 INNER WEST COUNCIL	
SUPPLEMENTARY MEMORANDUM	
Application No.	10.2018.131.1
Address	11A Moonbie Street, Summer Hill
Proposal	Change of use and fitout as an opioid substitution therapy clinic, an accessible ramp and associated landscaping.
Date of Lodgement	19 July 2018
Applicant	Charter Health Pty Ltd
Owner	MGC Wealth Pty Ltd
Number of Submissions	119
Value of works	\$371,8000
Reason for determination at Planning Panel	>10 submissions
Main Issues	Security, conflict of uses, access, vehicle parking, streetscape.
Recommendation	Deferred commencement
Attachment A	Assessment Report
Attachment B	Recommended conditions of consent
Attachment C	Plans of proposed development
Attachment D	Plan of Management

On the 18 December 2018, the subject development application (10.2018.131) for the change of use and fitout as an opioid substitution therapy clinic, an accessible ramp and associated landscaping at 11A Moonbie Street, Summer Hill was scheduled to be considered by the Inner West Local Planning Panel.


On the day of the meeting, it was brought to the Panel's attention that due to an administrative error by Council, not all submitters were individually informed of the date and time of the meeting in accordance with Council's usual practice (the matter was listed on the IHAP website but letters and emails were not sent to submitters).


The Panel therefore unanimously resolved to defer this matter until a later meeting.

Four (4) formal submissions were received by Council regarding the subject application since the agenda was published for the 18 December 2018 meeting. The submissions raised concerns with the notification process and requested that the subject development application be rescheduled to be heard at a later meeting in order for all submitters to be given the opportunity to attend/register to address the panel at the meeting.






It is noted that no additional issues to those already raised regarding the subject development application were raised by the community since the meeting. No modifications have been made to the subject development application since the meeting.

Attachment A – Assessment report

 <h1>INNER WEST COUNCIL</h1>	
DEVELOPMENT ASSESSMENT REPORT	
Application No.	10.2018.131.1
Address	11A Moonbie Street, Summer Hill
Proposal	Change of use and fitout as an opioid substitution therapy clinic, an accessible ramp and associated landscaping.
Date of Lodgement	19 July 2018
Applicant	Charter Health Pty Ltd
Owner	MGC Wealth Pty Ltd
Number of Submissions	119
Value of works	\$371,8000
Reason for determination at Planning Panel	>10 submissions
Main Issues	Security, conflict of uses, access, vehicle parking, streetscape.
Recommendation	Deferred commencement
Attachment A	Recommended conditions of consent
Attachment B	Plans of proposed development



LOCALITY MAP

Subject Site		Objectors		 N
Notified Area		Supporters		

**Too many objectors to identify on map*



Figure 1: Aerial view of subject site and context.



Figure 2: Site viewed from Moonbie Street.

1. Executive Summary

This report is an assessment of the application submitted to Council for the first use and fitout of a vacant ground floor tenancy at 11A Moonbie Street, Summer Hill as an opioid substitution therapy clinic. The application was notified to surrounding properties and 119 submissions received.

The main issues that have arisen from the application include:

- Security
- Conflict of uses
- Access
- Front setback

Subject to the imposition of conditions, the issues raised will be addressed and therefore the application is recommended for Deferred Commencement consent.

2. Proposal

The proposal is for the use and fitout of a vacant ground floor tenancy as an opioid substitution therapy clinic which will be referred to as 'the clinic' for the purposes of this report.

The vacant tenancy is located in an approved but yet to be built 2-storey boarding house with a basement garage.

Pedestrian access to the clinic is from a separate private entrance fronting Moonbie Street. A secondary 'staff entry' is provided off the residential entry corridor of the approved boarding house.

6 car spaces in the basement are allocated to the clinic which will be used exclusively by staff of the clinic, not by patients. The basement is accessed from Moonbie Street. Access to the clinic from the basement is via a stairwell or lift both of which are shared with the boarding house.

The proposal includes changes to the approved front landscaping, as well as changes to access to the clinic including a new accessible ramp.

Operating hours

The proposed operating hours of the clinic are as follows:

6.00am – 4.00pm, Mondays to Fridays,
7.30am – 12.00 midday on Saturdays,
9.00am – 12.00 midday on Sundays.

Specific services will be provided between the following times:

The dispensary for patients with employment between 6.00am and 7.00am.

The dispensary for all other patients between 7.00am and 4.00pm.

Doctors for consultation between 7.00am and 4.00pm.

Counsellors, psychologists and social workers between 9.00am and 4.00pm.

The clinic will be open 365 days a year.

Patient and staff numbers

The clinic will provide services to a maximum register of 300 patients. Most patients use the clinic two or three times a week, averaging approximately 90 patients a day.

The clinic will have two full-time staff, four part-time staff and eight casual staff.

The clinic also includes consulting rooms which will be rented to 6 general practitioners whose sole function will be to prescribe opioid substitution therapy to patients of the clinic.

No general medical services will be provided to the public.

3. Site Description

The subject site is located on the western side of Moonbie Street between Short Street to the north and Regent Street to the south. It is legally known as Lot C in DP 310221.

The site is roughly rectangular in shape with an area of approximately 1,578sqm. It has a primary street frontage to Moonbie Street and a small (3.05m) secondary access handle to Bartlett Street which has previously been used as a driveway.

Currently the site is occupied by single storey building which has historically functioned as a private hospital and medical centre. The private hospital portion of the building is currently vacant. The medical centre portion of the building is currently occupied and used as an opioid substitution therapy clinic. Further history of the site can be found under the heading 'Background'.

Adjoining the site to the north and south are 2-storey detached dwelling houses. Adjoining the site to the west fronting Bartlett Street are single storey detached dwelling houses. The area is largely characterised by 1 and 2-storey detached dwelling houses as well as some 2 and 3-storey flat buildings. It is noted that to the south-east of the site on the other side of Moonbie Street is 'Summer Hill Children's Centre'.

The site is not identified as containing a heritage item and is not located in a heritage conservation area, however the neighbouring buildings to the south (Nos. 15-17 Moonbie Street) and west (Nos. 6 and 8 Bartlett Street) are listed heritage items.

4. Background

4(a) Site history

The following application outlines the relevant development history of the subject site and any relevant applications on surrounding properties.

Subject Site

Application	Proposal	Decision & Date
6.62. 4288	Convert dwelling to private hospital	Approved – 30 November

		1962
6.1963.4449	Operating theatre	Unknown - 28 March 1963
6.1963.4496	Amendment to BA 4288/62	Approved – 21 May 1964
6.1976.74	Internal alterations	Approved – 15 March 1978
6.1978.336	Alterations to hospital	Approved – 20 August 1978
6.1978.440	Internal alterations to hospital	Approved – 30 October 1978
16.2003.3	Fire upgrade	Approved – 18 March 2003
10.2015.240	Alterations and addition including first floor addition to existing building and change of use to 32 room Boarding House accommodating 43 persons and use of part of the building as a Medical centre.	Refused – 8 March 2016
10.2017.58	The demolition of existing improvements and construction of a 2-storey building comprising a 26-room boarding house plus manager's room and associated basement parking for 12 vehicles, 6 motorbikes and 12 bicycles.	Approved – 10 October 2017

Previous consent for boarding house

On 10 October 2017, consent (10.2017.58) was granted for the demolition of all structures and construction of a 2-storey, 26-room boarding house with a ground floor tenancy with no specified use, and a basement garage.

The proposal as lodged indicated that the ground floor tenancy was to be used as a 'medical centre'. It was unclear at the time whether the medical centre was intended to be used specifically as a opioid substitution therapy clinic which falls under the broader definition of 'medical centre' in the Ashfield LEP 2013. Given the lack of information provided with the application (information that would be required to assess such a use) no approval was granted for the use of the tenancy in this consent and the following condition was imposed:

I Conditions that are ongoing requirements of development consents

(3) Vacant Area

Separate Development Consent must be obtained for the use of the "vacant" area prior to the occupation of that part of the premises.

It is noted that there was no objection in principle to the tenancy being used as a medical centre and no other conditions were imposed restricting its future potential use. Rather, the assessment of any future use would be subject to a separate development application.

It is also noted that a number of conditions were imposed referring to a 'medical centre'. It is assumed that these conditions were imposed in error, and they give no implied approval for the use of the tenancy.

Current use as an opioid substitution therapy clinic

No consent from Council can be found or produced pertaining to the current use of the site as an opioid substitution therapy clinic. It is noted that a Council resolution on 24 August 2004 resolved the following:

1/2 That Council notes that there is no legal basis on which the Council can close down or relocate the methadone clinic at 11a Moonbie Street.

2/2 That Council writes to the management of the clinic requiring them to write to each of their clients who attends the clinic in the mornings requiring them not to attend the site before 5.50am weekdays, 7.50am Saturdays and 8.50am Sundays, and that all client should wait for the premises to open with in the lattice enclosed entry foyer to the front door area.

The applicant has submitted that the existing clinic has been operating on the site since at least 1990 as it was accepted as a lawful use in proceedings by the NSW Land and Environment Court in that same year - *Ashfield Municipal Council v Richard Walter Pty Limited* [1990] NSWLEC 82 (26 July 1990). The summary of the proceeding states that a 'methadone maintenance programme' was in operation on the site from at least 1986 and that this use had been operating for an unspecified period of time before this.

History of incidents/complaints

Data provided by the NSW Police has shown that reported offences in the Summer Hill ward were lower than the NSW State average and that incidents of drug offences, disorderly conduct, malicious damage to property and theft in in the ward between July 2017 and June 2018 were at a rate of 0-10925.8 (being the lowest possible rating). It was also demonstrated that the ward does not have a significantly differing crime rate to neighbouring or similar wards.

A search of Council's records have shown that over the past 5 years, only 1 recorded complaint has been received by Council in regards to the operation of the existing clinic, which have been summarised below:

- Concern that operating hours have been extended.
 - o In response to a Councillor request, Council investigated this matter and provided the following report on 10 March 2014:
'Council has contacted the manager of the premises and advised him of the latest complaints. He confirmed that the premises are now operating until 4:00pm on weekdays. He advised that Council and Ashfield Police were consulted prior to the change. The later operating hours are designed to minimise the number of people who have to attend the premises at 6:00am (before going to work), which has been a source of complaints in the past. The new hours allow some of their clients to attend the premises after finishing work.'

It is noted that the applicant provided a letter of support from the Summer Hill Child Care Centre dated 27 August 2018 which is located on the opposite side of Moonbie Street. The applicant also provided a letter of support with the subject application from the Ashfield Business Chamber Inc. dated 4 June 2018.

4(b) Application history

The following table outlines the relevant history of the subject application.

Date	Discussion / Letter/ Additional Information
7 November 2018	<p>Council planners requested further information and clarification on a number elements of the proposal including:</p> <ol style="list-style-type: none"> 1. How will patients receive treatment during demolition and construction? Specific details of the contingency plan/s must be provided. 2. Further details are required of the intended lodgers of the approved boarding house on the site. Is it intended to be used by patients of the opioid substitution therapy clinic? Who will operate the boarding house? 3. What is the existing capacity and proposed capacity of the opioid substitution therapy clinic? 4. What is the existing and proposed staff numbers of the opioid substitution therapy clinic? 5. Acceptance of responsibility for managing adverse behaviour of the opioid substitution therapy clinic patients. 6. The proposal makes changes to the landscaping at the front of the site and includes a new platform lift. It is recommended that the platform lift be replaced with an accessible ramp. Please note that as the proposal makes design changes to the base consent for the building (10.2017.50.01), a condition requiring the amendment of the base consent will need to be imposed. 7. Concerns are raised over patients who use the basement car park also using the boarding house lift. What prevents a patient accessing the boarding house on the levels above? The current configuration would require patients using the basement or stairs to exit the site via the Moonbie Street residential entrance to access the clinic. To resolve these conflicts it is recommended that the allocated car parking be used only for staff, this should be included in the Plan of Management. 8. Are the north-facing louvers operable? I.e. can staff/customers use this opening for egress?
19 November 2018	<p>The applicant provided a response and amended plans in reply to the points raised by Councils planners. The applicants response was as follows:</p> <ol style="list-style-type: none"> 1. <i>During demolition and construction, the operation of the clinic will be split into two functions. Firstly; administration, counselling and social services (the 'hub') and secondly; dosing (the 'spokes'). An appropriately zoned commercial space in Leichhardt has been leased for the hub. No drugs will be on the premises. The spokes are a combination of dosing from the existing methadone clinic at Royal Prince Alfred Hospital and a network of pharmacies in the Inner West that already provide opiate substitute therapy. The NSW Department of Health, Sydney Local Health District and the Pharmaceutical Regulatory Unit have been fully engaged in this process and have provided all necessary permissions and agreements.</i> 2. <i>The clinic and the boarding house are completely separate entities. Patients of the clinic will be expressly prohibited from living in the boarding house in the terms of their treatment by</i>

	<p><i>the clinic. Clarifications regarding the intended lodgers of the boarding house and it's operations should be directed to the developer, MGC Wealth Management.</i></p> <ol style="list-style-type: none"> <i>3. The Clinic is licenced to provide services to a maximum of 300 clients, and at any time has in the order of 270-280 clients. Most clients come to the clinic two or three times each week, so on average there are in the order of 90 client presentations to the clinic each day. The capacity of the clinic will not change.</i> <i>4. The clinic has two full time staff, four part time staff, eight casual staff, and rents consulting room to six general practitioners. The staffing levels of the clinic will not change.</i> <i>5. Management of client adverse behaviour is detailed in the Clinic's 'Policy and Procedure Manual', which was submitted with the DA as 'Plan of Management'.</i> <i>6. The platform lift was replaced with an accessible ramp.</i> <i>7. The POM was amended to show that parking is for staff only and not to be used by patients.</i> <i>8. The louvers are operable for ventilation only, not for access.</i>
--	---

5. Assessment

The following is a summary of the assessment of the application in accordance with Section 4.15 of the Environmental Planning and Assessment Act 1979.

5(a) Environmental Planning Instruments

The application has been assessed against the relevant Environmental Planning Instruments listed below:

- Sydney Regional Environmental Plan (Sydney Harbour Catchment) 2005
- Ashfield Local Environmental Plan 2013

The following provides further discussion of the relevant issues:

5(a)(i) Sydney Regional Environmental Plan (Sydney Harbour Catchment) 2005

An assessment has been made of the matters set out in Clause 20 of the Sydney Regional Environmental Plan (Sydney Harbour Catchment) 2005. It is considered that the carrying out of the proposed development is generally consistent with the objectives of the Plan and would not have an adverse effect on environmental heritage, the visual environmental, the natural environment and open space and recreation facilities.

5(a)(ii) Ashfield Local Environment Plan 2013 (ALEP 2013)

The application was assessed against the following relevant clauses of the Ashfield Local Environmental Plan 2011:

- (i) Clause 2.3 - Land Use Table and Zone Objectives

The property is zoned R2 – Low Density Residential.

The proposed use is defined as a 'medical centre' which is permitted with consent in the zone. The LEP defines a 'medical centre' as follows:

'...premises that are used for the purpose of providing health services (including preventative care, diagnosis, medical or surgical treatment, counselling or alternative therapies) to out-patients only, where such services are principally provided by health care professionals. It may include the ancillary provision of other health services.'

It is noted that a 'medical centre' can only be for 'out-patients' meaning a patient who attends for treatment without staying overnight. It is considered that providing lodging to patients of the clinic in the attached boarding house would not constitute an out-patient clinic. The applicant has stated that patients of the clinic will be prohibited from lodging in the approved boarding house on the subject site. Nevertheless, to ensure compliance with the definition of a 'medical centre', it is a recommended condition of consent that patients of the clinic are restricted from lodging in the approved boarding house and that the Plan of Management of both the boarding house and the clinic be updated to reflect this.

The objectives of the zone are as follows:

- To provide for the housing needs of the community within a low density residential environment.
- To enable other land uses that provide facilities or services to meet the day to day needs of residents.

The clinic is located within a proposed mixed-use building, the majority of which is approved as a boarding house which will provide for the housing needs of the community.

The proposed opioid substitution therapy clinic, which as mentioned is defined as a 'medical centre', provides a facility and service to meet the day to day needs of residents.

The development is permissible with Council's consent under the zoning provisions applying to the land. The development is considered acceptable having regard to the objectives of the R2 – Low Density Residential zone, particularly as it provides "facilities or services to meet the day to day needs of residents".

(ii) Part 4 – Principal development standards

The following table provides an assessment of the application against the development standards:

Standard	Proposal	% of non compliance	Compliances
Floor Space Ratio Permitted: 0.7:1	No change	N/A	Yes
Height of Building Permitted: 8.5m	No change	N/A	Yes

5(b) Draft Environmental Planning Instruments

Draft Environment SEPP

The NSW government has been working towards developing a new State Environmental Planning Policy (SEPP) for the protection and management of our natural environment. The Explanation of Intended Effect (EIE) for the Environment SEPP was on exhibition from 31

October 2017 until the 31 January 2018. The EIE outlines changes to occur, implementation details, and the intended outcome. It considers the existing SEPPs proposed to be repealed and explains why certain provisions will be transferred directly to the new SEPP, amended and transferred, or repealed due to overlaps with other areas of the NSW planning system.

This consolidated SEPP proposes to simplify the planning rules for a number of water catchments, waterways, urban bushland and Willandra Lakes World Heritage Property. Changes proposed include consolidating the seven existing SEPPs including Sydney Regional Environmental Plan (Sydney Harbour Catchment) 2005.

The proposed development would be consistent with the intended requirements within the Draft Environment SEPP.

5(c) Development Control Plans

The application has been assessed and the following provides a summary of the relevant provisions of the Comprehensive Inner West Development Control Plan 2016 (the DCP).

Part	Compliance
Chapter A – Miscellaneous, Part 8 – Parking	
PC2 – Bicycle and motorcycle parking	Yes. See further discussion below table.
PC2 – Car parking rates	Yes. See further discussion below table.
Chapter A – Miscellaneous, Part 6 – Safety by Design	
PC1 – General	Yes. See discussion below this table.
Chapter A – Miscellaneous, Part 5 – Landscaping	
PC1, PC2, PC3, PC4	See discussion below this table.

The following provides discussion of the relevant issues:

Car and bicycle parking

In accordance with the DCP, medical centres generate the requirement for 1 space per 25sqm of gross floor area. The clinic has a gross floor area of 153sqm thus requiring 6 car spaces. The proposal includes 6 car spaces in the basement for the clinic in accordance with this part of the plan. As discussed elsewhere in this report, patients of the clinic are restricted from using the basement and as such these spaces cannot be used by them. There are no specific requirements in the DCP for the provision of car parking for patients.

There are no specific bicycle parking requirements for medical centres, the nearest comparable use would be a 'hospital' which requires 1 bicycle space per 20 employees 1 bicycle space per 30 beds. The clinic will not have more than 20 employees thus generating the need for 1 bicycle space. The proposal includes 3 bicycle spaces in the basement for the

clinic. As discussed elsewhere in this report, patients of the clinic are restricted from using the basement and as such these spaces cannot be used by them.

Although the clinic does not have any 'beds' in which to determine patient bicycle parking rates, it is still considered appropriate to provide patient bicycle parking. As such, it is a recommended condition of consent that 2 x Class 3 (bicycle racks or rails) bicycle spaces for patients are provided near the entrance of the clinic in a visible area while not obstructing the path of travel and ensuring minimal loss of landscaped area. The parking should be designed in direct consultation with the following Australian Standards: AS2890.1, AS2890.3 and AS2890.6.

Deliveries and emergency vehicles

No off-street parking spaces have been provided for delivery or emergency vehicles, specifically ambulances. Given the nature of the use, it is desirable that a dedicated on-site space be provided for these vehicles.

Council's Engineers have noted that the size and clearance height of the basement garage are insufficient to facilitate delivery or emergency vehicles without further excavation. Ambulances require a parking bay of 5.4m x 3.2m, a clearance height of 3.3m-3.8m and a turning circle of 15m. Standard delivery vehicles require a parking bay of 5.7m x 2.7m, a clearance height of 2.7m and a turning circle of 15m.

It is noted that there is a vehicle waiting bay adjoining the basement driveway which has dimensions of 6m x 3m and could facilitate an ambulance or delivery vehicle while not obstructing vehicle movement. Given the small number of car spaces in the basement and the low probability/frequency of ambulances/delivery vehicles attending the site, the vehicle waiting bay is considered acceptable to facilitate occasional short-term parking of these vehicles.

Council's Engineers have also noted that the parking layout of the basement as shown on the supplied plans is not in accordance with Condition D24 of consent No. 10.2017.58 most notably that 3 of the clinic parking bays are 2.4m wide instead of the required 2.6m, and that the disabled bay of the clinic is not dimensioned. Furthermore, the aisle width in front of the lift is only 5.67m whereas AS2890.1 requires 5.8m (Class 3 for a Medical Clinic) contrary to Condition D24. These conditions are still required to be satisfied.

Hours of operation

The proposed hours of operation are as follows:

6.00am – 4.00pm, Mondays to Fridays,
7.30am – 12.00 midday on Saturdays,
9.00am – 12.00 midday on Sundays.

The hours are consistent with the existing opioid substitution therapy clinic. The proposal does not intensify the existing use as it will service the same number of patients and therefore it can be assumed that the additional amenity impacts (if any) on nearby properties would be minimal. A modernised building and a new development consent in fact provides an opportunity to better address any current impacts of the clinic.

It is noted that the proposed opening at 6.00am is to provide treatment to patients before work, and the anticipated number of patients arriving at this time will not be a significant proportion of the approximately 90 daily patient presentations.

It is a recommended condition of consent that the clinic's management must inform all of their patients who attend in the mornings that they must not attend the site before 5.50am weekdays, 7.20am Saturdays and 8.50am Sundays, and that all patients should wait on the landing next to the clinics entrance.

Safety by design

The development as approved in DA No. 10.2017.58 provides adequate passive surveillance to the street by the inclusion of extensive glazing and balconies on the façade.

To minimise areas obscured from the public domain where persons could loiter, it is a recommended condition of consent that the small 'breakout area' to the north of the boarding house entrance and in front of window WD-03 SH be replaced with a planter box. It is noted this area is likely to be reduced in size given the recommended relocation of the accessible ramp as discussed under the heading 'landscaping' below.

To prevent unrestricted access to the landscaped northern setback, it is a recommended condition of consent an optically permeable fence (with option for a lockable gate) with a height of 1.8m be included across the side setback.

The NSW Police have recommended a number of conditions including (but not limited to); installation of CCTV, signage, lighting, methods and devices for restricting access to portions of the building, and security locks to openings. Where relevant, these conditions have been included in the consent. It is recommended that some of these conditions relating to security (such as security locks to openings) apply not just to the clinic but the whole building.

It is also a recommended condition of consent that the ground floor boarding rooms fronting Moonbie Street (G.02 and G.04) are to be amended to include operable fanlights or operable glass louvers so they do not rely on keeping the balcony doors open to obtain natural ventilation and improve the security and internal amenity of these units.

Conflict of uses

Concerns have been raised that the boarding house may be partly, extensively or exclusively used by patients of the opioid substitution therapy clinic. The change from transient boarding house clientele to semi-permanent concentration of the clinic's patients could result in significant adverse amenity and other social impacts on the area. This is not withstanding the issue of the possible inconsistency with the definition of a 'medical centre' as discussed elsewhere in this report.

Nevertheless, the applicant has confirmed that patients of the clinic will be restricted from lodging in the boarding house and a condition of consent to this effect has been recommended. A condition has also been recommended that the boarding house operator must confirm with the clinic that all prospective lodgers are not patients of the clinic. Likewise, the clinic must confirm with the boarding house operator that any prospective patients are not current lodgers of the boarding house.

The boarding house entrance is located at the centre of the building and the clinic entrance near the northern edge. To improve legibility and to minimise potential conflicts between the two uses (such as patients trying to gain access through the boarding house entrance and vice versa) it is a recommended condition of consent that clear and legible business/building identification signs be places over or on each of the entrances and front gates identifying the respective use

Landscaping

Council planners requested that the proposed chairlift which would provide access to the clinic from Moonbie Street be replaced with an accessible ramp to ensure that ongoing accessibility is achieved by passive not mechanical means.

The applicant provided revised plans which included an accessible ramp however this was at the expense of a significant portion of the front landscaping. It is considered that the ramp could be relocated closer to the building so as to minimise its impact on the front landscaped area. A condition to this effect has been recommended. It is also recommended that the landscape plan be updated to show extensive significant plantings in the portion of the front setback in front of the proposed ramp so that this area will not be trafficable but remain visually appealing. The plantings however must not create any areas of concealment.

Amending DA

The proposal makes a number of changes to the fabric and operation of the building approved in DA No. 10.2017.58. As such a condition requiring the modification of development consent 10.2017.58 pursuant to Section 4.17(1)(b) of the EP&A Act 1979 be imposed to ensure consistency between the two consents and better respond to the proposed use of the ground floor tenancy.

Where relevant, the conditions of consent in consent No. 10.2017.58 apply to the subject development application. In the event of any inconsistency, the conditions of this consent (10.2018.131.1) shall prevail.

5(d) The Likely Impacts

The assessment of the Development Application demonstrates that, subject to the recommended conditions, the proposal will have minimal additional impact in the locality.

5(e) The suitability of the site for the development

The site is zoned R2 – Low Density Residential. Provided that any adverse effects on adjoining properties are minimised, this site is considered suitable to accommodate the proposed development, and this has been demonstrated in the assessment of the application.

5(f) Any submissions

The application was notified in accordance with Comprehensive Inner West DCP 2016 for a period of 28 days to surrounding properties. A total of 119 submissions were received, 2 of which were in support. It is noted that most of the objections are *pro forma*.

The following issues raised in submissions have been discussed in this report:

- Co-location of the proposed opioid substitution therapy clinic with the approved boarding house. Interaction between lodgers and patients and associated social risk - see Section 5(c)
- Negative impacts on neighbourhood amenity (noise, disturbances etc.) – see Section 4(a), 5(c) and further discussion below.
- Crime, security and anti-social behaviour by patients and their impact on nearby residents – see Section 4(a) and 5(c)

- Non-compliance with the NSW Methadone Clinic Accreditation Standards and Guidelines for the Establishment of Methadone Clinics – see comments from Ministry of Health in Section 6(b).
- No consent can be found or produced for the existing use as an opioid substitution therapy clinic – see Section 4(a).
- How the clinic continue to operate during demolition and construction – see Section 4(b).
- The Inner West Local Planning Panel precluded the use of the tenancy as an opioid substitution therapy clinic during the assessment of the consent for the boarding house (10.2017.58) – see Section 4(a).
- The use is not permitted in the R2 – Low density residential zone – see Section 5(a)(ii).
- Use of the boarding house by patients of the clinic – see Section 5(c).

In addition to the above issues, the submissions raised the following concerns which are discussed under the respective headings below:

Issue: The demographics of area have changed since the existing clinic began operation. The area is more family oriented and therefore the use does not well reflect the current/future demographics of the community.

Comment: The clinic will provide a service to meet the day to day need of residents and will replace and upgrade a long-standing part of the neighbourhood.

Issue: The close proximity of the clinic to a childcare centre and primary school.

Comment: It is noted that the Summer Hill Childcare Centre has provided written support for the proposal. No reported incidents can be found regarding its relationship with the existing clinic.

Given the distance from Summer Hill Primary School (~250m south of the subject site), the lack of reported incidents by or associated with pupils/staff of the school regarding the existing clinic, and that the proposed clinic has the same capacity and operating hours as the existing clinic, the proposal is not anticipated to have unreasonable adverse impacts on the school.

Issue: Lack of consultation with the community by the applicant.

Comment: Consultation with the community by the applicant is not a prerequisite of the lodgement of a development application. The DA has been publicly exhibited by Council in accordance with planning legislation.

Issue: Acoustic impacts.

Comment: Conditions of consent have been recommended which will require that the noise generation from the clinic will not unreasonably affect nearby amenity. The POM includes a number of measures to address and manage noise impacts from patients of the clinic. As discussed elsewhere in this report, only one recorded noise complaint has been received by Council in the last 5 years.

Issue: Traffic and parking impacts.

Comment: The proposal provides car parking in accordance with the requirements of the DCP, and as such the traffic movements will be in accordance with that excepted for a use of this type. Given that the intensity and hours of operation are not changing, there is anticipated not to be any net change to traffic and parking impacts. In addition to this, the proposal includes more off-street car parking spaces designated to the clinic than currently provided thus reducing the clinics impact on on-street car parking.

The applicant provided a response to the submissions which is summarised as follows, comment has been provided where necessary:

- *The Clinic has been in operation at this site for 36 years, and therefore has 'existing use' rights. The Clinic has been independently accredited by NSW Health every three years since 2003 and the location of the Clinic has not been an issue.*
Comment: 'Existing use rights' as per Division 4.11 of the EP&A Act 1979 do not apply to the proposal as the proposed use is not prohibited.
- *There is no evidence that low cost accommodation will target vulnerable members of the community. There is no evidence that Planning Panel's statement that 'the medical centre shall not be used as a drug rehabilitation centre' was on the basis of its proximity to low income accommodation. The use of the space by the Clinic is the subject of this DA. Clients of the Clinic will be prohibited living in the low cost accommodation by the terms of their being treated by the Clinic.*
Comment: See Section 4(a).
- *This application is based on the 36 years of 'existing use' rights. The operation of the Clinic was accepted as lawful in proceedings in the Land and Environment Court Ashfield Municipal Council v Richard Walter Pty Ltd [1990] NSW LEC 82 (26 July 1990).*
Comment: See Section 4(a).
- *On 24 August 2004 the Minutes of the Development Approvals Committee Meetings resolved That Council notes that there is no legal basis on which the Council can close down or relocate the methadone clinic at 11a Moonbie St.*
Comment: See Section 4(a).
- *The Clinic has made temporary arrangements for its operation during the construction period. The Clinic will not be operating from temporary facilities on site.*
Comment: See Section 4(b)
- *This DA is to uphold the 'existing use' rights of the operational Clinic [therefore the NSW Methadone Clinic Accreditation Standards and Guidelines for the Establishment of Methadone Clinics do not apply].*
Comment: See Section 4(a) and 6(b).
- *There is no evidence of concerns from schools, and the child care centre has provided a letter of support for this DA.*
Comment: Noted.
- *The majority of the Clinics clients live in or close to Summer Hill, and as Ashfield police will verify that it is preferable to the community for addicts to be in treatment rather than in active addiction.*
- *The Clinic has been independently accredited by NSW Health every three years since 2003...*
- *The Clinic is a member of Ashfield Police Community Safety Precinct and the Ashfield Chamber of Commerce and attends all meetings.*
Comment: Noted.
- *Based on the parking requirements for medical centre use – which this scheme fully complies with - the traffic movements will be in accordance with that excepted for a use of this type and will not place additional strain on the road network. In addition, the majority of patients live within close proximity to the clinic and arrive by public*

transport. The excellent public transport links are a key reason for the desire to maintain the clinic's current location.

Comment: Noted.

- *Parking on the street has been changed to 2 hours maximum for non-permit holders, which increases parking availability on the street.*

Comment: Noted.

- *The clinic is not a high noise generating use. There is no machinery on site, and ventilation/air handling etc will be carried out as part of the broader development which has been approved. The clinic does not propose to play music or make use of any loudspeakers or tannoy system - other than would be expected for residential style entry systems. Patient coming and going is not an inherently noisy activity which can be assessed appropriately by an acoustic report. Should there be any associated anti-social behaviour this will be subject to the clinic's management plan, police and Council action. This is no different to any anti-social behaviour which could take place in any location at any time of day or night throughout the year.*

Comment: Noted.

5(g) The Public Interest

The public interest is best served by the consistent application of the requirements of the relevant Environmental Planning Instruments, and by Council ensuring that any adverse effects on the surrounding area and the environment are appropriately managed.

The proposal is not contrary to the public interest.

6 Referrals

6(a) Internal

The application was referred to the following internal sections/officers and issues raised in those referrals have been discussed in section 5 above.

- Building
 - o No objection was raised to the proposal.
- Health
 - o No objection subject to the imposition of recommended conditions of consent largely relating to waste disposal and acoustic impacts.
- Community Services and Culture
 - o Community Services and Culture unit reviewed the application in conjunction with the applicant's response to the objections. It was concluded that the applicant's response to the objections of local residents serves as an appropriate analysis of the social impact of the proposal, and its broader context subject to the following items being addressed:
 - *The proponents offer that Methadone Clients will be prohibited living in the affordable accommodation by the terms of their being treated by the clinic should be accepted and the mechanism for how this prohibition will operate needs to be identified.*
 - *The offer of the proponent to accept responsibility for managing adverse behaviour of methadone centre clinics should be accepted.*
 - *The need for a Contingency Plan of Management for moving the methadone clinic during the knockdown/rebuild phase needs to be foreshadowed.*

The above items were subsequently addressed by the applicant (as discussed in Section 4(b) of this report) and given these developments, support was recommended for the proposal.

6(b) External

The application was referred to the following external bodies and issues raised in those referrals have been discussed in section 5 above.

- NSW Police
 - o On 12 November 2018, comments were received from the NSW Police. The following findings and information were provided to Council:
 - It was noted that reported offences in the Summer Hill ward were lower than the NSW State average.
 - Incidents of drug offences, disorderly conduct, malicious damage to property and theft in the Summer Hill ward between July 2017 and June 2018 were at a rate of 0-10925.8 which is the lowest possible rating.

No objection was raised to the proposal after review. A number of conditions of consent were recommended, most notably:

Surveillance

- Installation of CCTV.
- Fences at the front of the property be transparent.
- Maintenance of landscaping in the front garden to remove any obvious concealment areas.

Territorial Reinforcement

- Installation of 'private property', 'warning, these premises are under electronic surveillance' etc. signs.
- Directional and wayfinding signage.

Access Control

- Installation of 'private property', 'warning, these premises are under electronic surveillance' etc. signs.
- Directional and wayfinding signage.

Territorial Reinforcement

- Swipe cards for the boarding house and basement garage.
- Construction of windows and window-frames.
- Windows fitted with locks.
- An area for emergency services to access the grounds.

- NSW Ministry of Health
 - o On 26 September 2018, comments were received by the NSW Ministry of Health (Drug Alcohol and Other Drugs Unit). No objection was raised to the proposal after review and the following comments were provided:
 - *NSW Health is committed to supporting the delivery of accessible opioid treatment that best meets the individual needs of those who seek it.*
 - [NSW Clinical Guidelines: Treatment of Opioid Dependence] *provide clinical guidance and policy direction for opioid treatment in NSW for use in generalist health settings and specialised alcohol and other drug or*

opioid treatment clinics. They primarily relate to access to, and the delivery of, patient care rather than anything relating to the establishment of clinics.

- The related policy documents include the NSW Methadone Clinic Accreditation Standards (published in 2000), which provide a set of standards that form the basis of an accreditation program for all licensed methadone clinics in NSW; and the Guidelines for the Establishment of Methadone Clinics in NSW in 2000, which informs persons wanting to establish a clinic. Consistent with these standards, the United Gardens private clinic has held a licence at 11 Moonbie Street, Summer Hill since 1988. The licence is current to 30 September 2019. For all clinics delivering opioid treatment, maintaining accreditation is a condition attached to the licence. Whilst there may be some relevancy within these documents relating to accessibility, location and building requirements, given that this application is to reinstate an existing clinic (which has been issued a licence which has been subject to the guidelines) it is evident that these considerations have been taken into account in the preparation of this DA.
Contextually, although there have been regulation changes that mean that no new private clinics can be established, existing ones are 'grandfathered'. Given that the existing Clinic is proposing to continue to exist and provide services, the grandfathering provision applies. In terms of the relevant responsibilities of the NSW Ministry of Health, the Ministry is responsible for ensuring that opioid treatment clinics are licensed and regularly inspected by the relevant accreditation company. The Pharmaceutical Regulatory Unit within the Ministry has ongoing responsibility to ensure facilities comply with aspects of the Poisons and Therapeutic Goods legislation.
- On 30 November 2018, further comments were received by the NSW Ministry of Health (Drug Alcohol and Other Drugs Unit) following Council seeking clarification on some matters raised during notification and in the previous correspondence dated 26 September 2018.

The Ministry's assessment is based on our understanding that the United Gardens Clinic has been a long standing accredited and licensed opioid treatment clinic. The operation of the United Gardens Clinic is regulated under the NSW Poisons and Therapeutic Goods Regulations 2008 and the Clinic has been licensed continuously for more than twenty years.

The Clinic has a long history of maintaining accreditation and providing a valuable service to clients which meets the standards set by a reputable quality assurance organisation (Quality Innovation Performance). United Gardens Clinic has been accredited under the Australian Excellence Service Standards (ASES), with accreditation valid until 2021. As part of their accreditation, United Gardens Clinic is required to comply with the NSW Methadone Clinic Accreditation Standards established by NSW Health. Service provision is also underpinned by the NSW Clinical Guidelines: Treatment of Opioid Dependence – 2018 that provide clinical guidance and policy direction for opioid treatment in NSW.

In NSW there are a fixed number of private opioid treatment clinics (eleven). No new licenses have been issued to establish a private opioid treatment clinic since 2006. From the Ministry of Health's perspective United Gardens Clinic has not ceased to be a licensed opioid treatment

clinic, therefore they do not have to re-apply for approval and can continue operations as long as they continue to fulfil their licensing conditions. The superseded and obsolete NSW Health circulars (Circulars 95/53, 2000/2 and 2001/78) relate only to the establishment of opioid treatment clinics and therefore do not apply to United Gardens Clinic's Development Application.

The Ministry also understands that the Land and Environment Court made a decision (in 2004) that there was no legal basis for the Council to close down or relocate the service.

United Gardens has demonstrated commitment to maintaining community engagement and proactively identifying strategies to manage any impacts on public amenity through ongoing communication and consultation with the local police, business community and the local childcare centre. In our role as system manager, the Ministry of Health works to ensure there are mechanisms to support ongoing monitoring of the quality of clinical service delivery provided and timely responses to any relevant incidents.

While the Ministry acknowledges the community concerns about United Gardens' renovation and reoccupation, the clinic is providing an evidence based treatment service that is known to reduce drug related harms and impacts on the community and is doing so in compliance with licensing regulations. NSW Health is committed to evidence based treatment of opioid dependence. Opioid treatment has been shown to improve the quality of life and well-being of opioid dependent individuals, and provide significant reductions in adverse health and social consequences. There is also evidence that opioid treatment leads to a substantial reduction in criminal offending and that areas in close proximity to opioid treatment clinics do not have higher levels of crime.

7. Section 7.11 Contributions

Section 7.11 contributions are not payable for the proposal.

A contribution was already paid for the ground floor tenancy and boarding house portion of the building and as such no contribution is required to be paid for this proposal. The carrying out of the development therefore would not result in an increased demand for public amenities and public services within the area.

8. Conclusion

The proposal generally complies with the aims, objectives and design parameters contained in Ashfield Local Environmental Plan 2013 and Comprehensive Inner West Development Control Plan 2016. The development will not result in any significant impacts on the amenity of adjoining premises and the streetscape. The application is considered suitable for the issue of a Deferred Commencement consent subject to the imposition of appropriate conditions.

9. Recommendation

- A. That the Inner West Planning Panel, as the consent authority pursuant to s4.16 of the Environmental Planning and Assessment Act 1979, grant deferred commencement consent to Development Application No: 10.2018.131.

Attachment B – Recommended conditions of consent

CONDITIONS

DA 2018.131.1

11A Moonbie Street SUMMER HILL 2130

Description of Work as it is to appear on the determination:

Fitout and use of a ground floor tenancy as an opioid substitution therapy clinic.

PART A

Deferred Commencement conditions to be satisfied prior to activation of consent:

This consent shall not operate until such time as the following additional/revised information is provided to the satisfaction of Council:

1. The development consent 10.2017.058.1, approved on 10 October 2017, shall be modified pursuant to Section 4.17(1)(b) of the Environmental Planning and Assessments Act 1979 as follows:
 - a) The drawings in Condition A1 shall be amended where relevant to reflect the plans approved in Condition A1 of Part B of this consent (10.2018.131.1) as amended by any relevant conditions in Part A of this consent.
 - b) The approved 'Plan of Management' (1618_POM/REV.C) dated April 2018 in Condition A1 is to be revised to include the following:

Patients of the opioid substitution therapy clinic located on the ground floor (approved in 10.2018.131.1) are not permitted to lodge in the boarding house.

The operator of the boarding house will confirm with the operator of the opioid substitution therapy clinic located on ground floor that any and all prospective lodgers are not patients of the clinic.

The 'revision number' and date (month and year) of the revised Plan of Management must be updated accordingly.

- c) Insert a new condition as follows:

I Conditions that are ongoing requirements of development consents

(1A) Restriction on lodgers

Patients of the opioid substitution therapy clinic on the ground floor are not permitted to lodge in the boarding house.

C Design changes

(1) Windows

The windows and window-frames of the building at ground floor must be of solid construction. These windows must be fitted with locks that comply with the Australian Standard – Mechanical Locksets for windows in buildings, AS:4145 <http://www.standards.org.au> to restrict unauthorised access.

- d) Modification of the following conditions:

I Conditions that are ongoing requirements of development consents

(13) **Parking Access – Medical centre**

The parking bays proposed for the Medical centre of the development must be easily accessible and be clearly designated, marked, and signed. ~~Access to these bays must not be restricted in any way by security doors or intercom access during business hours approved for the commercial development.~~

Notice of such modifications must be given to Council in accordance with Section 97 of the Environmental Planning and Assessment Regulations 2000, prior to any work pursuant of this consent.

NOTE: Where applicable, the conditions of consent in consent No. 10.2017.58.1 apply to consent No. 10.2018.131.1. In the event of any inconsistency, the conditions of this consent (10.2018.131.1) shall prevail.

2. The Plan of Management dated 2018 must be updated to include the following;

- a) Patients of the clinic are restricted from lodging in the boarding house at the boarding house which is located within the same building.
- b) The operator of the clinic will confirm with the operator of the boarding house located in the same building that any prospective patients of the clinic are not current lodgers of the boarding house.
- c) The clinic's management will inform all of their patients who attend in the mornings that they must not attend the site before 5.50am weekdays, 7.20am Saturdays and 8.50am Sundays, and that all patients should wait on the landing next to the clinics entrance.

The 'revision number' and date (month and year) of the revised Plan of Management must be updated accordingly.

3. The proposed accessible ramp in the front setback must be relocated closer to the building so as to minimise its impact on the front landscaped area. The architectural plans and the landscape plan must be updated to reflect this and show extensive significant plantings between the ramp and the front fence to prevent this area being readily accessible or used to the satisfaction of Council. The plantings must not create any areas of concealment.
4. The front fence and gates fronting Moonbie Street must be of timber pickets or metal balusters (with a height of no more than 1.2m) so as to be optically permeable and minimise any areas of concealment. The gates must include legible business identification signage which identify the respective uses (the clinic and boarding house) to the satisfaction of Council.
5. A 1.8m high optically permeable fence (with lockable gate if desired) in-line with the façade must be included from the northern side elevation of the building to the northern (side) boundary so as to prevent unrestricted access to the northern side setback to the satisfaction of Council.
6. Two (2) x Class 3 (bicycle racks or rails) bicycle spaces are provided near the entrance of the clinic in a visible area while not obstructing the path of travel and ensuring minimal loss of landscaped area. The parking should be designed in direct consultation with the following Australian Standards: AS2890.1, AS2890.3 and AS2890.6 to the satisfaction of Council.

7. The small 'breakout area' to the north of the boarding house entrance and in front of window WD-03 SH must be replaced with a non-trafficable planter box to minimise areas obscured from the public domain.
8. Boarding rooms G.02 and G.04 are to be amended to include operable fanlights or operable glass louvers so they do not rely on keeping the balcony doors open to obtain natural ventilation at the expense of security.

The operational development consent will be issued by Council (in writing) after the applicant provides sufficient information to satisfy Council in relation to the conditions of the deferred commencement and any conditions that arise as a result of satisfying the above matters.

If the applicant fails to satisfy Council as to the above matters within 24 months from the date of determination or this consent will lapse.

PART B

A General Conditions

(1) Approved plans stamped by Council

The development must be carried out only in accordance with the plans and specifications set out on drawing numbers prepared by and date stamped by Council and any supporting documentation received with the application, except as amended by the conditions specified hereunder.

Approved Plans:

Drawing No.	Title/Description	Prepared by	Revision	Date
DA.01	Site Plan & Site Analysis	Mdp	E	16 November 2018
DA.02	Approved Basement Carpark	Mdp	E	16 November 2018
DA.03	Proposed Ground Floor Plan	Mdp	E	16 November 2018
DA.04	Proposed East Elevation	Mdp	E	16 November 2018
DA.05	Proposed North Elevation	Mdp	E	16 November 2018
DA.06	Proposed Section AA BB	Mdp	E	16 November 2018
DA.08	Landscape Plan	Mdp	E	16 November 2018

Supporting Documents:

Title/Document	Prepared by	Issue/Revision	Date
United Gardens Policy And Procedure Manual	Unknown	'2018'	2018
Waste Management Plan	Planning Ingenuity	-	18 July 2018
Access Capability Statement for DA Submission (Ref: 18286)	CodePerformance	-	5 July 2018

In the event of any inconsistency, the conditions of this consent shall prevail.

(2) Compliance with conditions from consent No. 10.2017.58.1

Where applicable, the conditions of consent in consent No. 10.2017.58.1 apply to consent No. 10.2018.131.1. In the event of any inconsistency, the conditions of this consent (10.2018.131.1) shall prevail.

(3) Signage

A separate development application for any proposed signs (other than exempt or complying signs) must be submitted to and approved by Council prior to the erection or display of any such signs.

(4) Loading/unloading

All loading and unloading and waste collection in connection with the use must be carried out only between the hours of 7:00am to 6:00pm Mondays to Saturdays and must occur on-site.

(5) Operating hours

The hours of operation of the site being restricted in the following:

6.00am – 4.00pm, Mondays to Fridays.
7.30am – 12.00 midday on Saturdays.
9.00am – 12.00 midday on Sundays.

B Design Changes

Nil.

C Conditions that must be satisfied prior to issuing/releasing a Construction Certificate**(1) CCTV**

- a) CCTV Cameras should be strategically mounted at the entry and exit points to monitor unauthorised access and prevent opportunistic crime and anti-social behaviour, assaults etc. Additional to the stated location should include but are not limited to:
 - ramp for underground car park to cover vehicular access
 - wide angle CCTV to cover waste rooms and store room as well as stairwell/life access
 - entrance to office area/sign in sheet and lobby area
 - cover the bicycle parking area
- b) Sensor lighting to be used in underground car park during dark hours to work in conjunction with CCTV (incandescent, fluorescent or halogen lighting as colour rendition is more appropriate).

(2) NSW Police conditions

- a) Glass frontages or windows to the clinic must have chemically hardened glass, toughened laminated glass with PVB interlayer and transparent polycarbonate sheeting, so as to be resistant to breakages given the product kept on the property.
- b) The windows and window-frames of the building at ground floor must be of solid construction. These windows should be fitted with locks that comply with the Australian Standard – Mechanical Locksets for windows in buildings, AS:4145 <http://www.standards.org.au> to restrict unauthorised access.
- c) An Emergency control and evacuation plan which complies with the Australian Standard, Emergency Control Organisation and Procedures for Buildings, Structures and Workplace, AS:3745:2002 should be prepared and maintained by your development to assist management and staff in the event of an emergency. This standard sets out the requirements for the development of procedures for the controlled evacuation of the building, structures and workplaces during emergencies. Further information in relation to planning for emergencies can be obtained from

Emergency NSW <http://www.emergency.nsw.gov.au> or Emergency Management Australia <http://www.ema.gov.au>.

- d) Management should provide Police and council with contact details of the managers and caretakers of the premises. These numbers should also be placed in the common areas and in the office areas. A contact number for external complaints by surrounding neighbours should be provided to nearby residents. This number could be placed on all entry points to the site.
- e) Individual swipe card entry should be used as security for units, common areas, clinic and carpark to reduce the risk of stealing and break and enters. This will enable the ability for cards to be deactivated when a tenant vacates. It is suggested that swipe cards and combination locks are issued with a deposit bond eg \$50 which is to be refunded upon vacating the premises and returning the items. This reduces the risk of having keys copied and used later by ex-tenants to access property.

(3) Signage

- a) Directional signage should be posted at decision making points (eg. Entry/egress points) to provide guidance to the uses of the development. This can also assist in access control and reduce excuse making opportunities by intruders.
- b) The basement car park is to have clear and legible signage which states 'Residents and Staff Only', restrict all access to the car park where possible to reduce the risk of theft from motor vehicles, swatting or entrapment.
- c) Warning signs should be strategically posted around the buildings to warn intruders of what security treatments have been implemented to reduce opportunities for crime. These measures will assist in minimising the risk of unauthorised access and protect tenants and their property.
 - "Private Property" "Warning, trespassers will be prosecuted"
 - "Do Not leave valuables in vehicles"
 - "Warning, these premises are under electronic surveillance"
 - No cash left on premises
 - No Drugs left on premises (if possible)
 - "Secure bicycles"
 - "Lock it or Lose it"

(4) Loading/unloading during construction

Where any loading, unloading or construction is to occur from a public place, Council's Infrastructure Services Division must be contacted to determine if any permits or traffic management plans are required to be obtained from Council before work commences.

(5) Mechanical Ventilation

To ensure that adequate provision is made for ventilation of the building, mechanical and/or natural ventilation shall be provided.

The ventilation systems are to be designed, constructed and operated in accordance with the:

- The Building Code of Australia,
- Australian Standard AS 1668 Part 1 – 1998,
- Australian Standard AS 1668 Part 2 – 2012,
- Australian Standard 3666.1 – 2011,
- Australian Standard 3666.2 – 2011; and
- Australian Standard 3666.3 - 2011.

Details demonstrating compliance with the requirements of this condition are to be submitted to the Principal Certifying Authority prior to the release of a Construction Certificate. The system must be located in accordance with the approved plans and/or within the building envelope, design and form of the approved building. Any modifications to the approved plans required to house the system must be the subject of further approval from Council (the consent authority).

Details demonstrating compliance with the requirements of this condition are to be submitted to the satisfaction of the Certifying Authority prior to the issue of any Construction Certificate.

(6) Trade Waste Licence Agreement

Waste water arising from the use must be directed to the sewers of the Sydney Water under a Trade Waste License Agreement. The pre-treatment of wastewater may be a requirement of Sydney Water prior to discharge to the sewer. Details of the requirements of the Trade Waste Agreement must be obtained prior to the issue of a Construction Certificate. Plans detailing how compliance will be achieved must be prepared and submitted to the Principal Certifying Authority prior to the issue of a Construction Certificate.

D Conditions that must be complied with before work commences

(1) Notice of Commencement – Notification of Works

Work must not commence until the Principal Certifying Authority or the person having the benefit of the development consent has given Notification in Writing to Council no later than two days before the building work commences.

(2) Requirement for a Construction Certificate

In accordance with the provisions of Section 81A of the *Environmental Planning and Assessment Act 1979* the erection of a building and/or construction works must not commence until:

(3) Inspections required by Principal Certifying Authority

Inspections shall be carried out at different stages of construction by Council or an accredited certifier. If Council is selected as the Principal Certifying Authority (PCA) the inspection fees must be paid for in advance which will be calculated at the rate applicable at the time of payment.

(4) Air-conditioning units

Any air conditioning unit on the site must be installed and operated at all times so as not to cause "Offensive Noise" as defined by the Protection of the Environment (Operations) Act 1997.

The system/s shall be operated as follows:

- a) Domestic air conditioners must not be audible in nearby dwellings between:
 - i) 10:00pm to 7:00am on Monday to Saturday; and
 - ii) 10:00pm to 8:00am on Sundays and Public Holidays.
- b) At any other time the systems and associated equipment shall not give rise to a sound pressure level at any affected premises that exceeds the background $L_{A90, 15min}$ noise level, measured in the absence of the noise source/s under consideration by 5dB(A).

The source noise level shall be assessed as an $L_{Aeq, 15min}$ and adjusted in accordance with the NSW Environment Protection Authority's Industrial Noise Policy and Environmental Noise Control Manual (sleep disturbance).

Air conditioning units must be installed in accordance with plans referenced in condition 1 or to satisfy provisions of the State Environmental Planning Policy (Exempt & Complying Codes) 2008.

Details demonstrating compliance with the requirements of this condition and the acoustic measures to be employed to achieve compliance with this condition are to be submitted for approval to the Principal Certifying Authority prior to the issue of any Construction Certificate.

(5) Disposable sharps

Disposable sharps waste container shall be installed and shall conform to Australian Standard AS 4031. A licensed waste contractor shall be engaged to dispose of the waste. Waste receipts for all sharps waste shall be available to Council upon request.

Details demonstrating compliance with the requirements of this condition are to be submitted to the satisfaction of the Principal Certifying Authority prior to the issue of any Construction Certificate.

(6) Mechanical ventilation

To ensure that adequate provision is made for ventilation of the building, mechanical and/or natural ventilation shall be provided.

The ventilation systems are to be designed, constructed and operated in accordance with the:

- The Building Code of Australia,
- Australian Standard AS 1668 Part 1 – 1998,
- Australian Standard AS 1668 Part 2 – 2012,
- Australian Standard 3666.1 – 2011,
- Australian Standard 3666.2 – 2011; and
- Australian Standard 3666.3 - 2011.

Details demonstrating compliance with the requirements of this condition are to be submitted to the Principal Certifying Authority prior to the release of a Construction Certificate. The system must be located in accordance with the approved plans and/or within the building envelope, design and form of the approved building. Any modifications to the approved plans required to house the system must be the subject of further approval from Council (the consent authority).

Details demonstrating compliance with the requirements of this condition are to be submitted to the satisfaction of the Certifying Authority prior to the issue of any Construction Certificate.

(7) Trade waste license agreement

Waste water arising from the use must be directed to the sewers of the Sydney Water under a Trade Waste License Agreement. The pre-treatment of wastewater may be a requirement of Sydney Water prior to discharge to the sewer. Details of the requirements of the Trade Waste Agreement must be obtained prior to the issue of a Construction Certificate. Plans detailing how compliance will be achieved must be prepared and submitted to the Principal Certifying Authority prior to the issue of a Construction Certificate.

E Conditions that must be complied with during construction or demolition

(1) Waste Management Plan

All requirements of the approved Waste Management Plan must be implemented during the demolition and/or excavation and construction period of the development. Adequate measures need to be in place to ensure the ongoing waste management of the site.

Keep receipts of where waste will be taken to be treated or disposed. The receipts must be presented to the Principal Certifying Authority prior to issue of the occupation certificate.

(2) Work hours

Unless otherwise approved by Council, excavation, demolition, construction or subdivision work shall only be permitted during the following hours:

- a) 7:00 am to 6:00 pm, Mondays to Fridays, inclusive (with demolition works finishing at 5pm);
- b) 8:00 am to 1:00 pm on Saturdays with no demolition works occurring during this time; and
- c) at no time on Sundays or public holidays.

Works may be undertaken outside these hours where they do not create any nuisance to neighbouring properties in terms of dust, noise, vibration etc and do not entail the use of power tools, hammers etc. This may include but is not limited to painting.

In the case that a standing plant or special permit is obtained from Council for works in association with this development, the works which are the subject of the permit may be carried out outside these hours.

This condition does not apply in the event of a direction from police or other relevant authority for safety reasons, to prevent risk to life or environmental harm.

Activities generating noise levels greater than 75dB(A) such as rock breaking, rock hammering, sheet piling and pile driving shall be limited to:

- 8:00 am to 12:00 pm, Monday to Saturday; and
- 2:00 pm to 5:00 pm Monday to Friday.

The Proponent shall not undertake such activities for more than three continuous hours and shall provide a minimum of one 2 hour respite period between any two periods of such works.

"Continuous" means any period during which there is less than an uninterrupted 60 minute respite period between temporarily halting and recommencing any of that intrusively noisy work.

Noise arising from the works must be controlled in accordance with the requirements of the Protection of the Environment Operations Act 1997 and guidelines contained in the New South Wales Environment Protection Authority Environmental Noise Control Manual.

F Conditions that must be complied with prior to installation of services

nil

G Conditions that must be complied with before the building is occupied

(1) Occupation certificate

The building or any part thereof must not be used or occupied until an Occupation Certificate has been obtained from the Principal Certifying Authority.

(2) Bin storage area

The bin storage area must:

- be well lit with artificial lighting to be provided. Control switched to be located outside and inside the room in close proximity to the entry door
- have hot and cold water outlet with hose cock for cleaning of the bins and storage area.
- drain to sewer

- have adequate ventilation which complies with provisions of Australian Standard
- have doors which provides a minimum of 1200mm clearance to allow manoeuvring of bins.

(3) Fire alarm details - Principal Certifying Authority

Details of the proposed Fire Alarm system shall be submitted to the Principal Certifying Authority for its consideration prior to installation including a certificate, prepared by a person competent to do so, setting out the:-

- (i) basis of design
- (ii) standard to which the system is to be installed; and
- (iii) including all relevant documentation including wiring diagram and details of detectors.

At the completion of the installation a certification shall be submitted to the Principal Certifying Authority containing the following:-

- (i) inspection, testing and commission details;
- (ii) date of inspection, testing and commissioning;
- (iii) the name and address of the individual who carried out the test;
- (iv) a statement that the service has been designed, installed and is capable of operating to the above standard.

H Conditions that are ongoing requirements of development consents

(1) Staff Entry

The internal entrance to the clinic labelled 'staff entrance' on the approved plans must not be used at any time by patients of the clinic.

(2) Basement Carpark

Patients of the clinic are prohibited from accessing or using the basement carpark.

(3) Internal Lift

Patients of the clinic are prohibited from using the internal lift.

(4) Patient arrivals

The clinic's management must inform all of their patients who attend in the mornings that they must not attend the site before 5.50am weekdays, 7.20am Saturdays and 8.50am Sundays, and that all patients should wait on the landing next to the clinics entrance.

(5) Maintenance of landscaping

Maintenance of the landscaping in the front garden area, any obvious concealment areas which may be used to commit or conceal an offence need to be prevented and removed if/when any plants cause this problem

(6) Waste

- a) The collection point for the clinic's garbage and recycling bins should be from the rear lane as per the boarding house.
- b) The clinic must have valid and current contract/s for garbage and recycling collection for disposal or processing of all waste streams.

- c) Non reusable sharps containers which meet the Australian Standards for safe disposal of sharps to be available. Clinical waste collection and disposal contracts are to be held on site.

- d) Waste dockets from demolition and construction waste to be retained on site.

(7) Basement access

The roller shutter door at the entrance of the basement must be closed at all times when authorised persons are not gaining access to/from the garage.

(8) Air-conditioning units

To preserve the streetscape, air conditioners or any plant equipment shall not be placed along the street façade or any place/part of the building that is visible from the public domain.

(9) Health Impacts

The use of the premises shall not give rise to an environmental health nuisance to the adjoining or nearby premises and environment. There are to be no emissions or discharges from the premises, which will give rise to a public nuisance or result in an offence under the Protection of the Environment Operations Act 1997 and Regulations. The use of the premises and the operation of plant and equipment shall not give rise to the transmission of a vibration nuisance or damage other premises.

(10) Acoustic impacts

The proposed use of the premises and the operation of all plant and equipment shall not give rise to an 'offensive noise' as defined in the Protection of the Environment Operations Act 1997 and Regulations.

In this regard, the operation of the premises and plant and equipment shall not give rise to a sound pressure level at any affected premises that exceeds the background $L_{A90, 15min}$ noise level, measured in the absence of the noise source/s under consideration by 5dB(A). The source noise level shall be assessed as an $L_{Aeq, 15min}$ and adjusted in accordance with the NSW Environment Protection Authority's Industrial Noise Policy and Environmental Noise Control Manual (sleep disturbance).

(11) Public address systems - prior consent required

A public address system or sound amplifying equipment shall not be installed in or upon the premises so as to cause or permit the emission of sound onto any public place unless the prior consent of Council has been obtained.

I Advisory Notes

(1) Application for a Construction Certificate

The required application for a Construction Certificate may be lodged with Council. Alternatively, you may apply to an accredited private certifier for a Construction Certificate. **WARNING:** Failure to obtain a Construction Certificate prior to the commencement of any building work is a serious breach of Section 81A(2) of the *Environmental Planning & Assessment Act 1979*. It is also a criminal offence which attracts substantial penalties and may also result in action in the Land and Environment Court and orders for demolition.

(2) Compliance with the Disability Discrimination Act - liability

This decision does not ensure compliance with the Disability Discrimination Act. The owner, lessee, operator and/or manager of the premises is advised that under the *Disability Discrimination Act 1992*, it is illegal to discriminate against a person with a disability by means

of restricting access to or within the building. If access is restricted the owner, lessee, operator and/or manager of the premises may be liable for prosecution and/or a successful appeal to the Human Rights and Equal Opportunities Commission. You should therefore investigate your liability under that Act. Australian Standard 1428 - Design for Access and Mobility, Parts 2, 3 and 4 may assist in determining compliance with the *Disability Discrimination Act 1992*.

(3) Tree preservation

Where tree removal or work has not been approved by this Development Consent, the developer is notified that a general Tree Preservation Order applies to all trees (with the exception of certain species) in the Municipality of Ashfield with a height greater than five (5) metres. This order prohibits the ringbarking, cutting down, topping, lopping*, pruning, transplanting, injuring or wilful destruction of such trees except with the prior approval of the Council. Written consent from Council for such tree works must be in the form of a "Tree Preservation Order Permit for Pruning or Removal of Protected Trees" to be obtained from Council.

- * Lopping may be carried out without consent only to maintain a minimum clearance of 500mm from power lines, pruning to remove dead wood/branches and minor pruning of branches overhanging buildings to a height of 2 metres only with the agreement of the owner of the tree. Contact Council's One Stop Shop - telephone 9716 1800, for details of the Tree Preservation Order.

(4) Relocation of stormwater drainage

Council is not responsible for the cost of relocating Council's stormwater drainage pipes through the subject property.

Reason for the imposition of conditions

Unrestricted consent would be likely to cause injury:

- a) to the amenity of the neighbourhood
- b) to the heritage significance of the area
- c) to the heritage significance of the property
- d) to the amenity of the neighbourhood due to the emission of noise
- e) to the amenity of the neighbourhood due to the creation of a traffic hazard

and further, would not be in the public interest.

Compliance with Building Code of Australia

- (1) All building work (other than work relating to the erection of a temporary building) must be carried out in accordance with the requirements of the Building Code of Australia (as in force on the date the application for the relevant construction certificate or complying development certificate was made).
- (2) This clause does not apply to the extent to which an exemption is in force under clause 187 or 188 of the Environmental Planning and Assessment Regulation 2000, subject to the terms of any condition or requirement referred to in clause 187 or 188.

NOTES

- (i) This approval does not relieve an applicant of the obligation to obtain any other approval required under Section 68 of the Local Government Act, 1993 and Ordinances or Section 4.12 of the Environmental Planning & Assessment Act, 1979 or any other Act or Regulation.
- (ii) Further approval(s) – see above, may be required in addition to this development consent. Plans and specifications submitted for building works must comply with the

Building Code of Australia, any relevant condition of development consent and/or other code or requirement of Council at the time of approval.

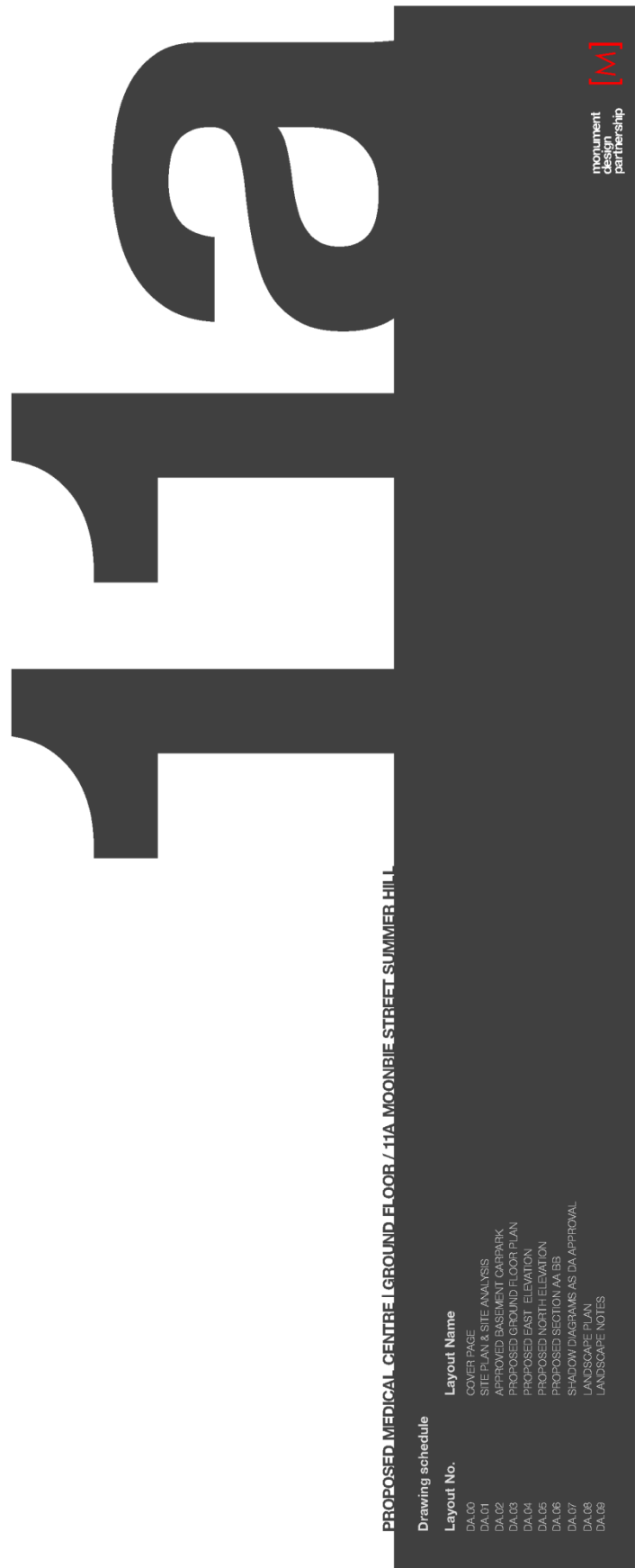
Ask Council if you are unsure of what procedures you need to follow.

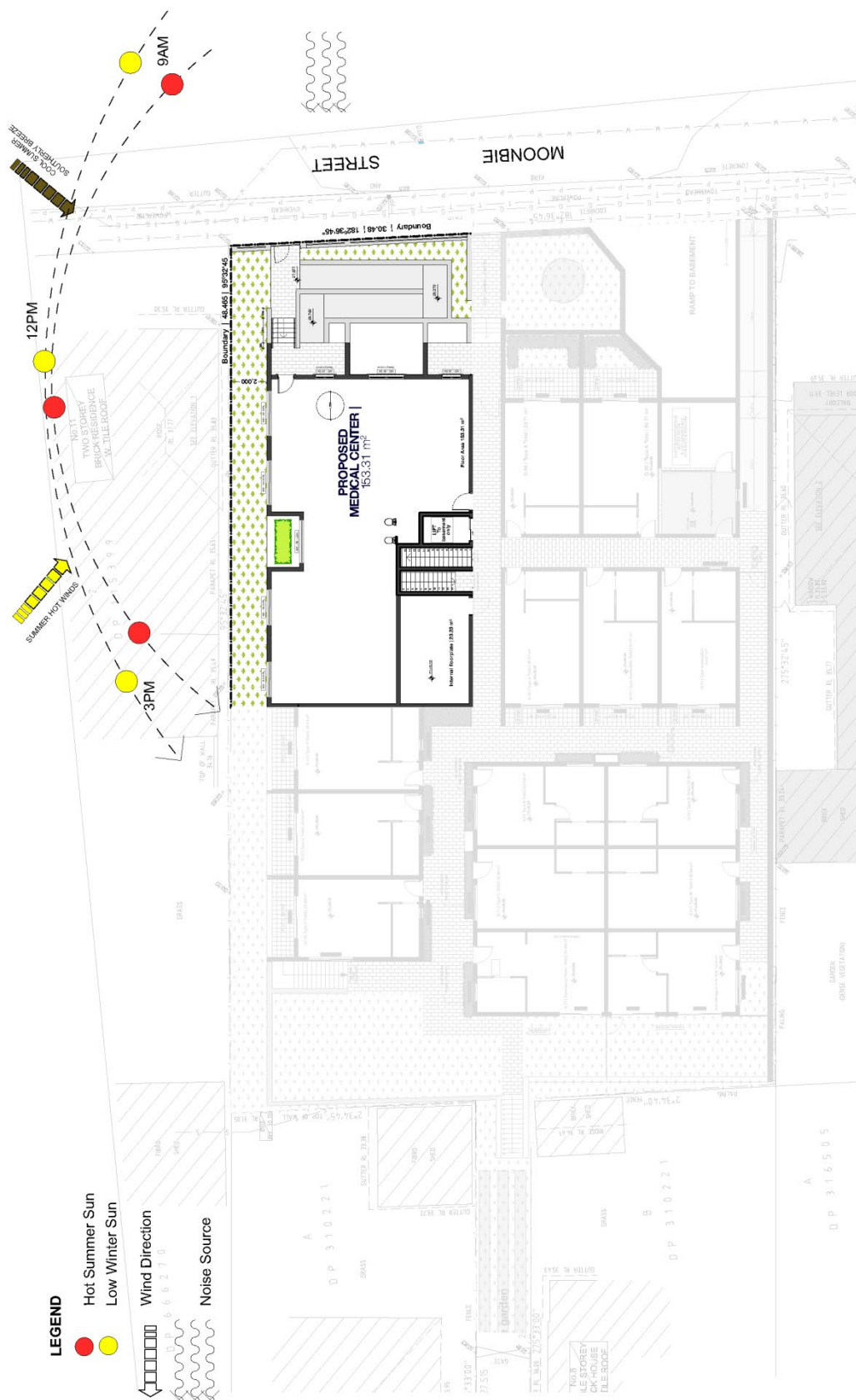
SECTIONS 8.2, 8.7 AND 4.53 OF THE ENVIRONMENTAL PLANNING & ASSESSMENT ACT, 1979

You are advised that:

- Under the provisions of Section 8.2 of the Environmental Planning and Assessment Act, 1979, an applicant may request Council to review a determination of the applicant's development application, other than an application for designated development. Any request for a review must be made within six (6) months of the date on which the applicant received notice, given in accordance with the regulations, of the determination of the application and be accompanied by the fee prescribed in Section 257 of the Regulations.
- If you are dissatisfied with this decision, Section 8.7 of the Environmental Planning and Assessment Act, 1979, gives you the right to appeal to the Land and Environment Court within six (6) months after the date on which you receive this notice.
- Under the provisions of Section 4.53 of the Environmental Planning and Assessment Act, 1979, unless the development, which is the subject of this consent, is commenced within five (5) years from the date of determination, the consent will lapse.

Attachment C – Plans of proposed development





Title SITE PLAN & SITE ANALYSIS

Site address
Ground Floor
11a Moonbie Street
Summer Hill NSW 2130

Folio identifier
Lot C | DP310221

Client
United Gardens Clinic

Scale	1:200 @ A3
Drawn	GM/LJ
Project No.	1812/UGC/SUM
Date	16.11.18
Drawing No.	Revision
DA.01	E

architecture
planning
interiors

mdp [M]

monument
design
partnership

Check all dimensions and site conditions prior to commencement of any work, the purchase or ordering of any materials, fittings, plant, services or equipment and the preparation of shop drawings and/or the fabrication of any components.

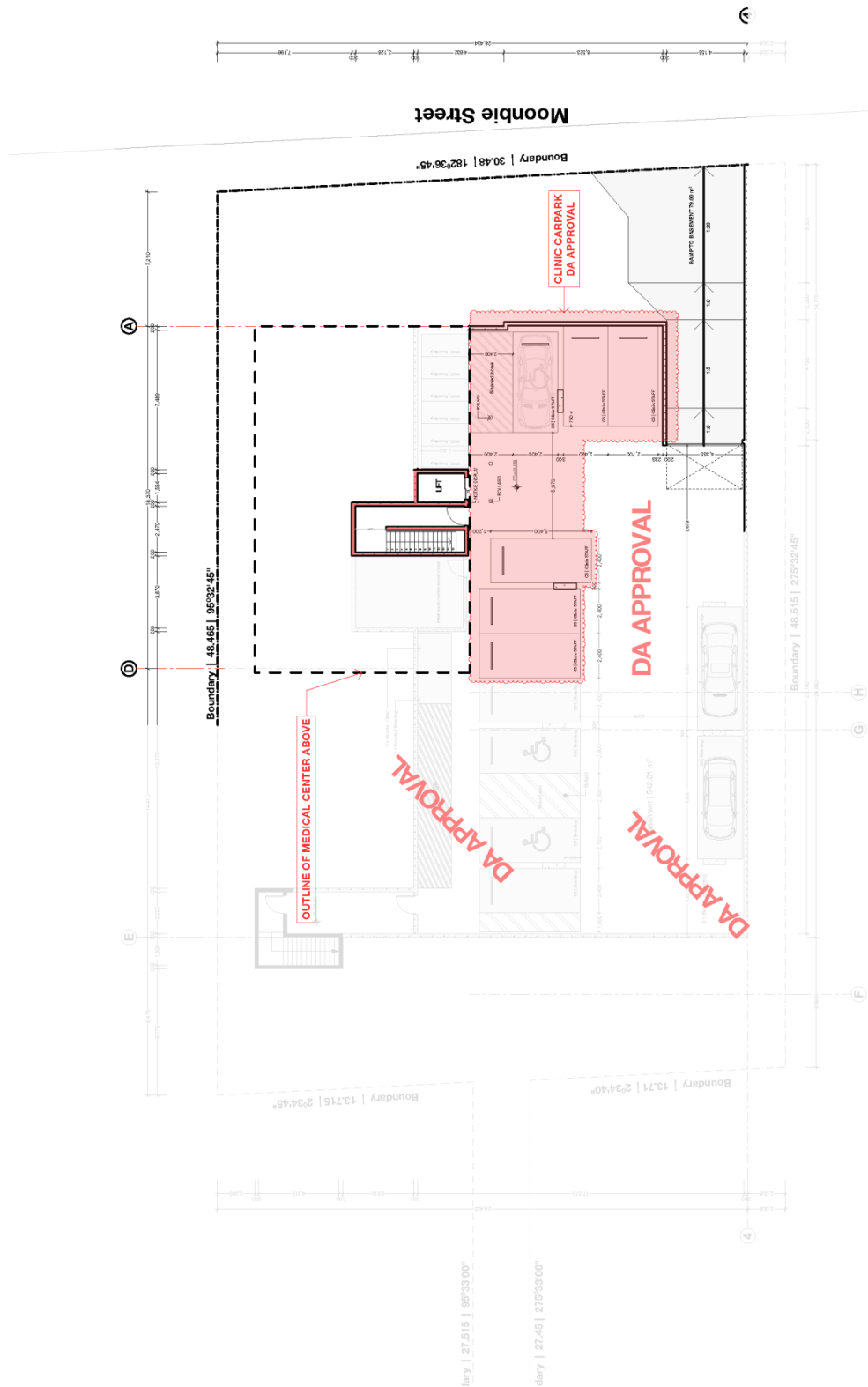
Do not scale drawings - refer to figured dimensions only. Any discrepancies shall immediately be referred to the architect for clarification.

All drawings may not be reproduced or distributed without expressed permission from M&P.

477 drummond st
baltimore md 21202

T 300 750 090
F 300 750 070

monumental.us



**THE APPROVED BASEMENT
CARPARK**

Site address
Ground Floor
11a Moonbie Street
Summer Hill NSW 2130
Role identifier
Lot C DP310221
Client
United Gardens Clinic

Scale	1:200 @ A3
Drawn	GW/LJ
Project No.	1812/UGC/SUM
Date	16.11.18
Drawing No.	Revision
DA.02	E

architectural
drawing
plans

mdp [M]

**monument
design
partnership**

Check all dimensions and this condition prior to commencement of any work. The purchaser of this drawing is responsible for ensuring that the drawing is used for the intended purpose. Do not scale drawings. Unless indicated otherwise, all dimensions are in millimetres. All drawings must be reproduced or distributed without degradation from this source.

4/7 Summer Hill
Summer Hill NSW 2130
7 1300 785 1818
monumentdesign.com.au



Title
**PROPOSED GROUND
FLOOR PLAN**

Site address
Ground Floor
11 a Moonbie Street
Summer Hill NSW 2130

Folio identifier
Lot C | DP310221

Client
United Gardens Clinic

Scale	1:100 @ A3
Drawn	GM/LJ
Project No.	1812/UGC/SUM
Date	16.11.18
Drawing No.	Revision
DA.03	E

architecture
planning
interiors

mdp [M]

monument
design
partnership

47 drummond st
belmore nsw 2162
T 1310 755 075
F 1310 755 076
monument.nsw.au



Title
**PROPOSED EAST
ELEVATION**

Site address
Ground Floor
11a Moonbie Street
Summer Hill NSW 2130

Folio identifier
Lot C | DP310221

Client
United Gardens Clinic

Scale	1:100 @ A3
Drawn	GM/LJ
Project No.	1812/UGC/SUM
Date	16.11.18
Drawing No.	Revision
DA.04	E

anywhere as
fast as
LIFEPO
FLEX

[M]

mbp

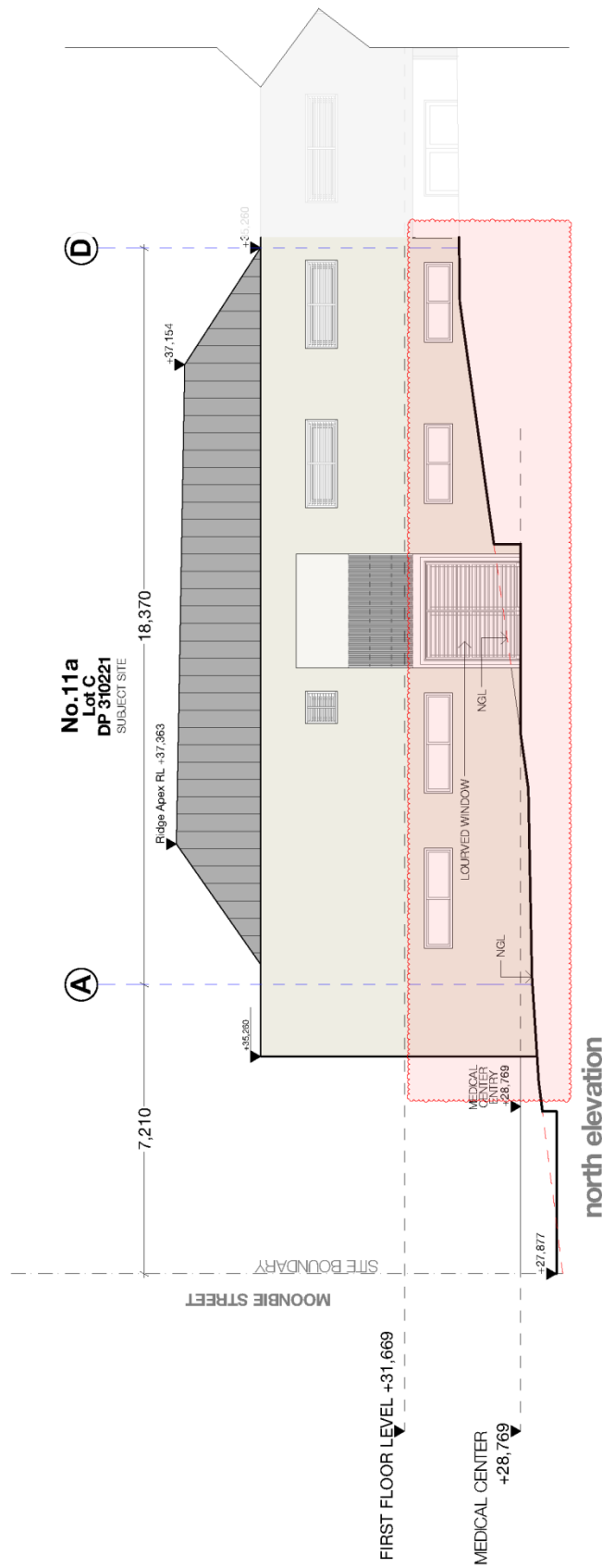
Check all dimensions and conditions prior to commencement of any work, the publisher shall not be responsible for any errors or omissions and the user assumes all responsibility for the use of the information and the consequences of any action taken on the basis of the information contained in this publication.

Do not scale drawings - refer to figured dimensions only. Any discrepancies shall immediately be referred to the architect for clarification.

All drawings may be reproduced or distributed without expressed permission from mbp.

monument
design
partnership

427 Raymond
Avenue West #202
Portland, OR 97201
703.600.0000
www.monument.us



Title
**PROPOSED NORTH
ELEVATION**

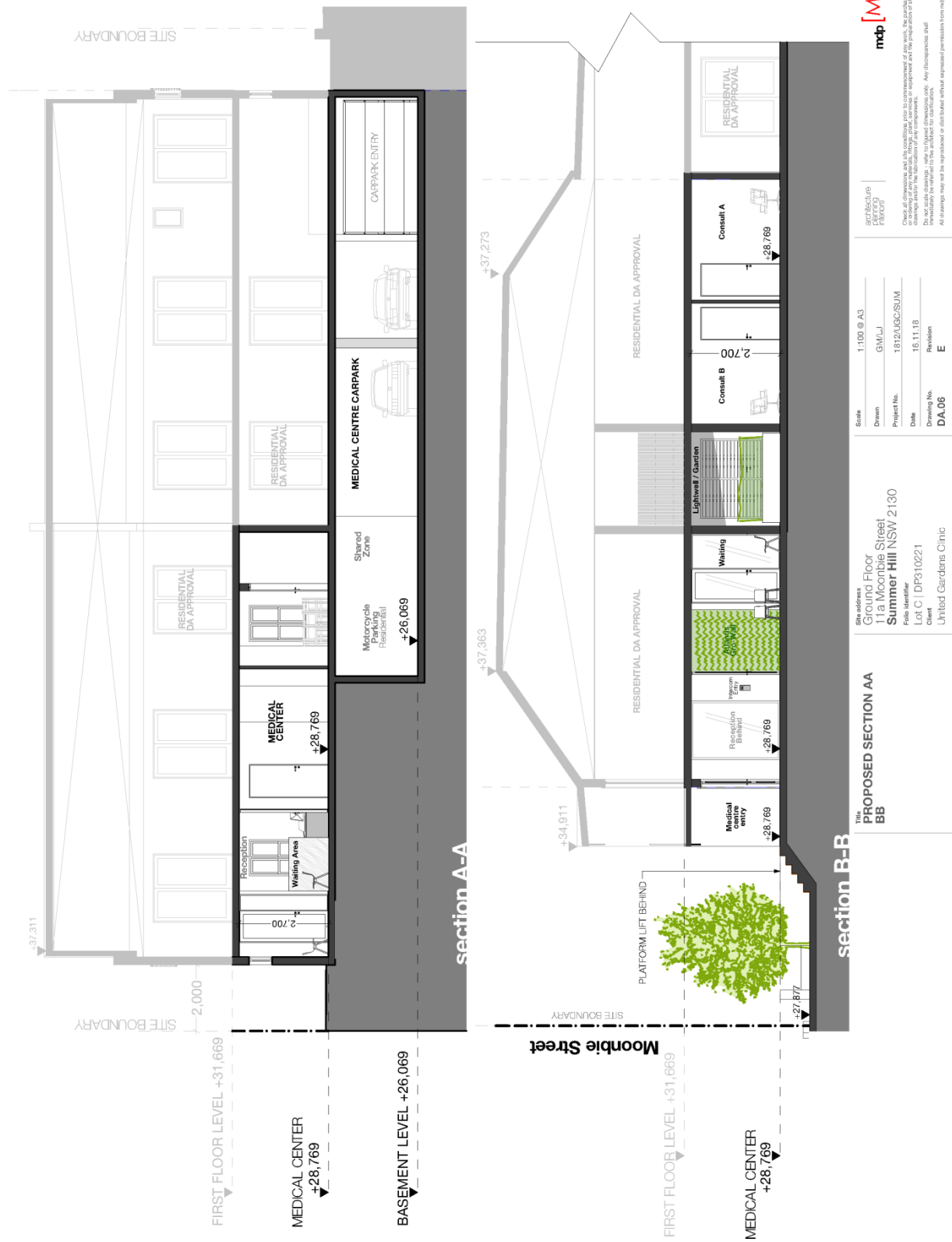
Site address
Ground Floor
11a Moonbie Street
Summer Hill NSW 2130
Folio identifier
Lot C | DP310221
Client
United Gardens Clinic

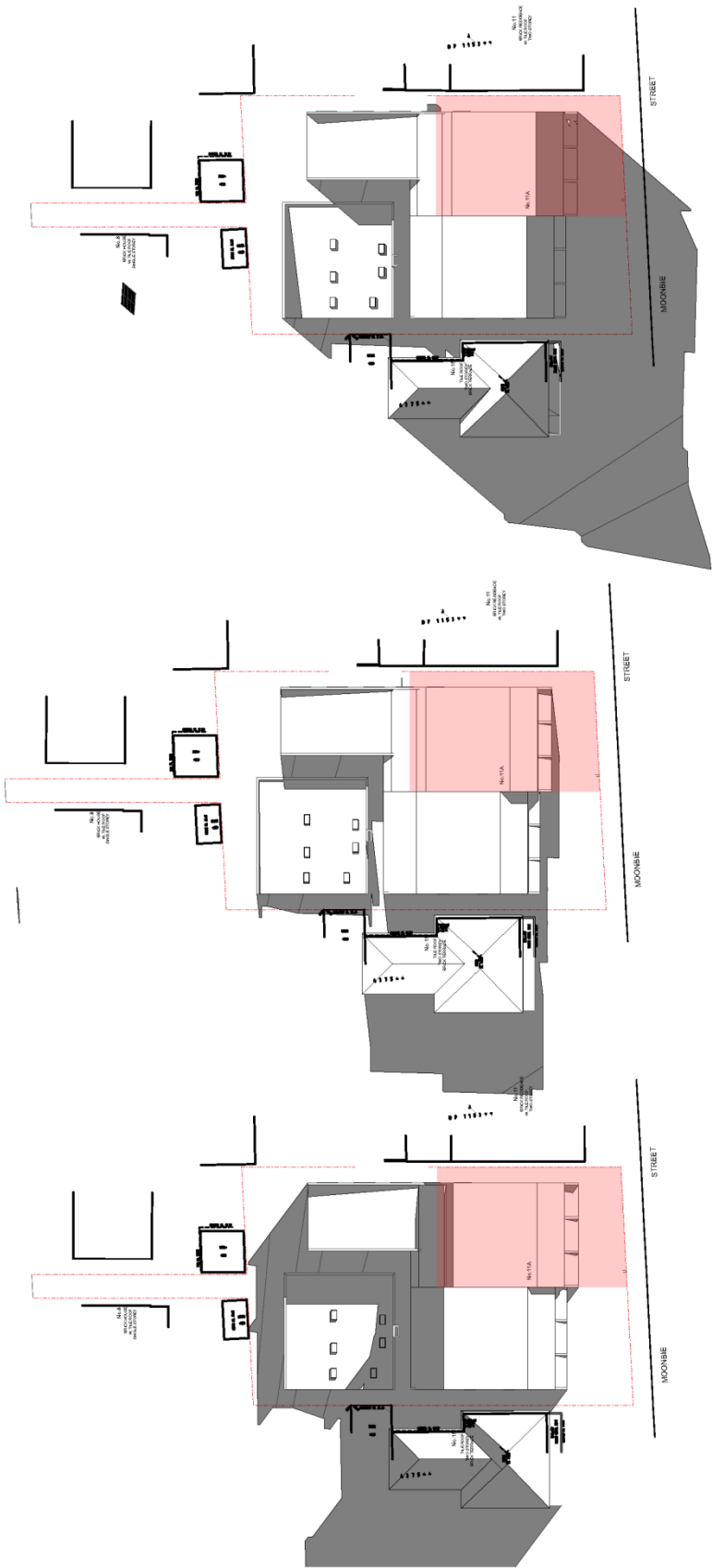
Scale	1:100 @ A3
Drawn	GM/LJ
Project No.	18121602/SUM
Date	16.11.18
Drawing No.	Revision
DA.05	E

**monument
partnership**

mdp [M]

Check all dimensions and details prior to commencement of any work. The purchaser is responsible for ensuring that the drawings and the information on the drawings are correct and that the drawings and the information on the drawings are correct and that the drawings and the information on the drawings are correct. Any discrepancies shall be referred to the architect. All drawings may not be reproduced or distributed without expressed permission from mdp.





MEDICAL CENTER LOCATION ON GROUND

THE SHADOW DIAGRAMS AS DA APPROVAL

Site address: Ground Floor
11 Moonbie Street
Summer Hill NSW 2130
Project No: 1812/LGC/SUM
Date: 16.11.18
Drawing No: Revision
DA.07 E
United Gardens Clinic

Scale	1:500 @ A3
Drawn	GW/LJ
Project No.	1812/LGC/SUM
Date	16.11.18
Drawing No.	Revision
DA.07	E

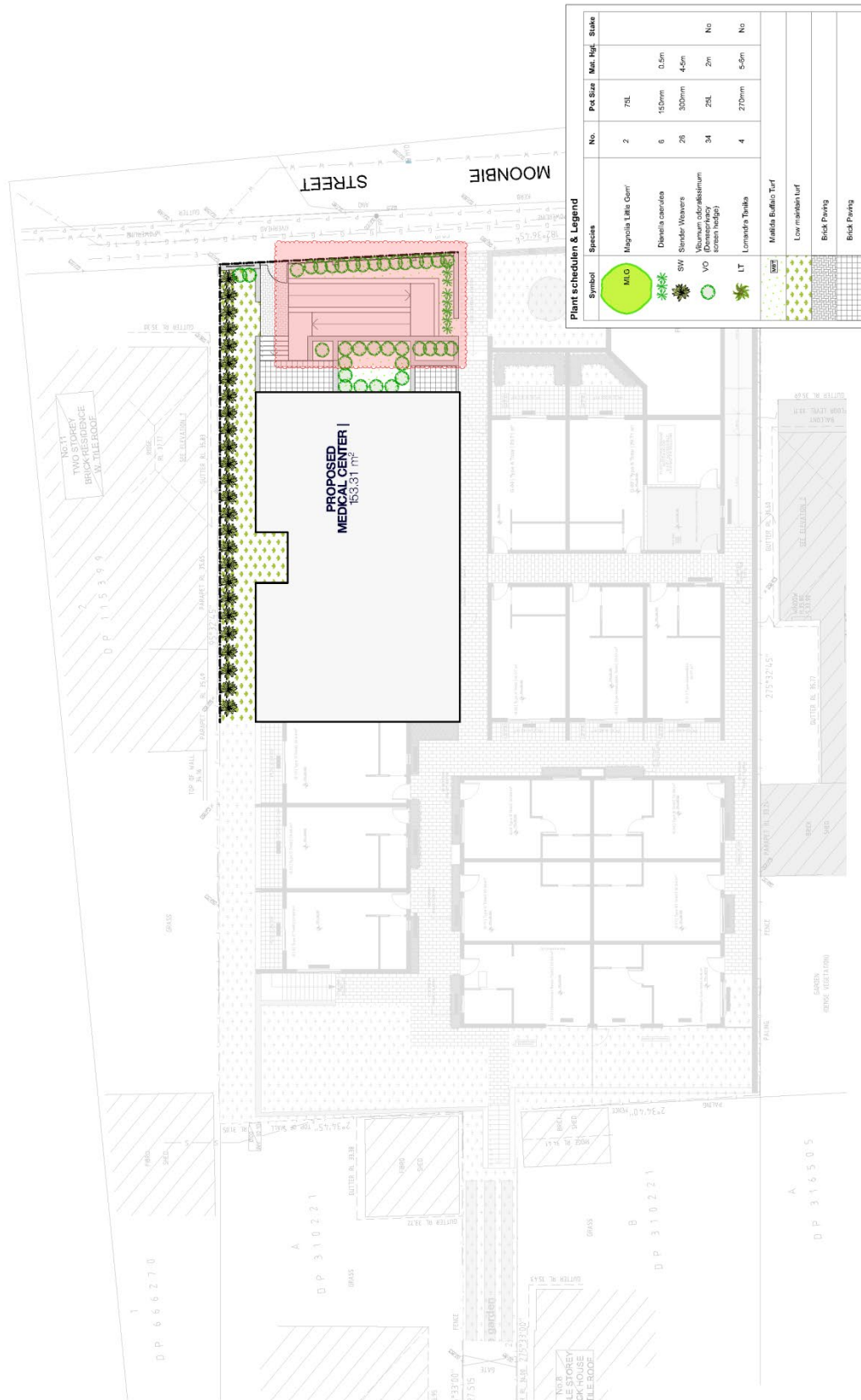
LEGEND AND
NOTES

mdp [M]

monument
design
partnership

Check all dimensions and this condition only to correspondence of any work. The architect is not responsible for the accuracy of the information provided in this drawing. Do not scale drawings. Refer to typed dimensions only. Any discrepancies shall be resolved by reference to the original drawings. All drawings shall be the property of the architect and shall not be reproduced without written permission from mdp.

47 drawings of
before and after
7-1000-1000
monument design
partnership



Scale: 1:200 @ A3

Drawn: GML/J

Project No.: 1812/UGC/SUM

Date: 16.11.18

Client: United Gardens Clinic

Revision: E

Site address: Ground Floor 11a Moonbie Street Summer Hill NSW 2130

Photo identifier: Lot C | DP310221

Client: United Gardens Clinic

Scale: 1:200 @ A3

Drawn: GML/J

Project No.: 1812/UGC/SUM

Date: 16.11.18

Client: United Gardens Clinic

Revision: E

Scale: 1:200 @ A3

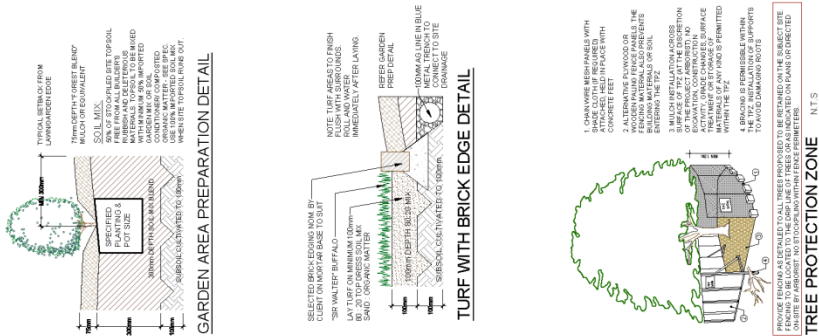
Drawn: GML/J

Project No.: 1812/UGC/SUM

Date: 16.11.18

Client: United Gardens Clinic

Revision: E



SPECIFICATION NOTES

- GENERAL:**
- The landscape plan is to be read in conjunction with the site plan, architectural plans, drainage plans and any other relevant documents.
 - All concrete works are to adhere to Council's specifications and to consulting engineer's details.
 - All walls and hardscape works are to be to engineer's details.
 - All plants are to be planted as stated in the plants schedule indicating the plant species.
- SERVICES**
- Before landscape works are to commence on site, the landscape contractor is to establish the position of all service lines and ensure any proposed tree planting is 3 metres away from these services. Service lids, vents and hydrants shall be left exposed and not covered by any landscape finish. Finish adjoining services flush with pit lids.
- PLANTING MIXTURE**
- Shade plants are to be planted in a mixture of 50% topsoil and 50% compost. Mixture to be homogeneous blend prior to installation and spread to a minimum of 250mm. pH levels must be in the range of 6.7, higher or lower levels must be adjusted to suit.
 - The compost is to be well rotted vegetative material or animal manure, or other approved material, free from harmful chemicals, grass, weed growth and must have a neutral pH. If site soil is insufficient then an imported garden mix is to be utilised. Imported soils is to have the following proportions:

- Imported topsoil - 50%
- Compost - 30%
- D/W Sand - 20%

TURF
Make good' or replace if required all existing turf area

MULCH
75mm depth of Eucalyptus mulch or similar to all garden beds, mulch to be clean and free of debris or any weed species

PLANT MATERIAL
All plant material is to be grown to Natispec specifications. Generally plants shall be vigorous, well established and good form consistent with the species or variety. Plants are to have a healthy root system with no evidence of root curl or damage. Plants must be free from disease or insect attack.
Trees are to have a single leader, reject dried out, damaged or unhealthy plant material prior to planting.
All stock should be grown for a minimum of six months prior to site delivery.
Installation: All trees, shrubs and ground covers planting holes are to be dug twice the size and as deep as the specified rootball, sides and base to be cultivated prior to planting, add planting mix as specified and fertilizers specified and compact all soil around the rootball.

STAKING
Trees should be of self supporting stock and staking should only be required for establishment. All stakes are to be removed at the completion of the maintenance period. Stakes are to be straight hardwood 50x50x2400mm, three for each tree, free from knots or twists and are to be pointed at one end. Drive stakes into the ground approximately one third of their length avoiding any damage to the stake allowing for stem movement.

FERTILISER
Mass planting areas: fertiliser shall be Nutricote or approved equal in granule form intended for slow release of plant nutrients over a period of approximately 9 months. Thoroughly mix the fertiliser with the planting mixture at the recommended rate prior to installing the plants.
Turf areas: All turf areas to have an application of Shireys Kovei. Pellets shall be placed in the planting hole at the time of planting 50mm minimum from the rootball at a rate specified by the manufacturer.

MAINTENANCE
All landscape works are to be maintained for a minimum 12 months following practical completion. All plants are to be well watered and checked for pest and disease as required to maintain healthy look or required use.
Turf areas are to be well watered, to maintain vigorous and healthy growth, turf areas must be top dressed with contact maintenance period or an application of Shireys No.17 to manufacturers specifications.

The LANDSCAPE NOTES

Site address
Ground Floor
11a Moonbie Street
Summer Hill NSW 2130
Folio identifier
Lot C / DP310221
Client
United Gardens Clinic

Scale	1:200 @ A3
Drawn	GM/LJ
Project No.	1812/USC/SUM
Date	16.11.18
Drawing No.	Revision
DA.09	E

ACTRACULAR PRECIS

monument partnership

Drawings are to be read in conjunction with the site plan, architectural plans, drainage plans and any other relevant documents. All drawings are to be read in conjunction with the site plan, architectural plans, drainage plans and any other relevant documents. All drawings are to be read in conjunction with the site plan, architectural plans, drainage plans and any other relevant documents.

7 1300 765 070
monumentpartnership

Attachment D – Plan of Management

UNITED GARDENS POLICY AND PROCEDURE MANUAL

Developed in 2003, updated in 2006, 2007, 2008 ,2012, 2015 and 2018.

Contents

Appendices.....	5
1.0 CONTINUUM OF CARE.....	6
1.1 MISSION STATEMENT.....	6
1.2 BILL OF RIGHTS.....	7
1.5 DIVERSITY AND INCLUSION POLICY.....	7
1.3 ORGANISATIONAL CHART.....	9
1.6 ETHICAL DILEMMAS	9
1.4 DIGNITY AND CONFIDENTIALITY	12
1.7 CLIENT INFORMATION	15
1.8 AGGRESSIVE PATIENTS	16
2.0 SAFE PRACTICE AND ENVIRONMENT.....	17
2.1 RISK MANAGEMENT FRAMEWORK.....	17
2.1.1 PRINCIPLES	18
2.1.2 OUTCOMES.....	18
2.1.3 STAFF RESPONSIBILITIES	18
2.1.4 COMMUNICATION AND CONSULTATION	19
2.1.5 ESTABLISHING RISK CONTEXT	20
2.1.6 RISK IDENTIFICATION	20
2.1.7 RISK ASSESSMENT.....	22
2.1.8 RISK TREATMENT.....	23
2.1.9 RISK MANAGEMENT PLANS	24
2.1.10 RISK MONITORING AND REVIEWING.....	24
2.1.11 RISK REGISTER	24
2.1.12 COMPLIANCE REGISTER	25
2.2 ACCIDENT/INCIDENT MANAGEMENT	25
2.2.1 REPORTING.....	25
2.2.2 TAKING FOLLOW-UP ACTIONS	25
2.2.3 OCCUPATIONAL HEALTH AND SAFETY.....	26
2.3 AGGRESSIVE PATIENTS	26
2.4 ZERO TOLERANCE LOITERING POLICY	28
2.5 INFECTION CONTROL.....	28
2.5.1 GENERAL	29

2.5.2	STAFF	29
2.5.3	SANITATION.....	29
2.5.4	PEST CONTROL	30
2.5.5	WASTE AND ODOURS	30
2.5.6	CONTAMINATED WASTE.....	30
2.5.7	RECORDS	30
2.5.8	SINGLE USE ITEMS	31
2.6	INTERNAL EMERGENCIES.....	31
2.6.1	INTERNAL DURESS ALARM.....	31
2.6.2	STAFF MEMBER RECEIVING BOMB THREAT.....	31
2.6.3	ARMED HOLD UP	32
2.6.4	BLACKOUT	32
2.7	UNIVERSAL BODILY FLUID PROTECTION.....	32
2.7.1	UNIVERSAL PRECAUTIONS IN THE CLINIC.....	33
2.8	WASTE MANAGEMENT.....	33
2.8.1	DRY WASTE.....	33
2.8.2	PATIENT AND STAFF RUBBISH.....	34
2.8.3	CONTAMINATED WASTE	35
2.8.4	SHARPS	35
3.0	HUMAN RESOURCES MANAGEMENT	37
3.1	AFFIRMITIVE ACTION.....	37
3.2	EQUAL EMPLOYMENT OPPORTUNITY (EEO).....	38
3.3	WORKPLACE HEALTH AND SAFETY.....	38
3.3.1	GENERAL	39
3.3.2	ACCIDENTS AND INCIDENTS.....	39
3.3.3	PROCEDURES.....	40
3.3.4	WHS TRAINING.....	42
3.3.5	WHS CONSULTATIVE FRAMEWORK.....	42
3.3.6	PERSONAL HEALTH	44
3.3.7	WORK PRACTICES	44
3.3.8	EDUCATION	44
3.3.9	SANITATION.....	44
3.3.10	SAFETY	45
3.3.11	REHABILITATION.....	45

3.3.12	EMPLOYERS OBLIGATIONS.....	45
3.3.13	EMPLOYEES OBLIGATIONS.....	45
3.4	SAFETY OFFICER	46
3.5	CLINICAL AND ADMINISTRATIVE STAFF.....	47
3.5.1	GENERAL	47
3.5.2	STAFF	47
3.5.3	MEDICATION AND TREATMENT	47
3.5.4	EDUCATION	48
3.5.5	EMPLOYMENT	48
3.6	STAFF – CONTRACTORS/CONSULTANTS.....	48
3.7	STAFF- CONTINUING EDUCATION	49
3.8	STAFF – COUNSELLING AND SUPPORT	49
3.9	STAFF – DISCIPLINARY PROCEDURES	49
3.10	STAFF – EDUCATION AND DEVELOPMENT	50
3.11	FITNESS FOR DUTY.....	52
3.12	STAFF GRIEVANCE PROCEDURE	53
3.13	STAFF MEETINGS.....	53
3.14	STAFF PERSONNEL FILES	54
3.15	STAFF PROFESSIONAL DEVELOPMENT	55
3.15.1	POLICY.....	55
3.15.2	DESIGN AND IMPLEMENTATION.....	55
3.16	STAFF SALARIES.....	56
3.17	STAFF SICK LEAVE	56
3.18	STAFF ANNUAL LEAVE	57
3.19	STAFF RECRUITMENT	57
3.20	STAFF ORIENTATION	58
3.21	STAFF ATTENDANCE.....	58
3.22	STAFF CHANGE OF CONTACT DETAILS	59
3.23	COURTESY	59
3.24	FIRE DRILL	59
3.25	GIFTS.....	60
3.26	HOURS OF DUTY.....	60
3.27	ILLNESS OR INJURY.....	60
3.28	INFORMATION CONCERNING PATIENTS	60

3.29	IN-SERVICE TRAINING.....	60
3.30	LOST PROPERTY.....	61
3.31	LOCKERS.....	61
3.32	MEALS.....	61
3.33	NOTICE BOARD	61
3.34	OVERTIME.....	61
3.35	PAYMENT DETAILS	61
3.36	STAFF PERSONAL ASSOCIATION WITH PATIENTS	62
3.37	STAFF SMOKING.....	62
3.38	STAFF MEETINGS.....	62
3.39	STAFF PERSONAL CONTACT DETAILS	62
3.40	STAFF UNIFORMS.....	62
3.41	JOB DESCRIPTIONS.....	63
3.41.1	ADMINISTRATION OFFICER POSITION DESCRIPTION	63
3.41.2	RECEPTIONIST POSITION DESCRIPTION.....	66
3.41.3	REGISTERED NURSE POSITION DESCRIPTION.....	70
3.41.4	PHARMASIST POSITION DESCRIPTION.....	74
3.42	STAFF APPRAISALS.....	77
3.43	STAFF RESPONSIBILITY STATEMENTS.....	77
3.43.1	RECEPTIONIST.....	77
3.43.2	DOSING STAFF	81
4.0	INFORMATION MANAGEMENT	84
4.1	STORAGE OF CONFIDENTIAL INFORMATION.....	84
4.2	RELEASE OF INFORMATION	86
5.0	IMPROVING PERFORMANCE	88
5.1	QUALITY ASSURANCE	88
5.1.1	FUNCTIONS.....	89
5.1.2	ROLE OF MANAGEMENT.....	90
5.1.3	METHOD.....	90
5.1.4	PROCESSES	91
5.1.5	MONITORING ACTIVITIES.....	91
	AUTHORISATION	92

APPENDICES

Appendix 1 – Diversity and Inclusion Checklist.....	94
Appendix 2 – Risk Register.....	97
Appendix 3 – Compliance Register.....	105
Appendix 4 – Australian Charter of Employment.....	108
Appendix 5 – Confirmation of Employment Letter.....	109
Appendix 7 – Staff Orientation Form.....	111
Appendix 8 – Staff Handbook.....	114
Appendix 9 – Prescription Audit Results.....	119
Appendix 10 – Staff Appraisal.....	122

UNITED GARDENS CLINIC

1.0 CONTINUUM OF CARE

1.1 MISSION STATEMENT

United Gardens Clinic aspires to be a centre for excellence in opioid pharmacotherapies treatment. To this end, the staff and management of United Gardens Clinic work to support and augment existing government funded community services by providing comprehensive, multidisciplinary assessment, treatment and ongoing review of opiate dependent persons for whom other treatment options have proven unsuccessful.

United Gardens Clinic recognises and promotes the right of the opiate dependent person to receive treatment from appropriately skilled, caring professional staff in a safe and comfortable environment. We are also committed to assisting people during their transition to alternative modes of treatment.

OBJECTIVES

1. To provide a treatment option in accordance with a paradigm of harm minimisation for those for whom abstinence is not an appropriate or desirable option.
2. To enhance the health, safety and quality of life for those people seeking help and ongoing treatment within the constraints of private practice.
3. To provide a safe, comfortable environment for all persons in our care.
4. To seek the contributions of staff and those involved in our program in planning for the future.
5. To foster a culture of continuous improvement at all levels of service.
6. To ensure those people presenting to us for care and treatment are aware of other treatment options available to them and, should other treatment modalities prove more appropriate, assist them to access the services of their choice.
7. To engage in ongoing assessing and consultation with those in our care to review their progress and set mutually acceptable goals of treatment.
8. To provide continuing education and professional development opportunities for staff, medical and other allied health professionals associated with the clinic.
9. To observe relevant regulatory and statutory guidelines and requirements and industry codes of practice.
10. To establish clinically based modes of treatment that is a benchmark of best practice and industry standard in pharmacotherapy treatment.
11. To continue to work with the community to provide services for those people currently not catered for by government funded community and health service providers.
12. To become the best in what we do and to have pride in our collective achievements.

1.2 BILL OF RIGHTS

Every opiate dependent person for whom other treatment options have proven unsuccessful should be treated as an individual, accepted as they are and treated with respect.

This person:

- has a right to quality of service and excellence in care
- has a right to privacy, confidentiality and dignity with respect to their records and professional therapeutic relationships with staff
- has a right to a rehabilitation and resocialisation program to assist them in re-joining mainstream society if that is their wish
- have the opportunity and responsibility to avail themselves of the different programs offered
- has a right to information about their own treatment and the right to a second opinion
- has the right to adequate time, either from the physician or some authorised personnel in nursing and, as far as possible, a therapeutic alliance with them should be encouraged
- has a right to know about their medication, side effects and contra-indications and to refuse treatment offered if that is their wish
- has the right to know the rules and regulations of this clinic
- has the right to be involved in decisions which concern their healthcare in the clinic
- has the right to formal appeal in decisions which concern their management in the clinic

1.5 DIVERSITY AND INCLUSION POLICY

United Gardens values diversity of thought and experience and believes that our inclusive and collaborative culture strengthens our organisation and contributes to successful outcomes for our clients.

United Gardens celebrates and promotes this diversity and inclusive practice, by supporting opiate dependant persons in a holistic way, with dignity and respect. As a result, United Gardens staff consistently attempt to address, where possible, the main drivers of social exclusion: poverty, unemployment, poor educational outcomes, poor health and wellbeing, lack of access to social supports and exclusion from services and discrimination.

United Gardens uses diversity sensitive practices and provides all clients with a welcoming, inclusive environment. All activities, systems and programs promote inclusive practice, ensuring an inclusive environment for all staff and clients that complies with anti-discrimination legislation.

7 | Updated February 2017

As far as is practicable, disclosures regarding personal diversity are determined by the consumer, and confidentiality is maintained by our organisation.

United Gardens aims to accommodate the specific needs of clients who experience disadvantage and increased risk whether due to socioeconomic factors, educational or literacy issues, cultural background, or disability and have systems in place to allow clients to self-identify. To ensure best practice in the development and implementation of inclusive practices United Gardens reviews its processes annually using the Diversity and Inclusion Checklist (see Appendix 1).

DIVERSITY TRAINING

Management and staff make themselves aware of and are supported by the organisation to receive training on specific issues related to a diverse range of defining attributes. This equips the organisation in being able to respond effectively to diversity and creates an inclusive environment free of discrimination and promoting equality.

Attributes of diversity may include but not limited to:

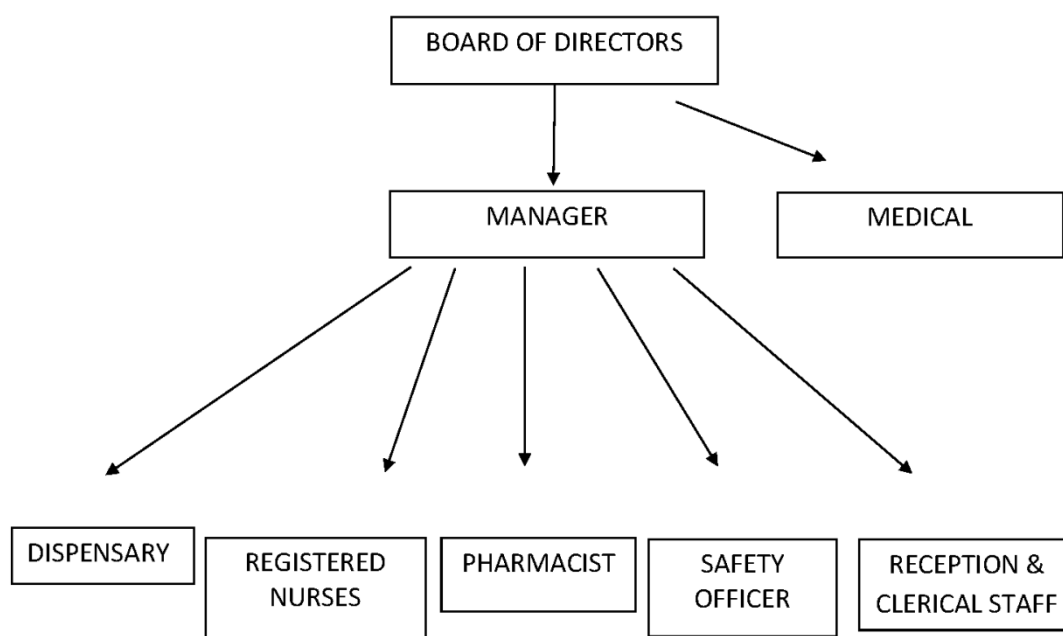
- Aboriginality
- Age
- Cognitive or physical disability
- Criminal justice history
- Cultural and linguistic backgrounds
- Drug use/drug use history
- Gender identity and gender history
- Health
- Religious and spiritual beliefs
- Sexual identity
- Socio-economic status.

STAFF RESPONSIBILITIES

Roles	Responsibilities
Directors	<ul style="list-style-type: none"> • Endorse Diversity Policy • Compliance with Diversity Policy and relevant legislation • Identify diversity issues and opportunities to improve access to services provided by the organisation • Organisational alignment with diversity issues and seeks opportunities to address and adjust services to make programs more accessible to a broad range of service users. • Update and review programs and services to ensure that they are responsive to a wide range of individuals with diverse needs • Consult service users, stakeholders and relevant expert organisations to assess and monitor service and program accessibility and relevance
NUM & Management	<ul style="list-style-type: none"> • Compliance with Diversity Policy and relevant legislation • Consult service users, stakeholders and relevant expert organisations to assess and monitor service and program accessibility and relevance

Staff, contractors and students	<ul style="list-style-type: none"> • Compliance with Diversity Policy and relevant legislation • Identify program or service areas that require change to be more accessible and effective for service users diverse needs • Contribute to the update and review of programs and services to ensure that they are responsive to a wide range of individuals with diverse needs • Assist with consultation of service users, stakeholders and relevant expert organisations to assess and monitor service and program accessibility and relevance, as required
--	---

1.3 ORGANISATIONAL CHART



1.6 ETHICAL DILEMMAS

United Gardens Clinic has a duty of care to all service users and recognises and supports our service user's rights to self-determination, independence and dignity. United Gardens Clinic will act to

ensure that service users do not suffer harm or loss either physically, financially or psychologically due to any action, or inaction by this organisation and its employees.

United Gardens Clinic's duty of care will include consideration of dignity of risk that is the right of the individual to take calculated risks. Staff will assist service users to make appropriate and informed choices or encourage service users to seek advice from an advocate by providing relevant information about the benefits and risks involved in activities.

When service users choose an activity that could harm them but understands the risks involved, staff will discuss the decision of the service user with management and any action will be documented in line with the Accident/Incident Management Policy (see 2.X Accident/Incident Policy).

Where service users choose an activity that could harm them and does not understand the risks involved, staff will ensure that their duty of care to the service user is implemented and any action is documented.

STAFF RESPONSIBILITIES

Roles	Responsibilities
Management	<ul style="list-style-type: none"> • Endorse and ensure compliance with the Duty of Care and Dignity of Risk Policy and Procedure • Be familiar with the organisation's legislative requirements regarding duty of care and dignity of risk • Lead the development of a quality service culture that supports duty of care and dignity of risk for service users • Manage and monitor compliance with this policy • Support staff competence and compliance with this policy and procedure
Staff, contractors and students	<ul style="list-style-type: none"> • Comply with the Duty of Care and Dignity of Risk Policy and Procedure • Identify service users who are at risk of physical, mental, nutritional health risks and document this in their record • Assess the likelihood and extent of foreseeable harm and work with service users for ways to minimise these without sacrificing the benefit

PROCEDURES

PROVISION OF TRAINING

United Gardens Clinic will provide and ensure all staff receive information and training as part of their induction on duty of care, and advice on how to deal with situations where a service user is at risk of harm or abuse.

To ensure staff are comfortable meeting their duty of care requirements United Gardens Clinic encourages staff to utilise external resources (such as the St James Ethics Centre) and encourages collaboration and consultation between staff and management should an ethical dilemma arise.

RISK MANAGEMENT

United Gardens Clinic staff will balance service user's freedom of choice with their duty of care and dignity of risk obligations in the planning process to support service users to make appropriate and informed choices.

United Gardens Clinic has in place a range of actions to minimise risk and these include:

- Decision making based on risk management systems which includes hazard identification, risk assessment, control measures and monitoring and reviewing control measures (see Risk Management Policy)
- Monitoring care and safety issues in line with risk management processes
- Implementing safe work practices that include service user assessments and reassessments and safety systems for staff (see WHS Policies)
- Monitoring the incident/accident reporting system and encouraging staff to report any issues that arise
- Promptly addressing areas of recognised identified risks
- Ensuring that service delivery information given at assessment is accurate
- Staff are encouraged to be watchful, alert, cautious and prudent towards the people they support. Their primary focus is on the person they support and ensuring that their needs and best interests are identified and supported

BREACHES OF DUTY OF CARE

All staff have a duty of care not to cause harm. Breaches of duty of care will be managed on a case-by-case basis and in accordance with applicable performance management policies.

DIGNITY OF RISK

Occasions will arise when the full exercise of a person's rights or the independent participation in the activities of everyday life, will involve taking risks.

This may be in conflict with what staff, families and others see as their own duty of care to the person they support. United Gardens Clinic staff will weigh up the best interest of the service user and the reasonableness of the risk of learning a new skill or participating in the activity by considering the following factors in consultation with the service user:

- The service user's self-described preference(s)
- The advantages and benefits for the service user
- The age appropriateness of the task or activity
- The service user's existing knowledge, skill and experience
- The service user's knowledge, skills and experience in handling problems they may encounter
- The service user's understanding of risk and consequences
- The seriousness and the likelihood of negative consequences
- The service user's preparation and precautions taken to deal with the situation, and
- The resources available to the service user to support the activity.

Any accident or injury to service users or staff is to be reported in line with the Incident Management Policy.

1.4 DIGNITY AND CONFIDENTIALITY

United Gardens Clinic has an obligation to ensure that the patients being treated through the organisation have the same right to dignity and confidentiality as that enjoyed by all Australian citizens.

The obligation of ensuring each patient's privacy, dignity and confidentiality is written into all Job Descriptions for staff of the Company. Similarly, patients are also given information to assist them in being made aware of their obligation to maintain certain behaviour that will uphold the rights to privacy and confidentiality of their fellow patients.

Quality assurance practice ensures that all patients are able to access an up-to-date copy of those sections of the policies and procedures pertaining to them, which will include procedures on protecting patients' dignity and confidentiality as well as patient's rights.

Under the provisions of the Freedom of Information Act, all patients have the right to access any information the service keeps in respect to them. This will be done only after a written request is made to the management. Files and any other information about any patient must not be left unsupervised with that patient and should only be provided by management or doctors who will be present during such inspection by the patient. Of course, different guidelines are in place if and when files are subpoenaed by the courts.

The majority of patients who are being treated at United Gardens Clinic are opiate dependent persons for whom other treatment options have proven unsuccessful. They have the same right to privacy and confidentiality as other members of society. Dignity and confidentiality does not have to be earned, and it cannot be used or withdrawn by staff or the management of the clinic as a method of control or in the name of professional care.

Patients will be consulted to ensure that their concerns and personal needs in the area of dignity and confidentiality are taken into account when policies are written and acted upon.

PRIVACY AND PATIENTS RIGHTS

1. To be treated with dignity.
2. To be treated with respect.
3. To be accorded appropriate treatment.
4. To be treated in a manner that is sensitive to gender.
5. To be treated in a manner that demonstrates awareness and acceptance of cultural and religious beliefs.
6. To be treated in such a way that each patient will, as far as possible, be given the same dignity and confidentiality as that enjoyed by Australian citizens in personal matters.
7. All personal information relating to a patient i.e., medical history, behaviour, personal history etc., is to be kept confidential with access only being provided to those persons with reasonable or authorised use, or need to access it.

POLICY

Dignity means being treated as a valuable and important person, someone who deserves to be treated well.

Our clients are people first; patients second, and have a total and unconditional right, which cannot be taken away, to be treated with dignity and sensitivity.

Patients do not have to earn the right to respect or privileges which other members of the community take for granted. Behaving in ways which may be challenging, unacceptable or inconvenient to staff is not a justification for depriving someone of their basic dignity.

Staff should offer unconditional respect and a positive attitude when dealing with patients.

Preserving and enhancing the dignity of people who are under our care is not easy because our patients have vulnerability and reduced ability to maintain dignity themselves. It is only too easy to treat our patients as objects needing care, processed through dosing times and other procedures, all of which need to be carried out. Efforts must be made to see the person behind the need. Treat that person with the respect and courtesy that you would demand if it were you in their place. Remember, we all have the same basic life sustaining needs which should be met in a way that is both valued and respected.

Hurried, unthinking or careless actions can strip away patients' dignity. Daily dosing and doctor's appointment routines should take into account people's feelings and quality of life, and staff must always be careful to avoid devaluing actions.

Some devaluing actions to be avoided (there are many others):

- Treating patients as a group instead of individuals
- Making decisions about, instead of with, people
- Making assumptions instead of consulting and negotiating
- Talking in a devaluing way about patients or their associates and families, and neglecting confidentiality.

Do not say or do anything (unless medically indicated) to a patient which you would not like to have done to yourself. If in doubt, consult with the Manager or the Director of the Clinic.

DO NOT PUT UP WITH SECOND BEST FOR A CLINET: CONFIDENTIALITY

All information which is received from a patient, or about a patient or patient's family, either by first-hand observation or from some other source, should be treated as confidential and, therefore, not passed on to others unless there is a clear need for the other person to know that information. This includes passing on information to families. No information should be passed to any person not specifically involved with the patient's treatment without a release of information being signed by the patient expressly concerning the other individual.

FaCS (DOCS) are by law allowed information regarding the patient without a release of information being signed.

Information given on a need-to-know basis should be determined by the best interests of the patient. The need should firstly be qualified by management. Wherever possible, the patient's approval to the passing of information should be sought or, if appropriate, an authorised other person. If any ethical dilemmas arise, in regards to patient information, staff's duty of care and the clients dignity of risk staff are required to follow United Gardens Ethical Dilemmas Policy (see 1.6 Ethical Dilemmas).

Personal files of patients will not be accessed nor, will information contained therein be released by members of staff unless there is a specific need for information. Access to information will only be accessed and released with the consent (where practicable) of the patient concerned, or their approved significant other or other approved person.

There will be two files kept for every patient. The first file is for medical reports, progress notes, old dosing cards, doctors' notes, pathology results and personal medical history of the patient. The second file is a computer file and is stored on the main computer network server. The two file system allows controlled access to patient information. All information of a confidential nature should be kept in the filing cabinet in the clinic office.

No confidential information about any patient which may cause embarrassment will be placed upon any notice board or public viewing place or left out for unauthorised persons to view. Breaches of confidentiality can lead to disciplinary action being taken.

Working within a multi-disciplinary framework clearly entails the sharing of information with a variety of people and generic services outside the United Gardens Clinic campus. Having said this, the following should be kept in mind:

- Sharing of information is essential in joint planning and in the planning and operation of Individual Care Plans for each patient.
- Information that is passed should be relevant to, and limited to, the circumstances of the discussion.
- The patient concerned should agree to the information being passed, in consultation with Registered Nursing staff or doctors.
- Care should be taken that the information is not passed in an insensitive and devaluing way.

The purpose of respecting confidentiality of information concerning patients is not to be uncooperative or insular. It is to protect the privacy, dignity and vulnerability of patients, and to accord them the same valued treatment reasonably demanded by all citizens.

RECORDING POLICY

WHY DO WE RECORD INFORMATION?

1. To provide an accurate and clear picture of patients' experiences in our care.
2. To record relevant information so that informed decisions can be made in the patients' best interests.
3. To demonstrate accountability and to record actions and decisions.

HOW DO WE RECORD INFORMATION?

Objectively. Facts, not assumptions nor prejudices. However, relevant professional opinions may be expressed as long as it is clear that they are not presented as facts.

Non-judgmentally. We are not here to pass personal comments nor opinions, nor are we here to judge people.

Impartially. We are here for the benefit of the patients.

Concisely. Stick to the point - be brief.

Promptly. Avoid a long delay between any event and its recording.

1.7 CLIENT INFORMATION

NEW ADMISSIONS

1. New admissions to our program are the very life-blood of our future existence. Therefore, all new enquiries are to be handled carefully to both meet the needs of the person who is opiate dependent and also the future viability of the clinic.
2. Where possible, prospective patients should be seen by the first available medical officer/ intake officer and commenced on the program.
3. When an enquiry is made, every endeavour should be made to have the prospective patient come in to the clinic for assessment by a medical or intake officer.
4. When the person arrives at the clinic it is usual for them to be unwell, edgy, irritable, and generally out of sorts. Remember, it is because they are unwell that they are coming to us for help. Ask them for their Medicare card as it will be needed for reimbursement for the medical officer. It is also imperative that suitable identification is provided.
5. The doctor or intake officer will need to have a new medical records folder for each new patient including the NSW Treatment Agreement Form.
6. When the doctor has seen the patient the 'Application for the Authority to Prescribe Methadone' or the 'Application to Prescribe Buprenorphine' form must be faxed to the Pharmaceutical Services Branch of the NSW Department of Health. Before sending the form, check to see that all sections have been completed so that no delay is experienced in getting authorisation for the patient to be dosed.
7. Immediately after it has been faxed, you must stamp the time and date on the form and sign next to the stamp.
8. Sometimes, authorisation may not be given because the patient has been on a program with another prescriber and that prescriber has not sent in the 'Termination of Methadone Maintenance' form. It may be necessary to contact that prescriber to

expedite the provision of their 'Termination' form to Pharmaceutical Services Branch.

1.8 AGGRESSIVE PATIENTS

United Gardens Clinic recognises that aggressive behaviour may not be wilful, but management and staff have a responsibility to ensure the safety of the aggressive patient, staff and others in attendance (see 2.3 Aggressive Patients for the complete Policy).

UNITED GARDENS CLINIC

2.0 SAFE PRACTICE AND ENVIRONMENT

2.1 RISK MANAGEMENT FRAMEWORK

United Gardens is committed to effective Risk Management as a strategy for protecting employees, workers, clients, stakeholders, students and the community from unnecessary injury, loss or damage relating to the business and activities United Gardens undertakes.

The risk management framework aims to provide guidance to the United Gardens' staff in applying risk management processes across the organisation's operations, to ensure that, so far as reasonably practicable, United Garden's goals and identified outcome areas can be achieved.

This policy applies to all United Gardens' staff, student placements and visitors.

This policy encompasses but is not limited to:

- Identifying, assessing and treating risks
- Ongoing risk monitoring and review
- Communication and consultation
- Record-keeping
- Specific risk areas.

DEFINITIONS

Clinical Incident	Any unplanned event resulting in, or having the potential to harm a client
Clinical Risk Management	Clinical risk management is concerned with improving the quality and safety of services by identifying the circumstances and opportunities that put clients at risk of harm and then acting to prevent or control those risks
Compliance Register	A register that assists an organisation to comply with its legal obligations
Impact	Actual or potential impact that would or may occur
Likelihood	Probability or chance of an incident occurring
Personnel	The Organisation's staff, workers, Board members, volunteers, student placements and visitors
Risk	Chance of something happening that will Impact on objectives, measured in terms of likelihood and impact

Risk Assessment	Process of analysing and evaluating the likelihood and impact of potential risks
Risk Incident	Realisation or occurrence of a risk impact
Risk Management	Process of identifying, assessing and judging Risks, assigning ownership, taking actions to mitigate them, and monitoring and reviewing progress
Risk Register	A Risk Register is a tool for documenting risks, and actions to manage each risk. The Risk Register is essential to the successful management of risk. As risks are identified they are logged on the register and actions are taken to respond to the risk
Risk Treatment	Identifying and implementing actions to eliminate risks or reduce impacts
WHS	Workplace Health and Safety

2.1.1 PRINCIPLES

The following principles guide United Gardens' risk management policy and procedures:

- Risk management applies to all aspects of the organisation's business and activity
- Risk management is a shared responsibility of all staff, management and Board members
- Risk management is a continuous improvement process where the organisation continually strives to reduce and manage the likelihood and negative impact of risks
- Staff, Board members, volunteers and students are provided with training and other support to assist them in managing risk in their roles.

2.1.2 OUTCOMES

The outcomes of this policy are that: United Gardens

- Makes informed business, operational and service delivery decisions while remaining fully aware of risks and impact
- Staff, management and Board members understand their roles and responsibilities in relation to risk management
- Risks and risk impact are minimised through compliance with relevant regulatory, legal and financial obligations, and implementation of risk treatments.

2.1.3 STAFF RESPONSIBILITIES

This policy is developed in consultation with United Gardens staff and approved by the Managing Director. All Personnel are responsible for understanding and adhering to this Risk Management Policy.

Specific monitoring and support activities undertaken include:

- Risk management issues are part of the Work Health and Safety updates as standing agenda item in staff meetings
- This policy is to be part of staff orientation processes
- This policy should be referenced in relevant United Gardens policies, procedures and other supporting documents, where relevant, to ensure that all relevant staff are familiar with it and that it is actively used
- This policy will be reviewed in line with the quality improvement program every three years, following a risk incident, changes in organisational practices and/or following relevant legislative changes.

Managing Director & Assistant Director	<ul style="list-style-type: none"> ▪ Comply with the Risk Management Policy ▪ Manage and monitor compliance with relevant legislation ▪ Monitor and contribute to internal risk treatment strategies and activities. ▪ Be familiar with the United Gardens legislative requirements regarding risk management ▪ Ensure processes are in place across United Gardens, to manage and treat risk appropriately ▪ Ensure staff are adequately trained to comply with risk management strategies and activities
Management	<ul style="list-style-type: none"> ▪ Lead the implementation of the Risk Management Policy ▪ Identify and assess new risks and implement risk treatments ▪ Lead, monitor and update identified risks and risk treatment ▪ Ensure orientation of new staff members to the United Gardens' risk management processes and activities ▪ Identify and assess new risks and implement risk treatments ▪ Develop, implement and review risk management plans ▪ Maintain current Risk Register and Compliance Register ▪ Document risk management discussions and decisions from Management Meetings
Administrative and Clinical staff	<ul style="list-style-type: none"> ▪ Comply with the Risk Management Policy ▪ Identify and assess new risks and implement risk treatments ▪ Monitor and update identified risks and risk treatments. ▪ Implement and review risk management plans ▪ Contribute to internal risk treatment strategies and activities

2.1.4 COMMUNICATION AND CONSULTATION

Communication and consultation is undertaken with the United Gardens' Personnel to ensure understanding and engagement in risk management.

Communication mechanisms include:

- Orientation processes for new staff, and clients entering the service
- Agenda items and discussion at staff and team meetings, e.g. WHS, budgets, client related incidents
- Consistent and ongoing informal collaboration between staff and management to review work plans and activities, together with incident management
- Management to regularly review Risk Register.

2.1.5 ESTABLISHING RISK CONTEXT

Risk management considers the context in which United Gardens operates and how these characteristics and capabilities influence and inform risk responses. This could include assessing:

Strategic or external context:	<ul style="list-style-type: none"> ▪ Operational, regulatory, financial and political environment ▪ Business drivers ▪ Opportunities and threats ▪ Stakeholders.
Organisational or internal context:	<ul style="list-style-type: none"> ▪ United Gardens' goals and outcomes ▪ Organisational culture ▪ Strengths and weaknesses within the organisation ▪ Existing systems and processes ▪ Stakeholders ▪ Available resources.
Risk management context:	<ul style="list-style-type: none"> ▪ United Gardens size, organisational structure and location ▪ Governance structure ▪ Management expertise ▪ Clinical service delivery ▪ Workforce capacity ▪ Assets.

2.1.6 RISK IDENTIFICATION

United Gardens identifies risks through formal and informal processes such as: targeted consultation, observation of workplace practice, monitoring of regulatory requirements, organisational system reviews, regular audits (e.g. WHS, policy compliance), analysis of information gathered relating to WHS incidents and strategic and project planning.

Organisational risks are categorised and summarised as follows:

Risk Type	Area/Item Compromise
Governance	Inadequate compliance and administration of incorporation requirements
Human resource management	Inadequate personnel policies or procedures
	Inadequate skills, knowledge or understanding of job requirements by staff
	Inappropriate behaviour by staff

	Poor workplace conditions or breaches of Workplace Health and Safety
	Poor recruitment procedures or staff succession planning
	Poor staff complaints or disputes handling
	Inadequate knowledge transfer processes
	Ineffective lines of communication throughout the organisation
	Poor record keeping (for example, lack of documented job contracts, mistakes in staff entitlements)
Legal	Lack of compliance with legislation related to service user safety and protection (e.g. child protection, sexual harassment etc)
	Lack of compliance with anti-discrimination legislation in employment or the provision of goods and services
	Lack of compliance in information management and record keeping
	Lack of compliance with industrial requirements (including workers compensation insurance, wages and entitlements)
	Lack of compliance with taxation requirements (including employee deductions, superannuation, GST etc)
	Inadequate monitoring of other legal requirements and obligations
	Inadequate procedures for establishing contracts
	Inadequate procedures for monitoring contract compliance
Management and operations	Lack of adequate policies, appropriate documentation or policy implementation
	Inappropriate or inadequate policy or procedure for client service provision
	Lack of compliance with service provision standards
	Inadequate feedback mechanisms or service quality monitoring
	Poor planning and inadequate monitoring of organisational plans
	Poor management of the organisation's relationships with other agencies
	Poor management of information about the organisation and its activities
Financial	Inadequate financial planning and monitoring
	Inadequate financial record keeping and reporting
	Inadequate controls and procedures
	Unanticipated expenses or inadequate provisions being made for potential expenses (e.g. paid maternity leave)
Administration and Information Technology (IT)	Poor filing systems, records management and information management
	Poor correspondence handling or communication
	Inadequate management of client records
	Lack of security or back up on electronic records
	Inadequate maintenance of computer systems
	Inadequate insurance cover and/or monitoring

Physical	Inadequate safety precautions being taken, or hazard assessment being made of physical environment and equipment (including grounds and buildings, vehicles and equipment, procedures and practices)
	Poor ergonomics of work furniture and equipment
	Inadequate procedures for infection control
	Inadequate security for premises
	Accidents or critical incidents occurring
	Inadequate procedures for handling accidents or critical incidents
Clinical	Negligence in maintaining and implementing procedures to protect clients, staff and from harassment or violence

2.1.7 RISK ASSESSMENT

The risk assessment matrix, risk likelihood and rating tables below are applied to all identified risks to determine their level of risk based on two categories: likelihood and impact.

Risk assessment also includes reviewing existing controls, whether specific to that risk or by default.

RISK RATING

The risk rating assists **United Gardens** in determining if the risk is acceptable or unacceptable. A low rating risk may be expected and acceptable with minimal treatment response, whereas a high rating risk is not acceptable and therefore requires a response to minimise or eliminate risk

		Impact			
		Very high	High	Medium	Low
Likelihood of happening	Very high (almost certain)	1: Extreme	2: Very high	3: High	5: Medium
	High (probable)	2: Very high	3: High	4: Significant	6: Low
	Medium (may happen)	3: High	4: Significant	5: Medium	Negligible
	Low (unlikely)	4: Significant	5: Medium	6: Low	Negligible

RISK LIKELIHOOD

Rating	Description
--------	-------------

Very High	90% or greater probability	Expected to occur in most circumstances
High	50-90% probability	Will probably occur in most circumstances
Medium	20-50% probability	Could occur at some time
Low	10-20% probability	Not expected to occur
Negligible	<10% probability	Would occur only in exceptional circumstances

RISK IMPACT

Rating	Description	
Extreme/Very High	Business objectives and/or continuing viability is threatened	Death or serious injury to a person
High	Business objectives are not met	Serious injury or illness requiring medical treatment with permanent consequences
Significant / Medium	Business objectives may be threatened	Injury or illness requiring medical treatment
Low	Business objectives require monitoring	Minor injuries
Negligible	Business objectives unlikely to be affected	Minor first aid injury

2.1.8 RISK TREATMENT

Risk treatment involves identifying and implementing actions to eliminate risks or reduce their impacts. In treating risk the organisation, management and staff members ensure that:

- The cost of implementing risk treatments is balanced with the expected and actual risk reduction outcomes
- If eliminating risk is to discontinue an activity, remove an identified risk item, or avoid new or potential risks
- Risk reduction activity involves implementing reasonable and practical steps to reduce risks and minimise loss, injury or harm. For example, where transport of heavy boxes is unavoidable, a trolley and safe lifting training is provided
- Major risks and their responding treatments are logged in the organisation's Risk Register
- Risks that are substantially mitigated by being listed in the organisation's Compliance Register.
- Risk specific to client service delivery are managed under a clinical risk management framework
- Risks specific to individual projects are identified and responded to through project implementation; these may not be required to be recorded in the Risk Register.

Risk Treatment should adopt the hierarchy for controlling Risks:

- Eliminate the hazard
- Substitute the hazard for something safer
- Isolate the hazard from people
- Use engineering controls
- Use administrative controls
- Use personal protective equipment.

2.1.9 RISK MANAGEMENT PLANS

United Gardens implements risk management plans for specific activities that carry likely or almost certain risk which are inherent in working with our clients. The plans provide specific guidance to staff in managing concerns that are likely to arise when providing direct client services.

2.1.10 RISK MONITORING AND REVIEWING

United Gardens monitors and reviews risks and their treatment strategies as part of effective risk management and ongoing quality improvement.

Monitoring and reviewing activities include:

- Re-consideration of the contexts, rating, treatment and responsibilities.
- Risks identified through the Organisation's Risk Register and Compliance Register are reviewed and updated annually by the NUM.
- Previously identified risks may become de-activated through a monitoring and review process, where the likelihood and impact of loss, injury or harm is assessed as non-existent or negligible.
- WHS risks are consistently reviewed by management through workplace audits and other WHS strategies.
- Clinical risk is monitored and reviewed regularly through collaboration between staff and management, often in informal settings. Risk management plans are developed and regularly reviewed for the delivery of services to those areas where risk is likely or almost certain.
- Risks that are assessed as specific to individual projects are reviewed through project mechanisms such as scheduled milestone checks, progress reporting, advisory group meetings, stakeholder feedback, outcome monitoring, and end-of-project evaluation.
- United Gardens risks are also reviewed, and their status is updated following a risk incident, such as a clinical incident, workplace accident, cuts to funding, damage to reputation, or not meeting taxation compliance requirements.

2.1.11 RISK REGISTER

The Organisation's Risk Register (see Appendix 2) details major risks, their rating, controls and treatments, as well as responsibilities and timeframes.

- All risks listed in the Risk Register are allocated a unique risk identification number.
- De-activated risk identification numbers are maintained on the Risk Register for reference as required.

- Hard copies are annually reviewed and the updated electronic Risk Register are saved in accordance with the Information and Communication Technology Policy.

2.1.12 COMPLIANCE REGISTER

The Compliance Register (see Appendix 3) details compliance obligations in relation to: insurance, incorporation, taxation, performance agreements, and WHS.

Hard copies are annually reviewed, and the updated Compliance Register is saved in accordance with the Information and Communication Technology Policy.

2.2 ACCIDENT/INCIDENT MANAGEMENT

- All accidents or injuries to patients, visitors or staff must be documented on an Accident/Incident Report form (see Appendix 4).
- Once the Accident/Incident Report form is filled out it must be forwarded to the Director of United Gardens Clinic immediately.
- All accidents and incidents will be looked at with the view to continuous quality improvement (Quality Assurance) and redressing any shortfall in the quality of service provision of the clinic.

2.2.1 REPORTING

All accidents and/or injuries to patients, staff or visitors should be reported on a uniform basis with details which include:-

- Identity of person
- Location and time of accident/injury
- Thorough description of accident/injury
- Observations recorded and recordings on appropriate progress notes
- Witnesses and persons on duty
- Extent of injury
- Treatment required and/or administered and by whom
- Medical report if required or requested
- Hospitalisation if required or requested
 - Persons notified (i.e., Doctor and family/carer) of accident/injury and time of notification
- Details of person reporting accident/incident

2.2.2 TAKING FOLLOW-UP ACTIONS

- The form is to be completed in full immediately (or as soon as practicable) after the accident/injury by the person involved and reported to the Manager or Director of the clinic at the time
- The form is forwarded on to the Director of United Gardens Clinic for review and further

investigation, if required

- A decision is made to what course of action, if any, is to be taken.
- The action to be taken is noted on the form and then referred to the Occupational Health and Safety Coordinator for screening with statistical information recorded and follow-up action of identified causes.

2.2.3 OCCUPATIONAL HEALTH AND SAFETY

- All accidents/injuries requiring treatment are investigated and reviewed for better ongoing safety management.
- Where the review indicates the accident/injury occurred due to an act of omission of a person or persons other than the person concerned, a full investigation is made with appropriate action taken.
- Witnesses should be identified and in cases where the possibility extends to a criminal act or negligence of any party, the police are to be promptly notified by the Director of United Gardens Clinic and this should be recorded on the form.
- If the injured person is a patient of the clinic, that person's medical practitioner must be notified and the Manager of the clinic at the time is responsible for documenting in the progress notes the events that occurred.

United Gardens Clinic recognises that aggressive behaviour may not be wilful, but management and staff have a responsibility to ensure the safety of the aggressive patient, staff and others in attendance.

2.3 AGGRESSIVE PATIENTS

Aggressive behaviour may be characterised by:

- threatening gestures
- verbal abuse
- simple assault
- assault requiring first aid treatment
- aggravated assault
- threats with an offensive weapon
- increased voice volume
- increased restlessness
- agitation
- hostility
- striking out
- serious injury and or death

Generally, staffs know the patients individually and may be able to recognise the signs of impending outbursts, which are often preceded by restlessness, refusals and recalcitrance at the point of dosing. Remove the person by asking them to leave or by calling Security or the Police when early

warning signs are present.

When aggressive behaviour is demonstrated:

1. Identify the cause, which may be:
 - a. a medical condition
 - b. environmental
 - c. another person - such as another staff member or patient
 - d. fatigue
 - e. overstimulation due to substance abuse
2. Ensure the safety of the staff, and the safety of other patients.
3. Staff are not to expose themselves to the risk of physical injury - maintain a safe distance between self and the aggressive patient while assessing the situation and attempting to reduce aggression. Always try to seek assistance, stay calm, talk quietly and gently. Try to maintain a barrier between you and the person and do not allow yourself to be cornered, move quietly towards a safe exit facing the person at all times. Act passively and keep your hands empty.
4. Incident Report to be completed in all situations where staffs or other patients have been exposed to aggressive behaviour.
5. Depending on the severity of the Incident, two warning letters will be given to the patient. A third warning letter will result in a transfer to another more appropriate dosing point.
6. Severe events including: damage to property; assault of individuals; and, disruptive behaviour in the Community will result in immediate Police action and transfer to a more appropriate dosing point.
7. United Gardens Clinic reserves the right to maintain a banned list of patients' names who are not allowed to dose with us.
8. A **Zero Tolerance to Loitering Policy** is currently in effect in and around the Clinic including the outside waiting area and approaches to the Clinic. All patients are required to leave within 5 minutes of dosing or finishing their appointments.

INTERVENTIONS FOR STAFF TO ATTEMPT WITH AGGRESSIVE PATIENTS

- Remain calm, rational and dependable
- Be honest and open in communication
- Define the extent of the problem
- Absorb verbal expressions of anger and resentment
- Use diversional activities
- Have a positive approach
- Make suggestions for resolutions rather than orders
- Invite patients to co-operate rather than make demands
- Redirect actions rather than impose external controls
- Remind patient of clinic policies and regulations
- Listen to complaints and attempt to establish legitimacy
- Use reassurance
- Contact a medical officer or the Police

- Inform management

AS A LAST RESORT

- Apply external controls (i.e., direct verbal commands)
- Impose consequences for unmet expectations
- Press the duress alarm button if you feel your safety is threatened and you are unable to obtain assistance from colleagues
- Call the Police on "000" or Mobile "112"

All aggressive incidents must be reported and recorded in the **Accident and Incident File**. Senior staff and Management to sign off **Actions Completed** to reduce the risk of the Incident re-occurring.

2.4 ZERO TOLERANCE LOITERING POLICY

- No loitering around the Clinic before or after dosing. Clients will only be allowed in 5 minutes before dosing
- Clients may wait inside area for Doctor's Clinic
- Only workers to be dosed between 6am and 7am. Proof of current work must be presented to dosing staff
- No waiting outside Clinic before 6am
- All areas outside Clinic under 24 hour video surveillance
- Anyone recorded as loitering will be given disciplinary letters. Three letters will result in transfer to another Clinic

2.5 INFECTION CONTROL

Infection Control at United Gardens Clinic is imperative for safe practice. An effective infection control program depends on full co-operation of all health care workers and patients.

The handling of items that have been in contact with patients must be done efficiently as well, as must the disposal of waste and preparation and handling of food in the staff kitchen and common areas.

Many sections of the clinic come under the umbrella of infection control and all outbreaks of illnesses that could be related to poor infection control must be reviewed and investigated to ensure the problem is identified and corrected.

In our clinic we care for many patients who are immuno-compromised, however, the following conditions and treatments may predispose clinic patients to the risk of infection:-

- Chronic illness
- Malnutrition or general debility;
- Drug and/or alcohol abuse;
- Drug induced medical problems

- Stress or emotional trauma.

An effective infection control program depends on: - a knowledge and understanding of the chain of infection. Correct implementation of those techniques and practices necessary to prevent occurrence or spread of infection;

- high standards of environmental care
- education of all persons involved
- appropriately designed facilities and equipment

2.5.1 GENERAL

- The aim of infection control is to continually monitor and investigate identified infections/infestations and reduce transmission.
- The clinic must comply with NSW Health regulations and standards.
- Protocol for the management and reduction of transmission of infection must be followed in accordance with current knowledge and best practice.
- An organised program of cleaning and sanitation will be maintained.

2.5.2 STAFF

- All staff will receive instruction and training on how to carry out their work in a safe and hygienic manner in accordance with current guidelines.
- Registered nursing staff must supervise all other staff to ensure infection control procedures are carried out correctly.
- Encourage attending medical practitioners to order:- adequate pathology if, there is clinical indication for it for the wellbeing of the patient and the staff.
- Report to Nursing Administration if you are:-
 - suffering from any infection
 - have skin lesions.
 - have a skin rash
- Each staff member has a duty to themselves, their colleagues and the patients to maintain a high standard of personal hygiene and good health, and to promote the same in those they care for.
- All Industrial Awards and Regulations existing in the community pertaining to employees shall be complied with.
- Maintain effective immunisation. Some employees are at increased risk for Hepatitis B and vaccine is recommended for all employees.

2.5.3 SANITATION

- All personnel should be instructed in the importance of hygiene in the clinic and the role they play in preventing the spread of disease.
- All personnel must be made aware of the potential health hazards that exist in the area in which they work.
- All staff will be encouraged to wash their hands frequently. Be aware of the situations in which correct hand washing is essential:

- before handling food and meals
- at commencement of duty and beginning of each dosing session
- after smoking or wiping your nose
- after using the toilet
- between each patient care episode
- after any contact with body substances.
- after disposing of refuse
- after removal of gloves
- Clean up all spills immediately.
- Clean clothes will be worn by all staff.
- Ensure frequent monitoring and inspection of air-conditioning units, air vents and filters.
- Cleaning and disinfectant solutions are to be stored in containers and correctly labelled. Their purpose for use must be according to directions and clearly defined. Material and Safety data available at place of storage.

2.5.4 PEST CONTROL

- All staff are instructed to the importance of cleaning in the control of vermin.
- All refuse bins are to be lined with plastic bags at all times.
- No food is to be left in kitchenette or staff lounge after meals.
- Report any pests or vermin to the Safety Officer or management.
- Pest control spraying and other eradication techniques will be used to control vermin as per contract with proprietor of building.

2.5.5 WASTE AND ODOURS

- All staff are responsible for the control of odours arising from unclean areas.
- A procedure for the collection and removal of waste materials is conducted as per contract with Ashfield Council.
- All potential hazards discovered during the course of work must be reported immediately to the Safety Officer or management and documented in the Hazard Log.

2.5.6 CONTAMINATED WASTE

- Contaminated waste and sharps will be placed in appropriately marked containers.
- Three quarter full sharps containers must have the lid firmly placed on the top. The sealed container must not be opened or emptied by any staff member. The cleaner will be notified for appropriate disposal.
- Three quarter full containers are to be placed in a safe position until it is picked up by the contaminated waste carrier.
- All used, take-away bottles will be sterilized and wash and re used by the Pharmacist.
- All discarded specimen bottles will be placed in the yellow Contaminated Waste bin.
- All equipment contaminated with blood will be placed in the yellow Contaminated Waste bin.

2.5.7 RECORDS

30 | *Updated February 2017*

- Accurate records are maintained to monitor the incidence and spread of infection.
- All findings are investigated and recorded in hazard log.

2.5.8 SINGLE USE ITEMS

Single use items include gloves, injecting materials, emesis bags and pathology bottles and takeaway bottles. All these items must be disposed of immediately after use in the contaminated waste bins provided

2.6 INTERNAL EMERGENCIES

Internal emergencies include:

- HOLD UP
- PERSON BEING THREATENED
- BOMB THREAT
- FAILURE OF VITAL SYSTEM
- LEAKAGE OF NOXIOUS GAS
- BLACKOUT ETC

Should an internal emergency occur staff are to follow the following procedures:

1. Notify Police by dialling '000' and press the 'alarm' button
2. Notify Director of United Gardens
3. Do not attempt any action that puts your life or anybody else's life in danger
4. Await instruction from Senior Police Officer in attendance
5. Stand by to assist if requested

2.6.1 INTERNAL DURESS ALARM

- Duress alarms are only to be used when any staff member feels their safety is threatened.
- Duress alarms are located under desktops in each room.
- Activate by pressing both buttons together and an alarm will sound in the dosing area.
- If an alarm sounds all staff are to proceed to search the rooms to locate the staff member who has set off the alarm.
- Duress alarms are reset at the box above the dosing door.

2.6.2 STAFF MEMBER RECEIVING BOMB THREAT

If a staff member receives a bomb threat, they must endeavour to do the following:

- Take note of any background noises
- Note if the call is from a public telephone
- Is the caller a male or female? Is there an accent?
- Ask location and type of bomb

- Record details on a note pad or bomb threat sheet at each workstation
- Notify Director of United Gardens Clinic

2.6.3 ARMED HOLD UP

- Do as requested
- Note appearance - dress, sex, accent, height, hair, smell, any distinguishing features
- Notify Police by dialling '000' as soon as the offender leaves and press the 'alarm' button
- In all circumstances, do not discuss details with other staff members until questioned by the Police
- Notify Director of United Gardens Clinic
- Staff are not to disclose any information to the Media. All contact with any Media must be referred immediately to the Director.

2.6.4 BLACKOUT

In the case of complete blackout, dosing will cease until adequate light is available.

2.7 UNIVERSAL BODILY FLUID PROTECTION

It is the responsibility of all staff to exercise care and the necessary precautions to avoid exposure of their skin or mucous membranes to blood, secretions and moist body substances from any patient. Our aim is to minimise cross infection among patients and staff.

Universal precautions are intended to protect health care workers by preventing exposure to the risk of infection parenterally (ie. by injection through skin, through mucous membranes, and through non-intact skin where abrasions, weeping rashes, etc occur). Since a patient's medical history and examination may not be complete on admission, careful handling of blood, secretions and moist body substances from all patients is essential.

Epidemiological studies on hospital cross infections have identified direct physical contact as the principal mode of transmission of infectious agents. Transmission through the air is very unusual and of significance only by direct respiratory infections (common cold, pulmonary tuberculosis).

In order to cause infection, body fluids must contain sufficient numbers of pathogens. Universal clinic precautions apply to substances as follows:

- blood and bloodstained secretions
- sweat
- faeces
- saliva
- nasal secretions
- sputum
- urine
- vomitus

- tears
- semen & vaginal
- secretions

2.7.1 UNIVERSAL PRECAUTIONS IN THE CLINIC

Cleaning with neutral detergent is sufficient to render a surface microbiologically safe provided that spillages are removed immediately after they occur. Environmental surfaces (when aesthetically clean) are not associated with the transmission of infection.

When blood/body fluid spillage occurs:

- wear gloves
- mop up bulk of spillage using absorbent paper
- decontaminate the surface using water and detergent
- dispose of gloves and paper.

Gloves are worn for anticipated contact with blood, secretions, moist body substances or mucous membranes or non-intact skin of all patients. Gloves are to be disposed of between treatments and after caring for a patient. Hands are to be washed after removing gloves.

Handwashing for at least 15 seconds is recommended to remove transient bacteria flora. Handwashing is indicated before and after direct patient contact and between each task.

Occupational health and safety - should an accident occur where skin lesions, abrasions or blood comes in contact with the eyes, mouth or open wound of a person, the exposed membranes/area should be rinsed gently with water immediately.

Any accident or injury involving skin penetration, contamination of open cuts or eyes, nose or mouth, from body fluids must be reported and documented. An incident form must be completed at the time of the accident or shortly thereafter.

Sharps waste (needles, syringes, scalpel blades, glass) are all to be disposed of in specifically designated puncture resistant containers. Needles are not to be recapped or separated from the syringe following use. Sharps containers are located at each point of use.

Specimens for laboratory investigation are to be placed in specimen transport bags and the lids secured tightly to prevent leakage. All specimens are to be regarded as potentially infective.

2.8 WASTE MANAGEMENT

2.8.1 DRY WASTE

This constitutes the disposal of tins, dry food, paper and plastic products from the

Dispensary, general office, staff rooms and kitchen areas.

Refuse is to be:-

- bagged in the area the waste was created and then transferred to disposal bin.
- cardboard boxes collected from deliveries are to be collapsed and stored in the hallway inside next to the fridge, the cleaner will dispose of in the recycling bin – See Waste Disposal Register (attached overleaf)

WASTE DISPOSAL REGISTER

Type of Waste	Way of Disposal	Frequency
Confidential paper waste	Shredder	As required – daily
Non-confidential paper waste	Recycle Bin	As required – daily
General waste, kitchen waste, washroom	General Waste Bin	As required – daily
Cardboard, Boxes	Collapse all cardboards, + Boxes & store them in the hallway inside next to the fridge	Monday, Wednesday, Friday
Contaminated waste	Pink Lady	Monthly
Patients Dosing Rubbish Bin	Afternoon Staff	Daily
Sharps/Expired amps	Laverty	As required
PET & Glass Bottles	Rinsed, defaced methadone bottles in recycle bin	As required/daily
Expired Non-Schedule 8	Send to Adore Pharmacy	As required

2.8.2 PATIENT AND STAFF RUBBISH

This consists of paper, hand towels, wrappings, fruit peelings, drink bottles and sweet wrappers as well as newspapers etc., are:-

- collected from clinic waiting room, toilets and staff areas by the cleaner 3 x weekly
- Small recycling bins are located in staff kitchen and back counselling room
- All rubbish is sorted and distributed to outside council bins

2.8.3 CONTAMINATED WASTE

All hazardous materials are to be placed in yellow 'contaminated waste' bin which is located in the Dispensary.

This constitutes:

- Dressings, urine bottles, returned take-away bottles and gloves or any other items contaminated by body waste or fluids or material that potentially contain a blood borne virus.
- Any sharp object or urine

2.8.4 SHARPS

The principal risk associated with needle stick injury is the acquisition of blood borne viruses such as HIV (Auto Immune Deficiency Syndrome) and HBV (Hepatitis B) and HCV (Hepatitis C). All employees at risk should be trained in appropriate safe working procedures to ensure, as far as possible, such injury does not occur.

- Used sharps (needles and blades) should be regarded as infectious, disposed in Sharps bins in the Dispensary and doctors' rooms.
- Needles should not be re-capped, removed from disposable syringes by hand or purposely bent, broken or otherwise manipulated by hand.
- Persons using sharps must be responsible for its proper disposal.
- Transfer of 'sharps' to be via kidney dish
- Once the sharps container is three quarters full, it is to be placed in the contaminated bin, with a new container substituted.

The following procedure should be implemented in the event of accidental inoculation of potentially contaminated fluid or tissue from injuries caused by needles, sharps or splashes:

- Wash away as much of the contaminating fluid under running water.
- An incident form should be completed.
- A blood sample is obtained from the injured person and sent to pathology.
- If the persons Hepatitis B antigen status is unknown then a sample of blood should also be tested to determine their status.
- If the sample is Hepatitis B antigen negative, no further action is required.

However, if positive the person should be given hyper immune Hepatitis B gamma globulin within 48 hours, then a full course of hepatitis B vaccine.

- Repeat Hepatitis B serology is followed up after the event.
- Blood tests are required to check for HIV infection.

UNITED GARDENS CLINIC

3.0 HUMAN RESOURCES MANAGEMENT

3.1 AFFIRMITIVE ACTION

AFFIRMATIVE ACTION (EQUAL EMPLOYMENT FOR WOMEN) ACT 1986.

STATEMENT

- The Affirmative Action Act was introduced by the Commonwealth Government on 1 October, 1986.
- Charter Health Management and United Gardens Clinic is committed to providing its employees an environment which is free from discrimination which could deny an individual fair and equal treatment in employment on grounds other than those based on the requirements of the job. Affirmative Action is the means of achieving equal employment opportunity for women.
- The principle of merit will form the basis of recruitment and promotion. The person selected for the job will be the person who best meets the requirements of the position.
- Affirmative Action is designed to ensure that:
 - Appropriate action is taken to eliminate discrimination against women in relation to employment matters, and
 - Measures are taken to promote equal employment opportunity for women in relation to employment matters.
- The Legislation requires employers with 100 or more employees to implement an eight step management program along the following lines however, we at Charter Health Management and United Gardens Clinic have decided to be mindful of the spirit of the Legislation.

We are prepared to initiate the following, for the well-being of the women on the staff:

- Issue a policy statement on Affirmative Action to employees.
- Consult with the trade unions about their members affected by the program.
- Consult with employees, particularly women, about the Affirmative Action Program.
- Establish and analyse the employment profile of the Company.
- Review employment policies and practices to determine compliance with the Affirmative Action Legislation.
- Set objectives and forward estimates based on employment profile, policies and practices.

3.2 EQUAL EMPLOYMENT OPPORTUNITY (EEO)

Charter Health Management and United Gardens Clinic policy is not to discriminate in recruitment and employment of staff on the grounds of:

- Age
- Political opinion
- Race
- Disability
- Sex/transgender
- Marital status
- Colour
- Sexual preference
- Religion
- Medical condition
- Nationality

Training opportunities will be offered to staff most in need of/or most deserving of the opportunity on the basis of work performance and organisational need and not influenced by any of the abovementioned factors.

Staff will ultimately be employed on a best JOB-PERSON-FIT profile

3.3 WORKPLACE HEALTH AND SAFETY

United Gardens Clinic aims to promote and maintain the highest degree of physical, mental and social well-being of all individuals in the workplace. The organisation will comply with all relevant federal and state legislation to ensure a safe workplace and all personnel have a responsibility to ensure a safe workplace by implementing safe systems of work.

United Gardens Clinic will make resources available to comply with relevant Acts and Regulations associated with workplace/occupational health and safety and to ensure that the organisation's workplaces are safe and without risk to health.

United Gardens Clinic will undertake regular reviews and take steps to enhance workplace/occupational health and safety on a continuous improvement. Every person in the workplace is responsible for the safety of all persons entering, leaving and working there. In particular the clinic is responsible for the Occupational Health and Safety of all members of staff.

A staff member, when commencing work in the clinic, must be sure that all precautions, rules and regulations are in place to ensure their ongoing health and safety whilst carrying out their appointed tasks.

Staff are empowered by the processes in place to protect them from harm caused by another person such as an aggressive patient or relative. This may be done by following the procedure of incident reporting and safety checks.

All accidents/incidents involving personal injury, property damage and hazards must be reported to management for investigation. Forms are provided for this purpose:-

- Accident/Incident Report – collated by the Nursing Unit Manager
- Hazard Report – log located in dispensing areas

A SUCCESSFUL HEALTH AND SAFETY MANAGEMENT PROGRAM REQUIRES:-

- Management to be responsible, accountable and given appropriate resources. Staff and management to be committed to resolution of problems ensuring best practice.
- Mechanisms for reporting and discussing OH&S issues, dialogue, review of hazard log and accident and incident forms in staff and management meetings.
- The policies and procedures be supported, drafted and circulated.
- A training program for management and employees to carry out their responsibilities. Staff education is continuous. Staff are encouraged to participate in ongoing training opportunities.

3.3.1 GENERAL

- The management and directors shall be responsible for formulating policy as required for the safe operation of the clinic.
- A responsible person/s shall be nominated and appointed as Occupational Health and Safety officer/s.
- Problems will be identified, assessed, and solutions suggested.
- Management and Directors in management meetings shall monitor all Accident/Incident forms, plus hazard forms with evaluations.
- All registered staff members shall be educated in cardiopulmonary resuscitation and renewed yearly.
- Adequate resuscitation and First Aid equipment shall be available.

3.3.2 ACCIDENTS AND INCIDENTS

All accidents and incidents must be reported to the Nursing Unit Manager. Accident and incident forms must be completed at the time of the event or at the earliest opportunity the latest being the end of shift.

A medical practitioner must be consulted if injury may cause time off work.

Needle-stick injuries must be reported, and if necessary a blood test attended for HIV and Hepatitis B and C status of the person injured and the subject from whom the specimen was collected (in conjunction with NSW Health Dept. policy)

3.3.3 PROCEDURES

RESPONSIBILITIES OF MANAGEMENT COMMITTEE

The Management Committee is responsible for promoting and maintaining Workplace and Occupational health and safety (WHS) and the WH&S officer is responsible for ensuring that all WH&S and OH&S procedures are implemented in a practical manner.

It is the responsibility of the Management committee and WH&S officer to:

- establish systems that provide for the health and safety of all persons in the organization within the physical premise of United Gardens Clinic.
- ensure that these OHS policy and work safety procedures are effectively implemented
- conduct an annual review of the OHS policy
- oversee the annual review of OHS procedures by the WH&S officer and management committee

RESPONSIBILITIES OF WHS OFFICER

The WH&S officer will have primary responsibility for implementation of OHS policy and take all practical measures to ensure that:

- the workplace is safe and without risks to health
- the behavior of all persons in the organization (staff) is safe and without risk to health.

In implementing these responsibilities the WH&S officer will ensure:

- the dissemination of information about OHS to all staff
- that the office notice board carries required OHS notices Work Health and Safety Regulations 2012 and the company's return-to-work policy
- regular discussion about OHS issues at staff meetings
- regular consultation with staff including volunteers about matters impacting on OHS
- the maintenance a log of accidents, incidents and injuries, and the use of this information to identify risk throughout the organisation
- the conduct of annual inspections of health and safety risks throughout the organisation with the managing committee and development of control measures.

If WH&S officer does not have the necessary authority to fix a particular problem, s/he will report the matter promptly, with any recommendations for remedial action, to Managing Committee and where necessary to the owner of the premises.

RESPONSIBILITIES OF STAFF

All staff are required to follow WHS policy and safety procedures and:

- report observed safety hazards to the WH&S officer or management committee
- participate in consultation and training about OHS
- observe and promote safe working practices.

WHS OFFICER AND COMMITTEE

The WH&S Officer will act as the Workplace/Occupational Health and Safety Officer and will establish an ongoing consultative mechanism with staff¹, through all management meetings (weekly) which will be composed of the Managing director, assistant director, WH&S officer. The Management committee will take responsibility for coordination and oversight of the following:

Ensuring safety responsibilities are clearly defined and understood

- Review the requirements of relevant state legislation
- Include safety information and responsibilities in induction
- Develop clear instructions on how to deal with safety issues
- Train supervisors in their role in ensuring safety in the workplace

Undertaking hazard and risk assessment

- Identify the hazards (within risk assessment)
- Identify all affected by the hazard and how
- Evaluate the risk
- Identify and prioritize appropriate control measures
- Review resources to support safety initiatives

Developing and implementing safe work procedures

- Write safety procedures for all key functions
- Train all staff in safe work procedures.
- Ensure safe equipment is purchased, maintained and used properly.

Monitoring and reviewing safety performance

- Build safety into business plans
- Promote safety as a core business value
- Provide ongoing training
- Review procedures when there are changes in the workplace or after an incident

Managing workplace injuries

- Provide first aid and/or transport to medical treatment
- Notify all injuries to the supervisor as soon as possible

¹ As of the 1 January 2012, a new model national OHS legislation came into effect, in which organisations are required to establish an OHS committee within 2 months of a request from either 5 staff members or an elected OHS representative.

- Record all injuries in a register of accidents and injuries

Workers compensation insurance policy

- Ensure policy is up to date for number of employees and roles performed
- Notify the workers compensation insurer of any injuries within 48 hours.

Return to work program

- Arrange a suitable person to explain the return to work process to the injured worker
- Ensure that the injured worker is offered the assistance of an accredited rehabilitation provider if they are not likely to resume their pre-injury duties, or cannot do so without changes to the workplace or work practices

Arrange for suitable duties that are consistent with medical advice and that are meaningful, productive and appropriate for the injured worker's physical and psychological condition

3.3.4 WHS TRAINING

The WH&S officer and Management Committee must undertake WHS Consultation training. Training will be provided by an authorized OHS trainer and will cover:

- The importance of WHS consultation and systematically managing health and safety.
- The requirements for consultation under the Work Health and Safety Regulations 2012
- The general duties under the Work Health and Safety Regulations
- The benefits of effective consultation
- Effective communication techniques.
- How to systematically manage health and safety.
- A practical exercise in how to conduct a risk assessment.

United Health Care Group will

- Pay for OHS Consultation training
- Ensure that staff participating in OHS consultation training are paid as if they were engaged in the duties of their employment
- Pay staff for costs reasonably and necessarily incurred in connection with their participation in that training

3.3.5 WHS CONSULTATIVE FRAMEWORK

United Gardens will adopt a consultative framework for addressing WHS to ensure it:

- Meets the requirements for consultation under the Work Health and Safety Regulations 2012
- Draws on the knowledge, experience and ideas and staff encourages their participation and input to improve the management of WHS.

Work Health and Safety Regulations 2012 circumstances:

- When changes that may affect health, safety or welfare are proposed to the:
 - premises where persons work

- systems or methods of work
 - equipment used for work
 - substances used for work.
- When risks to health and safety arise from work is assessed or when the assessment of those risks is reviewed.
- When decisions are made about the measures to be taken to eliminate or control risks.
- When introducing or altering the procedures for monitoring risks (including health surveillance procedures).
- When decisions are made about the adequacy of facilities for the welfare of employees.

TRAINING

Managing workplace injuries

United gardens Clinic will keep a register of accidents, incidents and injuries. The register will be maintained by the WHS Officer and the management committee and will be used to record:

- all accidents and incidents that occur to staff and visitors while on the premises
- any journey accidents and incidents involving staff
- all critical incidents irrespective of any actual injury occurring.

In the event of a workplace injury:

- It is the staff member's responsibility to notify the WH&S officer and management committee, or immediate supervisor, of any injury within 24 hours, and to complete the organisation's register of accidents, incidents and injuries as soon as is practical.
- Once an injury is notified, the WH&S Officer and management committee will ensure that the injured person has received appropriate first aid and/or medical treatment and will conduct an investigation of the accident in order to prevent a recurrence.
- When the WH&S officer and management committee is notified of an injury they will notify United Gardens Clinic workers compensation insurance company. For a 'significant injury' the insurance company will be notified within 48 hours. For other types of injury the insurance company will be notified within 7 days.
- For a 'significant injury', as defined in the Work Health and Safety Regulations 2012, the WHS Officer and management committee and Work Health an Safety regulations 2012 will also, fill out accident and incident reports

WORKERS COMPENSATION

United Gardens clinic complies with all statutory requirements in relation to the provision of insurance against work related injury. A workers compensation insurance policy will be kept current for the number of staff and the roles performed.

If a staff member requires time off as a result of their injury, a medical certificate must be obtained from their doctor, so that a worker's compensation claim may be lodged.

The certificate must be forwarded to the management committee so that the appropriate paperwork may be completed for the insurer. The workers compensation claim must be lodged

within seven (7) days of the injury occurring. The decision about whether the claim is accepted or not rests wholly with the insurance provider.

3.3.6 PERSONAL HEALTH

Staff members should notify the Nursing Unit Manager if they have been in contact with persons known to have an infectious or communicable disease.

All staff are required to be medically referred for medical examination if carrier infection is suspected.

3.3.7 WORK PRACTICES

Two persons must lift and transfer heavy items such as boxes of stationery and take-away Methadone. Under no circumstances should one staff member attempt to transfer or lift any item in excess of 15kg alone or if the staff person has a back injury.

All safety measures relating to the performance of allotted tasks must be observed.

All State, Commonwealth, Local Government and Union regulations and Acts relating to the performance of allotted tasks must be observed.

All chemicals, flammable materials and dangerous substances shall be stored and kept secure according to the manufacturer's safety recommendations.

Contaminated waste shall be disposed of in an approved manner as stated in the Infection Control Policy.

3.3.8 EDUCATION

Staff must attend all in-service education relating to Occupational Health and Safety in addition to Fire Safety lectures.

Management will ensure all staff are aware of Occupational Health and Safety rules and regulations.

All staff shall notify management of the potential hazards that exist in the area in which they work and document in the hazard log.

3.3.9 SANITATION

- Staff must wear clean clothes daily.
- Staff members must wash their hands frequently. Staff members must wash their hands if attending patients - this will apply to RNs, GPs and pharmacists.
- Staff must report all unclean areas, plus suspected vermin or infestation to the management.
- Routine cleaning and maintenance programs must be carried out to ensure that the clinic is maintained to prevent transmission of infection.
- All equipment is cleaned and if necessary disinfected regularly.
- Spillage must be reported and cleaned up immediately.

44 | Updated February 2017

3.3.10 SAFETY

- All staff members must observe safety rules.
- Any perceived safety hazard must be reported immediately and documented in the Hazard log.
- All rules and regulations pertaining to the operation of equipment must be observed.
- All staff must attend fire drills and lectures, evacuation procedures, and be aware of the use of all safety equipment.
- In the event of armed robbery or hold-up, staff are not to resist.
- Staff must not touch violent or aggressive patients: (see 2.3 'Aggressive Patients')

3.3.11 REHABILITATION

- The rehabilitation of injured workers is now a central feature of the Workers' Compensation system.
- Occupational rehabilitation is the restoration of the injured worker to the fullest physical, psychological, social, vocational and economic usefulness of which they are capable.
- The underlying principle is that the workplace, in the majority of cases, is the most appropriate and effective to rehabilitate injured workers.
- Another major principle is that employers, employees and the employees' representatives (industrial unions) have a social and economic interest in ensuring that workers return to work safely and as soon as possible following work-related injury or illness.
- It should be emphasised that not every injured worker will need rehabilitation. The important point to be acknowledged is that early assessment of the need for rehabilitation is necessary.

3.3.12 EMPLOYERS OBLIGATIONS

The following is a brief overview of an employer's obligations:

- To ensure the health, safety and welfare at work of all employees.
- To have an agreed rehabilitation program in place.
- To develop the rehabilitation program, based on these guidelines, with workers and, where applicable, any industrial union of employees representing those workers.
- To produce the program in printed form and display it prominently in the workplace.

3.3.13 EMPLOYEES OBLIGATIONS

The following is a brief overview of employees obligations:

- To take reasonable care in the performance of work so as to prevent work related injuries to self and others.
- To co-operate with the employer, to enable rehabilitation obligations imposed by the Act and the Guidelines on the employer to be met.

- Participation in rehabilitation program is voluntary. However, workers should be made aware that if they do not participate in an appropriate rehabilitation program then their weekly benefits may be reduced.
- To co-operate in reasonable workplace changes designed to assist rehabilitation of fellow workers.
- To notify the employer of any injury as soon as possible.

3.4 SAFETY OFFICER

Responsible to: Practice Manager and Nursing Unit Manager

Responsible for: Ensuring safety issues are addressed creating a safer environment for patients, staff and visitors

Major functions:

- The communication of all matters, relating to safety policies and other information to the management and Directors.
- Conduct regular inspections and report the outcome to the management and Directors.
- Participate in the induction of all new staff through the Clinic's orientation program.
- Actively follow-up, at the workplace, any issues in relation to safety or hazardous work procedures.
- Contribute to, and access, resource information in relation to safety.
- Attend ongoing education seminars in relation to safety precautions.
- Attend the monthly Staff Meeting at which the Safety Officer's Report is presented.
- Assist in the identification of risk factors.
- Assist staff with high risk identification.
- To read and understand all policies relating to OH&S and comply with these procedures

JOB SPECIFICATION

Essential: Knowledge of Clinic administration, experience with Occupational Health and Safety issues.

Special / qualities:

- Ability to work closely with Management and other employees.
- Ability to manage, supervise, organise and direct staff in regard to safety issues and programs.
- Ability to monitor evaluates and researches safety programs using the concepts of Quality Assurance.
- A total commitment to Quality Assurance, Occupational Health and Safety and the

Accreditation process.

3.5 CLINICAL AND ADMINISTRATIVE STAFF

United Gardens Clinic staff have been given the specific responsibility to provide to all patients of United gardens Clinic, the finest, safest and complete medical care available. It is the quality of these employees who impart in their daily routines to the public the atmosphere of United Gardens Clinic.

It is the desire and aim of management in United Gardens Clinic to provide the best possible professional care for patients who are seeking a Methadone maintenance program. Adequate care can be defined as the level of care essential with professional treatment for the well-being of the patient.

Where appropriate staff are encouraged to attend Education Programs.

3.5.1 GENERAL

- All clinic personnel will hold in strict confidence all personal information entrusted to them.
- Adequate and accurate records shall be maintained by clinic personnel.
- All clinic personnel shall wear the approved uniform whilst on duty and will wear identification badges as supplied to them.
- All clinic personnel will comply with the policies and regulations of the clinical area to which they are assigned.

3.5.2 STAFF

- The Directors, Practice Manager and Nursing Unit Manager of United Gardens Clinic will be responsible for the recruitment and appointment of all personnel.
- The Management of United Gardens Clinic or an appointed delegate in his/her absence will ensure there is adequate management cover available in the clinic at all times.
- All newly appointed staff shall be acquainted with policies, regulations and procedures and be oriented in all areas of employment including infection control and OH&S issues.
- All Staff to be aware of the Australian Charter of Employment Rights (see Appendix 5 or copies on wall of kitchen.)

3.5.3 MEDICATION AND TREATMENT

- Medications and treatment will only be administered by nursing personnel on the written orders of attending medical practitioners. In cases of emergency, oral orders must be recorded as such in the patient's medical record and treatment sheet. This must be signed by the authorising person at the next available shift.
- Only authorised persons shall administer medications and treatments to patients.
- Take-away doses may only be made by a Pharmacist or a nurse under the direct supervision of the Pharmacist or a doctor.

- All addictive drugs (Schedule 8) must be checked by a second person in the clinic prior to administration.
- All laws and regulations to the Poisons Act 1966 must be adhered to.
- The dangerous drug cupboard must be locked at all times with the key held by the senior nurse on duty.

3.5.4 EDUCATION

- In-service and ongoing education must be carried out on a regular basis.
- Subjects and educational material shall be pertinent to quality of care delivered to the patients.
- Within reasonable limits and within financial constraints, training and educational needs shall be purchased.
- All records and reports of staff involved in education shall be retained and filed.

3.5.5 EMPLOYMENT

- Due to the patient mix, selection of staff in the clinic shall be based on experience and attitude.
- Rules and regulations pertaining to discipline will be formalised and enforced according to accepted industrial relations practice.
- Staff assessment will in the form of periodic staff reviews and will be carried out on a regular basis and results filed in employment records.
- Appropriate dismissal procedure will be undertaken if staff are:
 - i) Found to be abusing, using inappropriate language or ill-treating any patient
 - ii) They are found to be stealing any personal effects, money or possessions belonging to the patients or other staff.
 - iii) They are found to be stealing money or drugs or any goods of any nature belonging to the clinic and the proprietors or any other staff member or visitor to the clinic.
 - v) They are found to be guilty of 'Larceny as a Servant'.
 - vi) They conduct personal or sexual relationships with a patient.
- Staff are expected to be courteous, polite and friendly to all patients, visitors, fellow staff members and other persons entering the clinic.

3.6 STAFF – CONTRACTORS/CONSULTANTS

All outside consultants and contractors within the clinic must report to the clinic management or a delegated employee prior to commencing work within the facility.

Outside contractors and consultants must comply with all internal safety policies and are reminded of the requirement for strict confidentiality of client information.

3.7 STAFF- CONTINUING EDUCATION

United Gardens Clinic is committed to the provision of in-service education and continuing professional development and training for all staff.

Staff who wish to attend educational courses should direct requests, at least two weeks in advance of the course to management. Payment for courses will be dependent on resources and the courses relevance to the work done at the clinic.

Study leave will also be considered. Therefore, all requests should be addressed to the management.

Requests for internal in-service education should be directed to the coordinator of internal in-service education and that person is the Manager or Manager on Duty.

3.8 STAFF – COUNSELLING AND SUPPORT

Staff members who require assistance with personal problems affecting their work are encouraged to seek professional counselling.

The Directors are available, by appointment, to provide support for problems of a professional or occupational nature and are a resource for locating appropriate assistance for problems which require further support than is able to be provided within the facility.

The Directors may, at their discretion, initiate 'supportive' counselling on issues directly related to staff conduct and/or performance. Supportive counselling is distinct from disciplinary counselling. Staff members will be informed in advance (if that is appropriate or, given time) of the nature of the counselling session.

The Nurse Unit Manager is available at all times to staff for personal and private problems.

Remember, a problem shared is a problem halved.

3.9 STAFF – DISCIPLINARY PROCEDURES

There may be many reasons why a staff member is asked to attend a disciplinary meeting with management however, it is usually limited to wilful breaches of clinic policy and procedures, unsatisfactory performance and/or conduct.

If a staff member is required to attend a disciplinary meeting the following sequence will take place:

1. In the first instance, an employee will be notified by the Director of the clinic that they are required to attend a counselling session for the purposes of discussing issues of concern to management.
2. The employee will be given an outline of the issues.

3. As this first meeting is for the purposes of counselling and not a formal disciplinary meeting, it should not be necessary for an employee advocate to be present. However, in the interests of natural justice, an advocate of the employee's choice may be present to advise or support the employee.
4. At this meeting the clinic Director will explain the reason for the meeting and attempt to resolve the matter of concern and ascertain whether the employee understands the rules and regulations involved and expected behaviour.
5. Within 24 hours of this initial meeting a copy of what transpired during the meeting will be presented to the employee so that no misunderstanding of the content or reason for the meeting will occur.
6. Once the employee has had a chance to read the transcript of the meeting content they will be given a copy and asked to sign the original which will be filed in the employee's personnel file.
7. If the employee finds any mistakes these should be brought to the attention of the Director who will make the amendments. Similarly, any misunderstandings will be explained.
8. At this counselling meeting, the Director will advise the employee that, should there be any further occurrences of the matter of concern, disciplinary action will formally commence against the employee.
9. The next meeting for the same matter will be recorded as a first disciplinary meeting. The staff member will receive an official first warning.
10. On the next occasion the staff member will receive an official second warning and will be informed that on the next occasion they will receive an official third warning and their services with the company will be terminated at that time.
11. Staff required to attend disciplinary meetings will be notified in advance with the day, date, time and nature of the matter of concern. The staff member is entitled to have an advocate present and sufficient time will be allowed to enable the staff member to organise this.
12. Both the employee and clinic management will sign a record of the meeting. A copy is given to the employee and the original is kept in the employee's personnel file.

3.10 STAFF – EDUCATION AND DEVELOPMENT

Participation in staff development and available educational programs shall be encouraged as an essential component of staff activities.

CRITERIA

1. From time to time, depending on space available some in-service education programs may be provided specifically for all the personnel of the clinic. It shall be provided to enable staff to maintain and increase knowledge, skills and ability to implement new practices and procedures.
2. There shall be an orientation program for all staff appointed to the clinic.
3. Where appropriate, the management of the clinic shall facilitate the attendance

of staff at conferences, workshops, meetings and seminars relevant to the function of the clinic.

4. Monthly or as required meetings shall have an educational component and objective.
5. Nursing research programs may be carried out by registered nurses:
 - to improve patient care
 - for staff motivation and productivity
 - for professional development and other relevant issues.

AIMS

In-service education aims to:

- maintain a high quality of patient care
- increase job satisfaction
- provide new & improved knowledge, skill & attitudinal change

These aims will be implemented through an educational program which will encompass the following areas:

- personal development
- problem solving skills
- communication
- patient assessment and management
- clinical skills assessment and development
- product familiarisation and utilisation
- safety maintenance and awareness
- fire awareness and procedures
- infection control
- clinical tutorials
- lectures by staff, consultants and visitors
- compilation and distribution of printed information

- daily informal contact with staff
- review of manuals and procedures
- peer review

Records will be maintained of all lectures attended by each staff member and staff shall be given a personal copy of these records if requested.

RESOURCES

All United Gardens staff have access to a variety of formal and informal resources, these include:

- library and access to online resources
- visiting guest speakers
- education information sheets

EVALUATION

There are annual evaluation procedures to monitor the performance of personnel of this clinic. These procedures include:

- Staff self-assessments (*annually*)
- Staff appraisals conducted by management (*annually*)

These procedures shall provide a mechanism to enable data obtained from the evaluation to be used effectively for staff development and to improve patient care.

CRITERIA

- Evaluation tools and methods shall be reviewed regularly and should be revised according to current developments.
- Methods of peer review shall be considered in the evaluation of registered staff.
- Written assessment records will be submitted on a regular basis, for all nursing staff or as required by the Clinic Director.
- All staff are expected to keep up their own Professional Points as required to maintain their Professional Registration.
- Staff are expected where possible around shift work, to attend these staff meetings. Educational sessions are part of ongoing education.

3.11 FITNESS FOR DUTY

It is the responsibility of each staff member to ensure they are adequately rested and fit for the commencement of duty.

Any staff member undertaking extra duties or shifts at another facility which may affect their fitness for duty or ability to carry out duties in a safe and efficient manner should contact management prior to the commencement of duty so that other arrangements can be made.

Reporting to work under the influence of alcohol and/or drugs (other than those prescribed by a medical practitioner) is strictly forbidden.

No employee shall consume or be in possession of alcohol or non-prescribed drugs for personal use during work time.

Breaches of the above policy may result in instant dismissal.

3.12 STAFF GRIEVANCE PROCEDURE

Staff members are encouraged to resolve disputes / grievances by means of consultation and negotiation with the management in the first instance and the Board of Directors secondly if the first option does not find a resolution to the matter.

In line with the NSW Private Hospital Industry Nurses State Award and the NSW Clerical State Award, the following procedure shall be followed in relation to grievances of individual employees:

- The employee is required to notify the management, preferably in writing, about the grievance and request a meeting with the objective to have the grievance heard and a solution worked out.
- At the conclusion of the meeting and discussion, the management will provide a response to the employee's grievance.
- Should the matter not be resolved, the management will find a mutually agreeable mediator to give advice and arbitration on the matter.
- It is expected that normal work will continue whilst the grievance resolution process is in progress.

3.13 STAFF MEETINGS

United Gardens Clinic is committed to consultation, communication and consultative management. In order to facilitate this, formal annual meetings are held to discuss:

- Issues relating to the management of the clinic and its patients.
- The forum of meetings will also be used to address issues in Work Health and Safety, Quality Assurance (QA) and Continuous Quality Improvement (CQI) and Accreditation.

- Ad hoc suggestions and topic items brought to the meeting will only be discussed if time permits. Any topic not covered will be addressed at the next meeting. The Director or the Nursing Unit Manager will deal with urgent items personally.
- Minutes to all staff meetings are circulated to all staff members usually within 7 days of the meeting. Copies of all minutes of the previous meeting are supplied at the commencement of the meeting.
- All minutes are actioned and reviewed accordingly.

Because of the nature of the workplace (physically very small) and the nature of staff's employment (part-time), it is not always possible nor necessary to roster regular staff meetings. Much of the discussion items are regularly discussed by management and staff in informal collaborative settings. Management acknowledges that an ad hoc meeting system can occur as staff congregate in the workplace together. Whenever possible any new information or workplaces processes that arise from the ongoing informal collaboration between management and staff will be noted for all staff in the Diary and/or on Heretic.

3.14 STAFF PERSONNEL FILES

A personnel file is kept for each staff member and is retained by the Managing Director, under strict security. Only information relevant to employment will be held in personnel files. All information on staff personnel is considered private and confidential.

Documents retained include:

- Application for Employment
- Copy of professional registration where applicable. Registered staff are to ensure that an up-to-date copy of their certificate to practice is given to the Nurse Unit Manager/ Managing Director annually.
- Certification of experience and qualifications
- Copies of the Continuing Professional Development (CPDs) undertaken.
- Records of any counselling interviews
- Records of any disciplinary interviews
- A confidentiality agreement
- Police Checks
- Staff self-assessments
- Management appraisals

A checklist is attached to the inside cover of all staff files, covering all items required in files, to assist in keeping staff files complete and up-to-date. A staff file audit is scheduled to coincide with the end of the probation process to ensure all staff files are complete. Once audit is complete, the auditor is to sign the checklist attached to front cover.

Information contained in staff personnel files will not be released to a third party without the consent of the staff member unless required by law in which case the staff member will be notified both verbally and in writing of the information released.

Telephone inquiries: - confirmation of employment if permission has been obtained from the staff member.

Written inquiries:- confirmation of employment if permission has been obtained from the staff member.

References:- Employees leaving the clinic will be provided with a Statement of Service on request. A personal reference will be supplied at the discretion of the Directors of the company.

3.15 STAFF PROFESSIONAL DEVELOPMENT

3.15.1 POLICY

United Gardens Clinic has a strong commitment to the training, education and development of staff. The Professional Development Review is a method of assisting in this general educative process. A staff Professional Development Review system has been designed so that organisational and personal goals and objectives can be more effectively achieved, whilst at the same time benefiting employees in terms of recognition, receiving feedback, catering for work needs, training and career guidance.

The Professional Development Review is a forward-looking process. It is a co-operative process between staff members and management. The successful operation of the Professional Development Review relies on continuing consultation among staff and should enhance the interchange of ideas, feelings and information among staff.

Disciplinary procedures for the rectification of unsatisfactory behaviour and/or work performance are not part of the Professional Development Review. Breaches of rules, procedures and other norms of behaviour must be dealt with in accordance with the prescribed disciplinary procedures and in line with established union guidelines of conciliation and arbitration. Management will make every effort to dispel any feeling of threat from an employee's Professional Development Review.

3.15.2 DESIGN AND IMPLEMENTATION

The initial review period for each staff member is three months. This period is designed to give the employer and the employee a settling in period during which induction and basic training procedures are completed and allows a suitable time period for an effective appraisal interview for both the staff member and the management of United Gardens

Clinic. If an employee's performance is considered unsatisfactory and coaching and training or counselling has proven unsuccessful, then, it is the management's responsibility to implement the disciplinary procedure as soon as possible. Thereafter, a Professional Development Review will be conducted every twelve months or sooner if need be.

3.16 STAFF SALARIES

Employees will be paid for their rostered hours of duty worked including entitlements as per relevant awards and overtime as approved.

Staff members are required to enter their attendance on the time-sheet, provided at the conclusion of each fortnight.

Wages are paid fortnightly on a Friday. The method of payment is by direct credit to your nominated bank account. It is important therefore, that any changes to your nominated account with respect to your BSB and/or your account number be given to the clinic director in a timely fashion.

In accordance with the Industrial Relations Act and Regulations a copy of the relevant awards is available for perusal, at all times, within the clinic.

Staff members are to carefully note any changes in their rosters and reflect this in the completed time-sheet.

Other items to be entered are sick leave, annual leave and leave without pay.

Those staff members who have submitted their resignation or who have been terminated are entitled to payment in lieu, i.e. Pro-rata and/or accrued leave.

All pay enquiries are to be directed in the first instance to the Administration Officer.

3.17 STAFF SICK LEAVE

All permanent full-time and part-time staff are entitled to sick leave in accordance with the relevant award.

Registered Nurses are paid according to the NSW Nurses Private Award and Dispensary and Administrative staff are paid according to the NSW Clerical State Award.

Copies of the relevant awards are included for your information in this policy and procedure manual.

3.18 STAFF ANNUAL LEAVE

Annual leave is covered in your award and staff are required to complete an 'Application for Leave' form. Special leave may be obtained at short notice by direct communication with the Director of the clinic.

Annual leave on full pay is granted to permanent and permanent part-time staff on completion of each 12 months service as follows:

- If your roster is worked over 7 days then you are entitled to 6 weeks annual leave plus one day extra for each public holiday you have worked.
- If your roster is worked over 5 days then you are entitled to 4 weeks annual leave plus one day extra for each public holiday you have worked.
- If your roster is worked over 5 days and you do not work Public Holidays then you are entitled to 4 weeks annual leave.
- An employee becomes eligible for annual leave when 12 months of service has elapsed since commencement of employment, and subsequently each 12 months thereafter.
- Employees shall be paid leave loading based on 17.1% of salary for the 4 weeks (only) of the holiday entitlement.
- Employees wishing to take annual leave should book it in with management as early as possible.

3.19 STAFF RECRUITMENT

United Gardens Clinic recognises the specialist nature of the Methadone treatment environment and is committed to recruitment and selection of new staff based on best a paradigm of 'job-person-fit'. Therefore, staff will be selected based on suitability, qualifications and previous experience. United Gardens Clinic promotes and endorses EEO and Affirmative Action policies and this is reflected in the Policies concerning staff recruitment.

All new staff will be required to attend an initial interview and, if successful, will be provided with a confirmation of employment letter (see Appendix 6) and are required to participate in an orientation program. Staff are initially employed on a probationary basis for a period of three months. An offer of permanent employment with the clinic will be subject to satisfactory performance and conduct as well as a positive outcome from the Professional Development Review done at that time and, from time-to-time as necessary.

3.20 STAFF ORIENTATION

A comprehensive orientation is provided for all new staff members (see Appendix 7). At orientation, new staff members will be guided through the staff orientation program and the Staff Handbook.

Orientation includes:

- ❖ introduction to the mission and objectives of the clinic
- ❖ provision of a staff handbook (see Appendix 8)
- ❖ provision of a Job Description and Duty Statement
- ❖ a tour of the clinic
- ❖ introduction to the Policies and Procedures of the clinic
- ❖ explanation of the Fire and Emergency procedures
- ❖ explanation of Infection Control policies and staff health issues and WH&S
- ❖ Hepatitis B vaccination if desired
- ❖ review of Methadone treatment guidelines (for clinical staff only).

It is our policy that the references of all prospective employees together with a NSW Police criminal record check will routinely be made. Any staff not willing to have their status checked should bring this to the attention of the management before accepting a position with the company.

STUDENT ORIENTATION

A comprehensive student orientation has been created utilising the comprehensive staff orientation process.

Student Orientation includes:

- ❖ introduction to the mission and objectives of the clinic
- ❖ provision of a student orientation document
- ❖ a tour of the clinic
- ❖ introduction to the Policies and Procedures of the clinic
- ❖ explanation of the Fire and Emergency procedures
- ❖ explanation of Infection Control policies and staff health issues and WH&S
- ❖ review of Methadone treatment guidelines (for clinical student placements only).

3.21 STAFF ATTENDANCE

The operation of the clinic is dependent on staff. Any absence of rostered staff will cause problems and hardship for other members of the team. All staff are required to be punctual - punctuality means being in a specific area to commence work according to the rostered starting time - not arriving at that time.

If due to illness or mishap you are unable to attend your rostered duty, please advise management personally as early as possible prior to the commencement of the shift and advise of the duration of the absence. Management is available 24 hours a day, 7 days a week.

A medical certificate is required for more than 2 days absence, however, management has the right to request a certificate for 1 day's absence if so desired and you will be advised when this is required and the reason for the request.

Staff should park in the undercover parking area. The undercover parking area is not to be used by clients.

3.22 STAFF CHANGE OF CONTACT DETAILS

It is all staff members individual responsibility to advise the clinic of correct address and telephone number, and to keep this information current.

3.23 COURTESY

The reputation of the clinic depends on the manner of every staff member, together with the skill of the medical/nursing care administered. It should be remembered that clients are frequently worried, upset and frustrated by their being marginalised by society. Therefore, they are greatly assisted by the courtesy and helpfulness of the staff member, whether in person or on the telephone.

3.24 FIRE DRILL

All staff are to be thoroughly conversant with the Fire Drill and to ensure immediate action is taken in the event of FIRE.

You have a responsibility to ascertain the location of the firefighting equipment in the area which you work. An awareness of the location of this equipment could greatly reduce damage in the event of fire. A Fire and Safety Handbook is available in Administration together with the Policies and Procedures and written instructions are clearly displayed in all areas of the clinic.

An education program covering all areas - fire drills, evacuation, etc., is provided and attendance is compulsory. Attendance at these in-service sessions is a condition of your employment.

3.25 GIFTS

Money or gifts of a personal nature should not be accepted by staff from patients or their relatives. Sweets or flowers are acceptable when offered. Please discuss with management if there is any doubt.

3.26 HOURS OF DUTY

Rosters are made out in advance and therefore any request for change to your roster must be submitted at least 2 weeks in advance.

3.27 ILLNESS OR INJURY

Staff becoming ill or sustaining an injury on duty should report to the Nursing Unit Manager. If any injury is sustained an Accident/Incident Report form must be completed before going off duty.

If a Workers' Compensation claim is to be submitted, you must pick up a form from the Practice Manager. This form must be completed and returned immediately. A clearance from the doctor must be obtained before returning to work.

We have a legal obligation in regard to your personal safety. We want you to become safety minded at all times, in regard to yourself, patients and visitors. Accidents can happen through failure to take precautions, failure to plan, supervise or perform work in a safe manner.

3.28 INFORMATION CONCERNING PATIENTS

It is a clinic policy that only Registered Nurses are to give advice concerning medical or nursing issues over the phone. Any inter-agency transfers of information concerning patients must be personally handled by the Registered Nurses or, under the direct supervision of that person.

3.29 IN-SERVICE TRAINING

It is a condition of employment that all staff attend all training courses which are arranged by the Nursing Unit Manager or the Clinic Director.

60 | Updated February 2017

3.30 LOST PROPERTY

Loss of personal or clinic property must be reported immediately to management.

3.31 LOCKERS

Lockers are available to store personal belongings safely during working hours. Personal belongings are at no time to be left where patients or visitors or tradesmen may have access to them. Staff are requested not to bring valuables or large amounts of money to work as no responsibility will be taken by the clinic and it is at your own risk.

3.32 MEALS

Crockery and cutlery are provided for your use and you are expected to clean up after yourself.

3.33 NOTICE BOARD

Please read notices on notice boards regularly to keep informed of lectures, current affairs, and all new relevant information.

3.34 OVERTIME

Any employee may be required to work overtime in order to maintain essential services during periods of unusual circumstances, staff absences or other emergency situations. All overtime must be authorised by the Directors.

3.35 PAYMENT DETAILS

The clinic pays strictly in accordance with your award. Wages are prepared fortnightly and paid directly into your nominated bank account for reasons of security and in accordance with the relevant awards. The wages are calculated from information recorded. Therefore,

it is the responsibility of each employee to accurately maintain their own time sheet.

3.36 STAFF PERSONAL ASSOCIATION WITH PATIENTS

Personal association with clients outside clinic hours is strictly forbidden. Similarly, should any staff member have a family member or personal friend join the clinic, that association must be declared to the Nurse Unit Manager or Director of the clinic immediately.

3.37 STAFF SMOKING

This clinic is a "smoke free workplace" thus smoking is only permitted outside the clinic. Smoking by staff is NOT permitted in any part of the clinic, and will only take place during breaks. Employees who wilfully disregard this policy, will be in breach of their obligations under the Occupational Health and Safety laws to ensure a safe and healthy working environment, as well as in breach of the employer's policy.

3.38 STAFF MEETINGS

Staff meetings are held to discuss all matters of patient care, standards of work, new policies, equipment needed, staff concerns etc. Staff are encouraged to attend. Suggestions which may help the smooth running of the clinic are welcome and should be included in the agenda.

3.39 STAFF PERSONAL CONTACT DETAILS

It is clinic policy that under no circumstances are staff's personal phone numbers or addresses to be given out to unauthorised persons.

3.40 STAFF UNIFORMS

All staff must wear clean, smart casual wear. Blue jeans are not to be worn. All shoes must be closed toed.

Male staff must be clean shaven or, have a beard.

3.41 JOB DESCRIPTIONS

3.41.1 ADMINISTRATION OFFICER POSITION DESCRIPTION

THE ROLE OF THE ADMINISTRATION OFFICER

United Gardens Clinic's Administration Officer is required to work closely with the Assistant Director and Management team, assisting with their duties, and managing and coordinating various projects within and outside of the clinic. Additionally, the Administration Officer is responsible for providing a direct link between the off-site Management team and on-site staff.

GENERAL

The Administration Officer is, at all times, responsible to the Assistant Director of the Clinic or to a person delegated to that position from time-to-time.

ESSENTIAL CRITERIA

The Administration Officer working at United Gardens Clinic is a person who:

- has extensive demonstrated administrative experience
- has a high degree of competency in the use of computers, with extensive knowledge of Microsoft Word and Excel including report writing and typing skills
- works well in a team environment and is a team player
- can demonstrate they are able to take direction and work within an environment of change
- can demonstrate that they are self-directed in their day-to-day application of their appointed tasks
- has no criminal record and no charges or convictions related to the possession of or, distribution of, drugs of any kind. The use of the word drugs encompasses all substances that have an addictive or mind-altering effect on the user. All staff employed at United Gardens Clinic may be subject to a Police check at the discretion of management and the offer of a permanent position with the company will depend on the outcome of such a check.

DESIRABLE CRITERIA

The Administration Officer working at United Gardens Clinic is a person who:

- is able to implement the Philosophy, Objectives and Policies and Procedures of United Gardens Clinic which may change from time-to-time to meet the needs of our clients and staff
- is willing to participate in Staff Appraisals as, and when required, according to the

Policies and Procedures in force at the time

- will work within the Policy and Procedures of the United Gardens Clinic and be able to work independently without close supervision
- has the ability to deal with problems relating to clients and Medical Practitioners for whom she/he is responsible in a calm and considerate manner
- the ability to plan and implement administration strategies that are within usual confines of a medical/clinic practices
- is able to communicate with clients, relatives, fellow staff members and other members of the United Gardens Clinic team
- is always polite, tolerant and empathic with people who are dependent on substances of addiction and cognisant of, and responsive to, their disparate and individual needs.

AS A MEMBER OF STAFF

The Administration Officer working at United Gardens Clinic will:

- be familiar with the United Gardens Clinic Policies and Procedures and amendments to these Policies and Procedures that may come to be in force from time-to-time
- be responsible and accountable for the performance of their duties
- work shifts and hours as rostered and be ready to commence work at their appointed work station at that time
- report any inability to attend work directly to the Practice Manager who is available 24 hours per day, seven days a week, or to his appointed delegate. Any failure to carry out this instruction may lead to disciplinary measures being taken. Any inability to attend work will be reported in a timely fashion to enable a replacement to be rostered for that shift
- direct all queries pertaining to the care of patients/clients to the Registered Nurse on Duty or the Executive Director. It should go without saying that should a Medical Practitioner be in attendance, that person may also be asked
- demonstrate a willingness to participate in continuing education both within and outside working hours
- continually assess their skills of and participate in the education of all staff
- be expected to know the legal requirements under the Poisons Act for the care, ordering, dispensing and documentation of all medications, restricted substances and drugs of addiction
- consider the safety of all patient/clients, visitors and staff in the clinic with emphasis being on the conduct of the medical practice side of the clinic
- ensure they are aware of the fire plan, evacuation procedures, the whereabouts of fire extinguishers and blankets within the clinic
- to read and understand all policies relating to OH&S and comply with these procedures.

PATIENTS / CLIENT RESPONSIBILITIES

As a member of the United Gardens Clinic team, the Administration Officer will:

- be responsible for the provision of high quality care of the patient/client. This will require, amongst other things, the constant monitoring of the wellbeing of each patient/client within the constraints and scope of the position
- encourage individual patient/clients to make and keep appointments with the Medical Practitioner who is in charge of their care according to their individual level of ability
- ensure, whilst providing administrative care, the patient/client's privacy and dignity is maintained at all times

ENVIRONMENT

The Administration Officer working at United Gardens Clinic will:

- maintain a clean, safe environment for patient/clients, staff and visitors
- accurately report all injuries and accidents occurring in the clinic. Accident/Injury forms are to be dated with the time of the incident and forwarded for the NUM as soon as possible or at the end of the shift
- any shortfalls of supplies including ordered or in stock to be ordered by appropriate staff
- report any maintenance requirements to the management who will give authorization for any repairs needed
- be involved in any corrective and/or maintenance program. Report all hazards and identify potential risks within the clinic and document in the Hazard Log
- infection control within the clinic.

EQUIPMENT

The Administration Officer working at United Gardens Clinic will:

- ensure they have adequate equipment with which to perform their tasks
- ensure they know how to use the equipment safely
- liaise with the Practice Manager about obtaining new equipment
- exercise extreme caution in the use of equipment in order to avoid accidents to themselves and other staff members and all potentially dangerous tools and equipment should be kept secure at all times
- ensure all electrical equipment used shall comply with current safety rules and regulations.

RECORDS AND REPORTS

The Administration officer working at United Gardens Clinic will:

- ensure documentation in the patient/client's clinical record is kept in an orderly manner in concert with accepted standards of well-run medical practices
- ensure all reports prepared for courts and other statutory bodies in the interests of clients/patients is prepared in a timely fashion with the benefit to our client always

uppermost in mind

- ensure the confidentiality of patient/clients records will be upheld and the regulations pertaining to the release of information and/or medical records shall apply
- be responsible for overseeing and maintaining the 'Compliance Register', ensuring it is updated annually and staff are aware of their responsibilities
- undertake an annual review of business practices, to ensure that United Gardens provides culturally competent and inclusive services.

PROFESSIONAL BEHAVIOUR

- All staff shall be mindful of their responsibilities as employees
- Staff members will not bring disrepute to the proprietors of United Gardens Clinic, Charter Health Management Pty Ltd or any other associated companies
- Staff members will, at all times, behave in a manner befitting the health professions and allied health workers
- Staff members are not engage in larceny as a servant in any way. Similarly, larceny against any client/patient will not be tolerated and will lead to instant dismissal and involvement of the NSW Police Service.

3.41.2 RECEPTIONIST POSITION DESCRIPTION

THE ROLE OF THE RECEPTIONIST / CLERICAL ASSISTANT

The Receptionist/Clerical Assistant working at United Gardens Clinic is a person responsible for the day-to-day administration of the clerical and administrative function of all aspects of operating our medical practice and clinic.

GENERAL

The Receptionist/Clerical Assistant is, at all times, responsible to the Practice Manager of the Clinic or to a person delegated to that position from time-to-time.

ESSENTIAL QUALIFICATIONS

The Receptionist/Clerical Assistant working at United Gardens Clinic is a person who

- has demonstrated experience and competence in the day-to-day administration of the clerical and administrative function of a medical practice and/or, clinic
- has a high degree of competency in the use of computers within a medical practice and reception area and is able to demonstrate this
- is able to demonstrate competency in the use of computer programs
- works well in a team environment and is a team player
- can demonstrate they are able to take direction and work within an environment of change

- can demonstrate that they are self-directed in their day-to-day application of their appointed tasks
- has no criminal record and no charges or convictions related to the possession of or, distribution of, drugs of any kind. The use of the word drugs encompasses all substances that have an addictive or mind-altering effect on the user. All staff employed at United Gardens Clinic may be subject to a Police check at the discretion of management and the offer of a permanent position with the company will depend on the outcome of such a check.

DESIRABLE QUALIFICATIONS

The Receptionist/Clerical Assistant working at United Gardens Clinic is a person who:

- is in possession of a current NSW Driver's Licence
- is well groomed and in good health
- is able to implement the Philosophy, Objectives and Policies and Procedures of United Gardens Clinic which may change from time-to-time to meet the needs of our clients and staff
- is willing to participate in Staff Appraisals as, and when required, according to the Policies and Procedures in force at the time
- will work within the Policy and Procedures of the United Gardens Clinic and be able to work independently without close supervision
- has the ability to deal with problems relating to clients and Medical Practitioners for whom she/he is responsible in a calm and considerate manner
- the ability to plan and implement administration strategies that are within usual confines of a medical/clinic practices
- is able to communicate with clients, relatives, fellow staff members and other members of the United Gardens Clinic team
- is always polite, tolerant and empathic with people who are dependent on substances of addiction and cognisant of, and responsive to, their disparate and individual needs

AS A MEMBER OF STAFF

The Receptionist/Clerical Assistant working at United Gardens Clinic will

- be familiar with the United Gardens Clinic Policies and Procedures and amendments to these Policies and Procedures that may come to be in force from time-to-time.
- be responsible and accountable for the performance of their duties.
- work shifts and hours as rostered and be ready to commence work at their appointed work station at that time.
- acknowledge and accept that the Receptionist/Clerical Assistant working at United Gardens Clinic is to be on duty whenever a Medical Practitioner is in attendance at the Clinic for the purpose of seeing patients/clients. Therefore,

the Receptionist/Clerical Assistant working at United Gardens Clinic will work those hours necessary to fulfil this need.

- report any inability to attend work directly to the Practice Manager who is available 24 hours per day, seven days a week, or to his appointed delegate. Any failure to carry out this instruction may lead to disciplinary measures being taken. Any inability to attend work will be reported in a timely fashion to enable a replacement to be rostered for that shift.
- report to the Practice Manager or, in her absence, the NUM as soon as practicable prior to the commencement of all shifts.
- direct all queries pertaining to the care of patients/clients to the Registered Nurse on Duty or the Executive Director. It should go without saying that should a Medical Practitioner be in attendance, that person may also be asked.
- demonstrate a willingness to participate in continuing education both within and outside working hours.
- continually assess their skills of and participate in the education of all staff.
- be expected to know the legal requirements under the Poisons Act for the care, ordering, dispensing and documentation of all medications, restricted substances and drugs of addiction.
- consider the safety of all patient/clients, visitors and staff in the clinic with emphasis being on the conduct of the medical practice side of the clinic.
- ensure they are aware of the fire plan, evacuation procedures, the whereabouts of fire extinguishers and blankets within the clinic.
- To read and understand all policies relating to OH&S and comply with these procedures

PATIENTS / CLIENT RESPONSIBILITIES

As a member of the United Gardens Clinic team

- be responsible for the provision of high quality care of the patient/client. This will require, amongst other things, the constant monitoring of the wellbeing of each patient/client within the constraints and scope of the position
- encourage individual patient/clients to make and keep appointments with the Medical Practitioner who is in charge of their care according to their individual level of ability
- you will ensure, whilst providing administrative care, the patient/client's privacy and dignity is maintained at all times
- you will ensure clients/patients understand the rules of the clinic and the systems involved in establishing a client/patient relationship with the clinic and the involvement of the NSW Department of Health in authorising the prescribing of Methadone
- you will encourage all patient/clients to present their Medicare Card before seeing the medical officer

ENVIRONMENT

The Receptionist/Clerical Assistant working at United Gardens Clinic will

- maintain a clean, safe environment for patient/clients, staff and visitors. You are to ensure that the Reception Room and Reception work station and associated areas are kept clean and stocked.
- accurately report all injuries and accidents occurring in the clinic. Accident/Injury forms are to be dated with the time of the incident and forwarded for the NUM as soon as possible or at the end of the shift.
- any shortfalls of supplies including ordered or in stock to be ordered by appropriate staff
- report any maintenance requirements to the management who will gain authorization for any repairs needed
- be involved in any corrective and/or maintenance program. Report all hazards and identify potential risks within the clinic and document in the Hazard Log.
- infection control within the clinic

Refer to the Infection Control guidelines in the Policies and Procedures.

EQUIPMENT

The Receptionist/Clerical Assistant working at United Gardens Clinic will

- ensure she/he has adequate equipment with which to perform her/his tasks
- ensure she/he knows how to use the equipment safely
- liaise with the Practice Manager about obtaining new equipment
- exercise extreme caution in the use of equipment in order to avoid accidents to themselves and other staff members and all potentially dangerous tools and equipment should be kept secure at all times.
- ensure all electrical equipment used shall comply with current safety rules and regulations

RECORDS AND REPORTS

The Receptionist/Clerical Assistant working at United Gardens Clinic will

- ensure documentation in the patient/client's clinical record is kept in an orderly manner in concert with accepted standards of well-run medical practices
- ensure all reports prepared for courts and other statutory bodies in the interests of clients/patients is prepared in a timely fashion with the benefit to our client always uppermost in mind
- ensure the confidentiality of patient/clients records will be upheld and the regulations pertaining to the release of information and/or medical records shall apply.
- as soon as possible after seeing the Medical Practitioner for the purpose of commencing the United Gardens Clinic program, submit by facsimile, the relevant

documentation in a timely manner. Check all forms completed and correct. Check confirmation in a timely manner. The form is to be similarly marked with stamps that the client has been approved with the time and date of doing so

- may be asked to participate in Quality Assurance Programs and contribute towards the development and review of Policies relating to the administration of the clinic as well as OH&S.

PROFESSIONAL BEHAVIOUR

- All staff shall be mindful of their responsibilities as employees
- Staff members will not bring disrepute to the proprietors of United Gardens Clinic, Charter Health Management Pty Ltd or any other associated companies.
- Staff members will, at all times, behave in a manner befitting the health professions and allied health workers.
- Staff members are not engage in larceny as a servant in any way. Similarly, larceny against any client/patient will not be tolerated and will lead to instant dismissal and involvement of the NSW Police Service.

3.41.3 REGISTERED NURSE POSITION DESCRIPTION

THE ROLE OF THE REGISTERED NURSE

The Registered Nurse is a professional person who is responsible to the Director of United Gardens Clinic for the total direct and/or indirect 'holistic, nursing and medical care of all the patients/clients under the care of United Gardens Clinic and Charter Health Management.' The main function of the Registered Nurse working as a member of the health delivery team at United Gardens Clinic is to implement organisational policies for the benefit of the patients in concert with a paradigm of harm minimisation.

GENERAL

The Registered Nurse is at all times, responsible to the Practice Manager of the Clinic or to a person delegated to that position from time-to-time.

ESSENTIAL QUALIFICATIONS

Registered Nurses must be currently registered with the NSW Nurses Registration Board. The current Authority to Practice must be produced to the Director of United Gardens Clinic upon appointment to the staff, in whatever capacity, and then annually upon renewal.

DESIRABLE QUALIFICATIONS

- Drug and Alcohol nursing and/or counselling experience
- Knowledge of the requirements for the dispensing of Methadone to patients on a Methadone Maintenance Program

- Knowledge of, or experience with, programmes dealing with harm minimisation
- Able to work as part of a multi-disciplinary team
- Interest in working in the area of Drug and Alcohol rehabilitation

RESPONSIBILITIES

- Registered Nurses are directly responsible and answerable to the Director of United Gardens Clinic.
- Personal attributes desired:
- well groomed, good health
- To implement the Philosophy, Objectives and Policies and Procedures of Charter Health Management and United Gardens Clinic.
- To participate in Professional Development Reviews (PDRs) as and when required according to the Policies and Procedures in force at the time.
- To work within the Code of Ethics of the nursing profession and be able to work independently without close supervision.
- Ability to deal with problems relating to staff for whom she/he is responsible in a calm, considerate and professional manner with full regard for EEO and Affirmative Action policies.
- Report any serious breach of United Gardens Clinic Policy or nursing ethics to the Director of United Gardens Clinic.
- Ability to plan and implement care using holistic nursing practices within the scope and constraints of the position.
- Be able to communicate with patients, authorised significant others, fellow staff members and other members of the health team.
- To be polite, tolerant and empathic with people who have a drug and/or poly substance dependency and be cognisant of, and responsive to, their disparate and individual needs.

STAFF RESPONSIBILITIES

- All appointed staff shall be familiar with the Charter Health Management and United Gardens Clinic Policies and Procedures
- Registered Nurses shall be responsible and accountable for the performance of their duties
- Registered Nurses will work shifts and hours as rostered
- Registered Nurses will report any inability to attend work to Director of United Gardens Clinic as soon as practicable prior to the commencement of the shift.
- Registered Nurses wishing to change their shifts with another Registered Nurse must first consult with the Director of United Gardens Clinic or the Nursing Unit Manager of United Gardens Clinic in his/her absence. Registered Nurses should initiate nursing intervention when required by liaising with the patient's medical officer and other health care professionals in the assessment, planning, implementation and evaluation of individual care. Any queries pertaining to the care of a patient should

be directed to the Director or Nursing Unit Manager of United Gardens Clinic in his/her absence.

- Registered Nurses will be responsible for the operation of United Gardens Clinic when on duty in the absence of either the Director of United Gardens Clinic and will provide leadership and supervision to the staff of the dispensary and medical practice sections of United Gardens Clinic.
- Registered Nurses will demonstrate a willingness to participate in Continual Professional Development both within and outside working hours.
- Registered Nurses will continually assess the skills of staff and participate in the education of all staff.
- Registered Nurses are expected to know the legal requirements under the Poisons Act for the care, ordering, dispensing and documentation of all medications, restricted substances and drugs of addiction.
- Registered Nurses are responsible for the safety of all patients, visitors and staff in the United Gardens Clinic
- Registered Nurses will ensure that all staff are aware of the fire plan, evacuation procedures, the whereabouts of fire extinguishers and hoses within the United Gardens Clinic.

RESPONSIBILITY TO PATIENTS

- As a member of the healthcare team, the Registered Nurse is responsible for the provision of high quality nursing and clinical care. This will require, amongst other things, the constant monitoring of the health status of each patient
- Registered Nurses will encourage individual patients to meet, and be responsible for, all activities to do with their attendance at United Gardens Clinic to consult with medical practitioners, receive their medication, organise their take aways and do urine specimens as requested on demand according to their individual level of ability and degree of functioning
- Registered Nurses will ensure, whilst providing care, the patient's privacy and dignity is maintained at all times
- Registered Nurses are to communicate with patients, authorised significant others in relation to all aspects of quality care and quality of life issues

ENVIRONMENT

- Registered Nurses will maintain a clean, safe environment for patients, staff and visitors. You are to ensure that the Dispensary and Nurses Station are kept clean and stocked and that all refuse bins are emptied in a timely manner
- Registered Nurses will accurately report all injuries and accidents occurring at United Gardens Clinic. Accident/Injury forms are to be dated with the time of the incident and forwarded for the Director of United Gardens Clinic's attention in a timely fashion but always by the end of the shift
- Registered Nurses will report any accident that requires medical intervention or

hospitalisation as this will need to be reported to the Department of Health and the company's insurers

- Registered Nurses will report any shortfalls of supplies and, if delegated to by the Director of United Gardens Clinic, will order new supplies
 - Registered Nurses will report any maintenance requirements
 - Registered Nurses will be involved in any corrective and/or maintenance program
- Report all hazards and identify potential risks within the clinic

EQUIPMENT

- Ensure all staff have adequate equipment with which to perform their tasks.
- Ensure staff know how to use the equipment safely
- Registered Nurses shall liaise with the Director of United Gardens Clinic about obtaining new equipment
- All electrical equipment used shall comply with current safety rules and regulations

RECORDS AND REPORTS

- Documentation in the patient's clinical record should comply with all legal requirements demonstrating continuity of care in concert with the current treatment regime as set out by the patient's medical officer.
- Reports will be in a timely fashion as required. Only pertinent information is required to ensure a professional duty of care is demonstrated at all times.
- The confidentiality of patient's records will be upheld and the regulations pertaining to the release of information and/or medical records shall apply.
- As soon as possible after admission to the United Gardens Clinic programme, a Nursing Care Plan/Individual Care Plan will be drawn up in consultation with all members of the healthcare team
- The patient will be consulted and have input into her/his Nursing Care Plan/Individual Care Plan
- Where a patient is unable to provide quality input due to the effects of drugs and/or other substances at the time of admission, members of the healthcare team will formulate an interim plan until the patient is well enough to provide this input
- Nursing Care Plans/Individual Care Plans will be reviewed at least monthly or sooner if the patient's condition warrants a change in the level of medication provided
- Registered Nurses may be asked to participate in Quality Assurance Programs and contribute towards the development and review of Policies relating to the operation of the clinic as well as OH&S

PROFESSIONAL BEHAVIOUR

- All staff shall be mindful of their responsibilities as employees
- Staff members will not bring disrepute to the proprietors of United Gardens Clinic, Charter Health Management Pty Ltd or any other associated companies
- Staff members will, at all times, behave in a manner befitting the health professions and allied health workers

- Staff members are not engage in larceny as a servant in any way. Similarly, larceny against any client/patient will not be tolerated and will lead to instant dismissal and involvement of the NSW Police Service

3.41.4 PHARMASIST POSITION DESCRIPTION

THE ROLE OF THE CLINIC PHARMACIST

The Pharmacist is a professional person who is responsible to the Director of United Gardens Clinic for the clinical pharmaceutical needs of clinics under the auspice of Charter Health Management Pty Ltd and United Gardens Clinic. The main function of the Clinic Pharmacist working as a member of the health delivery team at United Gardens Clinic is to ensure that all aspects of the dispensing of Methadone and/or Buprenorphine (Suboxone) and, especially, the make-up and dispensing of take-away doses of Methadone/Buprenorphine/Suboxone to patients is strictly in accordance with the Medicines, Poisons and Therapeutic Goods Act 2008 (updated June 2015) and Australian Pharmaceutical Advisory Guidelines.

ESSENTIAL QUALIFICATIONS

- Pharmacists must be currently registered with the NSW Pharmaceutical Board. The current Authority to Practice must be produced to the Director of United Gardens Clinic upon appointment to the staff, in whatever capacity, and then annually upon renewal
- Knowledge of the requirements for the dispensing of Methadone/ Buprenorphine to patients on a Methadone maintenance program as set out in the clinical guidelines of the Pharmaceutical Services Section of the NSW Department of Health (1998)
- Expert knowledge of The Medicines, Poisons and Therapeutic Goods Act 2008 (updated June 2015) as it applies in New South Wales

DESIRABLE QUALIFICATIONS

- Experience in dispensing Methadone to patients within the framework of a Methadone maintenance program of harm minimisation
- Working knowledge of the MMS clinical program
- Working knowledge of other computer based applications for recording and dispensing of prescriptions for Methadone in strict accordance with State regulations
- Interest in working in the area of Drug and Alcohol rehabilitation.

RESPONSIBILITIES

- Clinic Pharmacists are directly responsible and answerable to the Director of United Gardens Clinic.
- To implement the Philosophy, Objectives and Policies and Procedures of Charter Health Management and United Gardens Clinic as it applies to the dispensing of

Methadone to patients.

- To participate in Professional Development Reviews (PDRs) as and when required according to the Policies and Procedures in force at the time.
- To work within the Code of Ethics of the pharmaceutical profession and be able to work independently without close supervision.
- To ensure that all pharmaceutical parameters associated with the clinic are of the highest professional standard and accountability.
- Report any serious breach of United Gardens Clinic Policy or pharmaceutical ethics that may impact upon the work of the clinic pharmacist to the Director of United Gardens Clinic.
- Ability to plan and implement a system for the make-up and dispensing of take-away doses for the clinic that is cost effective yet is within the parameters of high quality clinical practice within the scope and constraints of the position.
- To be available as a consultant and to advise on matters relative to the responsibilities of a pharmacist associated with the clinic
- Be able to communicate with fellow staff members and other members of the health team.

STAFF RESPONSIBILITIES

- As a staff member, be familiar with the Charter Health Management and United Gardens Clinic Policies and Procedures.
- Clinic Pharmacists shall be responsible and accountable for the performance of their duties.
- Clinic Pharmacists will work hours suitable to the efficient operation of the make-up and dispensing of take-away dose for the clinics on a weekly basis or otherwise as needs may be from time-to-time.
- Clinic Pharmacists will report any inability to attend work to Director of United Gardens Clinic as soon as practicable prior to the commencement of the shift.
- Clinic Pharmacists wishing to change their shifts with another Clinic Pharmacist must first consult with the Nursing Unit Manager in his/her absence.
- Clinic Pharmacists should, where indicated, initiate pharmaceutical intervention when required by liaising with the patient's medical officer and other health care professionals where a review of dosing is in the best interests of the patients.
- Any queries pertaining to the care of a patient should be directed to the Manager of United Gardens Clinic in his/her absence.
- Clinic Pharmacists are expected to know the legal requirements under the Poisons Act for the care, ordering, dispensing and documentation of all medications, restricted substances and drugs of addiction.
- Clinic Pharmacists will ensure that all they are aware of the fire plan, evacuation procedures, the whereabouts of fire extinguishers and hoses within the United Gardens Clinic.

RESPONSIBILITY TO PATIENTS

75 | Updated February 2017

As a member of the healthcare team, the Clinic Pharmacist is responsible for the provision of high quality pharmaceutical clinical care. This will require, amongst other things, the constant monitoring, by way of weekly audits, of the dosing prescriptions of each patient.

ENVIRONMENT

- Clinic Pharmacists will maintain a clean, safe environment for staff and visitors. You are to ensure that the area used for the dispensing and make-up of take-away doses is kept clean and that all refuse bins are emptied in at the end the session.
- Clinic Pharmacists will accurately report all injuries and accidents occurring in the area used for the dispensing and make-up of take-away doses at United Gardens Clinic. Accident/Injury forms are to be dated with the time of the incident and forwarded for the Manager's attention in a timely fashion but always by the end of the shift.
- Clinic Pharmacists will report any accident that requires medical intervention or hospitalisation as this will need to be reported to the Department of Health and the company's insurers.
- Clinic Pharmacists will report any shortfalls of supplies against amounts ordered as it relates to the bulk supply of Methadone from Metropolitan Dispensing Services
- Clinic Pharmacists will report any maintenance requirements pertaining to all equipment used by them.
- Clinic Pharmacists will be involved in any corrective and/or maintenance program. Report all hazards and identify potential risks within the area used for the dispensing and make-up of take-away doses

EQUIPMENT

- Ensure all staff have adequate equipment with which to perform their tasks.
- Ensure staff know how to use the equipment safely
- Clinic Pharmacists shall liaise with the Director of United Gardens Clinic about obtaining new equipment.

RECORDS, AUDITS AND REPORTS

- Clinic Pharmacists are required to perform weekly audits of all dosing cards and prescriptions written by medical officers within the clinic and also those associated with the clinic to ensure accuracy of entered information (see Appendix 9).
- Clinic Pharmacists may be asked to participate in Quality Assurance Programs and contribute towards the development and review of Policies relating to the operation of the clinic as well as OH&S.
- Clinic Pharmacists are to be fully responsible for the preparation of all take-aways ordered by medical officers.
- Clinic Pharmacists are to conduct random audits of all Schedule 8 Registers and to report any inaccuracies to the Manager

PROFESSIONAL BEHAVIOUR

- All staff shall be mindful of their responsibilities as employees

- Staff members will not bring disrepute to the proprietors of United Gardens Clinic, Charter Health Management Pty Ltd or any other associated companies.
- Staff members will, at all times, behave in a manner befitting the health professions and allied health workers.
- Staff members are not to engage in larceny as a servant in any way. Similarly, larceny against any client/patient will not be tolerated and will lead to instant dismissal and involvement of the NSW Police Service

3.42 STAFF APPRAISALS

Staff appraisals (see Appendix 10) will be conducted annually to:

- To ascertain how well staff are performing their jobs
- To provide regular positive and negative feedback re. their performance
- To build multi-skilled staff
- To ascertain where and when education and change are needed to extend/improve the performance of staff.
- Lay responsibility for performance on individual staff members, with support and guidance from management

3.43 STAFF RESPONSIBILITY STATEMENTS

3.43.1 RECEPTIONIST

At commencement of duty switch on both computers at reception and log on with your personal log in password.

- Once you have logged onto Heretic leave the screen on database maintenance.
- Produce a list of patients with script expiry for this day for the doctors on duty.
- In database maintenance click on options
- Click on search
- Click on Doctor and select equal to and then Doctors name
- Click on expiry date and enter today's date.
- Start search and print
- Repeat procedure for expiries on day before too.

This will provide you with an idea of how many patient will attend to see the doctor. There will usually be more as new clients, other prescribers patients and people who have three no shows may turn up. The Doctor may require this list.

When patient present to see the doctor, fill out Medicare slip. Medicare number, today's date, doctor's name and prescriber number must be on this. If patient does not have a card you need to also add patient's date of birth.

At this time also check that the patient has a photo on the computer. If they do not please take one.

Collect and place the patient's script card and script in front plastic sleeve of file. Make sure the file name is facing away from the view of patients.

After the patient has seen the doctor the scripts will be placed on the top shelf of the trolley and the dosing staff will update this information onto the computer. Script is to be scanned (see *Scanning Prescriptions xxx*). The patient's file will be filed immediately where possible otherwise they are to be placed in a box under the printer to be filed before the end of the day.

TEMPORARY TRANSFERS WITHIN NSW

Obtain transfer dates and destination including residing address. The doctor needs to write a prescription for these dates.

Contact the dosing point (green phone book at reception) and ask for the pharmacist in charge if it is a chemist of the Nurse Unit Manager or RN in charge to get permission to transfer the patient. If destination cannot be found in green book you can ring PSB for the nearest dosing point using postcode of destination.

For the Identification sheet that you fax with the script to the dosing point, you need to go to the Heretic Menu and click on Reports. Choose the patient transfer form. Type in patient surname and click on the correct patient. Fill in details, if not sure check with RN or other staff members. Print. When box appears stating "suspend patient automatically" click NO. This needs to be done on the database.

Fax details to dosing point. Keep back page of script and copy of ID sheet and file in the medical records. Mail the original of script and ID to the dosing point. Document in notes, suspend on computer and write in urgent notes on the screen where they are going and dates. Also document on movement sheet.

Fill out intrastate temporary transfer form for patient information and give to them.

TEMPORARY TRANSFERS INTERSTATE

NSW scripts are only legal in NSW.

You will require the address, dates of the transfer and contact the Health Dept of that state to arrange an appointment. In some states (QLD, SA) you may be able to contact a Doctor or clinic directly. Fax identification where required and find out dosing point details so they can be contacted when return for last dose confirmation.

Fill out interstate temporary transfer form for patient information and give to them.

PROCEDURE FOR PHYSEPTONE TABLETS WHEN TRAVELLING

If Physeptone tablets are required as can occur if patient is going overseas or when dosing point is not available, it needs to be approved by Management.

If travelling overseas patients may require a letter from their prescriber confirming their medication treatment regime. All ordering of Physeptone is managed by the NUM and must be paid for in advance of collection.

OTHER DUTIES

Filing of urines.

Confirmation of application to prescribe with PSB at 4pm. Update information on computer or fill in as a new client. Put details into correctly coloured file.

NEW PATIENTS

Check the database to see if they have been on the program before. If they have you need to check identification details like address and Medicare number. Also check to see if they have an outstanding debt, which will need to be paid before first dosing.

If the patient is returning to program take the old file out of archive to add to the new file.

New patients must be given a letter welcoming them to the Clinic, outlining Rules and Regulations, treatment agreements to sign, certification of entry to sign, overdose card and information booklets. A photo must be taken at first assessment.

Receptionist or Intake Officer must fill out all relevant forms.

TERMINATIONS

If a patient is absent from dosing for seven days they are to be terminated and relevant form faxed to PSB. Also documentation filled out in termination register.

Check that the patient is not in hospital, on temporary transfer or in for a short time in gaol.

The termination form is now computerised and is accessed in the same way as a transfer form.

Check all details on form are correct before faxing to PSB.

Put the patient file including last script card into manila folder and file immediately into archive files. Write the final month and year on the file for ease of disposal.

PHONE MANNER

Phone manner is always to be polite. Identify your first name and the clinic. Say good morning or afternoon. Always be polite and courteous no matter how the other person may be speaking.

DO NOT give out information about staff members or patients. You cannot confirm or deny that a patient is on the program without a release of information.

Any clinical information must be relayed by clinical staff only (doctors and nurses) and there must be a release of information unless it is DOCS.

SCRIPT EXTENSIONS BY PHONE (CAN BE EXTENDED BY ANY DOSING STAFF)

When the patient asks for a script extension by phone, refer them to the Nursing Manager or Pharmacist on duty. The nurse will then deal with the request in consultation with their Doctor and record the outcome of the conversation in the phone order book giving it a unique number. The phone order should be transferred onto the script with the unique number reference instead of the Doctor signature.

END OF DAY RECEPTION DUTIES

1. All files must be put away
2. Reception desk must be clear of papers etc.
3. Organise faxes that have come through. Deal with what you can, the rest to be left stacked neatly by the fax, with a message relating to them in the communication book.
4. If you have queries or information for the next day, including transfers in progress, write them in the communication book.
5. Do not leave scripts on the side of desk. File them and if there are relating queries to them write them in communication book.
6. Make sure the Caringbah scripts are faxed and list is complete
7. Make sure that all patients that have received first doses are filed in filing room in correct coloured folder.
8. Check doctors rooms for script pads or information left out that needs to be put away. Turn off lights
9. Check pamphlets, new patient sheets, rules and regs are stocked full
10. Tidy reception waiting room
11. Post outgoing mail every day

FRIDAY DUTIES (EXTRA)

1. Check all PDC scripts are current and faxed to appropriate gaols. If script is needed get doctor on duty to write it then fax. Check that these patients are suspended on the calendar for the weekend.

2. Do a search on today's date, yesterday's date and Wednesday's date for all scripts that expire. If these patients have missed seeing their doctor check to see that their script covers them for the weekend so they don't miss dosing. The doctor on duty will do this.
 - ❖ The patient may have received takeaways on Friday and therefore will be covered for the weekend and will see the Doctor on duty on Monday before dosing. Check for this on history.

If a no show on Friday will mean that the patient has had three no shows, and the doctor extends the script, put a note on the script so RN's are aware that they have not seen a doctor. The patient will not be dosed but as the doctor leaves before dosing shuts on Friday this precaution is taken just in case the patient turns up in between the doctor leaving and dosing finishing

3.43.2 DOSING STAFF

1. If you have not been to our clinic before, you will need to produce your Registration card for verification and the Manager will attend to this.
2. Sign the time sheet and put your name on the top of the page. At the end of the day, put the time you finished.
3. If the computer is not turned on, turn it on and enter your Password.
4. You will notice several icons on the computer screen. One of them is labelled 'Heretic'. Double click the left button of the mouse on this icon to activate the program.
5. When the second person arrives, the RN or Pharmacist will take the daily stock from the bulk stock.
6. Ask the Pharmacist to open the large Bulk Drug safe and take out the bottle of Methadone marked T/A which you will find is written in large black letters on the top right hand corner of the Methadone label. The bottle will be on the bottom shelf of the safe in the right hand front corner and will be fitted with a Compet pump.
7. Count the remaining bottles of Methadone and ensure the person in charge locks the safe and takes the keys and places them back in the small safe.
8. At the end of day, measure the amount of Methadone in the measuring flask and recant the amount into the 1 litre Methadone bottle it came from. The amount measured should be within 5-10mls of what is recorded as the final balance in the "Dispensary Register - Daily Use - T/As and Returned to Stock".
9. If you are satisfied the balance is correct, make the following entry in the "Dispensary Register - Daily Use - T/As and Returned to Stock". Transferred to Pharmacistxxxmls and the Balance is written as NIL.
10. Re-insert the Compet pump and prime the pump.
11. Return to the computer and write down the amount measured previously on a piece of paper. Remember, if you have taken another bottle from bulk stock you must add

this amount to what you have measured.

12. Refer to Daily Checklist overleaf.

13. Complete your time sheet.

14. If you are a locum Pharmacist you must provide details so that we can pay you.

DAILY PERFORMANCE CHECKLIST AND MEASURES – NURSES/PHARMACISTS (v. April 2015)

MONTH	DATE								
DAY		M	TU	W	TH	FR	SA	SU	TOTAL
Open messages: 1) Heretic Menu 2) Gmail – Team Support 3) Centrepay									
Staff No. (= or ↓)									
Observe clients presenting before 5.55am									
Drugs – stock ordered or received									
Number of Incident Reports									
Computer downturn									
Wrong entry / non-entry in computer									
Printing – Scheduling urine and labeling									
Number of returning pathology bills									
Check first aid kit/emergency trolley			*						
Calibrate the takeaway pumps every Sunday								*	
Check emergency portable lights							*		
Check and counter-sign drug registers: 1) Clinic 2)Takeaway									
CHECK, SCAN and FILE all Treatment Cards									
Audits as required									
Check and counter-sign bulk stock		*	*	*	*	*	*	*	
Printing/Labeling T/A bottles									
Prepare T/A trays for the next day									
Return all uncollected T/As		*	*	*	*	*			
Replenish stock supplies									
Check all suspended clients			*						
Place Monies and Prediction Report in safe									

Check bulk/daily safe are locked and spun								
End of Day Reports signed								
Expired Scripts Presented to the Doctors for Instruction/Extension								
Number of clients dosed								
Number of people dosed between 6-7am								
Concern of care attended to								
Number of admissions								
Number of urines taken								
Number of Discharges / Involuntary + in red								
Check prescription treatment charts								
Security breach								
Signatures								

* Denotes actions to be completed each day

UNITED GARDESN CLINIC

4.0 INFORMATION MANAGEMENT

4.1 STORAGE OF CONFIDENTIAL INFORMATION

United Gardens Clinic is committed to ensuring that the work of staff is supported and assisted by integrated and efficient information technology.

As far as possible within available resources, United Gardens Clinic will maintain an up to date computer system providing staff with:

- reliable software for their day to day tasks
- high speed internet access
- Computer based messaging systems

PROCEDURES

IT EQUIPMENT AND RESPONSIBILITIES

The organisation maintains the following computer system:

- United Gardens Clinic operates and Windows server based network linking six work stations.
- The main server is located on the desk in the back corridor. Original copies of software are kept off site at the Directors private office.
- Access to the server is restricted to the Clinic Director, Feral Systems Manager and Gordy (maintenance worker).

The Clinic Director is responsible for:

- maintaining the system and liaison with IT contractors or technicians when necessary.
- providing advice to the organisation regarding IT issues.
- providing an IT orientation to new staff members
- providing IT support to staff.

INFORMATION MANAGEMENT AND ACCESS

The system consists of:

Computer work stations at reception, dispensing, doctor's room, Director's office and Liaison worker's office (also Hep c room and Pathology). Access covered by pass word.

Heretic systems password protected. General access covered by all reception and dispensing staff as in training and policy.

FILING AND NAMING PROTOCOL

As managed by Director and Feral systems.

INFORMATION SECURITY

Virus protection updates are downloaded automatically by Norton Virus Software.

The Nurse Manager/dispensary staff will be responsible for backing up the server daily and for ensuring that all staff responsible for data are trained to conduct and monitor back up procedures.

Back up onto tape media will be done in regular rotation so that a copy of the previous day's data is always available as a back up to the current day's data.

Incremental (every keystroke becomes a new restore point) "cloud" backups are continually carried out to provide an infinite number of offsite backup points

The Clinic Director will conduct test restoration of data on a 6 month basis.

Staff doing computer-based work from home must have adequate virus protection software installed on their home computers, and ensure that any files transferred to the organisation's computer system have been virus screened.

ACCIDENTAL LOSS OF DATA

A full current version of the Heretic software is stored at both Feral Systems and the Clinic Directors offsite offices. Any loss of Heretic data is retrieved and reinstalled by Feral Systems. Data can be retrieved from both the tape backup and also the incremental cloud backups

All critical data such as dosing records have a backup paper version so as to avoid any gap in service delivery.

The only other software used is Microsoft office. Numerous copies are available both onsite and in Directors office.

USE OF INTERNET

Use of the organisation's computer network to access the internet for personal use is only permitted during non-dosing periods and breaks. This includes all work stations, reception, dosing and takeaway computers.

This prohibits use of the network to:

- access pornographic, gambling or gaming related sites or material.
- use EBay or similar online purchasing sites or 'dating' sites
- create or exchange messages, images or sounds that are offensive, harassing, defamatory, obscene, sexually harassing or threatening
- download any files without permissions for intellectual property rights (including commercial software, games, music or movies)
- create or exchange advertisements, solicitations, chain letters and other unsolicited or bulk email.
- download software without the approval of Clinic Director
- play games or surf the internet in work time.

Staff should also ensure that any activity on a personal social network site does not identify or implicate United Gardens Clinic in any way and that organisational policies regarding confidentiality and privacy are extended to all internet exchanges.

4.2 RELEASE OF INFORMATION

United Gardens Clinic is a multi-disciplinary health care facility, which requires an efficient, effective information service. When dealing directly with allied health service facilities and health practitioners the following will apply:

GENERAL:

1. The person answering the telephone shall call the Registered Nurse in Charge to give information on the condition of patients.
2. The person answering the telephone shall give no information unless authorised.
3. Specific requests can be referred to the medical practitioner or other allied health professionals if required.
4. No details of staff personnel shall be given to anyone unless advised by the staff member concerned. Any queries regarding staff members should be directed to the manager

PRESS:

No information is to be given to the media. Please direct all queries to the Directors.

PHOTOGRAPHS:

No photographs to be taken without the approval of the Directors.

When newspapers request the privilege of photographing a patient, such permission will be given if:

- the patient is willing for the photograph to be taken and
- the dignity of the patient will not suffer because of the photograph.

UNITED GARDENS CLINIC

5.0 IMPROVING PERFORMANCE

5.1 QUALITY ASSURANCE

The management of United Gardens Clinic is committed to a comprehensive Quality Assurance (QA) program, which ensures that acceptable standards of practice are maintained. Quality Assurance is defined as:

"a planned and systematic approach to monitoring and assessing the care provided, or the service being delivered, that identifies opportunities for improvement and provides a mechanism through which actions are taken to make and maintain these improvements" (ACHS, 1986).

Quality assurance is the systematic approach where outcomes of practice are evaluated against established standards. Appropriate action is taken to achieve and maintain quality of care.

Management is responsible for ensuring that the program which has been implemented ensures optimal care and service. This will ensure that the program includes, where appropriate, clinical, nonclinical and utilisation review. All QA activities must ensure that confidentiality of information in respect of staff and patients is preserved and other rights are upheld, and that United Gardens Clinic's policies and procedures, ethics and all practices in general are adhered to.

Management is responsible for developing, documenting, implementing and reporting to management meetings in relation to QA activities and the outcomes resulting from such activities.

AIMS

Quality Assurance is:

Looking at what we do to and for our patients (Consumers/Customers), thinking about it, and judging whether it reaches certain standards and, if not, trying to improve it.

OBJECTIVES

- To ensure a planned and systematic approach to monitoring and assessing the care provided or the service rendered in all sections of the clinic.
- To establish the process of clinical review, nonclinical review and utilisation review

in the assessment and evaluation of services.

-To provide a mechanism through which recommendations for corrective action can be implemented at service provision level (eg. Dispensary, Reception, Administration, Pharmacy etc). Areas maybe indicated where there is potential to substantially improve.

-To follow up problems identified by taking corrective action, disseminating results and reviewing progress. All breeches of patients' Rights and Outcome Standards (ACHS) are reported.

-To evaluate efficiency, effectiveness and appropriateness of corrective actions taken in order to uphold a quality service and contain costs.

-To provide opportunities for staff education in order to create awareness and comprehension of the processes of review, necessary for cost containment and individual responsibility.

-To realise, acknowledge and understand the standards set by the Australian Council on Healthcare Standards for accreditation.

5.1.1 FUNCTIONS

-Helps to identify and resolve potential or actual deficiencies or problems in care.

-Motivates staff to be more aware of, and interested in, standards of patient care.

-Improves communication between all levels of staff within the facility as a whole.

-Encourages adequate documentation of care in medical records.

-Enables the clinic to document specific improvements in the quality of care.

-Enables the clinic to measure and thereby demonstrate specific levels of quality of care.

-Provides a tangible response to the increasingly critical/sceptical/demanding attitudes of the public towards health care in general and, in particular, Methadone clinics.

-Facilitates coordinated planning and implementation of care by medical, nursing and allied health professionals (ie. a multidisciplinary approach to holistic patient care).

-A mechanism for health care accountability.

-Provides a stimulus for and constructive input into continuing education for all

health care professionals.

-Identifies areas of health care potentially requiring more detailed study and research.

-Demonstrates that health care practitioners are qualified and competent.

-Helps identify barriers to achieving high quality patient care.

-Facilitates achievement of efficient and cost-effective health care delivery.

5.1.2 ROLE OF MANAGEMENT

-To oversee a plan for clinic-wide compliance with a program of clinical, nonclinical and service utilisation review.

-To organise and co-ordinate all quality assurance working parties with relevant expertise in the area of evaluation for individual projects.

-To assist working parties in their formulation of recommendations ensuring review methodologies are simple, appropriate, reliable and valid.

-To assist in the development of continuing education programs related to QA.

-To ensure effective communication and document all appropriate relevant data.

-To assist in annual evaluation of the QA program and ensure that it is comprehensive, continuous and effective.

-To ensure confidentiality and security of data.

-To oversee the implementation of recommendations for development of procedures (protocols), policies and corrective action of any QA activity.

-To inform management of matters that require action.

5.1.3 METHOD

The methods used to assess QA fall basically into three types:

- document based review
- direct observation
- dialogue and interviews with staff, patients and other stakeholders.

The type selected for use will depend entirely on one particular service/are to be assessed, and this may require one or more of the basic types to be used to gain a greater and more

varied data base to proceed from.

5.1.4 PROCESSES

Assessment - assess the monitored data to determine the type and extent of the problem, opportunities for improvement or to demonstrate that the care provided is actually reaching established standards.

Action - the action taken to rectify a problem or to improve care may involve:

- educational program
- reallocation of resources
- change in policies and procedures
- new equipment
- administrative changes

It is important that the results of the study and the action to be implemented is fed back to the staff involved.

Follow-up - The follow-up phase represents the assurance phase of QA that is, once action has been implemented, it is important to go back at a later date and determine whether this action has actually improved the care you have been monitoring.

5.1.5 MONITORING ACTIVITIES

Any systematic ongoing process of collecting information on clinical or non-clinical performance. Monitoring may commence because of a suspected problem or, is already being carried out in identified areas of concern.

FEEDBACK - all the above processes are involved in this area.

UNITED GARDENS CLINIC

AUTHORISATION

This Policy and Procedures Manual, reviewed most recently in July 2015 is to be reviewed annually by staff and management.

This Policy and procedures Manual is authorised by the Managing Director of United Gardens Clinic.

Gary Grien, Managing Director

Date: _____

UNITED GARDENS CLINIC

APPENIDICIES

APPENDIX 1 DIVERSITY AND INCLUSION CHECKLIST

INSIDE THE ORGANISATION		DATE:	
Item 1	Action	Yes / No	Comments
1.1	The mission statement, policies and procedures are regularly reviewed to ensure the incorporation of principles and practices that promote diversity and cultural competence.		
1.2	Performance targets are established to achieve service use rates which align with the cultural mix of the target population. Processes are in place for prioritising potential service users from diverse backgrounds in line with these targets.		
1.3	Planning processes which include action to enhance the cultural competence of the organisation have been developed e.g. Developing a Reconciliation Action Plan, Undertaking Rainbow Tick accreditation.		
1.4	Representatives from diverse backgrounds participate in the organisation's governing body and reference groups.		
1.5	Staff, clients and others use inclusive spoken and written language, free from stereotyping or bias and inclusive in valuing diversity.		
1.6	Sensitive approaches to documentation are used.		

SERVICE USERS			
Item 2	Action	Yes / No	Comments
2.1	Data in relation to service user's diversity and diversity needs is collected, which includes: <ul style="list-style-type: none"> Cultural, sexual and gender identity Language spoken at home/languages other than English spoken Family background, and Diverse needs. 		
2.2	Processes are used to identify service user needs at the point of intake or initial assessment.		
2.3	Service users receive appropriate referrals and resources where available (availability of culturally appropriate resources reviewed regularly).		
2.4	Mechanisms for consultation and feedback from service users with diverse needs are in place.		

STAFF			
Item	Issue	Yes / No	Comments
3			
3.1	Employment practices encourage the recruitment and retention of people from diverse backgrounds.		
3.2	Demonstrated knowledge and experience in cross-cultural issues is included as a criterion in position descriptions related to job advertisements.		
3.3	Diversity education and training is provided to all staff, volunteers and students.		

LINGUISTIC DIVERSITY			
Item	Issue	Yes / No	Comments
4			
4.1	Interpreter and translating costs are budgeted for. There is an established account with the Telephone Interpreter Service.		
4.2	Staff are trained in using the Telephone Interpreter Service.		
4.3	The organisation has clearly outlined policies and procedures for the use of interpreters and translators.		
4.4	Signage exists so that people can indicate their preferred language of choice.		
4.5	General information pamphlets in a variety of languages are accessible to service users.		

RESOURCES AND ENVIRONMENT			
Item	Action	Yes / No	Comments
5			
5.1	A welcoming, inclusive environment is provided.		
5.2	In waiting areas, diversity posters, stickers and/or symbols are displayed.		
5.3	Diversity target group information and images are displayed in educational or promotional materials produced by the organisation.		
5.4	The organisation provides listings or advertising of the service in specialised press or directories.		
5.5	Diversity target group related health and service information is displayed in plain or easy English and in other languages where possible and appropriate.		

5.6	The resource library includes information and resources about diversity issues.		
5.7	Print information uses culturally diverse and culturally appropriate images.		
5.8	The organisation provides information in languages other than English.		

COMMUNITY LINKAGES			
Item	Issue	Yes / No	Comments
6.1	The organisation uses culturally appropriate strategies when reaching out to specific communities.		
6.2	The organisation develops links with specific communities and workers in relevant communities as cultural consultants when needed.		
6.3	The organisation liaises with specific community organisations in the target area.		

SOURCE: TAKEN FROM THE NADA POLICY TOOL KIT

<http://www.nada.org.au/resources/nadapublications/resourcestoolkits/policytoolkit2ed/>

Items to action			
Item	Issue	Person Responsible	Deadline

Reviewed By: _____

Signature: _____

APPENDIX 2 RISK REGISTER

RISK AREAS	IDENTIFIED RISKS <i>(Items in italics are examples)</i>	Risk rating 1-2: extreme or very high 3-4: high or significant 5-6: MEDIUM OR LOW N: negligible	Action to manage risk	Responsibility
ADMINISTRATION AND INFORMATION TECHNOLOGY (IT)				
Poor filing systems, records management and information management	<i>Mistakes in data entry in Heretic</i>	4.	Regular script auditing	Pharmacist
Poor correspondence handling or communication	<i>Damage to relationships with external bodies and individuals</i>	6.	Supervision by senior staff Checklists	NUM
Inadequate management of client records	<i>Information missing from patient files</i>	4.	Regular/ random audits of files	NUM
Lack of security or back up on electronic records	<i>Multiple back up & recovery systems in place</i>	6.	Sequential cloud backup	Director
Inadequate maintenance of computer systems	<i>Nil- constant maintenance up grades</i>	Negligible	Constant maintenance/upgrades/new equipment	Director/IT Support

97 | Updated February 2017

RISK AREAS	IDENTIFIED RISKS <i>(Items in italics are examples)</i>	Risk rating 1-2: extreme or very high 3-4: high or significant 5-6: MEDIUM OR LOW N: negligible	Action to manage risk	Responsibility
Inadequate insurance cover and/or monitoring	<i>Nil- insurance kept up to date</i>	Negligible	Insurance policies kept up to date	Director/Admin staff
ENVIRONMENT				
Poor management of the organisation's relationships with other agencies	<i>Loss of opportunities or access to information</i>	6	Managed by Liaison worker	Director/ liaison worker
Poor management of information about the organisation and its activities	<i>Damage to professional reputation of organisation</i>	6	Managed by Liaison worker	Liaison worker
FINANCE				
Inability to generate funds	<i>Insufficient funds to keep operating at current level</i>	3	Constant review by management team	Director
Inadequate financial planning and monitoring	<i>Budget overruns</i>	5	Reviewed by Director	Director
Inadequate financial record keeping and reporting	<i>Inability to pay bills in timely manner</i>	6	MYOB bookkeeping	Director, accountant
Inadequate controls and procedures	<i>Unauthorised expenditure or fraud</i>	6.	Policy & procedures	Director

98 | Updated February 2017

RISK AREAS	IDENTIFIED RISKS <i>(Items in italics are examples)</i>	Risk rating 1-2: extreme or very high 3-4: high or significant 5-6: MEDIUM OR LOW N: negligible	Action to manage risk	Responsibility
Unanticipated expenses or inadequate provisions being made for potential expenses (e.g. paid maternity leave)	<i>Inability to pay bills/insolvency</i>	5.	Increased prudent reserve	Director
GOVERNANCE				
Inadequate compliance and administration of incorporation requirements	<i>Nil- compliance monitored by accountant and Director</i>	Negligible	Compliance monitored by accountant	Director/accountant/ admin worker
HUMAN RESOURCE MANAGEMENT				
Inadequate personnel policies or procedures	<i>Nil- Detailed Policy and Procedures</i>	Negligible	Policy & procedures	NUM /Director
Inadequate skills, knowledge or understanding of job requirements by staff	<i>Poor service delivery, staff performance or client complaint</i>	4.	Increased training & supervision of staff	NUM
Inappropriate behaviour by staff	<i>Client, staff complaint or concern</i>	4.	Ongoing training & supervision	NUM
Poor workplace conditions or breaches of Workplace Health and Safety	<i>Injury or illness of staff or ; Legal action against the organisation</i>	5.	WHS rep	NUM or designated staff rep
Poor recruitment procedures or staff succession planning	<i>Nil- All staff recruitment managed by Director</i>	Negligible	Recruitment managed by Director	Director
Poor staff complaints or disputes handling	<i>Disruption to operations</i>	6.	Policy & procedures	NUM/ Director

99 | Updated February 2017

RISK AREAS	IDENTIFIED RISKS <i>(Items in italics are examples)</i>	Risk rating 1-2: extreme or very high 3-4: high or significant 5-6: MEDIUM OR LOW N: negligible	Action to manage risk	Responsibility
Inadequate knowledge transfer processes	<i>Loss of critical knowledge when key personnel leave</i>	6.	Rotating staff positions	NUM
Ineffective lines of communication throughout the organisation	<i>Loss or organisational performance, disputes or staff confusion</i>	6.	Regular management meetings	Management Team
Poor record keeping (for example, lack of documented job contracts, mistakes in staff entitlements)	<i>Staff complaint or industrial action</i>	6.	Policy & procedures updated as needed	NUM
Legal				
Lack of compliance with legislation related to service user safety and protection (e.g. child protection, sexual harassment etc)	<i>Nil- all legal requirements constantly monitored and applied</i>	Negligible	Policy & procedure	Director
Lack of compliance with anti-discrimination legislation in employment or the provision of goods and services	<i>Nil- all legislation complied to</i>	Negligible	Policy & procedure	Director
Lack of compliance in information management and record keeping	<i>Nil- All systems legally up to date</i>	Negligible	Policy & procedure	Director/NUM
Lack of compliance with industrial requirements (including workers compensation insurance, wages and entitlements)	<i>Nil- all legislation adhered to</i>	Negligible	Monitored by Director	Director

100 | Updated February 2017

RISK AREAS	IDENTIFIED RISKS <i>(Items in italics are examples)</i>	Risk rating 1-2: extreme or very high 3-4: high or significant 5-6: MEDIUM OR LOW N: negligible	Action to manage risk	Responsibility
Lack of compliance with taxation requirements (including employee deductions, superannuation, GST etc)	<i>Nil- managed by accountants</i>	Negligible	Monitored by Director	Director
Inadequate monitoring of other legal requirements and obligations	<i>Nil- managed by Director</i>	Negligible	Monitored by Director	Director
Inadequate procedures for establishing contracts	<i>Nil- all contracts managed by Director</i>	Negligible	Monitored by Director	Director
Inadequate procedures for monitoring contract compliance	<i>Nil- all contracts managed by Director</i>	Negligible	Monitored by Director	Director
MANAGEMENT AND OPERATIONS				
Lack of adequate policies, appropriate documentation or policy implementation	<i>Nil-Detailed up to date policies available</i>	Negligible	Regular management meetings	Management Team
Inappropriate or inadequate policy or procedure for client service provision	<i>Nil- up dated policies maintained</i>	Negligible	Regular management meetings	Management Team
Lack of compliance with service provision standards	<i>Nil-</i>	Negligible	Regular management meetings	Management Team
Inadequate feedback mechanisms or service quality monitoring	<i>Low constant feedback and monitoring</i>	Negligible	Regular management meetings/ supervision	Management team
Poor planning and inadequate monitoring of organisational plans	<i>Nil- constant planning by Director</i>	Negligible	Regular management meetings	Management Team

101 | Updated February 2017

RISK AREAS	IDENTIFIED RISKS <i>(Items in italics are examples)</i>	Risk rating 1-2: extreme or very high 3-4: high or significant 5-6: MEDIUM OR LOW N: negligible	Action to manage risk	Responsibility
Selling of building to new owners and forced relocation	<i>High risk</i>	3.	Management researching other possible sites. Discussion with new owner as soon as possible. Continued liaison work to maintain good relations with all stake holders.	Director and Liaison worker.
Negligence in maintaining and implementing procedures to protect clients, staff and from harassment or violence	<i>Low strict systems in place</i>	6.	Regular management meetings	Management Team
PHYSICAL				
Inadequate safety precautions being taken, or hazard assessment being made of physical environment and equipment (including grounds and buildings, vehicles and equipment, procedures and practices)	<i>Constant monitoring in place</i>	5.	Maintenance/hazard register	NUM
Poor ergonomics of work furniture and equipment	<i>Injury to individuals; Legal action against organisation</i>	6.	Only ergonomically correct equipment	Director

102 | Updated February 2017

RISK AREAS	IDENTIFIED RISKS <i>(Items in italics are examples)</i>	Risk rating 1-2: extreme or very high 3-4: high or significant 5-6: MEDIUM OR LOW N: negligible	Action to manage risk	Responsibility
Inadequate procedures for infection control	<i>Clients, staff falling ill; Service closing due to outbreaks of infectious disease</i>	5.	Universal precautions /infection control training	NUM
Inadequate security for premises	<i>Nil- high security building</i>	Negligible	High security facility Updating duress alarms	Director
Accidents or critical incidents occurring	<i>Injury to individuals, workers compensation claims, or civil action being taken</i>	5.	Accident/incident report form updated	Management Team
Inadequate procedures for handling accidents or critical incidents	<i>Accidents or injuries occurring without notification being made to the appropriate people within the organisation</i>	5.	Covered by policy and procedures / item in management meetings	NUM

103 | Updated February 2017

Impact

	Very high	High	Medium	Low
Very high (almost certain)	1: Extreme	2: Very high	3: High	5: Medium
High (probable)	2: Very high	3: High	4: Significant	6: Low
Medium (may happen)	3: High	4: Significant	5: Medium	Negligible
Low (unlikely)	4: Significant	5: Medium	6: Low	Negligible

104 | Updated February 2017

APPENDIX 3 COMPLIANCE REGISTER

Description	Responsibility	Due Date	Signature & Date
Renew NSW GOVT Health Licence	Management – Lucina/Gary	Aug 2018 (Due 30/09/2018)	
Renew ASIC United Gardens Clinic Registration	Director - Gary	March 2018 (Due 10/04/2018)	

Description	Responsibility	Due Date	Signature & Date
Review & update policies and procedure	Management – Lucinda	Jan 2018	
Update of strategic plan	Director- Gary	Jan 2018	
Development of annual plan and budget	Director – Gary	Jan 2018	
Review & update UGC documents and forms	Management – Lucinda	Feb 2018	

Description	Responsibility	Due Date	Signature & Date
Client file audit for Jan quarter	Admin – Deb	Jan 2018	
Client file audit for April quarter	Admin – Deb	Apr 2018	
Client file audit for July quarter	Admin – Deb	Jul 2018	
Client file audit for Oct quarter	Admin – Deb	Oct 2018	
Personnel (staff) file audit (annually)	Admin – Evelyn	Oct 2018	
Update client contact details (annually)	Admin – Deb	Nov 2018	

Description	Responsibility	Due Date	Signature & Date
Staff meeting schedule implemented	Admin – Evelyn	Jan 2018	
Staff appraisals	Admin – Evelyn	Oct 2018	
Training schedules	Admin – Evelyn	Jan 2018	

Description	Responsibility	Due Date	Signature & Date
Cleaning schedule developed for 2018	Admin – Evelyn	Jan 2018	
Review 'Safety Policy'	Management – Evelyn	Apr 2018	

Review & update 'Risk Management' policies	Management – Lucinda/Evelyn	Jan 2018	
Review & update 'Compliance register' (Annual)	Admin - Alice	Jan 2018	
Diversity Checklist Review and Update (Annual)	Admin – Alice	June 2018	

Description	Responsibility	Due Date	Signature & Date
Nurse registrations	Admin – Evelyn	June 2018	
Pharmacist registrations	Admin – Evelyn	Dec 2018	

Description	Responsibility	Due Date	Signature & Date
Script audit – Dr. Roystowski (biannual)	Clinical – Evelyn		
Script audit – Dr. Roystowski (biannual)	Clinical – Evelyn		
Script audit – Dr. Paisley (biannual)	Clinical – Evelyn		
Script audit – Dr. Paisley (biannual)	Clinical – Evelyn		
Script audit – Dr. Prakash (biannual)	Clinical – Evelyn		
Script audit – Dr. Prakash (biannual)	Clinical – Evelyn		
Script audit – Dr. Semsarian (biannual)	Clinical – Evelyn		
Script audit – Dr. Semsarian (biannual)	Clinical – Evelyn		
Script audit – Dr. Capelhorn (A-M)	Clinical – Evelyn		
Script audit – Dr. Capelhorn (M-Z)	Clinical – Evelyn		

Description	Responsibility	Due Date	Signature & Date
Electrical tagging audit and action (annually)	Workplace Safety Officer	Feb 2018	
Fire extinguisher and fire blanket audit and action (twice yearly)	Workplace Safety Officer	Jun 2018	
Fire extinguisher and fire blanket audit and action (twice yearly)	Workplace Safety Officer	Dec 2018	

Fire safety training	Workplace Safety Officer	Mar 2018	
Office emergency evacuation drill	Workplace Safety Officer	Apr 2018	
Office emergency evacuation drill	Workplace Safety Officer	Nov 2018	
January biannual safety report	Workplace Safety Officer	Jan 2018	
July biannual safety report	Workplace Safety Officer	Jul 2018	

APPENDIX 4 AUSTRALIAN CHARTER OF EMPLOYMENT

Australian Charter of Employment Rights

Recognising that: improved workplace relations requires a collaborative culture in which workers commit to the legitimate expectations of the enterprise in which they work and employers provide for the legitimate expectations of their workers.

And drawing upon: Australian industrial practice, the common law and international treaty obligations binding on Australia, this Charter has been framed as a statement of the reciprocal rights of workers and employers in Australian workplaces.

1 Good faith performance

Every worker and every employer has the right to have their agreed terms of employment performed by them in good faith. They have an obligation to co-operate with each other and ensure a "fair go all round".

2 Work with dignity

Recognising that labour is not a mere commodity, workers and employers have the right to be accorded dignity at work and to experience the dignity of work. This includes being:

- treated with respect
- recognised and valued for the work, managerial or business functions they perform
- provided with opportunities for skill enhancement and career progression
- protected from bullying, harassment and unwarranted surveillance.

3 Freedom from discrimination and harassment

Workers and employers have the right to enjoy a workplace that is free of discrimination or harassment based on:

- race, colour, descent, national, social or ethnic origin
- sex, gender identity or sexual orientation
- age
- physical or mental disability
- marital status
- family or carer responsibilities
- pregnancy, potential pregnancy or breastfeeding
- religion or religious belief
- political opinion
- irrelevant criminal record
- union membership or participation in union activities or other collective industrial activity
- membership of an employer organisation or participation in the activities of such a body
- personal association with someone possessing one or more of these attributes.

4 A safe and healthy workplace

Every worker has the right to a safe and healthy working environment.

Every employer has the right to expect that workers will co-operate with, and assist, their employer to provide a safe working environment.

5 Workplace democracy

Employers have the right to responsibly manage their business.

Workers have the right to express their views to their employer and have those views duly considered in good faith.

Workers have the right to participate in the making of decisions that have significant implications for themselves or their workplace.

6 Union membership and representation

Workers have the right to form and join a trade union for the protection of their occupational, social and economic interests.

Workers have the right to require their union to perform and observe its rules, and to have the activities of their union conducted free from employer and governmental interference.

Every worker has the right to be represented by their union in the workplace.

7 Protection from unfair dismissal

Every worker has the right to security of employment and to be protected against unfair, capricious or arbitrary dismissal without a valid reason related to the worker's performance or conduct or the operational requirements of the enterprise affecting that worker. This right is subject to exceptions consistent with International Labour Organization standards.

8 Fair minimum standards

Every worker is entitled to the protection of minimum standards, mandated by law and principally established and

maintained by an impartial tribunal independent of government, which provide for a minimum wage and just conditions of work, including safe and family-friendly working hours.

9 Fairness and balance in industrial bargaining

Workers have the right to bargain collectively through the representative of their choosing.

Workers, workers' representatives and employers have the obligation to conduct any such bargaining in good faith.

Subject to compliance with their obligation to bargain in good faith, workers have the right to take industrial action and employers have the right to respond.

Conciliation services are provided where necessary and access to arbitration is available where there is no reasonable prospect of agreement being reached and the public interest so requires.

Employers and workers may make individual agreements that do not reduce minimum standards and that do not undermine either the capacity of workers and employers to bargain collectively or the collective agreements made by them.

10 Effective dispute resolution

Workers and employers have the right and the obligation to participate in dispute resolution processes in good faith, and, where appropriate, to access an independent tribunal to resolve a grievance or enforce a remedy.

The right to an effective remedy for workers includes the power for workers' representatives to visit and inspect workplaces, obtain relevant information and provide representation.

**Australian
Institute of
Employment
Rights**

Australian Institute of Employment Rights
214 Graham Street
Port Melbourne Vic 3207
tel: 61 3 9647 9102
email: lisaheap@bigpond.net.au

APPENDIX 5 CONFIRMATION OF EMPLOYMENT LETTER

Date / /

Dear

I am pleased to confirm your appointment to the position of on a full/permanent/part-time/ casual basis at Charter Health Management.

This appointment is subject to a probationary period for weeks or months over which time your performance will be assessed.

Your continued employment will be dependent upon the outcome of this assessment.

Your hours of employment are hours per week plus agreed extra hours if required.

Your rate of pay will be \$...../hour and the conditions of award are based on the NSW Private Hospital Industry State Award or NSW Clerical Workers State Award.

You will be required to work a roster system as displayed on the roster

It is expected that you will comply with the conditions outlined in the following documents:

- Job Description: United Gardens Clinic Policies and Procedures - Clinic Philosophy and Employees Handbook.

Further, you will be required to familiarise yourself with the Charter Health and United Gardens Clinic Policy and Procedure Manuals during your orientation period.

May I take this opportunity to welcome you to the staff of United Gardens Clinic.

Yours sincerely,

Gary Grien

Managing Director

Date / /

APPENDIX 6 STAFF ORIENTATION FORM

Name: _____

Aim: To provide an introduction for all staff member employed at United Gardens Clinic and for regular review.

Complete the following forms:	Date Completed
Application for employment form	
Employee detail form – include email address	
Taxation declaration form	
Registered staff to provide a copy of current registration and Indemnity Insurance Policy Number	
Lodge police check with PEOPLE CHECK	
Read and acknowledge the staff handbook, plus sign Policy of Employment statement. (Inform staff member of their award conditions as applicable)	
Read Job Description and Duty Statement	

Objectives

- 1. Introduce to other staff members:**
 - Administration
 - Proprietor (if present)
 - Clinical staff
 - Medical officers
 - Pharmacist
- 2. Housekeeping**
 - Help keep the unit clean
 - Used kitchen items to be washed and stored away
 - Safety and matters of infection control
 - Patient rubbish changed after shift
 - Turn off power, lights and air-conditioning when not in use
- 3. General**
 - Diary to be read and signed
 - Tour of building -Familiarise personnel with clinic environment noting building layout, location of fire detectors and emergency equipment, notice boards, rosters, time sheets, telephone system, doors to remain shut, duress and other alarms
 - Security and exists – note exists must be kept clear at all times
 - Emergency care – location of emergency drugs and other equipment
 - Note the importance of lines of communication, language, staff attitudes and the procedure for reporting observations to the Registered Nurse in charge
 - Location of Policy and Procedures Manual
 - Approved service providers
 - Daily checklist and performance registers

4. Education and in-service

- Attainment of practical skills
- Must attend clinical meetings when available
- Must maintain their own CPD requirements
- Attend fire and safety training
- Must comply to yearly CPR training and have a current first aid certificate

5. Confidentiality, privacy and patient care explained

- Be aware of the Charter of patient's Rights
- Full details regarding patient confidentiality can be found in the policy and Procedures Manual
- Ongoing care of patients in the delivery of health care and reporting, according to the Policies and Procedures Manual
- Trained in consistent practice of client record documentation and clinical care and treatment plans

6. Keys, safe and doors explained

- Patient dosing door needs to be shut and only 1 person is allowed in to the dosing counter at one time
- Controls to open doors
- Door should always be locked before the safe is opened
- Safes are closed at all times

Introduction to Dosing

- Dispensing screen features and functions
- Database features and functions
- Third and fourth screen
- How to capture photography – Heretic options has photo and identity match (only in Admin computer)

Urine Collection

- Full procedure in the front of urine collection folder
- Scheduling and printing
- Labelling
- 3 mandatory requirements to appear on request form and on specimen jar
- Procedure in collection
- Doctor specific requests
 - Frequency of collection
 - Specific testing – ETOH
- No Medicare = no charge
 - Attach a special note with attention to Daniela Menin
- Returning pathology bills/how to resolve problems
 - Patient should not be made to pay for tests (except when tests requested are non-rebate)
 - Patient requiring more urinalysis than prescribed to be made aware of the limit per year and that fee may apply

Introduction to pharmacy

- Dispensing
- Books for clinic, pharmacy and bulk stock
- Return of uncollected takeaways
 - Reallocation of takeaway doses not taken from the clinic
- Takeaways
 - Printing
 - Banding together
 - Stapling zip lock bags
 - Schedule of preparing takeaways
- Treatment cards
- Ordering: weekly
- Calibrating pumps

End of Day Procedures Explained

- Balance stock
- Dispensing reports
- Prediction report and monies – must be kept in the daily safe
- Complete 'Daily Checklist' and 'Performance Measures'
- Rounds – secure and clear exits
- All general rubbish out

Phones

- Different stations
- Service providers
- Frequently used numbers
- Policy – endeavour to answer a call on the first ring
- Staff and Doctors

Refund Monies

- Generally, no refunds will be given unless the patient is exiting from the program
- Credit notes given when payment was made.
 - These must not be given as a refund.

Manager's Signature

Employee's Signature

Date: _____

Date: _____

Re-orientation dates and initials: _____

APPENDIX 7 STAFF HANDBOOK

We take this opportunity of welcoming you to the Staff of Charter Health Management and United Gardens Clinic. We hope you will enjoy working here and that your work will prove as satisfying to you as it is of value to those who you care for, namely our patients.

MISSION STATEMENT

United Gardens Clinic aspires to be a centre for excellence in Methadone treatment. To this end, the staff and management of the United Gardens Clinic work to support and augment existing government funded community services by providing comprehensive, multidisciplinary assessment, treatment and ongoing review of opiate dependent persons for whom other treatment options have proven unsuccessful.

United Gardens Clinic recognises and promotes the right of the opiate dependent person to receive treatment from appropriately skilled, caring professional staff in a safe and comfortable environment. We are also committed to assisting people during their transition to alternative modes of treatment.

OBJECTIVES

To provide a treatment option in accordance with a paradigm of harm minimisation for those for whom abstinence is not an appropriate or desirable option.

To enhance the health, safety and quality of life for those people seeking help and ongoing treatment within the constraints of private practice.

To provide a safe, comfortable environment for all persons in our care.

To seek the contributions of staff and those involved in our program in planning for the future.

To foster a culture of continuous improvement at all levels of service.

To ensure those people presenting to us for care and treatment are aware of other treatment options available to them and, should other treatment modalities prove more appropriate, assist them to access the services of their choice.

To engage in ongoing assessing and consultation with those in our care to review their progress and set mutually acceptable goals of treatment.

To provide continuing education and professional development opportunities for staff, medical and other allied health professionals associated with the clinic.

To observe relevant regulatory and statutory guidelines and requirements and industry codes of practice.

To establish clinically based modes of treatment that are a benchmark of best practice and industry standard in Methadone treatment.

To continue to work with the community to provide services for those people currently not catered for by government funded community and health service providers.

To become the best in what we do and to have pride in our collective achievements.

In joining United Gardens Clinic we hope that it will be a long and successful career path for you. We are proud of our employees and we are interested in your well-being and job satisfaction. A good employee/employer relation is a two-way relationship, and with the benefits come certain responsibilities.

The purpose of this handbook is to assist you to adjust to your new environment. We also strive to ensure the continuing of high quality of care we provide to all our patients, creating and maintaining a harmonious relationship with medical, allied health professionals and all other staff members and co-operating with them in giving total care to the patient.

In using this handbook we trust it will be helpful as we are committed to the well-being of each member of staff. We recognise that personnel policies constitute a means of self-guidance to personnel.

PHILOSOPHY

The philosophy of management and staff at United Gardens Clinic is to provide high, personalised standards of quality care and service, to our patients. Patients shall enjoy quality of care within a pleasant, caring environment with policies and procedures that emphasise and reflect the individualism of each person.

The management and staff pursue these objectives:-

- To provide the highest standard of health care possible
- To facilitate a maximum degree of social reintegration to the community for patients
- To provide the patients with the highest degree of freedom of choice with regard to their mode of care as possible
- To provide a happy and caring clinical environment
- To protect the privacy and dignity of patients

Our aim is to deliver professional multi-disciplinary health care in an environment that makes patients feel accepted, supported and comforted.

OUR GOALS

To deliver first class care to the patients at United Gardens Clinic. This must be acceptable for each of us and clearly understood by all who work here. To achieve this goal, we will need:-

- to care
- to be kind
- to have respect for those we care for
- to be tolerant
- to be aware of their needs
- to anticipate the needs of patients, but not to over-ride these needs by removing the desire to help themselves within the level they are capable of handling
- to have the gift of gentle humour

As a team we will work together for none of us can function properly in our roles as carers without other members of the team. We must acknowledge that each of us has individual skills and knowledge that will benefit all of us and, by combining these skills and knowledge as a team, we are then able to achieve and present a united, caring atmosphere in the clinic.

These policies comply with patients' rights and accepted health care standards. Patients are our most valuable asset and, as you read these policies, you will see that they all concern people: - "people" includes you, your co-workers and patients, without whom none of us would be here.

We ask that you take pride in your work, and show a genuine interest in our patients - we

are counting on you to make a real effort to serve them well, whatever your position in the clinic. Not only is it the right thing to do, but also as the clinic prospers, so will each of us. Please read and abide by the policies in this manual.

All employees are covered by Industrial Awards, Agreements or Determinations which set out their entitlements to pay, working hours and general conditions.

If you have any grievances, doubts or disputes arising out of your employment and about your entitlements, speak to management, in the first instance and you will be referred to the appropriate personnel.

APPENDIX 8 PRESCRIPTION AUDIT RESULTS

Date of Audit: ____ / ____ / ____

Audited By : _____

Patient Name	Admin Error	Drug (Prescriber Error)	Computer Input Error (Dispensing/Nursing Error)	Alterations	Resolution & Follow-Up
	<input type="checkbox"/> Incomplete Patient Information <input type="checkbox"/> Incorrect Patient Information <input type="checkbox"/> Other	<input type="checkbox"/> Drug <input type="checkbox"/> Dosage <input type="checkbox"/> Takeaways <input type="checkbox"/> Expiry <input type="checkbox"/> Other NOT SPECIFIED	<input type="checkbox"/> Script Expiry <input type="checkbox"/> Dosage <input type="checkbox"/> Number of Takeaways <input type="checkbox"/> Increasing/Decreasing Regimens Not Entered <input type="checkbox"/> Changes / Notations Not Entered <input type="checkbox"/> Other	<input type="checkbox"/> Not Initiated <input type="checkbox"/> Not Annotated <input type="checkbox"/> Other	<input type="checkbox"/> Error Rectified <input type="checkbox"/> Date Resolved ____ / ____ / ____ <input type="checkbox"/> Follow-Up / Actions Req'd? (i.e. Medication Misadventure, Hospitalization, ADR)
	<input type="checkbox"/> Incomplete Patient Information <input type="checkbox"/> Incorrect Patient Information <input type="checkbox"/> Other	<input type="checkbox"/> Drug <input type="checkbox"/> Dosage <input type="checkbox"/> Takeaways <input type="checkbox"/> Expiry <input type="checkbox"/> Other NOT SPECIFIED	<input type="checkbox"/> Script Expiry <input type="checkbox"/> Dosage <input type="checkbox"/> Number of Takeaways <input type="checkbox"/> Increasing/Decreasing Regimens Not Entered <input type="checkbox"/> Changes / Notations Not Entered <input type="checkbox"/> Other	<input type="checkbox"/> Not Initiated <input type="checkbox"/> Not Annotated <input type="checkbox"/> Other	<input type="checkbox"/> Error Rectified <input type="checkbox"/> Date Resolved ____ / ____ / ____ <input type="checkbox"/> Follow-Up / Actions Req'd? (i.e. Medication Misadventure, Hospitalization, ADR)
	<input type="checkbox"/> Incomplete Patient Information <input type="checkbox"/> Incorrect Patient Information <input type="checkbox"/> Other	<input type="checkbox"/> Drug <input type="checkbox"/> Dosage <input type="checkbox"/> Takeaways <input type="checkbox"/> Expiry <input type="checkbox"/> Other NOT SPECIFIED	<input type="checkbox"/> Script Expiry <input type="checkbox"/> Dosage <input type="checkbox"/> Number of Takeaways <input type="checkbox"/> Increasing/Decreasing Regimens Not Entered <input type="checkbox"/> Changes / Notations Not Entered <input type="checkbox"/> Other	<input type="checkbox"/> Not Initiated <input type="checkbox"/> Not Annotated <input type="checkbox"/> Other	<input type="checkbox"/> Error Rectified <input type="checkbox"/> Date Resolved ____ / ____ / ____ <input type="checkbox"/> Follow-Up / Actions Req'd? (i.e. Medication Misadventure, Hospitalization, ADR)

119 | Updated February 2017

	<input type="checkbox"/> Incomplete Patient Information <input type="checkbox"/> Incorrect Patient Information <input type="checkbox"/> Other	<input type="checkbox"/> Drug <input type="checkbox"/> Dosage <input type="checkbox"/> Takeaways <input type="checkbox"/> Expiry <input type="checkbox"/> Other NOT SPECIFIED	<input type="checkbox"/> Script Expiry <input type="checkbox"/> Dosage <input type="checkbox"/> Number of Takeaways <input type="checkbox"/> Increasing/Decreasing Regimens Not Entered <input type="checkbox"/> Changes / Notations Not Entered <input type="checkbox"/> Other	<input type="checkbox"/> Not Initiated <input type="checkbox"/> Not Annotated <input type="checkbox"/> Other	<input type="checkbox"/> Error Rectified <input type="checkbox"/> Date Resolved ____ / ____ / ____ <input type="checkbox"/> Follow-Up / Actions Req'd? (i.e. Medication Misadventure, Hospitalization, ADR)
	<input type="checkbox"/> Incomplete Patient Information <input type="checkbox"/> Incorrect Patient Information <input type="checkbox"/> Other	<input type="checkbox"/> Drug <input type="checkbox"/> Dosage <input type="checkbox"/> Takeaways <input type="checkbox"/> Expiry <input type="checkbox"/> Other NOT SPECIFIED	<input type="checkbox"/> Script Expiry <input type="checkbox"/> Dosage <input type="checkbox"/> Number of Takeaways <input type="checkbox"/> Increasing/Decreasing Regimens Not Entered <input type="checkbox"/> Changes / Notations Not Entered <input type="checkbox"/> Other	<input type="checkbox"/> Not Initiated <input type="checkbox"/> Not Annotated <input type="checkbox"/> Other	<input type="checkbox"/> Error Rectified <input type="checkbox"/> Date Resolved ____ / ____ / ____ <input type="checkbox"/> Follow-Up / Actions Req'd? (i.e. Medication Misadventure, Hospitalization, ADR)
	<input type="checkbox"/> Incomplete Patient Information <input type="checkbox"/> Incorrect Patient Information <input type="checkbox"/> Other	<input type="checkbox"/> Drug <input type="checkbox"/> Dosage <input type="checkbox"/> Takeaways <input type="checkbox"/> Expiry <input type="checkbox"/> Other NOT SPECIFIED	<input type="checkbox"/> Script Expiry <input type="checkbox"/> Dosage <input type="checkbox"/> Number of Takeaways <input type="checkbox"/> Increasing/Decreasing Regimens Not Entered <input type="checkbox"/> Changes / Notations Not Entered <input type="checkbox"/> Other	<input type="checkbox"/> Not Initiated <input type="checkbox"/> Not Annotated <input type="checkbox"/> Other	<input type="checkbox"/> Error Rectified <input type="checkbox"/> Date Resolved ____ / ____ / ____ <input type="checkbox"/> Follow-Up / Actions Req'd? (i.e. Medication Misadventure, Hospitalization, ADR)

120 | Updated February 2017

<input type="checkbox"/> Incomplete Patient Information	<input type="checkbox"/> Drug	<input type="checkbox"/> Script Expiry	<input type="checkbox"/> Not Initialed	<input type="checkbox"/> Error Rectified
<input type="checkbox"/> Incorrect Patient Information	<input type="checkbox"/> Dosage	<input type="checkbox"/> Dosage	<input type="checkbox"/> Not Annotated	<input type="checkbox"/> Date Resolved ___ / ___ / ___
<input type="checkbox"/> Other	<input type="checkbox"/> Takeaways	<input type="checkbox"/> Number of Takeaways	<input type="checkbox"/> Other	<input type="checkbox"/> Follow-Up / Actions Req'd? (ie. Medication Misadventure, Hospitalization, ADR)
	<input type="checkbox"/> Expiry	<input type="checkbox"/> Increasing/Decreasing Regimens Not Entered		
	<input type="checkbox"/> Other	<input type="checkbox"/> Changes / Notations Not Entered		
		<input type="checkbox"/> Other		

<input type="checkbox"/> Incomplete Patient Information	<input type="checkbox"/> Drug	<input type="checkbox"/> Script Expiry	<input type="checkbox"/> Not Initialed	<input type="checkbox"/> Error Rectified
<input type="checkbox"/> Incorrect Patient Information	<input type="checkbox"/> Dosage	<input type="checkbox"/> Dosage	<input type="checkbox"/> Not Annotated	<input type="checkbox"/> Date Resolved ___ / ___ / ___
<input type="checkbox"/> Other	<input type="checkbox"/> Takeaways	<input type="checkbox"/> Number of Takeaways	<input type="checkbox"/> Other	<input type="checkbox"/> Follow-Up / Actions Req'd? (ie. Medication Misadventure, Hospitalization, ADR)
	<input type="checkbox"/> Expiry	<input type="checkbox"/> Increasing/Decreasing Regimens Not Entered		
	<input type="checkbox"/> Other	<input type="checkbox"/> Changes / Notations Not Entered		
		<input type="checkbox"/> Other		

APPENDIX 10 STAFF APPRAISALS

POSITION: _____

TITLE: _____

NAME: _____

DATE: _____

OBJECTIVES FOR 2016:

WHAT ASSISTANCE DO YOU ANTICIPATE REQUIRING TO ACHIEVE YOUR OBJECTIVES?

TO BE REVIEWED ON: / /

FORMAL REVIEW OF OBJECTIVES DATE _____

Code for achievement of objectives:

1. Fully achieved
2. Partially achieved
3. Did not achieve

Problems/Difficulties encountered in achieving objective:

Specific action to be taken to achieve objectives partly or not achieved:

Comments of Position holder:

JOB PERFORMANCE

The three major objectives or responsibilities from the job description should be listed. Where possible, list them in order of importance.

1. Task / objective / responsibility:

Comment:

2.Task / objective / responsibility:

Comment:

3. Task / objective / responsibility:

Comment:

1. Communication (written and oral expression) listening skills (particularly in light of the nature / requirements of the job).

2. Interpersonal skills (relationships with management, other employees and other personnel)

3. Reliability (Adherence to work schedules)

4. Self-management of work (ability to organise / plan work; ability to manage time)

5. Departmental goals: (achievement of objectives / goals as designated in management plans)

DEVELOPMENT FACTORS

The following factors are relevant and important in job performance:

1. Job knowledge and skills (degree and use of knowledge / skills)

2. Initiative (taking independent action appropriate to the job).

3. Decision making (soundness of decisions, understanding of decision making process)

4. Problem solving (seeking and applying workable solutions to problems arising within the area of responsibility)

5. Safety (awareness of health and safety issues in the work place)

Comments of Appraiser:

Appraiser's signature

Date _____

Position holder's signature

Date _____

PROFESSIONAL DEVELOPMENT REVIEW: MANAGEMENT PERFORMANCE APPRAISAL

NAME:

POSITION:

DATE OF PREVIOUS APPRAISAL:

The Professional Development Review has been established to ensure growth and development needs of managers within the organisation.

The objectives of the Review are to encourage and assist managers to improve performance in present jobs and to identify ways in which future opportunities may be developed. The Review is used as a planning tool that provides positive feedback to assist in developing future goals on a professional basis.

The Professional Development Review consists of six (A to F) sections and provides the opportunity for self-assessment by the employee.

SECTION A: JOB PERFORMANCE

The tasks, six major objectives or responsibilities from the job description should be listed. Where possible, list them in order of importance.

1. Task / objective / responsibility:

Comment:

2.Task /

objective / responsibility:

Comment:

3. Task / objective / responsibility:

Comment:

4. Task / objective / responsibility:

Comment:

5. Task / objective / responsibility:

Comment:

6. Task / objective / responsibility:

Comment:

SECTION B

1. Communication (written and oral expression) listening skills (particularly in light of the nature / requirements of the job).

2. Interpersonal skills (relationships with management, other employees and other personnel)

1. Reliability (Adherence to work schedules)

4. Self-management of work (ability to organise / plan work; ability to manage time)

5. Departmental goals: (achievement of objectives / goals as designated in management plans)

SECTION C: DEVELOPMENT FACTORS

- The following factors are relevant and important in job performance:

1. Job knowledge and skills (degree and use of knowledge / skills)

2. Initiative (taking independent action appropriate to the job).

3. Decision making (soundness of decisions, understanding of decision making process)

4. Problem solving (seeking and applying workable solutions to problems arising within the area of responsibility)

5. Safety (awareness of health and safety issues in the work place)

SECTION D: MANAGEMENT PRINCIPLES

1. Management principles (understanding and application of management techniques - planning, directing, controlling, evaluating)

2. Developing subordinates (willingness to provide employees with opportunities for development; willingness to delegate; use of development / counselling techniques)

3. Evaluating subordinates (fairness and objectivity of performance assessment / use of Professional Development Review)

4. Equal opportunity (awareness and application of equal opportunity and affirmative action within the context of work and the workplace)

SECTION E: PERSONAL DEVELOPMENT

1. What action can you take to improve your own job performance? How do you believe United Gardens Clinic can help in this regard?

Any other comments?:

SECTION F: SELF ASSESSMENT

- This section is to be completed by the employee before the Professional Development Review interview. It should be reviewed by both employee and immediate supervisor during the interview.

SELF ASSESSMENT (optional)

1. In what ways do you feel you have developed as a manager since your last assessment / three months?

DEVELOPMENT PLAN

- After considering the Professional Development Review, please complete the Development Plan, primarily focusing on:
 - a) improvement of job performance in present job; and
 - b) preparation for possible future jobs.

ACTION PLAN

- List specific steps to be taken to improve job performance and / or prepare for future jobs. Indicate who is to initiate these steps and when they are to occur.
1. Improve job performance in current position:

Action	Initiated by whom?	Date

2. Prepare for possible future jobs:

COMMENTS BY EMPLOYEE

- Please comment on any aspect of this Professional Development review. Indicate any areas where you disagree with the assessment, and the reasons why.

Signature of employee: _____

Date: _____

Signature of Appraiser: _____

Date: _____