positive and respectful approach to sexuality and sexual relationships; the possibility of having pleasurable and safe sexual experiences, free from coercion, discrimination and violence, and respect for the sexual rights of all persons.[[1]](#footnote-2) |
| **Sexual safety** | The recognition, maintenance and mutual respect of the physical, psychological, emotional and spiritual boundaries between people. |
| **Sexual safety**  **incident** | The term used to refer to an incident that breaches or compromises the sexual safety of a client, and which is recognised as either sexual assault or harassment, consensual sexual activity in an inappropriate setting or sexually disinhibited behaviour. |
| **Social media** | Is defined by a number of online tools or websites that engage, create and share user-generated content, data and comments that might impact on the organisation or the people who use the services. |
| **Social media identification** | Is defined as the online name, ID, user name or user account name of individuals when using online or social media tools and programs. |
| **Workers** | For the purposes of this policy, the term workers applies to employees, students and volunteers who work at the organisation. |

## 1.4 Principles

* **[Insert organisation name]** considers service and program operations fundamental to the way business is carried out and embeds quality and equality of services in the organisation’s philosophy and practice.
* In implementing service and program operations practices, the organisation supports and encourages the involvement of all staff, students, volunteers and Board members, as well as clients, stakeholders and the broader community as appropriate.
* **[Insert organisation name]** provides resources and support to staff, Board members, clients and stakeholders to engage in its service and program operations processes and activities.
* The organisation approaches service and program operations, activities with a cyclical review model which includes the elements of consultation, monitoring, assessment, action, evaluation and feedback.
* **[Insert organisation name]** respects differing perspectives and priorities held by individuals; however, the health and wellbeing of staff members and clients is a primary focus of the organisation activities and decisions.
* Service and program operations activity and processes guide best practice across the organisation.

## 1.5 Outcomes

* Service and program operations processes and activities enhance **[insert organisation name]**’s ability to address client’s needs in a fair and equal way.
* Clients, staff and Board members are aware of and are involved in service and program operations processes and activities.
* **[Insert organisation name]**’s commitment to service and program operations processes and activities is pervasive in all areas of its business, with all staff seeking ways to improve the quality of their own activities and areas of responsibility as well as the quality of the organisation’s services as a whole.
* **[Insert organisation name]** is recognised for its clear, open and respectful service and program operations activities and practices.
* **[Insert organisation name]**’s operations are supported by relevant and consistent quality improvements systems and activities.

## 1.6 Delegations

|  |  |
| --- | --- |
| **Board of directors** | * Endorse and ensure compliance with the Service and Program Operations Policy. * Lead and participate in service and program operations activities and processes if required. * Review and endorse service operations expenditure for new developments implementation costs. * Support new and existing operational systems and supporting policies and procedures. * Provide expert advice, where appropriate. |
| **Business services/ management** | * Comply with the Service and Program Operations Policy. * Lead and support staff in the development and implementation of service and program operational activities and processes. * Orientate new staff members to service and program operational processes.   **CEO/Manager**   * Lead the development of a quality service operations culture within the organisation. * Lead and participate in service and program operations activities and processes. * Identify and lead the review or the development of quality operational processes. * Communicate with Board and staff regarding current and potential operational processes matters. * Approve and guide staff members in difficult operational decisions. * Identify, lead and involve staff in operational planning processes.   **Management**   * **[Insert operations allocated role]** leads the organisation service and program operations, including: managing the contracts with the external providers; co-ordinating, reviewing and documenting operational activities; ensuring maintenance and functionality of equipment, processes and facilities, and finally, reporting to the CEO/Manager operations activities progress and outcomes. * Work in co-ordination with **[insert operations allocated role]** operations to manage client activities where appropriate. * Support staff to implement service and operational practices. * Participate in, and lead, operational processes and activities as required. * Provide leadership and support to staff. |
| **Program services/clinical** | * Comply with the Service and Program Operations Policy. * Lead and participate in service and program operations improvement activities, particularly those related to service delivery and facilities operations. * Promote and demonstrate commitment to service and program operations practices. * Assist and inform management to detect operational issues. * Actively participate in internal and external review of operational practices. * Work in co-ordination with **[insert operations allocated role]** operations to manage some client activities. * Orientate new staff members, students and volunteers to operational processes and activities. * Contribute to operational processes, including best practice implementation and systems review as part of core business processes. * Remain aware of new initiatives and best practices relevant to their role in the organisation. |

## 1.7 Policy implementation

This policy is developed in consultation with **[insert organisation name]** staff members and clients and is approved by the organisation Board of Directors. All staff members are responsible for understanding and adhering to Service and Program Operations Policy and procedures, and for supporting clients to understand all policy and procedures relevant to them.

* This policy content is to be part of all **[insert organisation name]** staff and client orientation processes.
* This policy should be referenced in relevant **[insert organisation name]** policies, procedures and other supporting documents to ensure that it is familiar to all staff and is actively used.
* Operational practices are discussed as part of the organisation’s strategic and operational business planning processes, including the identification of new or improved operational equipment or resources.
* All staff are provided with ongoing support and professional development to maintain knowledge and implementation of good practice.
* All staff inform clients of all relevant policy and procedure elements in a format that promotes understanding of client’s responsibilities.

This policy must be read in conjunction with the Client Clinical Management, Work Health and Safety, Communications, Information and Technology and Risk Management policy.

This policy does not cover information on computer and social media usage by the organisation (refer to the Communications Policy) or staff members (refer to the Information and Communication Technology Policy).

## 1.8 Risk management

Mechanisms are in place to ensure that service and operational processes and practices are effective and are regularly monitored.

All workers and Board members are made aware of this policy during their orientation.

Other risk management actions include:

* Workers are provided with ongoing support and assistance for them to effectively manage operational practices and complications.
* As part of **[Insert organisation name]** Policy Review Schedule, this policy will be reviewed within **[insert number of years]** years unless circumstances require an earlier review and update.
* The need for improvements in procedures/systems/service delivery can be identified by any Board, management, staff member or client through feedback or quality monitoring systems.
* Staff provide relevant information on policy and procedures to all clients support through a range of mediums to promote understanding and compliance.
* The organisation informs clients about relevant program and operational protocols as part of the induction process, and highlights relevant information in writing. Posters are displayed throughout the organisation’s facilities, and are in place to ensure clients understand relevant, purposeful and clear operational procedures.
* Service and program operations practices are a standing agenda item for discussion at any organisation staff meetings, where any relevant issues may be addressed.
* **[Insert organisation name]** ensures that operational practices promote evidence-based practice for its programs, services and client outcomes.
* The organisation accepts no responsibility for any damage to or loss of information, data, hardware or software arising directly or indirectly from use of the organisation's computing and communications facilities or for any consequential loss or damage. The organisation makes no warranty, expressed or implied, regarding the facilities offered, or their fitness for any particular purpose.

# SECTION 2: RIGHTS AND RESPONSIBILITIES

**[Insert organisation name]** have responsibilities and obligations to their clients and to the broader community to provide safe, beneficial, responsible and best practice programs and services which are responsive to individual and community needs within a context of respect for people’s rights and dignity.

Clients are the focus of **[insert organisation name]**’s operations and their rights and responsibilities within the organisation are recognised, valued and promoted.

Information to clients about rights and responsibilities are to be included in the **[insert organisation name]** Client Orientation Pack and are explained to clients at the time of requesting information or commencing services with the organisation.

## 2.1 Client’s rights

Clients from **[insert organisation name]** have the right to:

* Be treated with dignity, respect and courtesy by all staff, students and volunteers of the organisation.
* Receive competent care and be involved in their treatment planning.
* Ask questions about what they are consenting to and the information they are providing.
* Have their needs, cultural values and beliefs considered.
* Have full confidentiality of their health and personal details, unless consent is provided to share information or there is risk of harm to the client or others.
* Give or refuse to give consent for treatment without experiencing any adverse consequences.
* Not to be held accountable for any consent provided while intoxicated.
* Provide feedback on services provided and make a complaint without experiencing any adverse consequences.
* Withdraw participation from the service/program at any time.
* Be free of discrimination, intimidation, abuse and harassment.
* Change treatment goals without judgment.
* **[Insert here any other client rights that applies to your organisation]**
* **[Insert here any other client rights that applies to your organisation].**

**🖌Note\***

Examples of other client’s rights statements include the right to:

* Reapply for a program or service according to the Client Exit and Re-Entry Section of this policy.
* Access services only on the basis of the client needs and the capacity of the service to meet those needs.
* Access personal files according to the Client File Management Section of this policy.
* Access advocacy services.
* Contribute and participate as far as possible in the development of policy and representation of AOD client interests.
* Be informed of costs and standards associated with services provided by the organisation.
* Be informed of drug use policies, including abstinence or drug-free environment requirements for participating in the service/program.

\*Please delete note before finalising this policy

## 2.2 Client’s responsibilities

Clients from **[insert organisation name]** have the responsibility to:

* Respect the rights, privacy, independence and dignity of other clients, staff members and volunteers.
* Provide honest information about their own health and drug use as accurately as possible.
* Participate and contribute in the treatment process.
* Be accountable for the results of any individual decisions made.
* Ask questions if they do not fully understand issues or process.
* Follow WHS Procedures as requested. Information to clients about Work Health and Safety are to be included in the Client Orientation Pack and are explained to clients at the time of formally entering programs or services. For more information please refer to Work Health and Safety Policy.
* **[Insert here any other client responsibilities that applies to your organisation and programs].**
* **[Insert here any other client responsibilities that applies to your organisation and programs].**

**🖌Note\***

Examples of responsibility statements include the responsibility of clients to:

* Provide details of an advocate, guardian or carer if required.
* Use program premises with respect and only during set program hours.
* Be as highly involved as possible in designing and participating in their treatment plan.
* Provide information that enables the worker to provide adequate advice and support.

\*Please delete note before finalising this policy

# SECTION 3: CHILD PROTECTION

**🖌Note\***

Please note that this section of this policy template was reviewed by McCullough Robertson Lawyers through Justice Connect Not-for-profit Law.

Before customising this policy, organisations should determine whether:

* Its staff (or a group of staff, or individuals) are mandatory reporters for the purpose of Section 27 of the Children and Young Persons (Care and Protection Act 1998 (NSW).
* They are prescribed bodies for the purpose of Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998 (NSW).
* They are designated non-government agency in accordance with the Ombudsman Act 1974 (NSW).
* Consideration should be given to the roles of staff and the potential for them to be in a position where they may learn of child protection-related issues.

*\*Please delete note before finalising this policy.*

There is a shared responsibility for child protection and child wellbeing across government and non-government organisations and the broader community. To fulfill its role in the care and protection of children and young people, **[insert organisation name]** will:

* Ensure staff have adequate skills to recognise and respond to child protection concerns and are guided by knowledge of both legislation and good practice in their work with children, young people and families;
* Provide assistance to parents and carers responsible for parenting children and young people to promote a safe and nurturing environment; and
* Collaborate and partner with other services to provide the best outcomes for children, young people and families.

**[Insert organisation name]** plays a role in ensuring children live in a safe and supportive environment by:

* Responding to child protection concerns through appropriate referral, reporting and service delivery, including reporting of any risk of significant harm to NSW Community Services.
* Providing care and support services to children, young people and their families who come into contact with the organisation.
* Promoting the safety, welfare and wellbeing of children and young people in the organisation.

Staff must familiarise themselves with the responsibilities detailed in this policy and in the Client Clinical Management Policy for accessing external resources such as the [Mandatory Reporter Guide](http://www.keepthemsafe.nsw.gov.au/reporting_concerns/mandatory_reporter_guide) and the [Child Protection Helpline](http://www.community.nsw.gov.au/docs_menu/preventing_child_abuse_and_neglect/protecting_children.html).

**[Insert organisation named]**’smonitoring and internal audit activities will ensure adequate records are kept in relation to child protection concerns, as well as ensuring that [Working With Children Checks](http://www.kidsguardian.nsw.gov.au/Working-with-children/working-with-children-check) and child protection training are completed and updated when required. Refer to the Client File management section for more information.

Risk management

* Staff are trained in the identification of child protection risks and the requirements of mandatory reporting (including information sharing).
* All staff are made aware of this policy and related procedures during orientation.
* Risks to clients, children and young people are regularly assessed, identified and managed.
* Secure records are kept of child protection concerns and mandatory reporting activities.
* Mechanisms are in place for monitoring compliance with this policy and related procedures.
* Any child protection concerns are managed in accordance with this policy and the Risk Management Policy.

## 3.1 Working with children checks (WWCC)

Organisations engaging individuals for paid or unpaid child-related work must undertake Working With Children Checks for new staff, volunteers, contractors and students (*Child Protection (Working With Children) Act 2012* (NSW)*).*

Child-related work is defined as work in a specific, child-related role or face-to-face contact with children in a child-related sector. Additional roles are identified in the [*Child Protection (Working with Children) Regulation 2013.*](http://www.legislation.nsw.gov.au/maintop/view/inforce/subordleg+156+2013+cd+0+N)

**[Insert organisation name]** complies with its responsibilities to undertake Working with Children Checks for relevant staff, students, contractors and volunteers. For more information, refer to the Human Resources policy.

## 3.2 Staff training

**[Insert organisation name]** recognises that in the course of the work of our organisation, staff may come into contact with situations involving children, young people and families in which there is a concern about a child’s, or childrens’, safety, welfare and wellbeing.

**[Insert organisation name]** will ensure thatstaff will have an appropriate level of knowledge, particularly regarding legislative changes introduced as part of the NSW Government’s child protection initiative ‘Keep Them Safe’. Staff are responsible for maintaining familiarity with the organisation’s policies and procedures dealing with child protection, and understanding their obligations in accordance with these documents.

If appropriate, staff working with children, young people and families should receive child protection training through registered training organisations, such as the nationally recognised unit of competency CHCCHILD401 ‘Identify and respond to children and young people at risk’, which is part of the CHCO8 Community Services Training Package.

## 3.3 Grounds for reporting risk of significant harm

Concerns about the safety, welfare and wellbeing of a child must be reported to NSW Community Services for any of the following reasons:

* **Physical or psychological needs:** The basic physical or psychological needs of the child or young person are not being met, or are at risk of not being met.
* **Necessary medical care:** The parents or caregivers have not arranged necessary medical care (or are unwilling or unable to do so).
* **Education:** The parents or caregivers have not arranged (or are unwilling or unable to arrange) for the child or young person to receive an education in accordance with the *Education Act 1990*.
* **Physical/sexual abuse or ill-treatment:** The child or young person is at risk of physical or sexual abuse or ill-treatment.
* **Domestic violence:** The child or young person lives in a household where there have been incidents of domestic violence and as a consequence, the child is at risk of serious physical or psychological harm.
* **Serious psychological harm:** Parent or caregiver’s behaviour towards the child or young person causes or risks causing psychological harm to the child or young person.
* **Prenatal care:** The child was subject to a prenatal report and the birth mother did not engage successfully with support services to eliminate or minimise the risk factors that gave rise to the report.
* **Cumulative harm:** A series of acts or omissions that when viewed together establishes a pattern of significant harm.

For guidance on making a report if you believe a case meets the grounds for reporting risk of significant harm, refer to the child protection reporting section of the Client Clinical Management Policy.

## 3.4 Limits to confidentiality

In working with children, young people, parents and caregivers, **[insert organisation name]** staff will clearly communicate their obligation to limited confidentiality in relation to issues pertaining to child protection.

Where applicable, staff members should make clients and other people who interact with the organisation aware of their legal obligations as a mandatory reporter, to report certain circumstances relating to the protection and wellbeing of a child to NSW Community Services.

Clients and other people who interact with the organisation should also be made aware that people who are not mandatory reporters may voluntarily make reports to Community Services if they hold concerns about a serious risk regarding potential harm to a child.

## 3.5 Exchanging information related to child protection

**🖌Note\***

Only organisations which are ‘prescribed bodies’ may share information in accordance with these provisions. Organisations should conduct their own enquiries to establish if they are ‘prescribed bodies’.

*\*Please delete note before finalising this policy.*

There are two mechanisms for the exchange of information relating to the safety, welfare or wellbeing of children, young people and unborn children under the *Children and Young Persons (Care and Protection) Act 1998*. The two mechanisms are designed to work in tandem, depending on the particular circumstances of a case.

**Section 248:** Non-government organisations can be compelled to respond to requests for information from NSW Community Services under Section 248, where Chapter 16A is not applicable, or exceptional circumstances exist.

**Chapter 16A:** This mechanism gives prescribed human services and justice agencies and non-government organisations (NGOs) the ability to share information relating to the safety, welfare or wellbeing of children or young people, without the need for client consent and whether or not the child or young person is known to NSW Community Services. Community Services will also seek to exchange information under Chapter 16A in the first instance, where appropriate.

**🖌Note\***

It should be determined if an organisation is a ‘prescribed body’ for the purpose of Chapter 16A before this clause is used.

*\*Please delete note before finalising this policy.*

When receiving or making a request to share information, **[insert organisation name]** staff should consider how the information requested relates to the safety, welfare and wellbeing of a child or young person, as well as the following:

* A parent or other family members
* A child or young person’s history or circumstances
* People with a significant relevant relationship to the child or young person
* Other agencies’ dealings with a child or young person, including past support and service delivery.

In the course of sharing information with another organisation under Chapter 16A and/or Section 248, staff must not disclose the identity of anyone who has made a report to the Child Protection Helpline or any information from which the reporter’s identity can be deduced.

Further guidance on exchanging information can be found in the Child Protection Reporting section of the Client Clinical Management Policy.

## 3.6 Support for mandatory reporters

Staff do not need management permission to make a report to NSW Community Services about a child or young person. However, the CEO/Manager must be informed that a report has been made, except in cases where allegations concern the CEO/Manager.

Staff may discuss the case and seek support within the boundaries of supervision or professional counselling services prior to lodging the report. The person who made the report will ensure that the privacy and reputation of the child or young person, as well as of the alleged perpetrator, is respected by not discussing details of the case with other staff members or others who were not directly involved with making the report.

The CEO/Manager will ensure that the staff member receives appropriate support and debriefing, including access to professional counselling services if required.

## 3.7 Allegations about workers or Board members

The CEO/Manager is to be immediately informed about any allegation made against a **[insert organisation name]** staff member, volunteer, contractor or student. The CEO/Manager will take appropriate action in response to the allegation, which may include the temporary suspension of the individual involved (if appropriate) while the allegation is investigated. If the allegation is found to be substantiated, the individual may face disciplinary action, including termination of their employment or engagement with the organisation.

If a concern exists about the CEO/Manager, then the Board Chairperson and Executive (e.g. Vice Chair and/or Secretary) should be immediately informed. The Board Chairperson and Executive will take appropriate action in response to the allegation, which may include the temporary suspension of the CEO/Manager while the allegation is investigated. If the allegation is found to be substantiated, the CEO/Manager may face disciplinary action, including termination of their employment.

If an allegation is made against a Board member, the Board Chairperson and Executive and the CEO/Manager are to be immediately informed. If the allegation relates to a member of the Board Executive or the Board Chairperson, remaining members of the Executive are to be informed. The allegation will be investigated, during which time it may be appropriate to suspend the Board member from Board duties. If the allegation is found to be substantiated, it may be appropriate to revoke the individual’s Board membership, resulting in a termination of their Board appointment.

All investigations and disciplinary processes will be conducted in accordance with relevant legislation and internal policies and procedures, with care taken to protect individuals from unwarranted damage to reputation. For more information about Employee Misconduct, refer to the Human Resources Policy.

## 3.8 Reportable conduct

**🖌Note\***

Insert Clause 7.8 if the organisation is a designated non-government agency in accordance with the Ombudsman Act 1974 (NSW).

*\*Please delete note before finalising this policy.*

The CEO/Manager of **[insert organisation name]** must notify the NSW Ombudsman in relation to the following:

* about any reportable allegation or conviction against a member of the organisation’s staff;
* whether or not the organisation proposes to take disciplinary or other action in relation to the staff member and why it intends to take or not take such action; and
* any written submissions made to the CEO/Manager by the staff member involved which they wish to have considered in determining what (if any) disciplinary or other action should be taken against them.

Notification must occur as soon as practicable, but must be no later than 30 days after the CEO/Manager becomes aware of the allegation or conviction. Reportable allegations or convictions may arise during the course of, or outside of, a staff member’s work.

Reportable allegations or convictions are those which relate to the following types of conduct:

* any sexual offence, or sexual misconduct, committed against, with, or in the presence of, a child;
* any child pornography offence or offence involving child abuse material;
* any assault, ill-treatment or neglect of a child; or
* any behaviour that causes psychological harm to a child.

Where a risk of significant harm report to Community Services contains an allegation of reportable conduct against an employee of another agency, Community Services will make the organisation aware of the allegation and will ask the reporter to consent to the disclosure of their identity to the employing agency to assist in investigating the reportable conduct.

Any member of staff who becomes aware of any reportable allegation or conviction involving a fellow member of staff must inform the CEO/Manager as soon as practicable. If the information relates to the CEO/Manager, the Board should be informed.

# SECTION 4: CLIENT FILE MANAGEMENT

The organisation ensures that a client file is created for each client and all information related to the person is placed in the client file. The organisation makes sure that staff effectively develop, maintain, review, retain, secure and dispose of client files, ensuring that records of care and treatment are maintained effectively, and client privacy and confidentiality is protected.

The protection of client privacy and confidentiality is a guiding principle in the collection, use and storage of **[insert organisation name]** client information. For more information relating to privacy and confidentiality, refer to the Communication Policy.

Client files are an important source of information about client’s health, social needs and treatment. The organisation understands that client files enhance safety and continuity of care by the accurate recording of client details and history, and is committed to ensuring that information in client files is complete, accurate and relevant.

By implementing the procedures in this section, **[insert organisation name]** ensures that:

* The client file management system is systematic, compliant with legislation and quality standards, informative and protects the interests of both the client and the organisation.
* Client files are effectively established, reviewed, maintained and retained.
* Client information is secure, accessible, relevant and used primarily for the benefit of the client.

Effective management of client files enables the organisation to:

* Demonstrate the flow of client support and make effective use of staff time.
* Provide ongoing staff support and information to assist them to effectively manage client files.
* Monitor compliance with the quality improvement program.

## 4.1 Establishment of client files

**[Insert organisation name]** confidential files are held for all clients accepted into the service/program.

A client file is established following completion of client intake processes and acceptance into the organisation programs. In establishing a client file, the allocated staff member is to clearly explain to the client:

* Which information will be held by the organisation.
* How information will be kept secure.
* Under what circumstances information may be disclosed to others and where consent will be requested.
* The process for making a complaint in relation to suspected misuse of personal information.
* How to request access to personal information held by the organisation; refer to Section 4.7 of this policy.

## 4.2 Client file structure

**[Insert organisation name]** client files will be clearly identified with a name and/or client code and include the following information:

* Intake details
* Assessment details
* Rights, responsibilities and signed consent documents
* Medical information (including medication list and allergies)
* Treatment and review management plan
* Case management and contact notes
* Case conference minutes and notes
* Correspondence
* Client feedback
* Client exit planning and follow-up information
* **[Insert other relevant information required].**

## 4.3 Development and maintenance of client files

The organisation **[insert client case manager or nominated staff member]** ensures that all sections of the client file are complete and up-to-date.

All pages of the treatment management plan and progress notes contain:

* The client’s name or client code
* Date of entry
* Page number.

Entries in client files are:

* Brief, timely, accurate and complete
* Factual, objective and sequential
* Free of value judgments or abbreviations
* Legible and signed, dated, with name of author printed
* Written in black or dark blue ink
* To have any mistakes crossed out and initialled, with no liquid paper or concealer used
* **[Insert other characteristics of files entries].**

## 4.4 Review of client files

**[Insert organisation name]** implements a client file review system to verify the quality of client files. The review process includes files of all staff members involved in managing client files. The results of the review will be analysed and used to raise issues of concern and to improve record-keeping quality.

**[Insert organisation name]** outlines the following processes for conducting an internal review of client files and notes that these may be carried out simultaneously with a Case Notes Audit which is detailed in the Client Clinical Management Policy.

### 4.4.1 Undertaking File Reviews

The file review will be based on a random selection of current files and will be completed using the Client File Review Tool.

The **[insert relevant position/s, e.g. case manager, supervisor]** will review at least **[insert the number of files, e.g. 2]** files every **[insert frequency, e.g. 6 months]** to ensure all sections of the file are complete and current, and that entries in files are appropriate.

A record of the staff member primarily responsible for managing the client file will be recorded by **[insert senior position responsible]** so that the files of all staff members are reviewed at least once in a calendar year. If **[insert senior position responsible]** is also responsible for managing client files, a review of their files will be undertaken by **[insert senior position responsible].**

### 4.4.2 Documenting and reporting file reviews

The **[insert senior position responsible]** inputs the results of client file review into a spreadsheet and develops a summary of corrective actions. This report is provided to the CEO/Manager.

The completed Client File Review Tool attached to the reviewed client file is returned to the staff member primarily responsible for completing the file. The document will provide written feedback that identifies areas of excellence and those requiring corrections.

The staff member primarily responsible for completing the file will remedy any corrective actions identified in the file review within **[insert timeframe].**

The **[insert senior position responsible]** monitors and supports completion of corrective actions and records completion of actions in the Client File Review Tool.

## 4.5 Retention of client files

Client files are retained at **[insert organisation name]** due to the possibility that:

* The client may return to the service
* A complaint is made
* Litigation or other legal proceedings may be instigated
* There will be a need for **[insert organisation name]** to provide evidence that it fulfilled its duty of care obligations (for example, if a client became a danger to themselves or others).

Client files are securely stored for a period of **[insert timeframe, e.g. 7 years]** after the client has ceased receiving services from the organisation.

## 4.6 Disposal of client files

As indicated in the Handbook to Health Privacy (2007), health information files will be destroyed no sooner than seven (7) years after the client ceases to receive services.

Client files will be disposed in a manner which ensures that they cannot be retrieved, and protects the privacy of clients and others.

Documents containing confidential or sensitive information are to be shredded using the organisation shredder located in **[insert shredder location].**

Bulk amounts of documents containing confidential or sensitive information are shredded by **[insert external contractor, if applicable].** Bulk documents for shredding are placed in **[insert secure document disposal equipment, e.g. wheelie bin, bag, etc.]** located in the **[insert equipment location].**

Once the secure document disposal equipment is full, the contractor is contacted for secure disposal of the contents.

**🖌Note\***

If your organisation manages a large amount of confidential and sensitive information, make sure the organisation is implementing the most secure system to manage the disposal and destruction of that information.

This may include utilising onsite shredders, secure bins, external contractors or other tools to protect the privacy of the organisation, clients, staff members, volunteers and Board members.

\*Please delete note before finalising this policy

## 4.7 Client access to files

**[Insert organisation name]** clients have the right to access their own information on request, except under specific circumstances provided for in the Health Records and Information Privacy Act 2002 (NSW).

The organisation outlines the following processes for clients accessing their own files:

### 4.7.1 Request to view information

When a client, or their authorised representative, informs a staff member that they want to see information in their client file, the client or their authorised representative is informed that the request needs to be documented on the Client File Access Request form.

The staff member receiving the request passes the request to the CEO/Manager to authorise the access. Once the access approval has been obtained, the **[insert relevant position]** make arrangements for the client to view the file.

### 4.7.2 Organising client file access

File access will be arranged at the organisation’s premises under the supervision of a staff member, at a time that mutually suits the client, their authorised representative and the staff member.

### 4.7.3 During access

The **[insert organisation name]** staff member will show the client the relevant file information, ensuring that the material is returned to the file after it has been viewed or read out, if applicable.

The client will be supervised by a staff member at all times when accessing or reading the file.

### 4.7.4 After access

The **[insert organisation name]** staff member ensures the file is complete, checks that the client is satisfied with the process, places the access request documentation into the client file and records a file note indicating the date and time that the client file was accessed.

## 4.8 Refusal of client access to files

**[Insert organisation name]** can refuse a client’s access to their personal information if:

* Providing access would pose a serious threat to the life or health of any person.
* Providing access to the section requested would have an unreasonable impact on the privacy of other people.
* The information relates to existing or future legal proceedings between the organisation and the person and is likely to prejudice an investigation of possible unlawful activity.
* Providing access would be unlawful.
* Denying access is required or authorised under another law or has been requested by a law enforcement agency.
* The request for access has been made unsuccessfully on at least one previous occasion and there are no reasonable grounds for making the request again.
* The person has been provided with access to their information already and is making an unreasonable repeated request for access to the same information in the same manner.
* **[Insert other circumstance where your organisation will refuse the client’s access to their personal information].**

All Client File Access Request Forms are authorised by the CEO/Manager. If the request is refused, a written reason for the refusal, including one of the circumstances mentioned above, must be given.

The organisation is required to respond to a request for access to information in writing within **[insert timeframe]** of receiving the request.

## 4.9 Amendment to client files

The clients, or their authorised representatives, can make a request to amend their client file on the Client File Access Request Form.

If a client, or their authorised representative, requests an amendment to the information held in their client file, **[insert organisation name]** staff may amend by way of corrections, deletions or additions to the information to ensure:

* The information is accurate
* The information is relevant, up-to-date, complete and not misleading, taking into account the purpose for which the information is collected and used.

If a staff member is unsure whether to grant a request to amend information in a client file (e.g. if the client is questioning medical records or a diagnosis), the request should be forwarded to the CEO/Manager.

The organisation may refuse a request to amend information contained in a client file if it is satisfied that the purpose of the amendment includes one or more circumstances specified on the Refusal of Client Access to Files (Section 4.8) above. If **[insert organisation name]** decides to refuse to amend the client file, a written reason for the refusal must be given.

If the requested amendments are refused, the client may provide a statement about the requested changes, which is to be attached to the client file.

**[Insert organisation name]** is required to respond to a request to amend information in writing within **[insert timeframe]** of receiving the request.

## 4.10 Security of client files

All client documentation is to be kept securely, with consideration given to physical, technical and administrative security safeguards.

Reasonable physical safeguards include:

* Locking filing cabinets and unattended storage areas
* Physically securing the areas in which the health information is stored
* Not storing health information in public areas
* Positioning computer terminals and fax machines so that they cannot be seen or accessed by unauthorised people or members of the public.

Reasonable technical safeguards include:

* Using passwords to restrict computer access, and making regular changes to passwords
* Establishing different access levels so that not all staff can view all information
* Ensuring information is transferred securely (e.g. not transmitting health information via non-secure email)
* Using electronic audit trails
* Installing virus protections and firewalls.

Reasonable administrative measures includes policies and procedures for guidance, in addition to training to ensure staff, Board members, students and volunteers are competent in this area. For more information, refer to the Privacy and Confidentiality section of the Communications Policy.

Documents concerning medications require additional administrative procedures to ensure the safety of clients and staff members. For more information on medication refer to the Medication management section of this policy.

## 4.11 Disclosing information from client files

**[Insert organisation name]** client information should only be disclosed outside of the organisation for the primary purpose for which the information was collected. Information may be disclosed for secondary purposes if:

* The organisation has the client’s consent
* There is a serious threat to the health or welfare of any person, including child protection concerns, and any notifiable condition under the Public Health Act 1991
* Information is provided to another person or organisation involved in the ongoing care of the patient, or the ongoing service to the client
* Investigating and managing adverse incidents or complaints about care or client safety
* Using information for quality improvement activities such as client file reviews
* Managing a legal claim made by the client
* Legal purposes
* **[Insert other circumstance in which the organisation may disclose client information].**

If a request is made for **[insert organisation name]** to disclose client information to an external organisation, the request is to be made in writing, identify the person and organisation requesting the information and indicate the reason why the information is being sought.

Any requests to disclose information to an external organisation should include the client consent and be directed to the CEO/Manager.

For additional information on Privacy please refer to the Communications Policy.

# SECTION 5: CLIENT ORIENTATION AND USE OF COMMON AREAS

On admission to **[Insert organisation name]**, it is appropriate to conduct an orientation for the client to the program/service being provided, the facilities and their use. Facilities, appliances, furniture and equipment are valuable organisational assets requiring effective management to successfully support the organisation in its functions and operations, and ultimately to achieve strategic goals.

This section provides guidance on the management and implementation of procedures and orientation to the organisation including, client possessions, and organisation common areas, and comprises the use of gardens, kitchens, bathrooms, activity rooms, bedrooms, laundry and other shared facilities within the organisation.

The organisation’s common area procedures and practices complies with relevant legislation and regulations, including protection of client confidentiality and privacy.

All staff members have a responsibility to develop, implement and review existing common areas procedures as appropriate to their position.

**[Insert organisation name]**’s common area procedures:

* protect the health and wellbeing of clients, staff members and visitors
* reduce the risk of significant infections, disagreements or unfair service delivery
* enhance the organisation’s ability to meet its strategic goals and actively contribute to the organisation’s ongoing sustainability
* foster the organisation’s ability to build and maintain resilient and effective service provision and operations.

## 5.1 Client valuables and personal possessions

Clients entering a residential program may bring personal items with them. Not all personal items are permitted to be in the client’s possession or on the organisation’s property. Staff will advise clients prior to intake and again on entry, which personal items will not be permitted.

### 5.1.1 Client valuables and personal possessions permitted

Staff members are responsible for informing and encouraging clients to respect property and take responsibility for the safe keeping of their personal items.

Clients are advised during intake and assessment meetings that they are responsible for their own personal property and that staff cannot take responsibility for lost, stolen or damaged belongings.

Each client has access to a secure and lockable storage box which is part of the client cabinet located **[insert cabinet location]** in order to store valuable items and avoid misplacement of items. Clients are provided with one set of keys and are responsible for keeping these keys in safe place and have their belongings secured and locked, to avoid any potential issues.

Staff members do not accept any client’s personal or valuable items for any reason and it is the client responsibility to care of their personal property.

### 5.1.2 Client valuables and personal possessions not permitted

A number of valuable and personal possessions are not permitted to be in the possession of the client and/or on **[insert organisation name]** property while the client is undergoing treatment. Staff members are responsible for informing and encouraging clients not to bring valuable possessions to **[insert organisation name]** on intake.

Possessions not permitted, but that may be stored on the premises include:

* Mobile/smart phones
* Laptops/tablets
* **[insert possessions].**

When a client has arrived on intake with any possessions listed above they must hand over the property to staff on intake. The items will be stored in the **[insert location name]** until the client exits the service. A list of property submitted by the client will be included in the client intake file and will be signed by both the client and staff member on duty, both on handing in the property and returning the property.

There are some possessions which will not be permitted on premises under any circumstances; these include:

* Sharp objects or weapons, e.g. Swiss army knife, knives
* Lighters or matches
* **[insert possessions].**

When a client has arrived on premises with any of the possessions listed above, staff will assess if they will be advised that they will have to leave the premises and return without the item; alternatively, they should hand over the item for disposal by the organisation. When a client accepts that an item will be disposed of, they may be asked to sign a declaration detailing the permission to dispose of that item. For information detailing possession of substances, see Section 9 of this policy.

**🖌Note\***

An example of an Organisation and Client Property Sign Off sheet, including list of items provided on loan to individuals for their stay at a residential facility is provided in this toolkit. This can be adapted for use by other services if/when relevant.

\*Please delete note before finalising this policy.

## 5.2 Communicating client responsibilities

The organisation ensures that the responsibilities mentioned above are displayed in the form of a poster in the areas required. Staff will also inform clients, on orientation, of these responsibilities and will take time to check the clients’ understanding of the individual responsibilities. Refer to the organisation’s Communications Policy for information on developing resources for clients.

## 5.3 Patio and gardens

The organisation understands that the provision of easily accessible garden space and open areas is essential when providing quality services for clients.

Clients are encouraged to access the patio and garden areas. Rules and responsibilities are communicated to all clients on orientation, through signage and as needed throughout the program.

**🖌Note\***

Some example procedures for open areas and gardens could include:

* Smoking is only permitted in the designated smoking areas – Refer to Section 10: Smoking.
* Clients doing gardening work must wear appropriate protective equipment such as footwear and gloves.

\*Please delete note before finalising this policy.

## 5.4 Kitchen and dining room

The organisation kitchen/s are provided with:

* Refrigerator, stove and sink, each in good working condition
* Storage for food and cleaning supplies
* Cooking utensils in good condition for meal preparation and eating
* Liquid soap dispenser, paper hand towels and tissues
* Ventilation with either a window or a fan
* Fire safety equipment
* **[insert other equipment]**

Facilities are shared and must be left clean and tidy for other clients. Kitchen procedures are clearly communicated to clients on orientation and throughout the program as needed.

**🖌Note\***

Some examples could include:

* Clients must clean all cooking utensils after use
* Clients must co-ordinate a roster for cooking and cleaning
* Clients must follow safety food preparation protocols.

Some organisations have allocated budgets for cooking staff, or alternatively have volunteer cooks to prepare meals for clients. Organisations are encouraged to include this information in this section of the policy.

\*Please delete note before finalising this policy.

Fire safety, infection control and hand care posters are provided as part of the Work Health and Safety Policy. A health and hygiene requirements of food handlers poster is attached to this policy. Fire Safety protocols are outlined in the Work Health and Safety policy.

The dining room is designed and furnished in a way that encourages healthy eating habits and encourages people to participate and enjoy an important social activity.

**🖌Note\***

A standard healthy eating poster is attached to this policy with an example meal plan for males and females. For more information on healthy eating habits visit [www.eatforhealth.gov.au](http://www.eatforhealth.gov.au).

The Western Australian Network of Alcohol and other Drug Agencies (WANADA) developed a number of healthy eating resources to support AOD workers and clients. These resources are intended to provide information and examples about nutrition, health and wellbeing within the alcohol and other drugs sector.

To download these resources refer to <http://www.wanada.org.au/Consumer-Health/View-category.html>.

The Western Australian Network of Alcohol and other Drug Agencies (WANADA) is the peak body for the alcohol and other drug (AOD) education, prevention, treatment and support sector in Western Australia.

\*Please delete note before finalising this policy.

## 5.5 Bathrooms

The **[insert organisation name]** ensures bathrooms are provided with:

* Paper towel or individual client’s towels
* Liquid soap dispenser and tissues
* Toilets and wash basins
* Showers
* Ventilation with either a window or a fan
* Lockable door (to ensure privacy; in an emergency, staff can open from the outside with keys)
* Sanitary bin
* **[Insert other inclusion].**

Facilities are shared and must be clean and tidy for other clients. Bathroom procedures are clearly communicated to staff and clients, including a poster noting rules and procedures on all bathroom doors.

**🖌Note\***

Some example guidelines for bathrooms could include:

* Clients must clean the shower facilities after using
* Wet towels must be placed in an appropriate ventilated environments
* No personal items must be left in shared facilities
* Male and female toilets signs must be respected at all times
* No smoking.

\*Please delete note before finalising this policy.

## 5.6 Program/activity rooms

**[Insert organisation name]** acknowledges the importance of structured activities to support positive outcomes for clients, who in some cases are learning to pursue their own hobbies and interests.

Structured activities provide a positive diversion from negative behaviors and routine. The organisation has a full activity program involving outside and indoors activities and all clients are given the opportunity to participate and decide their own activity plan.

### 5.6.1 Activities information

The organisation’s activities are provided **[insert number of days a week, for example seven (7) days]** per week for the duration of the program.

The in-house activity program offers a diverse range of activities, tailored to meet the needs of clients. **[Insert information on program items which are compulsory or flexible; e.g. Although the organisation provides a planned program, activities are not compulsory, but rather an option].**

Staff members have the responsibility to:

* Introduce clients to the activity program and facilities
* Plan each class/activity according to client need
* Encourage client engagement and positive outcomes
* Write individual reports at the end of each session which allows staff members to monitor progress of each individual
* **[insert other staff responsibilities].**

Client’s responsibilities are clearly communicated to clients at intake, orientation and throughout the program as required.

**🖌Note\***

Client’s responsibilities and attendance to program activities varies from organisation to organisation and in some instances clients are allowed to attend external activities provided by other service providers in order to meet client needs.

Some client responsibilities could include:

* Client must attend 80% of the activities provided by the organisation.

\*Please delete note before finalising this policy.

**[Insert organisation name]** Activity Information Sheet that identifies all the activities delivered by the organisation including a comprehensive description of each activity. The purpose of this template is to clearly inform staff members and clients of each activity.

In addition to the Activity Information Sheet, the organisation provides a weekly activity program guided by the Activity Calendar in order to inform clients of the scheduled activities, times and locations. This calendar is displayed by the organisation in **[insert displayed location, for example on the information board in the common room].**

### 5.6.2 Activity rooms information

The organisation facilities allocated for client’s activities are continually reviewed by staff members on the Room Allocation Sheet. The document clearly identify the available rooms, the purpose of each room and the activity/ies that will be appropriate for that space. This document informs the Activity Calendar and is for staff use only.

## 5.7 Common living areas

**[Insert organisation name]** aims to provide comfortable home environments with spacious and secure communal living areas.

Client’s responsibilities are communicated clearly at orientation and as required throughout their program stay. Posters and signage are used to display the rules in the room.

**🖌Note\***

Client responsibilities in common areas could include:

* Clients are required to use earphones when listening to music in some circumstances in order to allow other people to use common living areas
* TV programs or movies must be agreed by clients in the room
* Respect other clients and staff members onsite
* Ensure that client activities are not disturbing others in proximity; for example, loud music.

\*Please delete note before finalising this policy.

## 5.8 Bedrooms

The organisation provides bedroom facilities in order to provide clients with familiar and comfortable facilities. All rooms are **[insert single or share]** occupancy and provide:

* Single bed per client
* Linen
* Storage cabinet or closet
* **[Insert other feature].**

All bedrooms are provided without locks to enable ease of access whenever clients wish. Although allowed to spend time in their rooms, clients are encouraged to participate in group activities, or spend time in common areas with other residents.

Client’s responsibilities are documented clearly in the Client Orientation Pack and posted on all bedroom walls.

**🖌Note\***

Client responsibilities in bedrooms could include:

* Clients must maintain personal space clean, tidy and adhering to the organisation’s standards
* Clients must follow healthy living habits and respect timetables set-up by the organization.

\*Please delete note before finalising this policy.

## 5.9 Laundry

The organisation offers a shared laundry room for all clients. Clients are responsible for doing their own laundry and staff provide guidance on how the washing machines work. Rules are communicated clearly to all clients, including using posters and signage in the laundry room.

**🖌Note\***

Other client responsibilities in the laundry areas could include:

* Allocate time every week to do own laundry.
* Ensure wet clothing is left in a ventilated area, or alternatively, clients use the dryer onsite.

\*Please delete note before finalising this policy.

# SECTION 6: FACILITATING CLIENT VISITS

**[Insert organisation name]** recognises that facilitating visits with family and carers can be of benefit to the client’s treatment goals as a whole. The purpose of this section is to provide guidance to staff on facilitating visits for clients while in treatment.

## 6.1 Visitors

**[Insert organisation name]** is committed to providing safe processes and a safe environment to enable visitors of clients to attend the organisation when appropriate.

When assessing client visiting rights, staff members take into consideration the client need, requirements and treatment plan objectives, in order to support client outcomes.

Client visitors will be encouraged to:

* Participate in the service user's daily routine as far as is practicable
* Report any adverse circumstances that might be upsetting the client or other clients for any reason.

Visitors and/or clients can request a visit by asking a staff member. The staff member will complete the Visitor Request Form.

## 6.2 Client appointment and approval

Staff will consult the client when a visitor request has been made**. [Insert organisation name]** respect and uphold the client’s rights to refuse visits at all times.

Under certain circumstances if, in the opinion of staff members, a visitation or a particular visitor may be contrary to the well-being of the client or other clients, then the staff member will report this fact to the CEO/Manager or senior managers who may, at their discretion, deny the visit request at this time or exclude the visitor(s) from the facilities.

The outcome of request will be communicated to the visitor and the client and will be documented in the Visitor Request Form and stored in the client’s file within **[insert number of days]** working days.

## 6.3 Visiting times

Visitors will be welcomed at reasonable times with prior organisation approval and arrangement. Visiting hours encouraged by the organisation are between **[insert times]** and visitors are required to introduce themselves at the reception desk on arrival to, and departure from, the organisation by signing the Visitors Register located at the reception desk.

## 6.4 Family visiting areas

Family visiting areas are provided to enhance the safety and amenity of environments for clients and their families located in **[insert building location; for example, near the entrance to the building]** to ensure client’s privacy.

## 6.5 Risk management

All **[insert organisation name]** visitors health, safety and risk management procedures are as per the visitors section on the organisation Work Health and Safety Policy.

# SECTION 7: CLIENT’S EXTERNAL COMMITMENTS AND APPOINTMENTS

**[Insert organisation name]** recognises that clients may need to attend external appointments in order to achieve positive treatment outcomes and manage external aspects of their lives. The organisation is committed to developing relationships and processes with a range of external individuals, groups and organisations to support clients as they aim to comply with their external obligations in a responsible and safe manner.

The purpose of this section is to provide guidance to staff to ensure a consistent approach to manage clients’ external appointments and commitments.

To provide co-ordinated services for clients, the organisation:

* Considers that client external appointments and commitments contribute to the core components of the client treatment.
* Ensures staff are supported to invest time and effort in the development and co-ordination of external appointments that are worthwhile and support client treatment outcomes.
* Respects and values differing perspectives and priorities held by individuals, groups and organisations, while focusing on the agreed and common client treatment objectives.
* **[Insert other statement].**

This section ensures that:

* All external relationships and processes contribute to the fulfilment of the organisation’s operation and goals.
* The organisation maintains a range of relationships, both formal and informal, that benefit the organisation, client’s treatment and appointment co-ordination.
* **[Insert other outcome].**

Regular review of the purpose of the relationships and functions of service providers/agencies ensures time and effort invested is effectively supporting client outcomes.

## 7.1 Court matters

Clients may have pending criminal or family court matters that need to be addressed. **[Insert organisation name]** policy is to **[insert policy e.g. have the court matters adjourned until treatment is completed or support the client to address the court related matter].**

### 7.1.1 Information requests for court matters

Where information is requested about a client in relation to a court matter staff will **[insert organisation policy e.g. provide a brief court support letter, provide a detailed report when requested,** **request reimbursement for time for completing the report]**.

Where staff are unsure of what is legally required refer to the organisation Communications Policy and/or contact the Legal Aid NSW advice line Law Access NSW 1300 888 529.

**🖌Note\***

Refer to the NADA Supporting Your Client in Court: Quick Tips for Drug and Alcohol Workers Resource found online <http://www.nada.org.au/resources/nadapublications/resourcestoolkits/> for tips what to include in a court report.

\*Please delete note before finalising this policy.

### 7.1.2 Attending court

Clients who attend court should be accompanied by their **[insert allocated role; for example, case manager]**. The identified role may seek the assistance of other staff to attend in their place. Any assistance is dependent on the ability and capacity of workers to effectively manage their responsibilities to ensure other clients received appropriate services.

**🖌Note\***

Refer to the NADA Supporting Your Client in Court: Quick Tips for Drug and Alcohol Workers Resource found online <http://www.nada.org.au/resources/nadapublications/resourcestoolkits/> for tips on how to support your client through the court system.

\*Please delete note before finalising this policy.

## 7.2 Criminal Justice matters

**[Insert organisation name]** recognises that clients accessing the organisation may have contact with the criminal justice system and that addressing their criminal justice issues and offending behaviour can work towards improving their health and social outcomes.

**🖌Note\***

Organisations should document their individual policy in relation to eligibility, access and reporting to police or court for clients who have had contact, or are in contact, with the criminal justice system. Additional information on any specific criminal justice programs may also be included; for example, MERIT or Drug Court.

\*Please delete note before finalising this policy.

### 7.2.1 Bail, Probation and Parole

**[Insert organisation name]** will contribute when possible to recommendations for bail, probation or parole conditions through the client’s legal advocate/representative to ensure client’s/potential client’s conditions are achievable through **[insert organisation’s name]** program.

Clients of **[insert organisation name]** are supported by staff members to comply with their conditions at all times. However, the client and staff are made aware that the client is ultimately responsible for complying with their individual conditions.

### 7.2.2 Community service work orders

When community service hours are a condition of a court outcome, it **[is/is not]** appropriate for this work to be undertaken at the organisation as part of a program, or to be supervised by the organisation’s staff. Such requests by the court or the JJ Team should be **[agreed to in writing /politely but firmly declined]**.

**🖌Note\***

Participation in a drug and alcohol program can contribute to State Debt Recovery Office Work and Development Orders (WDO) to help reduce your client’s debt. Refer to <http://www.sdro.nsw.gov.au/fines/eo/wdo.php> for further information on Work and Development Orders.

If your service is eligible/becomes eligible to be an approved WDO organization, it is recommended that the policy and procedures related to this are noted in this policy.

\*Please delete note before finalising this policy.

## 7.3. Centrelink

Staff support clients at **[insert organisation name]** in arranging and attending Centrelink appointments and completing relevant documentation.

**🖌Note\***

Insert any specific information on working with clients in relation to Centrelink. For example, if a Centrelink staff member comes to your service, if you have a specific staff position/volunteer who helps clients with forms, or if clients are supported to attend appointments after a certain point in their treatment.

\*Please delete note before finalising this policy.

## 7.4 Housing

Staff support clients at **[insert organisation name]** in arranging transitional/long-term housing through the Department of Housing.

**🖌Note\***

Insert any specific information on working with clients in relation to Housing. For example if the organisation has specific transitional housing with a community housing provider, if you have a specific staff position/volunteer who helps clients with forms or if clients are supported to attend appointments after a certain point in their treatment.

\*Please delete note before finalising this policy.

## 7.5 Family and Community Services commitments

**[Insert organisation name]** recognises the value in supporting the maintenance and/or restoration of clients with their children who may be in the care of Family and Community Services (FaCS) or Kinship care when possible.

Refer to the Client Clinical and Case Management Policy for information on working with FaCS as part of a Case Management approach.

### 7.5.1 Family Access Visits

Where the client seeks to engage with their children the **[Insert organisation name]** will work with FaCS to negotiate and facilitate access visits when appropriate.

**🖌Note\***

Insert any specific information on working with FaCS to arrange access visits, including information as to at what point in treatment these can begin, when staff can be involved in transporting the client to a visit, and if the visits can happen on site.

\*Please delete note before finalising this policy.

# 

# SECTION 8: CLIENT HEALTH CARE

**[Insert organisation name]** recognises that client’s physical health care is a key component of being able to reach their goals and that, while engaging with the organisation,clients should be supported toaddress physical health issues and engage in improved physical health monitoring.

## 8.1 Medicare Cards

Clients who do not have a Medicare card on initial contact with **[Insert organisation name]** will be supported to arrange one.

## 8.2 General Practice services

**[Insert organisation name]** facilitates an appointment fora full health check with a bulk billing GP for all clients within **[insert amount of time]** of accessing the service.

**🖌Note\***

Insert any specific arrangements with GPs you may have; for example, a GP who pays visits on a weekly basis.

\*Please delete note before finalising this policy.

#### 8.2.1 Selecting or changing healthcare providers

Staff members will provide available information to the client or guardian to support decision making about health care services used by the client.

Staff members assisting and providing information to clients, should consider:

* Physical accessibility of the health care provider for the client, particularly if the client has a physical disability.
* Proximity of the health care provider to the organisation or client’s place of residence.
* Whether the health care provider is flexible and is able to visit the organisation.
* Whether the health care provider is willing to work with other service providers to support client outcomes.
* Whether the client indicates, verbally or non-verbally, that they are comfortable with the health care provider.
* Demonstrated expertise in the health of people with problematic use of drugs and alcohol.

If a client chooses to change health care providers, the clients are to ask the existing health care provider to arrange for the transfer of necessary files to the new health care provider. Staff members are only to provide support as this is a client responsibility.

## 8.3 Dental Services

**[Insert organisation name]** mayfacilitate an appointment fora dental check with for all clients within **[insert amount of time]** of accessing the service.

**🖌Note\***

Insert any specific arrangements with dentists you may have.

\*Please delete note before finalising this policy.

## 8.4 Medical examinations and medical procedures

If a medical practitioner recommends that a client should undergo a medical examination or procedure for which the client is unable to give informed consent, the medical practitioner must obtain valid consent from the client’s responsible person or guardian.

For more information about consent to medical and dental treatment, visit the NSW Civil and Administrative Tribunal:

<http://www.ncat.nsw.gov.au/ncat/guardianship/gt_matter_about/consent_medical_dental.html>.

Although consent is not required for medical or dental appointments for non-intrusive examinations, staff members are required to re-inform the client of their options, or alternatively, keep the client’s responsible person or guardian informed about appointments or examinations and any health issues facing the client. This information is also part of the client record.

**🖌Note\***

Although staff members’ roles do not include informing clients about medical examinations, procedures or activities, staff are encouraged to support clients, understanding of some information related to their medical appointments; this may include:

* What will happen at the medical examination.
* Information is presented in a manner that enhances the client’s understanding, and may need to be repeated.

\*Please delete note before finalising this policy.

When attending medical appointments to support clients, staff members are to:

* Take copies of relevant health documents, including client treatment plan, medication records, case management plan, etc.
* Request the doctor or health provider to provide written information about diagnosis and any recommended treatment.
* **[insert other staff requirement].**

## 8.5 Clients attending medical appointments without staff members

Although the organisation encourages staff members to attend medical appointments, in some instances staff members are unable to attend. In these circumstances staff members contact and co-ordinate with the client’s responsible person or guardian to attend. Staff members also ensure that the person attending the medical appointment is provided with all the medical information, records and a written brief of the information required from the health practitioner.

Following the appointment, staff members should confirm the information with the health practitioner and record the information in the client’s file. If the client requires special attention, the CEO/Manager should be immediately informed to ensure the safety of that client, staff members and other clients.

## 8.6 Responding to health needs of the client

All staff are responsible for observing and responding to changes in client health and communicating information to the client and relevant supervisory staff and staff working onsite. When a client appears ill or in pain, or when there is an observable change in the client’s health, staff are to assist the person to access appropriate health or medical services as soon as possible.

The steps to follow are:

* When a client appears unwell, staff are to assist the client to access medical assistance. Indications that a client is unwell include:
* The client complains of not feeling well;
* The client describes symptoms that may indicate an illness (see below);
* The client indicates by actions or gestures that they do not feel well; and
* Staff observe signs that indicate the client may be unwell.

If the client appears to be seriously ill, staff members are to:

* Apply first aid
* Immediately contact emergency services
* Inform the CEO/Manager.

Refer to the Work Health and Safety Policy for more information.

# SECTION 9: MEDICATION MANAGEMENT

**🖌Note\***

Organisations which have a GP or nurse onsite, those which have methadone stabilisation or reduction programs and those which have links to specific prescribers, should document in this section. any specific policies and procedures related to this.

\*Please delete note before finalising this policy.

The purpose of this section is to provide guidelines for the organisation in the provision, storage, administration and disposal of medications.

These procedures apply to all staff who are responsible for handling or administering of medications **[insert specific position titles if relevant].** Only authorised staff are able to administer medication and complete medication related forms. The Medication Administration Authorisation sheet is maintained by the **[insert position tile e.g. Senior Clinical Leader]** to identify authorised staff members.

This policy section does not provide detailed information on specific types of medications, the effects of medication interactions or side-effects of medication.

## 9.1 Admission

On admission to **[insert organisation name]** all clients are required to submit all unfilled prescriptions, medications (including prescription and non-prescription medications), vitamins, supplements and herbal remedies to staff. The exception is asthma-related inhalers, which the client may keep on their person.

All clients taking prescription medication while at **[insert organisation name]** must provide a letter from their prescribing doctor that outlines:

* The client’s condition
* Treatment
* Medication instructions
* The stability of the condition
* **[insert other inclusion].**

Clients using vitamins, supplements or herbal remedies must only bring unopened packages that will be assessed by **[insert position]**. All items must be approved by **[insert position].** Any items that cannot be positively identified will be safety disposed of according to Section 9.10 of this policy.

Staff providing assistance to clients in managing their medication ensure the pharmacy label on the original dispensed container corresponds with the Client Medication Record in the client file, including:

* Client’s name
* Name and strength of medication
* Dosage and time
* Directions for use.

Any medication taken by the client must be recorded on the Client Medication Summary Form and signed by both client and staff.

In the event that verbal instructions from the client or carer regarding how the medication is to be given differs from those on the pharmacy label, or there are insufficient directions on the label, a letter confirming the correct instructions from the prescribing doctor is required.

If there is any doubt that the medication is current and that the dosage as stated on the pharmacy label remains correct, the prescriber or the dispensing pharmacist must be contacted for clarification. If these professionals are unavailable, staff can seek advice from the Poison Information Centre by calling **13 11 26.**

## 9.2 Medication records

**[Insert organisation name]** ensures that systems are developed and are appropriate to support staff in maintaining safe and accurate information about client medication. **[Insert organisation name]** utilises the following forms and processes to record client PRN (i.e. as needed/as required medication) and prescribed only medications:

|  |  |  |
| --- | --- | --- |
| **Type of medication** | **Form** | **Procedure** |
| **All medications** | Client Medication  Summary | A list of the client’s current medications, prescribed and non prescribed medications. This form is to be completed according to dosage instructions on packaging and/or the client’s doctor’s advice. |
| Medications Returned or Disposed | A list of all medications and prescriptions return to the client or disposed of on client discharge. |
| **Prescribed medications** | Client  Medication Record | Authorised staff members maintain a record of prescribed non-PRN medication taken by clients. |
| **PRN Medications** | Client PRN Medication Record | Authorised staff members maintain a record of client’s PRN medications including date, time and dosage. |

All forms are to be included in the client file. For more details on PRN medication please refer to Section 9.5 of this policy.

## 9.3 Administering prescribed medication

Medications are for the purpose of treating or preventing a health condition and are used strictly in accordance with their prescribed instructions.

Staff have a duty of care to ensure client safety and the proper use of medication. Failure to satisfy this duty of care adequately may lead to **[insert organisation name]** and its staff being held responsible in the event of an incident.

At **[insert organisation name]** the handling and use of medications is compliant with the relevant legislation and practice guidelines.

To ensure the safe administration of medication **[insert organisation name]** adheres to the following procedures:

* Clients are primarily responsible for managing and taking their own medication.
* When a client is not capable of managing their medication, and where a client’s medication has been individually dispensed and packaged for them on prescription, staff provide assistance to support the client to take their own medication.
* Clients are not permitted at any time to be involved in the provision of medication to other clients.
* Medication is taken from the original dispensed container by the client at the prescribed time. Staff observe ingestion of the medication by the client. All tablets and capsules are swallowed whole unless a pharmacist or doctor advises otherwise. If in doubt, the pharmacist /prescriber are consulted.
* Injections are only administered by a medical practitioner or registered nurse. This does not preclude a client self-administering their own insulin as required.
* Staff members record medication administered to the client on the Client Medication Record, or Client PRN Medication record if needed. The client and the staff member sign the medication record after medication has been administered.

## 9.4 Dosing administration aids

* **Blister pack**

Staff members assist clients to take medication from a blister pack which has a pharmacy label attached, by handing over the blister pack and observing the client taking the medication.

* **Medication box**

Medication boxes are utilised by clients for their own use in self-administering their medication. Medication boxes are generally filled by the pharmacist dispensing the client’s prescription (unless the client is able to safely load the ‘box’ himself/herself).

A medication box is not filled for a client by any person other than a pharmacist, a medical practitioner or a registered nurse.

## 9.5 Prescription PRN medication

In the event of a client being prescribed a PRN medication, clear and precise written directions are obtained from the doctor; these cover:

* Circumstances under which the drug or medication is to be given
* Procedure for administration
* Circumstances under which a further dose can be administered, and what is considered a safe interval between doses
* The maximum PRN dose
* Circumstances in which the doctor must be notified.

**[Insert organisation name]** staff ensure the following procedures are implemented when managing PRN medication:

* Medication written instructions are included on the Client PRN Medication Summary and attached to the client file.
* PRN medication is administered according to the doctor’s written instructions and is only given after authorisation from **[insert senior position].**
* Ensure that the client does not exceed the prescribed 24-hour dosage
* Administration of PRN medication is recorded on the Client PRN Medication Record.
* Client PRN Medication Records and Summary is taken to the prescribing doctor at the next appointment.

## 9.6 Non-prescription medication

Non-prescription medication, such as over-the-counter medicines, vitamins and supplements, may be taken by clients on the premises and are administered as directed on the package. If symptoms persist, staff offer support to the client to make a Doctor’s appointment. Any non-prescription medication taken is documented on the Client PRN Medication Record and may also be documented on the client file profile.

## 9.7 Non-compliance

A client is not forced to take medication against their wishes. However, every effort is made to support the client to take medication as prescribed.

If a client decides not to take their prescribed medication, the staff member providing medication support is required to:

* Ask the client why they do not wish to take their medication.
* If qualified to do so, explain to the client the reason for taking the medication and the possible effects on their health if medication is not taken.
* Encourage the client to speak with the prescribing doctor before making a decision to stop taking any medication.
* Contact **[insert position]** to advise of the client’s non-compliance in taking the prescribed medication.
* If required, the prescribing doctor is contacted for instructions. If the doctor is unavailable, the after-hours doctor, pharmacist or Poisons Information Centre are called.
* Observe the client for changes in behaviour or wellbeing and report these to the **[insert position]** and/or doctor.
* Record all details in the Client Treatment Plan and Review Form – see the Client Clinical Management Policy.

## 9.8 Medication error

If it is known that a client has missed a dose, has taken the wrong medication, or appears to be suffering an adverse reaction, the medication error is:

* Recorded on an Incident Report Form, as per Section 9 of the Work Health and Safety Policy.
* A copy of the Incident Report Form is placed in client’s file.
* The client’s prescriber is contacted and informed of the error.

If a client has taken the wrong medication or appears to be suffering an adverse reaction, staff members contact and notify The Poison Information Centre immediately by phoning **13 11 26**.

If there is concern for a client’s safety and health, including when a medication overdose is suspected or known, staff members apply first aid and contact emergency services by phoning **000** immediately and follow the First Aid and Incident Management process outlined in the Work Health and Safety Policy.

## 9.9 Returning medication on exit

When a client exits **[insert organisation name],** allunfilled prescriptions and current medications are to be returned to the client. These are to be documented on the Medications Returned Form and is signed by the client and a staff member. Arrangements for new prescriptions will be considered as part of exit planning with the client. Refer to the Client Clinical and Case Management Policy for more information.

## 9.10 Disposal of medications

Medication is disposed of safely and in a manner which is not harmful to the environment. Any clients’ medication on **[insert organisation name]** premises that is no longer in use, or is out of date, is disposed off. It is not used by another client or kept and allowed to accumulate with other clients’ medication.

Staff record the information on the individual client’s Medication Returned Form and the Medication Disposal Template, including: the medication name, client’s ID and the amount of medication to be disposed and advise the **[insert position]** that there is medication for disposal. Medication to be disposed of is sent to **[insert local pharmacy name and location]** for safe disposal.

## 9.11 Storage of medication

All client medication is kept in securely locked medication cabinets, located at **[insert location]** part of the Restricted Access Area.

Client medications are managed by **[insert position]** and access to the medication cabinet is restricted to appropriate personnel who are supporting the administration of medication.

## 9.12 Medication audit

Monthly medication audits are held by **[insert position]** using the Monthly Medication Audit form check that includes:

* Prescriptions held at premises are current.
* Medication use-by dates have not expired (including ointments and creams).
* Medication containers are original dispensed containers and not damaged.
* Storage procedures are correct.
* Client Prescription Medication Summaries, including PRN Summaries, are complete and current.
* Client Medication Records, including PRN Medication Records, are complete.
* Signatures on the Client Medication Records match those on the Medication Administration Authorisation sheet.
* The Staff Signatures for Medication Administration Authorisation sheet is up to date and current.

If any anomalies are identified following a medication audit, the CEO/Manager is immediately advised. Follow-up actions will be discussed and decided by the CEO/Manager.

# SECTION 10: SMOKING

**🖌Note\***

This section has been adapted from the “Cancer Council NSW. Addressing smoking in community service organisations: A policy toolkit. Sydney: Cancer Council NSW; 2008” with the intention to support organisations to reduce the negative impact of smoking.

\*Please delete note before finalising this policy.

This section provides guidance to **[insert organisation name]** in developing, implementing and reviewing procedures to address the negative impacts of smoking in the organisation’s facilities and activities in order to improve the health and wellbeing of clients and staff members.

**[Insert organisation name]** develops, implements and reviews smoke-free practices, with the aim of providing a holistic approach to support positive client outcomes. Smoke-free procedures provide clarity in the rules and responsibilities for Board members, staff, clients, students, volunteers and stakeholders in how the organisation addresses smoking.

At **[insert organisation name],** smoking procedures:

* Are informed by evidence and best practice
* Support health and wellbeing of all staff, clients, volunteers, students and stakeholders
* Reduce smoking-related harm in a manner that is equitable and at all levels of the organisation
* Are relevant, available and accessible to all people who may have an interest in or may be affected by them.

This section ensures that:

* Smoke-free activities and rules are supported by relevant and consistent procedures and supporting documents.
* Smoke-free procedures consider their relationship to, and impact on, clients, stakeholders, staff, student, volunteers and board of directors.
* All staff and board of directors understand their roles and responsibilities in relation to the implementation of “no smoking procedures.”
* Clients and workers are informed on the risks of smoking and encouraged to consider seeking support to reduce consumption or start the quitting process.

**🖌Note\***

This section does not provide guidance on smoking prevention programs, client treatments to support quitting smoking or how to develop and implement a smoking policy. For more information on the steps to develop and implement a smoking policy, refer to the [“Cancer Council NSW. Addressing smoking in community service organisations: A policy toolkit. Sydney: Cancer Council NSW; 2008”.](http://www.cancercouncil.com.au/wp-content/uploads/2011/11/CAN1023-Addressing-Smoking-no-bleed.pdf)

Also note: as part of this toolkit, organisations have been provided with two options in regards to smoking policy directions;

* 7.1 Smoking-free environment – no smoking environments are compulsory across the entire organisation facilities and includes both clients and workers
* 7.1 Smoking-prohibited areas – smoking is only permitted in designated areas and times.

The following policy structure identifies both directions; please select the option used by your organisation, then edit and delete the alternative that is not compatible with your organisation’s viewpoint.

Visit the Cancer Council website for more information on tackling tobacco-related issues in community organisations. <http://www.cancercouncil.com.au/1384/reduce-risks/smoking-reduce-risks/tackling-tobacco/tackling-tobacco-goals-and-target-groups/>

\*Please delete note before finalising this policy.

## 10.1 Smoke-free environments

**[Insert organisation name]** is a smoke-free organisation and is committed to protect people from the harm associated with second-hand smoke as well as reducing the negative impact of tobacco and smoking behaviours.

This restriction applies to all clients, workers, stakeholder and visitors of the organisation and means that nobody is to consume any tobacco and/or e-cigarettes during their complete work period/visit or program with the organisation.

The organisation’s smoke-free environment is facilitated by:

* A relationship of trust with clients
* Clients have long, regular and stable contact with the organisation for a period of time
* Smoking is addressed holistically, alongside other life issues
* The provision of emotional and practical support
* The support and enhancement of the client’s self-efficacy
* Provision of Nicotine Replacement Therapy.

### 10.1.1 Benefits of smoke-free environments

By applying this restriction, the organisation is able to promote a range of benefits for all the people involved in the organisation. This could include:

* Benefits for clients
* Immediate financial benefit – more money for essentials
* Significant health benefits
* Significant treatment outcomes
* Boost to self-confidence and sense of control.
* Benefits for staff
* Healthier work environment
* Help for smokers to quit
* Supportive environment for ex-smokers
* To remain non-smokers.
* Benefits for the organisation
* Improved work and service environment
* Reduced staff absenteeism
* Healthy progressive image (for clients and staff)
* An additional strategy to improve client wellbeing.

## 10.2 Smoking-prohibited areas

**[Insert organisation name]** is committed to protect people from the harm associated with second-hand smoke as well as reducing the negative impact of tobacco and smoking behaviours. Under this commitment the organisation defines and supports smoking-prohibited areas, as well as providing smoking areas to manage the impact of tobacco across the organisation.

Smoking and e-cigarette prohibited areas include:

* **[Insert area and location. For example; all interior/enclosed areas inside the organisation premises including kitchen, bedrooms, etc.]**
* **[Insert area].**

These restrictions apply to all clients, workers, stakeholders and visitors of the organisation and means that nobody is to consume any tobacco in any of the smoking-prohibited areas at any time.

Smoking-prohibited areas are identified with clear signs/posters and are part of the induction processes for workers, visitors and clients.

**🖌Note\***

Smoking-prohibited area signage can be ordered through NSW Health <http://www.health.nsw.gov.au/tobacco/Pages/tobacco-resources.aspx>.

\*Please delete note before finalising this policy.

### 10.2.1 Designated smoking areas

Designated smoking areas are provided to manage the impact of tobacco usage across the organisation and to protect non-smokers from the harm associated with second-hand smoke; these areas include:

* **[Insert area and location. For example; uncovered picnic table at the end of the backyard]**
* **[Insert area].**

Designated smoking areas have the following characteristics:

* Are located outdoors
* Are well ventilated to ensure no smoke will drift indoors
* Are located away from public areas, to minimise the impact on either the service or visitors
* Are located out of view of group and social areas
* Are safe and functional; however, no recreational amenities should be provided, to eliminate the possibility that these become regarded as places to socialise.

Designated smoking areas are clearly identified by operational posters.

### 10.2.2 Smoking breaks

Clients are provided with clear instructions as to when they are able to have smoking breaks. Clients are not allowed to have smoking breaks while participating in any activity as part of the program. All smoking breaks should take place in designated smoking areas only.

At the same time, it is recommended that if staff members smoke, they do so during their own time or within paid break periods. All smoking breaks should take place in designated smoking areas only or, beyond service buildings and grounds.

### 10.2.3 Staff members smoking with clients

Staff have a duty of care to safeguard the health and safety of clients. They are also often in a position of being role models for clients, particularly children and young people.

While staff should be open and honest about their own tobacco use, staff members should:

* not smoke in the presence of clients
* refrain from using tobacco as a means of engaging with clients
* not purchase tobacco products for clients or supply tobacco products to them
* **[insert other staff member responsibility].**

### 10.2.4 Visitors

**[Insert organisation name]** provides a safe working environment for staff and clients while visitors are in the organisation’s premises. This can cause a conflict of interest and organisation policy when visitors are permitted to smoke in the same area/s in which staff members and clients are trying to quit smoking.

To respond to this, the organisation ensures that:

* Visitors receive information about the dangers of passive smoking and the need to safeguard the health and safety of staff and clients.
* Visitors are requested not to smoke during visits (if possible); alternatively, visitors are allowed to smoke in the designated smoking area; however, privacy and protection from the elements are not guaranteed.
* Management support and intervention is provided to staff members in the event that visitors do not co-operate with the smoking procedures.

### 10.2.5 Smoking in organisation’s vehicles

Smoking, or the consumption of alcohol or prescribed or illegal drugs is not permitted in any vehicle owned or operated by **[insert organisation name]**.

There will be no tobacco use in personal vehicles when transporting people on authorised business carried out by the organisation.

This restriction applies to all clients, workers, stakeholders and visitors of the organisation.

## 10.3 Assistance for smokers to quit

**[Insert organisation name**] is committed to safeguard the wellbeing of clients, staff members, volunteers, students and Board members and provides support for those trying to quit smoking. The organisation employs a range of evidence-based strategies and can be given to any person within the organisation who requires this support. This support includes:

* **[Insert support strategy/s].**

**🖌Note\***

Some example strategies to support people quitting smoking could include:

* Providing information about smoking and tips on how to quit. Information could include impacts on health and financial wellbeing, the effects of passive smoking, the nature of nicotine dependence and the benefits of quitting. Information could be provided to staff in induction or training programs
* Asking clients about their smoking as part of routine casework and treatment goal-setting and providing support and encouragement to quit
* Providing information and referrals to help people quit smoking, such as Quitline or a local GP or pharmacist. Staff and clients could be allowed to talk to Quitline during work time.

Additional support could include:

* Providing brief quit smoking intervention training for staff to use with clients, with a focus on smoking intervention as a routine part of casework practice
* Providing access for staff and/or clients to free or subsidised Nicotine Replacement Therapy (NRT)
* Developing new, or modifying existing, casework tools and resources that could be used to explore smoking issues with clients, such as using a motivational interviewing approach (The NADA Policy Toolkit includes smoking/tobacco in their assessment tools).

More substantial support might involve:

* providing funding for some staff to receive more intensive quit smoking training
* developing or accessing group or individual quit smoking programs and offering them to interested staff and clients
* providing free or subsidised NRT to all staff and clients who request it as a routine part of the organisation practice.

Note that e-cigarettes are not considered appropriate cessation aids and their use is not recommended.

For more information visit <http://www.quitnow.gov.au/>. Or visit the Cancer Council website for more information on addressing tobacco-related issues in community organisations. <http://www.cancercouncil.com.au/1384/reduce-risks/smoking-reduce-risks/tackling-tobacco/tackling-tobacco-goals-and-target-groups/>

\*Please delete note before finalising this policy.

## 10.4 Data collection

The organisation can collect information about client’s smoking status at intake/assessment, as part of the minimum data set – and can be collected as “other drug of concern”. This is done in order to prepare comprehensive treatment plans for clients and support them in reducing consumption, increase their readiness to quit or start the quitting process if they consent to do so.

The data collected also is used to develop more accurate knowledge about smoking patterns in the client group and review the benefits and challenges of the organisation’s smoking strategy.

## 10.5 Organisation tobacco-related income and expenditure commitment

**[Insert organisation name]** is committed to addressing smoking and reducing consumption among clients and workers, and demonstrates this by:

* Not accepting any financial or in-kind support from tobacco companies.
* Not making capital investments in any tobacco company, or with any business that has substantial capital interest or investments in tobacco companies
* Not purchasing any products from companies with tobacco industry affiliations.

**🖌Note\***

Individuals’ views of organisations on the above statement are respected and organisations are encouraged to delete or retain the statement according to that organisation’s specific views and strategies.

\*Please delete note before finalising this policy.

## 10.6 Consequences of breach of policy

While all efforts will be made to help individuals to meet the requirements of this policy, it is acknowledged that breaches may occur and staff will follow organisational policy and procedure.

Any breach of this policy by staff will lead to standard disciplinary procedures for staff members.

Any breach of this policy by clients will result in **[insert relevant procedure, e.g. warnings, including a reminder of the policy, reduced privileges for a period of time, and exit from the service for multiple infringements].**

**🖌Note\***

Breach of policy consequences can result in the client being exited for a period of time from the service. This may lead to the client returning to the community and relapsing into their drug/alcohol use. Organisations should consider what is in place to support the client if they are exited due to breaching the smoking policy. A referral to an organisation which is not smoke-free may be appropriate or partnership with other services that allow clients to transfer from/to another service for a period of time. Details of the procedure should be clearly communicated to staff.

\*Please delete note before finalising this policy.

# SECTION 11: POSSESSION OF SUBSTANCES ON PREMISES

**🖌Note\***

This section has been adapted from Torbay and Southern Devon Health and Care NHS Trust (2013), Handling of Illicit Substances/Illegal Possession of Drugs and South East Sydney Local Health District (2012), Illicit Substance and/or Alcohol and Other Drugs Use within Inpatient Mental Health Services. Mental Health Service Business Rule.

NADA appreciates that this is a challenging area of practice for organisations and the contents of this policy will vary depending on your service setting, philosophy and treatment approach. The policy template provided is to provide guidance and support in developing a policy that is appropriate to your organisation.

NADA suggests that you review your policy in partnership with your NSW Police Local Area Command for situations where you intend to engage police assistance, and your local pharmacist for the purpose of disposing of illicit substances. This policy recognises that providers should always be mindful that their focus of care should be directed towards providing a therapeutic environment rather than a punitive one.

Please note that this section of this policy template was reviewed by McCullough Robertson Lawyers through Justice Connect Not-for-profit Law.

\*Please delete note before finalising this policy.

This policy provides guidance to staff who may be required to respond to the possession of substances by clients and visitors to **[insert organisation name]’s** premises. The purpose of this policy is to set out the appropriate way of responding to individuals who are suspected to be in possession of substances, and to provide guidance about a lawful and safe way to dispose of such substances.

For the purpose of this policy, the term ‘substance’ refers to alcohol, unprescribed medication, and suspected illicit substances. Disposal of equipment used for the administration of substances has also been addressed by this policy.

At **[insert organisation name],** the policy for responding to the possession of substances on premises:

* is informed by legislation and best practice;
* provides staff with guidance about how to respond safely and legally to the discovery of substances in their work setting;
* reinforces the duty of care to all clients accessing treatment, where the presence of substances may place other clients at risk of relapse or overdose;
* attempts to balance the therapeutic role of staff with the impact of removing, or requesting removal, of substances from a client; and
* will help to ensure that actions taken by staff are appropriate and clearly documented.

**[Insert organisation name]** is not legally required to report the use, possession or trafficking of illicit substances to the police. However, the organisation does have a duty of care to staff, clients, visitors and others on the organisation’s premises to ensure their safety, so far as is reasonably practicable. The focus of care is to be directed towards providing a therapeutic environment with a harm minimisation focus, rather than a punitive one. The police will be involved when necessary to protect the health and safety of staff, clients or visitors.

This policy applies to clients and visitors. Any suspicion that a member of staff is in possession of, affected by, using or supplying any substance should be reported in accordance with the Human Resources Policy.

This section ensures that:

* All staff and the board of directors understand their roles and responsibilities in relation to implementing this policy; and
* Clients and visitors are informed of the responses to possession of substances on premises.

This policy is not intended to be a definitive source of information about all applicable legislative provisions. Staff should be mindful of their own potential liability and the liability of **[Insert organisation name]** when dealing with these issues.

## 11.1 Informing clients about this policy

All clients entering **[Insert organisation name]** are informed about this policy through **[insert process, e.g. code of conduct, treatment contract, induction].**

Before asking a client to sign their Substance Use in Treatment Agreement, a staff member will fully explain the document and the obligations it creates. Clients should be made aware that the Substance Use in Treatment Agreement is not a legal document, but it does represent an important voluntary commitment to give their care and treatment the best possible chance of success.

## 11.2 Suspicion of possession of a substance

Any suspicion that a client is in possession of a substance, or associated equipment, should be reported to **[insert name of senior staff member]**.

The course of action taken by staff should be determined with the best interests of the client in mind, including the maintenance of client confidentiality whenever possible.

If, after discussion, it is decided that action should be taken on the suspicion of staff, then the senior member of staff in the service should convey the concern to the client. The client should be advised of the impact, and any consequences, for the use and/or possession of substances while in treatment.

The reasons for suspicion and advice given to the client should be recorded in the client’s case file. An Incident Form should be completed in all cases.

In the first instance, the client should be asked to surrender any substance or associated equipment by **[senior staff member]** in the presence of at least one other member of staff.

Searches of clients or their property should only be undertaken in the following circumstances:

* the client has consented to the search; and
* there are two staff members present to conduct the search.

Staff should not undertake a search of a client or a client’s property when the client has not given their explicit consent. A search conducted without a client’s permission could potentially lead to criminal charges against the staff member.

## 11.3 Knowledge of possession of a substance

**11.3.1 Possession of alcohol or unprescribed medication**

If a member of staff becomes aware that a client is in possession of alcohol or unprescribed medication, the senior member of staff on duty should be notified immediately. The senior member of staff must notify the client that possession of alcohol or medication that has not been prescribed and included as part of a treatment plan is not accepted by the service and request that the substance be surrendered voluntarily. The surrendering of substances should be undertaken in the presence of another staff member. Section 11.5 describes the process for disposal.

Should the client refuse to voluntarily surrender the substance, then the client is informed that **[insert process, e.g. exited from program, in line with this policy]**. An Incident Form should be completed in all cases.

**11.3.2 Possession of suspected illicit substance**

If a member of staff becomes aware that a client is in possession of a suspected illicit substance, the senior member of staff on duty should be notified immediately. The senior member of staff must notify the client that possession of a suspected illicit substance is not accepted by the service and request that the substance be surrendered voluntarily. The surrendering of substances should be undertaken in the presence of another staff member. Section 11.5 describes the process for disposal. All actions taken should be clearly documented within the client’s case file.

Should the client refuse to voluntarily surrender the substance, then the client is informed that **[insert process, e.g. exited from program, in line with this policy]**. An Incident Form should be completed in all cases.

The assistance of **[insert security measure]** should be sought if staff are concerned about the safety of any person.

**[Contacting police – delete if not appropriate]**

Should the client refuse to voluntarily surrender the suspected illicit substance and it is suspected that a criminal act is being committed, the client should be informed that the police will be called and that their identity will be disclosed. Circumstances which may warrant police intervention include where the quantity of a drug is suspected to be sufficiently large that it is likely intended to be for supply rather than personal use, or where there is a previous history of warning for possession of a suspected illicit substance. The decision to contact police must be made in conjunction with **[insert senior member of staff]**.

If, after being advised that the police will be called, the client still refuses to surrender the suspected illicit substance then under no circumstances should staff attempt to forcibly obtain the substance from the client. Instead, the police should be called and at least two senior staff members remain in attendance until the police arrive. If the client chooses to leave the service at this time, harm reduction advice should be provided (if appropriate and doing so does not pose a risk to staff).

If police attend, staff should follow all directions given by police to the extent it is appropriate. If staff are concerned about any directions given by police, they must contact **[e.g. service manager]**, if they are not already present.

If a search is undertaken by police it may be helpful for a member of staff of the same gender as the client to accompany the police officer. It is important to maintain the human rights, privacy and the dignity of the client throughout the search.

It is the responsibility of the police to lead the investigation and decide upon the course of action in these cases. When the police are asked to intervene and provide assistance, the client’s name and date of birth (if known) will be given to them along with the reasons for suspecting the presence of an illicit substance. Clinical information about the client will only be provided if this information has informed the decision to call the police.

Staff will document the reasons for contacting the police in the client's case file.

If substances are discovered, the police must be asked to accept responsibility for the suspected illicit substance.

Staff should be aware that they might be asked to make a witness statement to the police in order to maintain the continuity of evidence.

**[end optional section]**

Actions to ensure the removal of a suspected illicit substance from a client should not delay any essential treatment for that individual. The only exception to this is where there is a risk of injury to the client, staff and/or other clients.

In the case of a confused or unconscious client, staff should proceed with a harm minimisation focus. Appropriate medical treatment for the client should be sought as a matter of urgency. If a substance is located without staff conducting a search of the client(e.g. it is located near the client), it should be collected and preserved in accordance with Section 11.3.1. The substance should be provided to any treating medical professionals (e.g. ambulance officers) to assist in the treatment of the client, or otherwise disposed of in accordance with Section 11.5.

When the client has recovered sufficiently, they should be informed that a suspected illicit substance was located and removed (if this occurred). A risk assessment should be undertaken at this time and **[insert response e.g. an appropriate referral, with reference to Section 11.5.3].**

All actions must be fully recorded in the client’s case file and an Incident Form completed.

## 11.4 Visitors

**[Insert organisation name]** policy on the possession of substances on its premises should be explained to all visitors, noting that the interests and safety of all clients and staff are paramount.

It may be appropriate to engage visitors in discussion regarding the potential effect of substance misuse and to provide information regarding such effects and modes of intervention. Input via friends and family may provide an effective means of educating and engaging clients in relation to harm reduction and treatment.

If it is suspected that a visitor is under the influence of a substance they must be refused entry or asked to leave if already on the premises. A senior staff member should be involved in this process, whenever possible.

If a visitor is suspected of supplying any substance, they should be asked to leave and then reported to the senior staff member on duty. Should the visitor(s) refuse to leave, they must be advised that the police will be called.

If a visitor surrenders a substance, then the process for disposal outlined at Section 11.5 should be followed. However, visitors should never be asked to surrender a suspected illicit substance.

The assistance of **[insert security measure]** should be sought if there are safety concerns. An Incident Form should be completed for any of these situations.

## 11.5 Process for the disposal of substances

An Incident Report is completed in conjunction with the Record of Confiscated Substance Form for the disposal of all substances and equipment. Throughout the process, two staff members should always be involved.

**11.5.1 Disposal of alcohol**

Alcohol is disposed of **[insert method e.g. down the kitchen sink]** in the presence of another staff member. It should be recorded when and where it was found and if associated with a client, recorded in the client’s case file.

**11.5.2 Disposal of unprescribed medication**

The substance should be stored in a sealable "freezer" bag or similar package, with a description of the medication recorded on the Record of Confiscated Substance Form; for example, 4 tablets of Xanax. If the medication is not identifiable, the description should specify ‘x tablets/capsules of an unknown medication’.

The medication is then provided to **[insert details of pharmacist]** for disposal and the Record of Confiscated Substance Form signed by the receiving person. A copy of the form may be provided to the Pharmacist upon request.

**11.5.3 Disposal of a suspected illicit substance**

If any suspected illicit substance is discovered or received by a staff member, then the following steps must be followed.

Staff members should wear gloves at all times when handling any suspected illicit substance. With two staff members present, the substance should be stored in a sealable "freezer" bag or similar package. A description of the substance is recorded in the Record of Confiscated Substance Form, but staff should not attempt to conclusively identify the substance. For example, record ‘white powder’ rather than ‘cocaine’, along with a description of the quantity/amount (an approximation is sufficient).

The Record of Confiscated Substance Form is attached to the sealed package and must be signed by the senior member of staff on duty at the time, as well as the witnessing staff member(s), of the incident.

If the suspected illicit substance is associated with a particular client, then a description of the substance and the circumstances of its collection should be recorded in the client’s case file. The incident record number should also be recorded in the case file so that the substance can be traced if necessary.

In the interim period between confiscation and disposal, the suspected illicit substance should be placed in **[insert safe/secure cupboard or lockable area]** and should be in the possession of individual staff members for as short a time as possible. This storage area should ideally have restricted staff access. The suspected illicit substance is then provided to **[insert details of pharmacist or police]** for disposal as soon as possible and the Record of Confiscated Substance Form signed by the receiving person. A copy of the form may be provided upon request.

If police take possession of the substance, a record should be kept about what was provided, the identity of the officer to whom the substance was provided, and when this occurred.

In the event that police do not wish to receive the substance, arrangements should be made with **[insert details of pharmacist]**. Both police and pharmacists have specified procedures and powers for disposal. The provision of the substance to a pharmacist must be documented as with the police above.

It should be remembered that the return of an illicit substance to a client by a member of staff can be interpreted as supply of an illegal drug and could lead to criminal charges being brought against the staff member.

**11.5.4 Disposal of equipment used for the administration of substances**

If an event that equipment used for the administration of substances is discovered or received by a staff member, then the following steps should be followed.

Equipment used for the administration of substances is disposed of **[insert method, e.g. wrapped in paper/plastic bag and placed in general waste bin]** in the presence of another staff member. It should be recorded when and where it was found, and if associated with a client, recorded in the client’s case file. An Incident Form is to be completed.

**[insert organisation name]’s** policy in relation to the disposal of biohazardous waste (e.g. syringes) should be utilised when it is inappropriate to dispose of the equipment in general waste.

## 11.6 Disclosure of information to police

Personal data may be disclosed where there is an overriding legal duty to do so, for example, a court order, a serious crime and/or to prevent abuse or serious harm to others, including children. Decisions to disclose in these circumstances should be made on a case-by-case basis.

Possession of illicit substances for personal use does not represent a serious crime. When the police are called upon to visit the service to collect and dispose of illicit substances, they may ask for details. However, practitioners are under no legal obligation to report a client they suspect may be taking illicit substances.

In situations where there is clear evidence a client is supplying illicit substances to others, this represents a serious crime to the police and, from a service point of view, the supply of illicit substances poses a potential threat of serious harm to others, and places the service and staff at considerable risk.

All decisions about whether or not to disclose information to the police or other authority should be made by **[insert senior staff position title]**.

## 11.7 Service response to possession of substances

**🖌Note\***

The response of services to clients who are in possession of substances will vary greatly. This can be dependent upon the service setting, philosophy, or clients accessing the service under court order. Different responses may also be provided for different substances. For example. the response to possession or alcohol or prescription drugs may differ from possession of illicit substances.

In situations where a client is exited from the program, it may be useful to explore partnerships with other services to reduce the potential harmful impact of a client being exited into the community for breaching your organisational policy. These partnerships could allow a reciprocal relationship where the client is referred to another service for a number of weeks where they will continue to have ongoing support for their issues. The client may then return to the original service or remain as a client of the second service. Where such partnerships have been established they should be referred to in this policy.

\*Please delete note before finalising this policy.

While all efforts will be made to support clients to meet the requirements of this policy, breaches may occur and staff will follow organisational policy and procedure.

Any breach of this policy by staff will lead to standard disciplinary procedures for staff members, as per the Human Resources Policy.

Any breach of this policy by clients will result in **[insert relevant procedure, e.g. warnings, including a reminder of the policy, referral to another service, exit from the service].**

Breach of this policy by visitors will result in **[insert relevant procedure, e.g. removal from service, ban on future visitation].**

**11.7.1 Process for discharge [delete if not appropriate]**

If possession of a substance has placed a client, staff or other clients at risk, it is necessary for the senior staff member, in conjunction with the clinical team, to complete a risk assessment to assess the risks and benefits of the client’s continuing treatment.

If there is no serious threat to the safety of the client or others, the senior team member should consider whether discharge would be in the best mutual interests of the organisation and the client.

Discharge should be carried out in accordance with a discharge plan (ideally, devised by the multi-disciplinary team as part of a treatment plan), risk assessment, community follow up, and informing the client’s GP, if appropriate. A family member/carer/significant other should be informed of the discharge plan.

If the risk assessment identifies that discharge would be inappropriate or unsafe, the senior team member should consider referral to **[insert appropriate referral]**.

An urgent discharge plan should be implemented in partnership with the client, family/carer/significant other, and another healthcare professional, if appropriate.

## 11.8 Monitoring and review

An Incident Form and accompanying Record of Confiscated Substance Form will be completed in all situations where possession of a substance, or equipment, has occurred.

Any incidents occurring will be discussed **[insert reporting process, or meeting structure]** and appropriate action plans developed if there is evidence of any deviation from this policy.

Individual practitioners will be expected to demonstrate their understanding and competency in the execution of this policy to their line managers.

Relevant documentation will be audited as per the organisation’s process for review of incidents.

# SECTION 12: CLIENT SEXUAL SAFETY

**🖌Note\***

This section is adapted from the NSW Health “Sexual Safety of Mental Health Consumers Guidelines” – NSW Health, North Sydney November 2013. For more information refer to <http://www0.health.nsw.gov.au/policies/gl/2013/pdf/GL2013_012.pdf>   
or Section 12.1 of this policy.

\*Please delete note before finalising this policy.

**[Insert organisation name]** understands that intimacy and sexual expressions are a central part of human beings and healthy living. However, it is a primary duty of the organisation to protect and care for the personal health and wellbeing of each client and staff member.

The organisation recognises that these natural behaviours happen and that when sexual activity occurs in an inappropriate context or setting it can be detrimental to those clients involved, as well as to any client that may witness the activity. In order to ensure that the health of clients and staff members is properly maintained, the organisation implements some restrictions, sexual safety standards and other processes to respectfully manage client’s sexual needs.

**🖌Note\***

Although this section provides guidance for a restricted facility in terms of intimacy and sexual activities, it is recommended that mixed and single gender organisations are prepared to provide appropriate sexual education, on-site harm minimisation practices and preventative measures to avoid sexually transmitted infections (STIs) or unplanned pregnancies inside the organisation, for example, by making condoms freely available.

\*Please delete note before finalising this policy.

## 12.1 Organisation responsibilities

**[Insert organisation name]** ensures that:

* Sexual safety standards are developed, explained and promoted regularly, both to clients and staff members. This should be undertaken with extreme sensitivity so that any possible restriction is recognised as being beneficial for the client’s safety and care, which is paramount, rather than misinterpreted as an action that is meant to further disempower them.
* Appropriate training is provided to staff members in regard to sexual safety.
* Sexual education is provided to clients to encourage healthy living behaviours and to support understanding of how to manage sexual relationships safely or to recognise and appropriately respond to unwanted sexual advances.
* Clients receive clear advice to conduct sexual activities, such as masturbation, in a place and at a time that ensures it remains private at all times.
* If masturbation appears to be taking place excessively, for example, if it is interfering with day-to-day living, affecting program attendance or taking place in inappropriate situations. Staff members are to approach the client and address the issues following the sexual safety standards of the organisation.
* Clients should also be provided with clear advice regarding how to report an incident of sexual assault or sexual harassment, and are encouraged, through education around resilience and building self-esteem, to speak up when they or someone else is being mistreated.

## 12.2 Client responsibilities

* Comply with the organisational Sexual Safety Standards
* Attend and participate in sexual educational sessions
* Conduct personal sexual activities in a place and at a time that ensures these activities remain private
* Ensure personal sexual activities do not interfere with program activities and attendance
* Understand the processes regarding how to report an incident of sexual assault or sexual harassment.

## 12.3 Sexual safety standards

A comprehensive set of standards for sexual health and intimacy in the organisation’s facility are in place to ensure that the health, legal and ethical rights of clients and staff members are properly addressed.

The organisation provides clients with a set of standards that clearly define appropriate behaviour for clients in relation to sexual safety inside the organisation facilities. **[Insert organisation name]** standards include:

* **[insert standards].**

In order to maintain their relevance, the organisation reviews these standards every **[insert frequency: for example, annually]**. This review involves consultation with and input from staff members, clients and relevant stakeholders.

The organisation’s Sexual Safety Standards poster is placed on the organisation information boards, in bedrooms and **[insert other location].**

**🖌Note\***

An example poster of Sexual Safety Standards is provided as part of this toolkit. However, organisations are encouraged to use these examples as a guide only and develop standards in collaboration with staff members, clients and relevant stakeholders so they are meaningful and representative of the organisation values and strategic objectives.

\*Please delete note before finalising this policy.

## 12.4 Addressing sexuality needs

**[Insert organisation name]** acknowledges that sexuality is a normal part of life and that just because clients are part of a program with the organisation does not mean they do not have normal sexual needs.

A client may need others to give them space and privacy to express or meet their sexual needs, e.g. privacy to masturbate or to have a sexual relationship. ‘Masturbation can be a safe alternative to sexual activity and is appropriate for consumers receiving treatment in any setting. It carries no risk of sexually transmissible infection or unwanted pregnancy and can also be beneficial from a health perspective, as it promotes the release of the brain’s opioid-like neurotransmitters (endorphins), which cause feelings of physical and mental wellbeing’.[[2]](#footnote-3)

## 12.5 Sexually disinhibited behaviour

When a client exhibits sexually disinhibited behaviour, it can be confronting and embarrassing for those who witness the behaviour, or for those to whom the behaviour may be directed. Reassurance should be provided to both the client who is exhibiting the behaviour as well as to the person or persons who may have been offended by this behaviour.

Staff members will respond appropriately by:

* Providing clear and unambiguous feedback in a gentle yet firm manner, about the inappropriateness of the client’s actions.
* Setting up a management plan in consultation with the client to manage any further behaviour of this nature; this plan should be communicated to all staff as well as the client’s family and/or guardian.

If there is any real threat to the safety of other clients or staff, the emphasis must be on protecting others. This behaviour may result in removal from the services of the client, as per the organisational code of conduct.

## 12.6 Responding to a sexual safety incident

When there is disclosure or acknowledgement of sexual assault or harassment, staff members, key actions to carry out include:

* Acknowledge and affirm the disclosure
* Explore the disclosure
* Establish and maintain safety
* Secure any evidence
* Offer support and options
* Assess capacity to make informed decisions
* Organise medical care
* In relation to reporting to the NSW Police Force, contacting the local Sexual Assault Service or informing the client’s family or guardian, the wishes of the client who has disclosed the sexual assault must be respected at all times, except where:
* the alleged perpetrator is an organisation worker, or
* the client does not have the mental capacity to make an informed decision.
* The Child Protection helpline must be notified when there is risk of significant harm to children or young people.
* **[insert other action].**

In order to ensure that staff members are equipped to respond to these situations, the organisation provides the following tools to support staff members:

* Factsheet: key actions responding to a disclosure of sexual assault
* Checklist: Responding to a disclosure of recent sexual assault
* Incident management guidelines and incident reporting as per Work Health and Safety Policy.

These tools are part of the staff member’s induction processes.

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# SECTION 13: CLIENT COMPUTERS AND COMMUNICATION SYSTEMS

This section provides guidance in developing, implementing and reviewing client computer and communications procedures and supporting documents. This section applies to all staff, volunteers, students and clients.

This section also provides clarity in roles, responsibilities and rationale for staff members, students and volunteers in how clients’ computer and communications systems are carried out.

This section does not provide guidance on:

* The use of information, communication and technology by staff, volunteers, students and Board members. For more information about this, refer to the Information and Communication Technology Policy.
* Organisational communicational strategies and practices. For more information, refer to the Communications Policy.

These procedures:

* Are informed by the organisation’s guiding principles and strategic plan
* Support client treatment outcomes and needs
* Are available and accessible to all clients.

This section ensures that:

* Computer and communications systems are supported by relevant and consistent policies, procedures and supporting documents
* Computer and communications systems consider their impact on clients, staff, students and volunteers
* All staff, students, volunteers and clients understand their roles and responsibilities in relation to computer and communications systems.

## 13.1 Computer user responsibilities

When using the organisation’s computer and communications systems, all clients have the following responsibilities:

* Accept full responsibility for their use of the equipment and activities on the equipment, including information received or sent, as well as publicly accessible information placed on shared computers
* Clients must book/log the equipment they want by using the organisation’s share computer booking/log-in system
* Clients are not authorised to share access/password details for any shared equipment
* Clients may only use computers for authorised purposes
* Computers cannot be used for commercial gain/online business
* Clients take reasonable steps to cause no damage to the equipment
* Clients are required to report any damage to the computer or connection facilities.

## 13.2 Authorised access

**[Insert organisation name]** is committed to providing equal and responsible access to the organisation’s facilities and equipment and encourages clients to book/record their activities when using the organisation’s computer and communication systems.

When lodging information in the organisation’s share computer booking/log-in system, clients include the following information:

* Date and time of use
* Purpose of use (e.g. play game, CV development, call a family member, social media use, etc.)
* **[insert other information needed].**

Clients are encouraged to not exceed their authorised access level as this may affect their future access to the equipment. The organisation reserves the right at its discretion to grant, limit or withdraw access to some or all of its computing and communications facilities either temporarily or permanently. Reasons for this decision will be clearly explained to clients.

## 13.3 Password security

The organisation is committed to maintaining the privacy of clients at all times and ensures that clients:

* Are informed and encouraged not to save or disclose any personal passwords when using shared computers.
* Don’t access equipment without authorisation or staff support, particularly when shared computer access is protected by username and password.
* **[insert other procedure]**
* **[insert other procedure].**

## 13.4 Internet access

### 13.4.1 Residential facilities

Internet access is not provided to clients when participating in residential services or programs, in order to encourage full commitment to the treatment process and social activities inside the facilities.

### 13.4.2 Day Centre/programs

Clients participating in day programs are provided with limited internet access for a limited amount of time for the following purposes:

* Centrelink and other government services
* Job search
* Medical appointments
* Read personal emails
* **[insert other permitted activity].**

To access internet, clients are required to:

* Book the equipment
* Request internet access to staff onsite
* Respect booking time
* **[Insert other requirement].**

Staff members are encouraged to be flexible with this procedure and ensure that sufficient time is allowed for clients to undertake their online activities.

## 13.5 Inappropriate, offensive and illegal material

The organisation encourages the use of computers and communications systems. However, staff members are responsible for informing clients that it is not acceptable to intentionally create, send or access information that could possibly:

* Damage the organisation’s reputation
* Be misleading or deceptive
* Result in victimisation or harassment
* Lead to criminal charges or civil liability
* Be found to be offensive, obscene, threatening, abusive or defamatory.

The organisation reserves the right to audit and remove any such material from its computing and communications facilities. Staff members inform clients that computers are being monitored to ensure that no inappropriate behaviour is undertaken.

## 13.6 Pornography

**[Insert organisation name]** strictly prohibits intentional access, storage, display or distribution of pornography, and will be considered serious misconduct by the organisation. All clients are informed that possession and distribution of pornographic images of children is a criminal offence and, if discovered on the organisation computing and communications facilities, will be referred to the police immediately on **[insert local police number].**

## 13.7 Copyright/Licence conditions

Clients must not copy, download, store or transmit material which infringes:

* copyright (for example, but not limited to: music files, movies or videos);
* software licence conditions; and/or
* hardware licence conditions.

Clients are not authorised to install any software in the organisation’s computers. The organisation reserves the right to prevent access to or to delete any information contained on its systems that is suspected to have breached copyright or licence conditions.

All operational policies, procedures and supporting documents acknowledge any source material used in their development and contain no copyright material without express written consent of the copyright owner.

## 13.8 Security

On **[insert organisation name]** computer hardware, clients must not change operating system configurations, upgrade existing operating systems, or install new operating systems. If such changes are required, they must be performed by the organisation’s IT services or appropriate IT support staff.

Computer equipment supplied by the organisation must not be altered or added to in any way without prior authorisation from the organisation’s CEO/Manager or supervisor.

Clients must understand and comply with relevant instructions given by the staff on site. Such instructions may be issued by the organisation’s Computer and Phone use Guidelines displayed in the vicinity of computing facilities, in person, at login or otherwise.

### 13.8.1 Hacking and cracking activities

Clients must not use computing and communications facilities to engage in attempts to subvert security measures in any way. This includes but is not limited to:

* gaining unauthorised access;
* altering, or disrupting the operations of any computing and communications facility; and
* capturing or otherwise obtaining user credentials, encryption keys, or any other access control mechanism that could permit unauthorised access.

### 13.8.2 Security breaches

Clients and staff members are responsible for reporting breaches, suspected breaches or misuse of the equipment and facilities of any terms specified in this policy.

Clients are encouraged to avoid security breaches as this may affect their future access to the equipment. The organisation reserves the right at its discretion to grant, limit or withdraw access to some or all of its computing and communications facilities, either temporarily or permanently.

### 13.8.3 Monitoring

Consistent with best practice, the organisation’s IT services/IT support staff collects statistical data regarding the operations of its computing and communications facilities. Using such information, the staff member in charge monitors client activity to ensure the ongoing availability, reliability, and security of these facilities. This monitoring activity is used to detect unauthorised usage and potentially malicious network activity.

Where unauthorised activity is detected, or a complaint has been made, clients may be called upon to explain their use of computing and communications facilities. Access to these facilities may be withdrawn, pending investigation of the unauthorised activity or complaint.

IT services / IT support staff must not review the content of an individual client’s communications out of personal curiosity or at the request of any individual third party. Written approval by the CEO/Manager is required for any investigation or monitoring activity.

Clients are informed that the organisation can log and store information when they are using computing and communications facilities in the following areas:

* Server performance.
* Logs, backups and archives of all internet access and network usage. While individual usage is not routinely monitored, unusual, inappropriate or high volume activity may be investigated further.
* Phone logs and information relating to incoming and outgoing calls.
* Social media interactions.
* Overall network performance, including workstations, printers and other devices connected to the network as well as servers and other elements of the organisation’s computing and communications facilities.
* Compilation and retention of logs of network activity.

### 13.8.4 Investigations

Any identified use of equipment or services thought to be inconsistent with any terms specified in this policy will be investigated. Inappropriate use will be subject to consideration under relevant disciplinary or misconduct processes and may involve a range of consequences, including but not limited to client suspension from the service, involuntary client exit from a program, or criminal prosecution.

Written approval by the CEO/Manager is required for any investigation or monitoring activity.

The CEO/Manager may withdraw access to the organisation’s computing and communications facilities in order to manage any risk related to the activity pending investigation.

### 13.8.5 Complaints

Upon approval by the CEO/Manager any complaint will be investigated in accordance with the Feedback and Complaints Section of the organisation’s Communications Policy.

The organisation may choose to confiscate computing equipment accessed by any client alleged to have committed an offence.

The organisation will provide electronic records and information to the relevant law enforcement agencies within the limits of the law.

Where misconduct is found to have occurred, a range of actions may be taken or imposed which include but are not limited to the client suspension from the service or involuntary client exit from a program or the organisation and/or criminal prosecution.

Systems access will only be restored when the investigation is complete and all complaints have been cleared.

### 13.9.6 Consequences of breach of policy

While all efforts will be made to help individuals to meet the requirements of this policy, any breach will lead to standard disciplinary procedures.

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# SECTION 14: SOCIAL MEDIA AND CLIENTS

**🖌Note\***

As part of this toolkit, organisations are provided with two policy options with regard to social media for clients:

Part A – Social media-free environment

The organisation is absolutely free of social media tools or internet access for clients; this restriction is compulsory across the entire organisation facilities for clients

Part B – Social media moderated environment

The organisation supports clients using social media platforms in order to improve services participation and engagement.

The following policy structure identifies both directions;, please select the option used by your organisation and delete the alternative that does not suit your organisation view. After selecting the appropriate option for your organisation, ensure that you update the Table of Contents on page 2.

\*Please delete note before finalising this policy.

**🖌Note\***

This is Part A – Social media-free environment. Please delete or maintain this option, according to your organisation views.

\*Please delete note before finalising this policy.

**[Insert organisation name]** understands that social media has become an essential part in the way people relate and communicate with family, communities, and connect with services providers. However, the focus of the organisation is to support and improve client treatment processes.

This section provides guidance to **[insert organisation name]** staff members in supporting clients to improve their participation and social engagement without using social media platforms.

All social media procedures:

* Encourage positive community and group interactions
* Are supported and moderated by staff members
* Encourage responsibility and healthy living habits
* **[insert other characteristic].**

This section applies to all staff and clients.

This section ensures that:

* The organisation provides different communication channels to listen to and engage with clients
* Social media tools do not interfere with treatment outcomes and program activities
* Clients are provided with alternative social activities.

## 14.1 [Option A] Social media restricted environment

**[Insert organisation name]** is absolutely free of social media tools or internet access for clients in order to improve client treatment outcomes and encourage social interactions.

This restriction applies to all clients and means that clients are not to use any social media platform during their program with the organisation. Furthermore, this restriction also applies to bringing any type of equipment to the organisation’s facilities. All mobile phones with these features will be confiscated until the client has completed the program.

The organisation’s social media restricted environment is based on:

* Face-to-face relationships
* The support and enhancement of the client social abilities
* Client’s full commitment to treatment
* **[insert other procedure motivation/rationale].**

## 14.2 [Option A] Benefits of social media restricted environment

By applying this restriction, the organisation is able to promote a range of benefits for all the people involved in the organisation. This could include:

* Benefits for clients:
* Significant health benefits by changing sedentary habits
* Significant treatment commitment and outcomes
* Time management skills
* Reduction of opportunities to engage in negative activities
* Boost to self-confidence and sense of control.
* Benefits for staff:
* Support is focused on healthy habits and treatment
* Relationship with clients is made on positive role modelling
* No issues arise from social media comments.
* Benefits for the organisation:
* Facilitates program environment
* Reduced program cost.

**🖌Note\***

As part of this toolkit, organisations are provided with two policy options regarding use of social media by clients:

Part A – Social media-free environment

The organisation is absolutely free of social media tools or internet access for clients; this restriction is compulsory across the entire organisation facilities for clients

Part B – Social media moderated environment

The organisation supports clients using social media platforms in order to improve services participation and engagement.

This is **Part B –- Social media moderated environment**. Please delete or maintain this option according to your organisation’s views.

\*Please delete note before finalising this policy.

**[Insert organisation name]** understand that social media has become an essential part of the way people relate and communicate with family, communities, and connect with services providers.

This section provides guidance to **[insert organisation name]** staff members in supporting clients to use social media platforms in order to improve their service participation and engagement.

The aim of **[insert organisation name]**’s social media procedures for clients is to ensure that anyone using social media tools while participating in a program behaves in such a manner that all social media interactions are in the best interest of the organisation and do not impact on the reputation of the organisation, staff members or other clients.

All social media interactions made by clients:

* Are supported and moderated by staff members
* Encourage responsibility and accountability
* Encourage positive community and group interactions.

This section applies to all staff, clients, volunteers, students and Board members.

This section ensures that:

* Clients use social media tools to share or access information and services
* The organisation provides different communication channels to listen to and engage with clients
* Clients use social media tools in a manner that is consistent with the organisation values, legal requirements, related policies and codes of conduct.

## 14.1 [Option B] Benefits of social media environment

By using social media tools the organisation is able to promote a range of benefits for all the people involved in the organisation. This could include:

* Benefits for clients:
* Opportunities to access interactive and online service and program information
* Maintain regular contact with the organisation’s staff after the program is completed
* Boost to self-confidence and sense of control
* Build responsible and accountable behaviours when interacting on social media platforms.
* Benefits for staff:
* Relationship is based on trust and responsible attitudes
* Holistic support is provided to confront realistic external environment
* Develop and open different client engagement approaches.
* Benefits for the organisation:
* Improved positive client outcomes
* Ability to evaluate and analyse client post treatment outcomes
* Facilitate client participation and engagement.

## 14.2 [Option B] Client responsibilities when using social media

When participating in a program from **[insert organisation name]** clients’ responsibilities and expected behaviour in social media interactions are supported by staff members and are encouraged throughout the program activity.

Clients are required to:

* Use personal identification at all times
* Be polite and respectful at all times
* Not harass, bully or intimidate other clients, staff members or any other person
* Not disclose/share any other client’s personal information or intellectual property at any time and always comply with the law
* Not share any comment that could be damaging for the reputation of other clients, staff members and the organisation
* Not share/publish any private information disclosed in any programs
* Only share information that is publicly available.

The organisation reserves the right to monitor, audit and remove any such material from its computing and communications facilities without notice.

**🖌Note\***

From now on you are in a standard part of the social media section which complements both part A and Part B above. Some editing will be required to suit your organisation’s practices.

\*Please delete note before finalising this policy.

## 14.3 Authorised access

Clients are encouraged and required to seek authorisation to access computers, internet and social media tools.

## 14.4 Systems and security

All **[Insert organisation name]** computer systems and facilities, including social media tools used by clients while participating in the organisation’s programs, follow due process in terms of user responsibilities, copyright, access, hacking, monitoring, security breaches, investigations and complaints.

The organisation reserves the right at its discretion to grant, limit or withdraw access to some or all of its computing, communications facilities and social media tools for clients, either temporarily or permanently.

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# SECTION 15: INTERNAL REFERENCES

## 15.1 Supporting documents

**Client file management**

* [Client file review tool](file:///C:\Users\redje\Downloads\Supporting%20documents\Client%20file%20management\1.SPO_File_Client%20file%20review%20tool.docx)
* [Client file access request form](file:///C:\Users\redje\Downloads\Supporting%20documents\Client%20file%20management\2.SPO_File_Client%20file%20access%20request.docx)

**Computers**

* [Client computer booking template](file:///C:\Users\redje\Downloads\Supporting%20documents\Computers\1.SPO_Comp_Computer%20booking%20sheet.docx)
* [Computer use do’s and don’ts poster](file:///C:\Users\redje\Downloads\Supporting%20documents\Computers\2.SPO_Computer%20use%20do's%20and%20don'ts.docx)
* [Computer and phone use guidelines](file:///C:\Users\redje\Downloads\Supporting%20documents\Computers\3.SPO_Comp_Computer%20and%20phone%20use%20guidelines.docx)

**Activities and visitors**

* [Room allocation template](file:///C:\Users\redje\Downloads\Supporting%20documents\Activities%20and%20visitors\1.SPO_Activities_Room%20allocation%20template.docx)
* [In-house activities template](file:///C:\Users\redje\Downloads\Supporting%20documents\Activities%20and%20visitors\2.SPO_Activities_In_house%20activities.docx)
* [Activity calendar template](file:///C:\Users\redje\Downloads\Supporting%20documents\Activities%20and%20visitors\3.SPO_Activities_Activity%20Calendar%20Template.docx)
* [Client visitor request form](file:///C:\Users\redje\Downloads\Supporting%20documents\Activities%20and%20visitors\4.SPO_Activities_Client%20visitor%20request%20form.docx)

**Medication related**

* [Client medication summary](file:///C:\Users\redje\Downloads\Supporting%20documents\Medication%20forms\1.SPO_Med_Medication%20Summary.docx)
* [Client medication record](file:///C:\Users\redje\Downloads\Supporting%20documents\Medication%20forms\2.SPO_Med_Medication%20Record.docx)
* [Client PRN Medication record](file:///C:\Users\redje\Downloads\Supporting%20documents\Medication%20forms\3.SPO_Med_PRN%20Medication%20Record.docx)
* [Medication returned form](file:///C:\Users\redje\Downloads\Supporting%20documents\Medication%20forms\4.SPO_Med_Medications%20returned.docx)
* [Medication administration authorisation sheet](file:///C:\Users\redje\Downloads\Supporting%20documents\Medication%20forms\5.SPO_Med%20MedAdmin%20Authorisation.docx)
* [Medication disposal template](file:///C:\Users\redje\Downloads\Supporting%20documents\Medication%20forms\6.SPO_Med%20Med%20Disposal.docx)
* [Monthly medication audit](file:///C:\Users\redje\Downloads\Supporting%20documents\Medication%20forms\7.SPO_Med%20Monthly%20Med%20Audit.docx)

**Health and sexual safety**

* [Healthy eating poster](file:///C:\Users\redje\Downloads\Supporting%20documents\Healthy%20eating\1.SPO_HE_Healthy%20eating%20poster.docx)
* [Meal plan for males example](file:///C:\Users\redje\Downloads\Supporting%20documents\Healthy%20eating\2.SPO_HE_Meal%20plan%20males.docx)
* [Meal plan for females example](file:///C:\Users\redje\Downloads\Supporting%20documents\Healthy%20eating\3.SPO_HE_Meal%20plan%20females.docx)
* [Health and hygiene of food handlers poster](file:///C:\Users\redje\Downloads\Supporting%20documents\Healthy%20eating\4.SPO_HE_Hygiene%20of%20food%20handlers%20poster.docx)

**Sexual Safety**

* [Sexual safety standards poster](file:///C:\Users\redje\Downloads\Supporting%20documents\Sexual%20safety\1.SPO_SS_Sexual%20safety%20standards%20poster.docx)
* [Sexual assault disclosure checklist](file:///C:\Users\redje\Downloads\Supporting%20documents\Sexual%20safety\2.SPO_SS_Sexual%20assault%20disclosure%20checklist.docx)
* [Factsheet – responding to sexual assault disclosure](file:///C:\Users\redje\Downloads\Supporting%20documents\Sexual%20safety\3.SPO_SS_%20Factsheet%20responding%20to%20a%20sexual%20assault%20disclosure.docx)

**Substances on premises**

* [Substance use in treatment agreement](file:///C:\Users\redje\Downloads\Supporting%20documents\Substances%20on%20premises\1.SPO_Sub%20on%20premises_Substance%20use%20in%20treatment%20agreement.docx)
* [Record of Confiscated Substance Form](file:///C:\Users\redje\Downloads\Supporting%20documents\Substances%20on%20premises\2.SPO_Sub%20on%20prem%20Record%20of%20confiscated%20subs.docx)

**Included in the Work Health and Safety Policy**

* [How to hand wash poster](file:///C:\Users\1.Governance%20and%20Leadership\2.Work%20Health%20Safety%20Policy\WHS%20Supporting%20Documents\WHS%20Posters\WHS_How_To_HandWash_Poster.pdf)
* [Emergency response plan](file:///C:\Users\1.Governance%20and%20Leadership\2.Work%20Health%20Safety%20Policy\WHS%20Supporting%20Documents\WHS%20Posters\WHS_Poster_Emergency%20Response%20Plan.docx)
* [Motor vehicle log template](file:///C:\Users\1.Governance%20and%20Leadership\2.Work%20Health%20Safety%20Policy\WHS%20Supporting%20Documents\9.%20WHS_Motor%20vehicle%20log%20template.docx)
* [Visitors register](file:///C:\Users\1.Governance%20and%20Leadership\2.Work%20Health%20Safety%20Policy\WHS%20Supporting%20Documents\7.%20WHS%20_%20Visitor%20Register.docx)
* [Incident report](file:///C:\Users\1.Governance%20and%20Leadership\2.Work%20Health%20Safety%20Policy\WHS%20Supporting%20Documents\2.%20WHS_Incident%20Report.docx)

**Included in the Organisational Development Policy**

* [Policy Review Schedule](file:///C:\Users\1.Governance%20and%20Leadership\4.%20Organisational%20Development\Supporting%20documents\QI\3.OrgDev_QI_Policy%20review%20schedule.docx)

## 15.2 Referenced policies

* [Organisational Development Policy](file:///C:\Users\1.Governance%20and%20Leadership\4.%20Organisational%20Development\1.4%20Organisational%20development%20Policy.docx)
* [Risk Management Policy](file:///C:\Users\1.Governance%20and%20Leadership\5.%20Risk%20Management\1.5%20Risk%20management%20Policy.docx)
* [Work Health and Safety Policy](file:///C:\Users\1.Governance%20and%20Leadership\2.Work%20Health%20Safety%20Policy\1.2%20Work%20Health%20Safety%20Policy.docx)
* [Communications Policy](file:///C:\Users\2.Administration%20and%20Support\2.1%20Communications\2.1Communications%20Policy.docx)
* [Information and Communication Technology Policy](file:///C:\Users\2.Administration%20and%20Support\2.4%20Information%20&%20Communication%20Technology\2.4%20ICT%20Policy.docx)
* [Client Clinical Management Policy.](file:///C:\Users\redje\3.2%20Client%20Clinical%20Management\3.2%20Client%20Clinical%20Management%20Policy.docx)

# SECTION 16: EXTERNAL REFERENCES

## 16.1 Legislation

* Privacy Act 1988
* Federal Circuit Court of Australia (Consequential Amendments) Act 2013
* Privacy Amendment (Enhancing Privacy Protection) Act 2012
* Drug Misuse and Trafficking Act 1985
* Drugs, Poisons and Controlled Substances Act 1981
* Poisons and Therapeutic Goods Act 1966 (NSW)
* Poisons and Therapeutic Goods Regulation 2008 (NSW)
* Children and Young Persons (Care and Protection Act 1998 (NSW)
* Ombudsman Act 1974 (NSW).

## 16.2 Resources

* Addressing smoking in community service organisations: A policy toolkit (2008)

Cancer Council NSW; Sydney.

<http://www.cancercouncil.com.au/wp-content/uploads/2011/11/CAN1023-Addressing-Smoking-no-bleed.pdf>

* Drug and Alcohol Treatment Guidelines for Residential Rehabilitation Settings (2007)

NSW Health, North Sydney. [www.health.nsw.gov.au](http://www.health.nsw.gov.au)

* Sexual Safety of Mental Health Consumers Guidelines – Practical information, advice and strategies to help mental health services maintain the sexual safety of mental health consumers (2013). NSW Health, North Sydney. <http://www.health.nsw.gov.au/policies/>

<http://www0.health.nsw.gov.au/policies/gl/2013/pdf/GL2013_012.pdf>

* Australian Dietary Guidelines (2013)

National Health and Medical Research Council, Department of Health and Ageing. Canberra.

<http://www.eatforhealth.gov.au/sites/default/files/files/the_guidelines/n55_australian_dietary_guidelines.pdf>

* Department for Child Protection, East Perth. Western Australia 6004.

[www.childprotection.wa.gov.au](http://www.childprotection.wa.gov.au)

* Healthy Eating Resources, Western Australian Network of Alcohol and other Drug Agencies (WANADA).

<http://www.wanada.org.au/Consumer-Health/View-category.html>

## 16.3 Websites

* NSW Food Authority.

[www.foodauthority.nsw.gov.au/industry](http://www.foodauthority.nsw.gov.au/industry)

* Food handler’s information.

<http://www.foodauthority.nsw.gov.au/industry/food-business-issues/health-and-hygiene-for-food-handlers/#.UyZU7Su4a70>

* Eat for health.

[www.eatforhealth.gov.au](http://www.eatforhealth.gov.au).

* Australian guide to healthy eating.

<http://www.eatforhealth.gov.au/guidelines/australian-guide-healthy-eating>

* Sample meal plans.

<http://www.eatforhealth.gov.au/guidelines/media-resources>

## 16.4 Others

* Social Media Policy, November 2012. Lifeline
* Residential Care Practice Manual – Residential Group Homes, Family Group Homes (2011).

1. World Health Organisation, <http://www.who.int/topics/sexual_health/en/>, accessed 28 August 2014 [↑](#footnote-ref-2)
2. Sexual Safety of Mental Health Consumers Guidelines NSW Health, North Sydney. November 2013 [↑](#footnote-ref-3)