

V0202 [loose-leaf version]

AUSTRALIAN INDUSTRIAL RELATIONS COMMISSION

AUSTRALIAN INDUSTRIAL REGISTRY LOOSE-LEAF CONSOLIDATION

VICTORIAN HEALTH AND COMMUNITY SERVICES (PSYCHIATRIC, DISABILITY  
AND ALCOHOL AND DRUG SERVICES) AWARD 1995

This award as varied to 20 December 1999 (variation V005) comprises pages:

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V0202 [loose-leaf version]

AUSTRALIAN INDUSTRIAL RELATIONS COMMISSION

Industrial Relations Act 1988  
s.99 Notification of industrial dispute

**Health Services Union of Australia**

and

**The Queen in Right of the State of Victoria and others**  
(C Nos 31467 and 32432 of 1992)

s.170PD Notice of initiation of bargaining period

**Health Services Union of Australia**

and

**State of Victoria**  
(C No. 31432 of 1994)

Health employees

Health and welfare services

SENIOR DEPUTY PRESIDENT MACBEAN

SYDNEY, 9 FEBRUARY 1996

**AWARD**

Further to the decision handed down by the Commission on 9 February 1996 [Print M9222], the following award is made:

1 - TITLE

This award shall be known as the Victorian Health and Community Services (Psychiatric, Disability and Alcohol & Drug Services) Award 1995.

2 - ARRANGEMENT

[2 amended by V002 V003; varied by V004 ppc 25Jul97]

Subject matter

Clause number

Allowances:

Allowances for shift duty and rostered time

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### 3 - INDUSTRY AND SCOPE OF AWARD

(1) This award shall apply to the employment of all employees of the Crown in the Right of the State of Victoria, including temporary employees, part-time employees and casual employees, engaged in the performance of work in or in connection with industries and/or industrial pursuits of health and community services, and in or about places where such industries and/or related pursuits are undertaken, and in particular:

- (a) Psychiatric and mental health services; and/or
- (b) Intellectual Disability services; and/or
- (c) Alcohol and Drug related services.

(2) This is a Paid Rates Award.

### 4 - LOCALITY

This award shall operate throughout the State of Victoria.

### 5 - PARTIES BOUND

This award shall be binding upon:

- (a) the Crown in right of the State of Victoria in respect of all its employees for whom provision is made in this award,
- (b) the Health Services Union of Australia in respect of all employees employed pursuant to this award.

### 6 - DATE AND PERIOD OF OPERATION

This award shall come into operation on the 1 March, 1995 and shall remain in force for a period of twelve months.

### 7 - SAVINGS PROVISION

- (1) No employee employed, or substantially employed, in a classification or grade included in Clause 9 shall, as a consequence of making this award, suffer any reduction in total remuneration or entitlements.
- (2) Upon the making of this award, the "Health and Community Services (Nursing, Health Care and Associated Groups) Interim Award 1994" [Print L4789 H0188]] shall cease to apply.

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- (3) Without limiting the generality of subclause 7(1) above, unless specifically provided, nothing in this award will act to reduce the entitlements of an employee, to which this award applies and who is employed at the time of the making of this award, which the employee would have had, had the "Health and Community Services (Nursing, Health Care and Associated Groups) Interim Award 1994" continued to apply.

## 8 - DEFINITIONS (GENERAL)

### 8.1 Gender-specific terms

The use of gender-specific terms in this award shall be read so that:

- (a) the words "she", "hers" and "her" may alternatively be read as "he", "his" or "him" respectively to accord with the gender of an employee to whom a clause otherwise applies; and
- (b) the words "he", "his" and "him" may alternatively be read as "she", "hers" and "her" respectively to accord with the gender of an employee to whom a clause otherwise applies.

### 8.2 Other Definitions

In this award, unless inconsistent with the context or subject matter, the following definitions apply:

- . "Casual Employee" is a person employed on a casual basis
- . "Adult" means a person of 21 years of age or over.
- . "Classification" means the level, grade or class assigned by this award to a position in a particular field of work.
- . "Commission" means the Australian Industrial Relations Commission.
- . "Designation" means the description or title of a position or the title of an employee.
- . "Employee" means a person employed by the Health and Community Services Department eligible to be a member of the Health Services Union of Australia.

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- . "Fixed Term Employee" means a person employed for a fixed term under Division 4A of Part 2 of the Public Sector Management Act 1992
- . "Junior" or "Minor" means a person under 21 years of age.
- . "Officer" means a person employed in accordance with Part 2 of The Public Sector Management Act 1992 in any capacity including an officer on probation but does not include a temporary employee, fixed term employee as defined or a casual employee.
- . "Part-time employee" means an employee employed for no less than 15.2 hours but less than 70 hours per fortnight, provided that unless otherwise stated, all of the provisions of this award applying to full-time employees shall apply to part-time employees on a pro-rata basis.
- . "Qualifications" includes skill and experience.
- . "Salary" means the remuneration specified in the Schedule B in respect of a position.
- . "Spouse" shall be deemed and taken to include the partner of a de facto marriage, proof of which is to be established on the provision of reasonable evidence, such as a statutory declaration, that the employee and de facto partner are normally accommodated as a family unit.
- . "Substantially dependent child" means a child under the age of 16 years, or a student under the age of 21 years if attending full-time at a school, college or university.
- . "Substantially dependent spouse" means a spouse whose total income, including income in addition to salary and wages, is less than the adult minimum wage rate for Victoria as decided from time to time by the Australian Industrial Relations Commission.
- . "Temporary employee" means an employee who is temporarily employed for a specified term, provided that, unless otherwise stated, all of the provisions of this award applying to non-temporary employees also apply to temporary employees.
- . "Total emolument" means the total remuneration payable to an employee when all allowances to which such employee is entitled are taken into account in addition to the salary or wage payable to such employee.
- . "Union" means the Health Services Union of Australia.

## 9 - DEFINITIONS (CLASSIFICATIONS AND GRADES)

### 9.1 Classification standards

Classification standards for the classifications and grades listed in subclauses 9.3 and 9.4 are included in Schedule A of this award.

These classification standards shall be used to classify the positions of employees in occupational categories the subject of this award. The classification standards consist of two components:

- (a) the Group Standard, which provides a narrative description of work undertaken by employees in an occupational category the subject to this award, and
- (b) Work Level Standards, which provide a typical evaluation, definition, features and typical duties for each level within an occupational category to enable positions to be classified at a particular level.

### 9.2 Classification decisions

Classification decisions shall be based upon a documented description of the position such as a Duty Statement or a Position Description. Jobs should be evaluated using whole-of-job evaluation:

- (a) by comparison of the Position Description with the narrative descriptions of the group and work-level standards such that a comfortable comparison can be made between the nature of work and the general standard of work expected at a particular level; and
- (b) by comparison of typical duties (and benchmark positions) to test that the job is recognised to be equal to a majority of positions at one level and better than all positions at a lower level.

### 9.3 Nursing and Direct-Care Classifications

The following Nursing and Direct-Care classifications shall apply to the industry the subject to this award:

- |   |  |                              |
|---|--|------------------------------|
| 1 | Anaesthetic and operating Theatre Technician |                              |
| 2 | Alcohol and Drug Services Aide               | Grade ADSA-1<br>Grade ADSA-2 |



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3	Alcohol and Drug Services Nurse	Grade ADSN-1 Grade ADSN-2 Grade ADSN-3 Grade ADSN-4 Grade ADSN-5 Grade ADSN-6
4	Child Care Officer	
5	Chiropracist	
6	Client Services Worker	Grade III
7	Dental Nurse	Grade DN- 1 Grade DN- 2 Grade DN- 3 Grade DN- 4
8	Dental Technician	
9	EEG Recordist	
10	General Nurse	Grade GN-1/2 Grade GN- 3A Grade GN- 4A
11	Health Welfare Officer	
12	Intellectual Disability Services Officer	Grade IDSO-1 Grade IDSO-2 Grade IDSO-3
13	Trainee Intellectual Disability Services Officer/Human Services Worker	Adult Junior
14	Psychiatric State Enrolled Nurse	Grade PSEN-1 Grade PSEN-2
15	Trainee Psychiatric State Enrolled Nurse	Adult Junior

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16	Psychiatric Services Officer (Adult)	Grade PSO -1 Grade PSO -2 Grade PSO -3 Junior
17	Registered Mental Retardation Nurse	Grade MRN- 1 Grade MRN- 2 Grade MRN- 3 Grade MRN- 4 Grade MRN- 5 Grade MRN- 6 Grade MRN- 7 Grade MRN- 8
18	Student Nurse	
19	Registered Psychiatric Nurse	Grade RPN- 1 Grade RPN- 2 Grade RPN- 3 Grade RPN- 4 Grade RPN- 5 Grade RPN- 6 Grade RPN- 7 Grade RPN- 8
20	Student Nurse	

9.4 Domestic, Trades and Support Classifications

The following domestic, trades and support classifications shall apply to the industry the subject to this award:

1	Facility Services Officer	Grade 1 Grade 2 Grade 3 Grade 4A Grade 5A Grade 5B Grade 5C Grade 5D Grade 5E
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2	Trade Assistant	Adult Junior
3	Trades Co-ordinator	Grade 1 Grade 2
4	Tradesperson	
5	Maintenance Engineer Senior	
6	Linen Services Manager	
7	Technical Assistant	Grade 1 Grade 1 Junior
8	Technical Officer	

9.5 Human Services Worker

Relevant Employees designated as "Human Services Worker" shall:

- (a) be employed in accordance with the "Position and Person Specification" as in schedule A of this award;
- (b) be treated for all other purposes of this award as if they held the classification of Trainee Intellectual Disability Services Officer provided that nothing in this award shall require the employer to provide employees so designated with Advanced Certificate in Residential and Community Care training.

10 - SALARIES AND INCREMENTS

10.1 General

Annual salary scales including annual increments to be paid to employees subject to this award are set out in Table 1 of Schedule B.

10.2 Commencing Salaries

- (1) Where a minimum and maximum salary are prescribed in Schedule B for a position an employee appointed transferred or promoted to the position -
  - (a) shall commence at the minimum salary; and,
  - (b) shall proceed by the prescribed increments to the maximum salary.

## 10 - contd

- (2) Where the employer is satisfied that the employee has special qualifications or experience which warrant commencement at a salary above the minimum rate, the employer may commence an employee at a higher rate (but not exceeding the maximum rate) than the base as the employer deems appropriate to the qualifications or experience.

### 10.3 Increments - General

- (1) Where provision is made for annual increments of salary in respect of any position, payment of the increment may be granted, refused or deferred by the employer providing -
  - (a) the employer shall advise an employee in writing within 14 days after the employee becomes eligible for an increment if the employer:
    - (i) refuses to grant the increment; or
    - (ii) defers the granting of the increment,
  - (b) the advice shall set out the decision and the reasons for the decision and inform the employee of the right of appeal against the decision,
  - (c) the next increment granted after an increment is refused shall be the increment that was refused,
  - (d) at the time of deferring the granting of an increment, the employer shall specify a period of not more than 12 months after which the decision to defer the granting of the increment will be reviewed,
  - (e) at or before the end of the specified period, the employer shall review the decision to defer and decide -
    - (i) to grant the increment; or
    - (ii) to refuse to grant the increment; or
    - (iii) to defer the granting of the increment for a further period,
  - (f) an increment that is granted after it has been deferred is payable from the day on which the decision to grant is made and any subsequent increment is due on the appropriate anniversary of that day.

10 - contd

- (2) Any employee who feels aggrieved by a decision of the employer under subclause 10.3 (1) above may appeal using the Grievance Procedure set out in this award.
- (3) Where the employer has failed to make a determination in respect of an annual increment in the period of one month before the annual increment is due, the employer shall be deemed for the purposes only of an appeal under subclause 10.3 (2) above to have refused the payment of the annual increment.

10.4 Increments - Student Nurse

- (1) Employees engaged to undertake a recognised nurse training program shall;
  - (a) on initial employment, be paid at the rate for Student Nurse, first increment,
  - (b) on commencing training, be paid at the second increment, and
  - (c) on successful completion of the first or second years of training, be paid the salary rate prescribed for the third and fourth increments respectively, provided that:

where a second year Nursing Examination is not set, advancement to the fourth increment shall be conditional upon the employer being satisfied that the required standard of progress to final year training has been obtained.

10.5 Increments - certain employees transferred to Student Nurse positions

- (1) Notwithstanding any other provision of this award, (including subclause 10.10), subclause 10.5 shall apply to an employee classified as,
  - . Psychiatric State Enrolled Nurse, Grade PSEN-1, or
  - . Psychiatric Services Officer, Grade PSO-1, or
  - . Intellectual Disability Services Officer, Grade IDSO-1, or
  - . Trainee Psychiatric State Enrolled Nurse, or
  - . Trainee Intellectual Disability Services Officer, or
  - . Human Service Worker,and who commences a course of training in Psychiatric or Mental Retardation Nursing and, as a consequence, is transferred to a position of Student Nurse.
- (2) If the salary rate for an employee so transferred exceeds that for Student Nurse, he or she shall continue to be paid at the rate paid to him or her prior to transfer to the Student Nurse position.

## 10 - contd

- (3) Subject to satisfactory progress in the course of training, a person so transferred shall progress through the salary range for the position he or she held prior to transfer to the Student Nurse position, and then through any remaining higher salary points in the Student Nurse range.

### 10.6 Increments - Cooks and Gardeners

- (1) Persons employed on 12 July 1992 as Cook, Grade 1 or Gardener, Grade 1 shall progress to the first salary point of the Tradesperson salary range upon attainment of a recognised trade certificate or an equivalent trade qualification or the completion of five years service and the recommendation of the employer.

Provided that incremental progression beyond the first salary point can only be achieved by those staff possessing a recognised trade certificate or an equivalent trade qualification.

- (2) Unqualified persons employed on 12 July 1992 as Cook Grade II and Gardener, Grades II and III shall not proceed beyond the first salary point of the Tradesperson salary range until they possess a recognised trade certificate or an equivalent trade qualification.
- (3) Unqualified persons employed on 12 July 1992 as Cook, Grade III or IV, Gardener, Grade IV, Foreman Gardener and Garden Manager shall not proceed beyond the first salary point of the Trades Co-ordinator, Grade I salary range unless they occupy a position not supervised by another staff member at the same classification level and unless they attain a recognised trade qualification or an equivalent trade qualification.

Provided that former unqualified Gardener Managers shall translate to the second salary point of the Trades Co-ordinator, Grade I salary range in those facilities where the new garden structure includes on translation a former Gardener, Grade IV or Foreman Gardener in a deputy role.

### 10.7 Juniors

Where an employee who occupies a position classified in a junior grade reaches the age of 21 years, the classification of that position shall, on and from the date of the employee attaining such age, be the adult grade or grades appropriate to such position

### 10.8 Part-time employees

A part-time employee shall receive only a proportionate amount of prescribed salary computed from the fixed number of working hours in a fortnightly pay period in relation to normal hours of duty.

## 10 - contd

### 10.9 Temporary employees

- (1) The remuneration of a temporary employee shall be as prescribed for an employee holding such position on an on-going basis.
- (2) A temporary employee in a position shall be eligible for increments for which an employee in an on-going position would be eligible pursuant to this award.

### 10.10 Limits of salary on transfer or promotion

- (1) An employee transferred or promoted to any position shall be paid a salary not less than that which such employee was receiving immediately before such transfer or promotion, provided that the maximum salary payable pursuant to this provision shall be the maximum rate prescribed for the position to which such employee is transferred or promoted.
- (2) Notwithstanding the provisions of (1) above, an employee who is transferred to a position in a lower class or grade and the transfer is made -
  - (a) at the request of the employee in cases where the position is in the same occupational category as the position occupied by such employee or a like occupational category requiring possession of the same academic qualifications; or
  - (b) where:
    - (i) the employee has requested to be transferred to that position;
    - (ii) the transfer is made by reason of the employee being unable or unfit to discharge the duties of his or her position, or pursuant to the disciplinary procedures in Clause 23 of this award, or
  - (c) the qualifications for the position the employee holds include a requirement that the holder of the position -
    - (i) obtain or achieve the progress specified in such requirement towards the obtaining of a particular qualification;
    - (ii) possess or obtain a particular practising or trade or other certificate or licence -

10 - contd

and the employee fails to obtain or achieve the necessary progress towards the obtaining of the qualifications or ceases to possess or fails to obtain the certificate or licence as the case may be -

shall be paid a salary at such rate (not exceeding the maximum rate prescribed for the position) as the employer deems appropriate to the qualifications and experience of the employee.

- (3) Where an employee transferred or promoted to any position does not receive an immediate increase in salary on such transfer or promotion, the period of service in the position from which such employee is transferred or promoted since his or her last increment shall be counted in reckoning the interval for the first increment in the new position.

[10.11 inserted by V004 ppc 25Jul97]

10.11(1) The rates of pay in this award include the third \$8 per week arbitrated safety net adjustment payable under the September 1994 Review Decision [Print\_L5300]. This third \$8 per week arbitrated safety net adjustment may be offset to the extent of any wage increase payable since 1 November 1991 pursuant to certified agreements, enterprise flexibility agreements or consent awards or award variations to give effect to enterprise agreements, insofar as that wage increase has not previously been used to offset an arbitrated safety net adjustment. Increases made under previous National Wage Case principles or under the current Statement of Principles, excepting those resulting from enterprise agreements, are not to be used to offset arbitrated safety net adjustments.

- (2) The rates of pay in this award include the \$10 per week arbitrated safety net adjustment payable under the Safety Net Review - Wages April 1997 decision. This arbitrated safety net adjustment may be offset against any equivalent amount in rates of pay received by employees whose wages and conditions of employment are regulated by this award which are above the wage rates prescribed in the award. Such above award payments include wages payable pursuant to certified agreements, currently operating enterprise flexibility agreements, award variations to give effect to enterprise agreements and overaward arrangements. Absorption which is contrary to the terms of an agreement is not required.

Increases made under the previous National Wage Case principles or under the current Statement of Principles, excepting those resulting from enterprise agreements, are not to be used to offset arbitrated safety net adjustments.

- (3) The third \$8 per week arbitrated safety net adjustment and \$10 per week arbitrated safety net adjustment shall be offset against the decision of SDP Riordan of 24/2/95 [Print L9701] that provided for a 10% pay increase.



## 11 - ALLOWANCES FOR SHIFT DUTY AND ROSTERED TIME

### 11.1 Basic Entitlements

- (1) Employees other than those who are eligible to receive allowances pursuant to sub clause 11.5 who are required to perform rostered time of ordinary duty on Saturdays, Sundays or public holidays or other employees whose salary exceeds \$42,110 and then exceeds \$42,527 from 17 September 1995 shall be paid allowances as provided in subclause 11.1(2) below.
- (2) Such employees shall -
  - (a) when required, on any day Monday to Friday inclusive (excluding a public holiday) -
    - (i) to perform rostered time of ordinary duty on an afternoon or night shift - to be paid an allowance at the rate of 15 per cent of the appropriate hourly rate for each hour of duty; and
    - (ii) to perform rostered time of ordinary duty continuously for a period exceeding four weeks on a shift commencing before 8.00pm and continuing beyond 6.00am, falling wholly within the hours of 8.00pm and 6.00am, or commencing between 8.00pm and midnight and lasting for at least 8 hours - to be paid an allowance at a rate of 15 per cent of the appropriate hourly rate, additional to the rate prescribed in subclause 11.1(2)(a)(i), for each hour of duty; provided that this additional payment shall not apply where, but for mutual agreement, the employee would be required to work rotating shift duty;
  - (b) when required to perform rostered time of ordinary duty on a Saturday (excluding a public holiday) - be paid an allowance at the rate of 50 per cent of the appropriate hourly rate for each hour of duty;
  - (c) when required to perform rostered time of ordinary duty on a Sunday (excluding a public holiday) - be paid an allowance at the rate of 100 per cent of the appropriate hourly rate for each hour of duty; and
  - (d) when required to perform rostered time of ordinary duty on a public holiday - to be paid an allowance at the rate of 150 per cent of the appropriate hourly rate for each hour of rostered time of ordinary duty performed;
- (3) Where an employee notifies the employer not later than two weeks following a public holiday that instead of being paid at the rate of 150 per cent of the appropriate hourly rate as aforesaid he or she elects to be paid at the rate of 50 per cent of the appropriate hourly rate for each hour of rostered time of ordinary duty performed on that day he or she shall be paid accordingly and in that case shall be granted one day's leave in lieu of such holiday:

11 - contd

- (4) An employee who is rostered to perform ordinary duty on a public holiday but who is granted leave in respect of that day shall be granted one day's leave in lieu of such holiday, except where that public holiday occurs after the commencement of leave without pay and before the employee resumes duty and the period of leave without pay is equal to or greater than normal weekly hours of duty.
- (5) For the purpose of this clause:
  - (a) "Afternoon Shift", other than for a part-time employee referred to in paragraph (c) of this subclause, means a period of duty commencing at or after 10am and before 8pm;
  - (b) "Night Shift", other than for a part time worker referred to in paragraph (c) of this subclause, means a period of duty commencing at or after 8pm and before 6am;
  - (c) "Afternoon or Night Shift" for a part-time employee working less than a full-time shift means any period of duty commencing at or after 6pm and before 8am.

11.2 Calculation formulae

- (1) The hourly rate of allowance shall be determined in accordance with the following formula but in no case shall the hourly rate exceed that calculation on an annual salary of \$34,486 and then \$34,903 from 17 September, 1995.

Fortnightly salary

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Fortnightly ordinary hours of duty

- (2) Fortnightly salary other than for a part-time employee referred to in subclause 10.8 shall be calculated as follows:

$$\frac{\text{Annual Salary}}{365.25} \quad \times \quad 14$$

- (3) Fortnightly salary for a part-time employee shall be calculated as follows:

$$\frac{\text{Fixed hours of duty}}{\text{Normal hours of duty}} \times \frac{\text{Annual salary}}{365.25} \times 14$$

- (4) For work performed additional to a rostered shift of ordinary duty, other than for a part-time worker referred to in subclause 14.2, payment shall be made of overtime rates prescribed in subclauses 14.4 to 14.10 inclusive.

## 11 - contd

- (5) For the purpose of computing allowances, a shift that finishes on the day after it commences shall be deemed to have been worked in its entirety on the day on which the majority of the shift occurs.
- (6) In calculated overtime rates, any allowance prescribed in this Part shall be disregarded.

### 11.3 Entitlements when on training courses

- (1) Subject to 11.2 above, employees required to attend a training course arranged and conducted by the employer and who as a regular incident of their duties are required to attend for duty in accordance with a rotating roster operating over 168 hours per week which may require commencement of weekly duty at a time in a given week, shall in respect of attendance at such training course be paid an allowance calculated on the basis of the average additions to salary such employees were entitled to receive in respect of shift and Saturday and Sunday duty (not in excess of the prescribed normal hours) in the period of twelve working weeks prior to the commencement of such training course.
- (2) Subclause 11.3 (1) shall not apply to -
  - (a) employees entitled to an annual allowance or other specified addition to normal salary in consideration of shift or Saturday and Sunday duty; or
  - (b) employees who have not been in receipt of shift allowances in the period preceding the commencement of the training course.

### 11.4 Part-time workers

A part-time worker shall not be entitled to payment of allowances prescribed in this Clause other than those prescribed in 11.1 and 11.2.

### 11.5 Commuted allowances

- (1) Employees occupying positions of the classifications set out in subclause 9.3 of this award other than Health Welfare Officer employees with the designation of Director or Assistant Director of Nursing, and Manager or Deputy Manager, Direct Care Services, and those employees subject to subclause 11.5(2), who are required to perform rostered time of ordinary duty on Saturdays, Sundays and public holidays shall be paid an annual allowance at a rate equivalent to eighteen per cent (18%) of the employee's annual salary.

## 11 - contd

- (2) Employees employed at Travencore Centre subsequent to 18th April 1982 who are required to perform rostered time of ordinary duty on Saturdays, Sundays and public holidays shall be paid an annual allowance at the rate of eleven and one half per cent (11.5%) of the employee's annual salary.
- (3) An employee to whom subclause 10.5 applies shall be paid an allowance at the rate indicated in subclause 11.5 (1) above for the position he or she held prior to his or her transfer to a Student Nurse position.
- (4) In calculating overtime rates, any allowances prescribed by subclause 11.5, shall be disregarded.

## 11.6 Acting Domestic Services Supervisor

[11.6 varied by V004 ppc 25Jul97]

An allowance of \$14.84 shall be paid to an employee normally under the supervision of a person designated as a Domestic Services Supervisor who is required to act in such position on a Saturday, Sunday or public holiday in the absence of the Domestic Services Supervisor:

## 12 - ALLOWANCES FOR TRAVELLING AND PERSONAL EXPENSES

### 12.1 Preliminary

- (1) Subject to and in accordance with this Clause employees may be granted allowances for travelling and personal expenses provided that the employer ensures that the travelling was necessary, that it could not reasonably have been more economically arranged, and that the claims are correct and unless otherwise authorised by the employer, outside of an area of 24 kilometres radius of the employee's workplace (as determined by the employer), and that the expense incurred would not have been incurred in ordinary circumstances.
- (2) Allowances for personal expenses shall, except where otherwise stated, be in addition to the cost of conveyance.
- (3) Where the actual and necessary expenses incurred by an employee when travelling in the course of duty exceed an allowance specified in the award in respect of such expenses the employer may authorise payment of an additional amount to reimburse the employee for expenses reasonably and necessarily incurred in excess of the appropriate allowance:

Provided that the actual cost of sleeping berths on trains will be allowed.

12 - contd

- (4) Where a fare paid to an employee for travelling includes an amount to cover maintenance, any allowance on account of personal expenses to which the employee might otherwise have been entitled shall be reduced to such amount not exceeding one quarter of the allowance to which the employee might otherwise be entitled as the employer deems reasonable.

12.2 Overnight absences

[12.2(1) varied by V004 ppc 25Jul97]

- (1) Subject to the provisions of sub clause 12.2(6) employees visiting places within Australia may be granted allowances at the following rate:

Capital Cities including Canberra-	\$174.99 per day
All other places within Australia-	\$111.31 per day

[12.2(2) substituted by V004 ppc 25Jul97]

- (2) The allowances for personal expenses prescribed in subclause 12.2 (1) above are fixed to cover the expense of three meals a day and accommodation plus incidentals when an employee is necessarily absent from his or her usual place of work over night. The allowances which employees may be granted in accordance with this subclause shall be:

	<u>Capital Cities</u>	<u>All other places</u>
	\$	\$
Breakfast	13.08	8.36
Lunch	22.21	16.92
Dinner	31.29	23.92
Bed	96.11	49.82
Incidentals	12.30	12.30

- (3) An allowance in respect of breakfast, lunch or tea shall not be payable unless the employee commences travelling earlier than or is absent later than the time or times respectively specified:

	<u>Time of leaving</u>	<u>Time of returning</u>
Breakfast	7:00 am	8:30 am
Lunch	12:00noon	2:00 pm
Tea	6.00 pm	7.00 pm

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Provided that the employer may reimburse beyond the hours specified where in the circumstances it appears reasonable to do so.

- (4) An allowance in respect of incidental expenses shall be payable for each day or part-day during which an employee is absent from the usual place of work and for which accommodation is provided by the employer or an allowance in respect of accommodation is granted.
- (5) Where a visit to one place exceed 3 weeks the allowance for the fourth and following weeks up to a maximum of 8 weeks from the commencement of the visit shall be three quarters of the appropriate allowance set out in subclause 12.2(1).

Provided that in any case where the duties of the employee are of such a nature that it could not be foreseen whether or not such an employee would be detained more than three weeks at the one place the employer may in respect of the fourth and following weeks (up to a maximum of 8 weeks) from the commencement of the visit authorise allowances at a reasonable rate not exceeding the appropriate rate set out in sub clause 12.2(1).

- (6) Notwithstanding anything in this clause where an employee is absent from his or her workplace on duty for a period exceeding 8 weeks the rate of allowance for the total period of the absence shall be such rate as the employer authorises having regard to the classification of the employee, the duties on which he or she was engaged, the expenses reasonably and necessarily incurred by him or her, and whether the length of the visit could reasonably have been foreseen by the employee.

### 12.3 Part day absences

An employee shall not be eligible for any allowances for personal expenses where such employee is absent from his or her usual place of work on duty but leaves and returns on the same day unless the employer is satisfied that an expense on account of a meal has been actually and necessarily incurred in which case the employer may authorise the payment of an allowance equivalent to:

- (a) the amount so expended; or

[12.3(b) varied by V004 ppc 25Jul97]

- (b) \$10.17 for breakfast where an employee is required to leave before 7 am and is unable to return before 9.30 am;

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[12.3(c) varied by V004 ppc 25Jul97]

- (c) \$10.17 for lunch where an employee is required to leave before 12.00 noon and is unable to return before 3 pm and is absent for a period of at least 7 hours;

[12.3(d) varied by V004 ppc 25Jul97]

- (d) \$13.49 for tea where an employee is required to leave before 5 pm and is unable to return until after 7 pm -

whichever is the less.

12.4 Overtime meal allowances

- (1) An employee who is required to work a period of overtime which -
  - (a) immediately follows or immediately precedes a scheduled period of ordinary duty and is not less than two hours; or
  - (b) does not immediately follow or immediately precede a scheduled period of duty and -
    - (i) includes a meal break of not less than 20 minutes taken prior to the completion and not less than four hours after the commencement of the overtime; or
    - (ii) where the taking of a meal break is precluded by reason of safety requirements, is not less than four hours -

shall be eligible to receive the meal allowance payable in accordance with this clause.

- (2) Subject to subclause 12.4 (1), the meal allowance payable to an employee required to work overtime shall be-
  - (a) in the case where the duration of the overtime includes the period between 6 pm and 7 pm -

[12.4(2)(a)(i) varied by V004 ppc 25Jul97]

- (i) \$13.73 where an employee takes a meal break of one hour at any time prior to completing the overtime; or

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[12.4(2)(a)(ii) varied by V004 ppc 25Jul97]

- (ii) \$9.20 where an employee either takes a meal break or less than one hour but not less than 20 minutes prior to completing the overtime or is prevented from taking a meal break by reason of safety requirements; and

[12.4(2)(b) varied by V004 ppc 25Jul97]

- (b) in all other cases - \$10.36 where the employee either takes a meal break of not less than 20 minutes prior to completing the overtime or is prevented from taking a meal break by reason of safety requirements.
- (3) An employee otherwise eligible for a meal allowance provided for in this clause who purchases a meal of two or more courses at a canteen, cafeteria, mess-room or dining room of the employer the cost of which is less than the allowance, shall be paid the actual cost of such meal in lieu of the allowance.

12.5 Training course allowances

[12.5 substituted by V004 ppc 25Jul97]

An employee who is required to attend training courses and conferences where the cost of accommodation and meals is paid for by the employer may be granted the following allowances in respect of incidental expenses:

<u>Location of course or conference</u>	<u>\$ rate per day</u>
Health & Community Services Dept premises	12.52
Other premises within Victoria	15.42
Interstate	18.96

12.6 Allowance for use of private means of transport

- (1) Employees who are authorised by the employer to use their own private vehicles either in the course of their duties, or for a specific official journey, may be entitled to allowances as follows-



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[12.6(1)(a) substituted by V004 ppc 25Jul97]

	<u>Cents per kilometre</u>
(a) Motor Cars -	
35 PMU and over	60.5
Under 35 PMU	49.8
Motor Cycles -	
250 cc and over	29.2
Under 250 cc	21.9

Note: PMU means power mass units as stated in the certificate of registration for the vehicle

- (b) Where the employer is satisfied that the rate under subclause 12.6(1) is inadequate having regard to the nature of the travelling or expenses necessarily and reasonably incurred by the employee in the course of duty, a higher rate to compensate for expenses incurred may be approved by the employer and paid to the employee.
- (2) An allowance shall not be payable under this clause in respect of travelling in excess of 16,000 kilometres in any financial year without the prior approval of the employer having been obtained for such travelling.
- (3) Reimbursement shall not be payable under this clause for the use of a hired car unless the employer certifies that the hiring of the car was justified in the circumstances.

12.7 Special circumstances

Where, in circumstances not provided for in this Clause, an employee, in the course of or arising out of his or her employment, incurs an expenditure which such employee would not have incurred in ordinary circumstances, the employer may grant an allowance to compensate for any such expenses reasonably and necessarily incurred.

13 - ALLOWANCES FOR LOCATION AND RELOCATION

13.1 Preliminary

- (1) Subject to and in accordance with this Clause employees shall be granted allowances for travelling and personal expenses.
- (2) Allowances for personal expenses shall, except where otherwise stated, be in addition to the cost of conveyance.

13 - contd

13.2 Location expenses

- (1) Where an employee other than a part-time employee is reasonably required as a result of appointment, promotion, transfer as the case may be, to reside at a new location and, being unable to obtain a suitable residence at such location, reasonably incurs additional expenditure in respect of meals and accommodation, the employer may authorise the payment of-
- (a) in the case of an employee with a substantially dependant spouse or substantially dependant children who (not being accompanied to the new location by such dependants) continues to maintain a residence at the previous location-

[13.2(1)(a)(i) varied by V004 ppc 25Jul97]

- (i) the actual cost of meals and accommodation or, as the case may be, board and lodging (up to a maximum rate of \$189.13) in respect of the initial period of three weeks;

[13.2(1)(a)(ii) varied by V004 ppc 25Jul97]

- (ii) the amount by which the actual cost of such items exceeds \$44.59 per week (up to a maximum rate of \$146.22 per week) in respect of the following period of ten weeks;

[13.2(1)(a)(iii) varied by V004 ppc 25Jul97]

- (iii) the actual cost of laundry and incidental expenses (up to a maximum rate of \$21.56); and
- (iv) travelling costs at the rate specified in subclause 12.6 in respect of the use of a private vehicle of such employee in visiting such dependants once a month; or

[13.2(1)(b) varied by V004 ppc 25Jul97]

- (b) in the case of an employee without such dependants or who having such dependants does not maintain a residence at the previous location (not being in either case an employee who rented furnished accommodation or obtained full board at the previous location), the amount by which the actual cost of meals and accommodation or, as the case may be, board and lodging (for a maximum period of 13 weeks) exceeds that amount appropriate to the salary or wage rate and dependants of such employee as shown in Table 13.2.1 excepting that the amount payable shall not exceed then \$145.80 per week in the case of an employee with such dependants and \$97.10 in the case of an employee without such dependants.

13 - contd

Table 13.2.1

Location expenses - employee contributions

Salary	Employee	Child and Spouse Rate	Dependant	
			8 years and over	Under 8 years
\$/year	\$/week	\$/week	\$/week	\$/week
Under 18217	99	150	Note 1	Note 2
18 218 - 21 009	110	167	Note 1	Note 2
21 010 - 24 064	122	185	Note 1	Note 2
24065 - 26910	129	196	Note 1	Note 2
26 911 - 29 905	135	205	Note 1	Note 2
29 906 - 33 117	144	218	Note 1	Note 2
33 118 - 36 328	150	227	Note 1	Note 2
36 329 - 40 039	160	242	Note 1	Note 2
40 040 - 43 749	169	256	Note 1	Note 2
43 750 - 48 319	175	266	Note 1	Note 2
48 320 - 52 887	181	274	Note 1	Note 2

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Salary	Employee \$/week	Child and Spouse Rate \$/week	Dependant	
			8 years and over \$/week	Under 8 years \$/week
52 888 - 59 782	191	287	Note 1	Note 2
59 783 - 66 677	197	299	Note 1	Note 2
and above	211	319	Note 1	Note 2

NOTE 1 - 6% of the Employee and Spouse Rate for a dependant child 8 years and under.

NOTE 2 - 4% of the Employee and Spouse Rate for a dependant child under 8 years.

- (2) Any employee who but for this subclause (13.2(2)) would be eligible to receive any payment provided for in subclause 13.2(1) and whose spouse (whether an employee or not) receives or is eligible to receive any allowance or reimbursement of expenses in the nature of such payment shall be paid such allowance or allowances as the employer may authorise.

[13.2(3) varied by V004 ppc 25Jul97]

- (3) Where an employee other than a part-time employee under the age of 21 years with no substantially dependant spouse or substantially dependant children is reasonably required as a result of appointment, promotion, transfer as the case may be, to live away from home and to pay a weekly amount for board and lodging which exceeds one-third of the weekly equivalent of the salary or wage rate of such employee, the employer may (where such allowance will exceed \$0.53) authorise payment of an allowance equivalent to one-half of such excess calculated to the nearest ten cents (any amount in excess of five cents being taken to the nearest ten cents above).
- (4) Notwithstanding anything else in this Clause where an employee is eligible to receive an allowance pursuant to subclause 13.2 (1) and the employer is of the opinion that special circumstances exist, the employer may authorise the payment of such additional amount as deemed appropriate.

13 - contd

13.3 Expenses associated with relocation - general provisions

[13.3(b) varied by V004 ppc 25Jul97]

Where the employer considers that it is reasonable and necessary for an employee to move residence as a result of a relocation from one work station to another, and relocation arises either as a result of a promotion or transfer to a vacancy advertised in the Public Service Notices, or as a result of management direction, not being for disciplinary reasons, the employee shall be reimbursed-

- (a) the actual reasonable and necessary costs of conveyance of such employee and his or her substantially dependant spouse or substantially dependant children;
- (b) the actual reasonable and necessary costs of conveyance of furniture and personal effects, including the cost of comprehensive insurance cover for such furniture and effects whilst in transit, up to a maximum cover amount of \$50,822
- (c) Provided that where the spouse of the employee receives or is entitled to receive some form of an allowance in relation to the conveyance and accommodation of their children or the removal of personal effects, the employee shall be reimbursed a reduced amount as approved by the employer.
- (d) where the employer is satisfied that an employee, who is eligible to receive reimbursement under subclause 13.3 (a), has suffered loss through accelerated depreciation and extra wear and tear on furniture and effects and/or has incurred cost in replacing or altering carpets, linoleum, curtains and blinds as a result of removal-

[13.3(d)(i) varied by V004 ppc 25Jul97]

- (i) an amount equivalent to \$313.45; or

[13.3(d)(ii) varied by V004 ppc 25Jul97]

- (ii) an amount equivalent to \$666.33 where the employee has a substantially dependant spouse or substantially dependant children:

Provided that where the spouse of the employee receives or is entitled to receive some form of allowance for losses or costs as described in sub paragraphs (a), (b) and (c) of this subclause the employee shall be reimbursed a reduced amount for such losses or costs as approved by the employer.

13 - contd

- (e) the following costs subject to the provisions of subclause 13.4 associated with:
- (i) sale of the residence in which the employee ordinarily resided immediately prior to notification in writing of the promotion or transfer of such employee to another station;  
  
professional costs and disbursements paid to a solicitor;  
  
the commission paid to an estate agent, or reasonable advertising charges where no agent is engaged;  
other reasonable costs (including stamp duty and registration fees on discharge of mortgages); and
  - (ii) purchase of a residence for the permanent occupation of such employee at the new location-  
  
professional costs and disbursements paid to a solicitor;  
  
other reasonable costs (including stamp duty and registration fees on the transfer and any mortgages, valuation fees but not a procuration fee associated with a mortgage).

13.4 Sale and purchase of residences

Reimbursement under subclause 13.3 (d) shall be subject to the production of evidence of the transactions which is satisfactory to the employer that all amounts are necessarily based on the relevant authorised scale of fees up to a maximum reimbursement of the fees specified for-

- (a) the sale and purchase of properties at prices not in excess of \$170,385 (excluding the value of chattels) in each case; and
- (b) a first mortgage not in excess of \$88,391:

Provided that, unless the employer is of the opinion that special circumstances exist:

- (i) the employee sells the residence at the former station of such employee within the period commencing on the day on which the employee received notification in writing of the transfer to another station and ending on the day two years after the day on which such employee commenced duty at the new station, or sells such a residence after the expiration of that period pursuant to a contract of sale entered into within that period; and

13 - contd

- (ii) in respect of costs associated with the purchase of a residence, the employee has become entitled to reimbursement of costs in accordance with subclause 13.3 (d) (i) and has within the period commencing on the day on which such employee received notification in writing of the transfer to another station and ending on the day four years after the day on which the employee commenced duty at the new station-
  - (a) become the owner of a residence at the new station and that residence has become the residence in which such employee ordinarily resides; or
  - (b) entered into a contract within the period to purchase a residence at the new station with the intention to reside ordinarily in the residence and, after the expiration of the period, becomes the owner of the residence; and
- (iii) where an employee, being an employee who would, upon purchasing a residence, be entitled to reimbursement of costs under subclause 13.3 (d) (ii) and who has not so purchased a residence, is promoted or transferred from his new station to another before the expiration of the relevant period for purchase applicable to the first-mentioned station, the relevant period for purchase in relation to the second-mentioned station shall commence on the day on which the relevant period for purchase in relation to the first-mentioned station commenced and shall be extended by a period equal to the period commencing on that day and ending on the day on which the employee commenced duty in the second-mentioned station; and
- (iv) where an employee, being an employee who did not, immediately before being notified of his or her promotion or transfer to the new station, ordinarily reside in a residence owned by such employee, before that date-
  - (a) contracted to purchase a residence in which such employee intended to reside or;
  - (b) contracted to build a residence, or commenced to build a residence, being a residence in which such employee intended to reside-

then subclause 13.3 (d) (i) applies in relation to that employee as if such employee owned that residence and had been ordinarily residing in it immediately before being notified of his or her promotion or transfer to the new station; and

13 - contd

- (v) where an employee who is entitled to reimbursement of costs in accordance with subclause 13.3 (d) (i) -
- (a) has, before the expiration of the relevant period for purchase, contracted to build a residence in which such employee intends to reside on land at his or her new station of which he or she has become the owner; or
  - (b) commences, before the expiration of the relevant period for purchase, to build a residence in which such employee intends to reside on land at his or her new station of which he or she has become the owner; or
  - (c) becomes, or is to become, under the terms of a contract entered into by such employee before expiration of the relevant period for purchase, the owner of the land at the new station on which a residence in which he or she intends to reside is to be erected-

then the employee shall, on the erection of the residence, for the purpose of this determination be deemed to have purchased, or to have contracted to purchase, the residence; and

- (vi) where the employee is promoted or transferred to a station-
- (a) and is required to occupy a residence of the employer; or,
  - (b) for a specified term on the basis that at the conclusion of that term such employee will be further promoted or transferred or to another station

then the employee may at the time of commencing duty at the first-mentioned station inform the employer in writing that he or she elects either-

- (i) to defer entitlements under subclause 13.3 (d) (ii); or
- (ii) to defer entitlements under subclause 13.3 (d),

and where such employee so elects then the relevant period for purchase or the relevant periods for sale and for purchase, as the case may be, shall commence on the day on which the employee is no longer required to occupy a residence of the employer, or is promoted or transferred to another station but not for a specified term or is no longer subject to promotion or transfer for a specific term, as the case may be, and



13 - contd

- (vii) where an employee who, having been promoted or transferred to a new station, contracts to sell his or her residence at his or her former station subsequent to notification in writing of such promotion or transfer back to that station, then no reimbursement shall be made in respect of costs associated with the sale of that residence.

13.5 Removal expenses

A person who, in consequence of an appointment to the public service, necessarily incurs expenditure on his or her conveyance and on the conveyance of his or her substantial dependent spouse or substantially dependent children or of furniture and effects from his or her place of residence to another in Victoria shall-

- (a) where the appointee is resident or overseas, be entitled to-
  - (i) payment of economy class air fare for the appointee, his or her substantially dependent spouse or substantially dependent children;

[13.5(a)(ii) varied by V004 ppc 25Jul97]

- (ii) payment of an allowance determined by the employer up to a maximum of amount \$6,900 per annum for removal of effects; and
  - (iii) in the case of an appointee with a substantially dependent spouse or substantially dependent children, payment of the allowances prescribed in subclause 13.2 as compensation for temporary accommodation expenses; or
- (b) where the appointee is resident in Australia be entitled to-
  - (i) payment of economy class air fare or first class rail fare for the appointee, his or her substantially dependent spouse or substantially dependent children, or, if the appointee uses his or her private motor vehicle, a care mileage allowance as prescribed in subclause 12.6(1) plus the actual reasonable accommodation and meal costs incurred whilst travelling;

[13.5(b)(ii) varied by V004 ppc 25Jul97]

- (ii) reimbursement of the actual expenses reasonably and necessarily incurred for the removal of furniture and effects, including the cost of comprehensive insurance cover for such furniture and effects whilst in transit up to maximum cover of amount \$50,822 per annum up to the maximum amounts specified in Table 13.5;

## 13 - contd

- (iii) in the case of an appointee with a substantially dependent spouse or substantially dependent children, payment of the accommodation expenses prescribed in subclause 13.2 as compensation for temporary accommodation expenses:

Provided that any appointee whose spouse (whether an officer or employee or not) receives or is eligible to receive any allowance or reimbursement of expenses in the nature of any payment provided for in this subclause shall be paid such allowance or allowances as the employer may authorise:

Provided further that the employer may, if satisfied that special circumstances exist, authorise the reimbursement of part or all of the expenses actually incurred by such person for the removal of furniture and effects (including the cost of comprehensive insurance cover for such furniture and effects whilst in transit) which are in excess of the amounts reimbursable pursuant to paragraphs (a) and (b) in this subclause.

TABLE 13.5

[table 13.5 varied by V004 ppc 25Jul97]

Relocation From	Maximum Reimbursement
Elsewhere in Victoria	\$2,747 per annum
New South Wales, South Australia and Australian Capital Territory	\$4,385 per annum
Queensland, Tasmania, Western Australia and Northern Territory	\$5,885 per annum

### 13.6 Full-time study in Australia

An officer, who is granted special extended leave on full pay to pursue an approved course of post-graduate study at a University or institution in Australia that requires residence at a new location for the duration of the course, shall be entitled to the following-

- (a) payment of economy class fare or first class rail fare for the officer, his or her substantially dependent spouse or substantially dependent children or, if the officer uses his or her private motor vehicle, a distance rates allowance as prescribed in paragraph (a) of subclause 12.6(1)(a) plus the actual reasonable accommodation and meals costs incurred whilst travelling to and from the new location at the commencement and completion of the course respectively;

13 - contd

[13.6(b) varied by V004 ppc 25Jul97]

- (b) reimbursement of the actual reasonable and necessary costs of conveyance of the furniture and personal effects of such officer, including the cost of comprehensive insurance cover for such furniture and effects up to a maximum cover of \$50,822 per annum whilst in transit to and from the new location at the commencement and completion of the course respectively;

Provided that where the spouse of the officer receives or is entitled to receive some form of allowance in relation to the conveyance and accommodation of their children or the removal of personal effects, the officer shall be reimbursed a reduced amount as authorised by the employer;

[13.6(c) varied by V004 ppc 25Jul97]

- (c) a settling-in allowance for the period of ten days commencing on his or her arrival at the new location at the rate of \$178.13 per day for an officer without a substantially dependent spouse or substantially dependent children or at twice such rate for an officer accompanied by his or her substantially dependent spouse or substantially dependent children;

[13.6(d) varied by V004 ppc 25Jul97]

- (d) reimbursement of rent payable in excess of \$167.99 per week subject to a maximum reimbursement of \$166.94 per week provided that any officer entitled to reimbursement of rent under this determination as in force immediately prior to 12 May 1991 shall, for the unexpired period of the course in question, be entitled to reimbursement at the rate then payable or at the rate thereafter payable, whichever is the higher:

Provided that, where an officer who resides alone at the new location and continues to maintain a substantially dependent spouse or substantially dependent children at the previous location, such officer shall in addition to amounts payable under paragraph (a) of this subclause be entitled to reimbursement of-

[13.6(d)(i) varied by V004 ppc 25Jul97]

- (i) the cost of board and lodging up to \$190.00 per week and

[13.6(d)(ii) varied by V004 ppc 25Jul97]

- (ii) laundry and incidental expenses up to \$21.56 per week in lieu of the entitlements conferred by paragraphs (b), (c) and (d) of this subclause.

## 13 - contd

### 13.7 Full-time study outside Australia

An officer who is granted leave of absence with full pay to pursue a course of post-graduate study at a university or institution in a country other than Australia shall be paid-

- (a) the return economy class air fare to such country;
- (b) an allowance for the period of ten days commencing on his or her arrival in such country at the rate prescribed for such country as described in Schedule D of this award.

[13.7(c) varied by V004 ppc 25Jul97]

- (c) the amount (to a maximum rate of \$166.94 per week) by which the rent payable by such officer on initial occupancy of accommodation in such country exceeds \$168.00 per week, provided that any officer entitled to reimbursement of rent under this determination as in force immediately prior to 12 May 1991 shall, for the unexpired period of the course in question, be entitled to reimbursement at the rate then payable or at the rate thereafter payable, whichever is the higher; and
- (d) where the period of leave granted is equivalent to or greater than an academic year and is accompanied by his or her substantially dependent spouse or substantially dependent children-
  - (i) the return economy class air fare to such country for such spouse or children, as the case may require;
  - (ii) in respect of such spouse - an allowance equivalent to that provided for in paragraph (b) of this subclause;
  - (iii) in respect of such children - a total allowance equivalent to one half of that provided for in paragraph (b) of this subclause:

Provided that the employer is satisfied that special circumstances exist in a particular case may in granting such leave impose such other less favourable terms and conditions as to travelling allowances and expenses as he/she thinks fit.

### 13.8 Relocation expenses on retirement

An officer or employee who during his or her period of service is required by his or her administrative unit to transfer from one station to another, and whose removal expenses for that transfer have been reimbursed under subclause 13.3, shall be reimbursed on retirement-

13 - contd

- (a) the actual reasonable and necessary costs of conveyance of the officer and his or her substantially dependent spouse or substantially dependent children and of furniture and personal effects, if such officer or employee elects to transfer from the second mentioned station to another selected location in the State of Victoria; or
- (b) the actual reasonable and necessary costs of conveyance of furniture and personal effects from a residence of an administrative unit in the second mentioned station to other accommodation at the same location:

Provided that:

- (i) the officer or employee has completed at least ten years service prior to retirement; and
- (ii) the application for reimbursement of costs is submitted prior to or on retirement.

13.9 Relocation expenses on death

Where an officer or employee has been required by an administrative unit to transfer from one station to another (during the period of service of the officer or employee) and removal expenses for that transfer have been reimbursed under subclause 13.3, the substantially dependent spouse or substantially dependent children of such officer or employee shall be reimbursed on the death of the officer or employee-

- (a) the actual reasonable costs of conveyance of such substantially dependent spouse or such substantially dependent children and of any personal effects if the substantially dependent spouse elects to transfer from the second mentioned station to another selected location in the State of Victoria; or
- (b) the actual reasonable and necessary costs of conveyance of furniture and personal effects of such substantially dependent spouse or such substantially dependent children from a residence of an administrative unit in the second mentioned station to other accommodation at the same locality:

Provided that-

- (a) the officer or employee had completed ten years service prior to his or her death; and
- (b) the application for reimbursement of costs is submitted within three months of the date of death of the officer or employee.

## 13 - contd

### 13.10 Provisos to determinations 13.8 and 13.9

Reimbursement under subclause 13.8 or subclause 13.9 shall be subject to the employer being satisfied that-

- (a) the office or position was relocated on a specified date and the officer or employee was, at the time of appointment, promotion or transfer to the office or position, not advised that the office or position would be transferred to a new location;
- (b) the officer occupied an office that was to be relocated and was promoted or transferred to another office that was to be relocated, and was so relocated; or
- (c) the officer or employee was required to reside at a new location in the usual course of promotion or transfer where relocation is regarded as a normal incident of employment, involving movement from time to time around the State, either for work experience purposes or to meet changes in the workload.

### 13.11 Interviews and appeals

Where in the course of an appointment, promotion or transfer having been made to a position, an employee is required to travel to support an application, provisional promotion or appeal (as the case may be) the employer may authorise reimbursement to the employee reasonable and necessary expenses incurred.

### 13.12 Special circumstances

Where, in circumstances not provided for in this Clause, an employee, in the course of or arising out of his or her employment, incurs an expenditure which such employee would not have incurred in ordinary circumstances, the employer may grant an allowance to compensate for any such expenses reasonably and necessarily incurred.

## 14 - OVERTIME AND STANDBY ALLOWANCES

### 14.1 Preliminary

- (1) Where, outside his or her normal hours of duty, an employee is required -
  - (a) to continue on ordinary daily duty; or
  - (b) to undertake official duty regularly at specified times; or
  - (c) to stand by on call for duty -

he or she shall be entitled to receive an allowance (or time off) as prescribed.

- (2) Allowances (or time off) in instances under subclause 14.1 (1) shall be determined in accordance with the conditions prescribed in subclauses 14.4 to 14.9 inclusive and may be granted by the employer.

## 14 - contd

- (3) Allowances in instances under subclause 14.1(1)(b) or (c) shall be at either an hourly rate or at a commuted annual rate as set out elsewhere in this Clause, except where otherwise expressly indicated.
- (4) No allowances (or time off) in instances under paragraph (a) of sub - clause 1 shall be granted unless the employer is satisfied that:
  - (i) the overtime work was necessary and unavoidable;
  - (ii) the work was carried out under proper supervision and control;
  - (iii) it is proper that such allowances should be granted.

### 14.2 Part-time employees

- (1) A part-time employee shall not be entitled to payment of the allowances prescribed in subclause 14.10.
- (2) Notwithstanding the provisions of subclauses 14.1 and 14.3 to 14.9 inclusive, a part-time employee shall not be entitled to payment of the prescribed allowances unless the total number of hours worked in a fortnightly pay period by the part-time employee exceeds 76, payment, or equivalent time off, in all other instances for extra work performed in excess of the fixed number of working hours for a part-time employee in a fortnightly pay period shall be at the ordinary hourly rate.

### 14.3 Commuted allowances - payment during leave

Where commuted allowances are prescribed under the provisions of this Clause the following provisions shall apply in relation to payment of such allowances during periods of leave:

- (a) Commuted standby allowances shall be paid during periods of long service leave, recreation leave, and during the first four weeks' sick leave (including workers' compensation leave) taken in aggregate in a calendar year and shall be included for calculation of pay in lieu of long service leave.
- (b) Commuted overtime allowances shall be paid during periods of recreation leave and during the first four weeks' sick leave (including workers' compensation leave) taken in aggregate in a calendar year, but shall not be paid during periods of long service leave or included in calculation of pay in lieu of long service leave.

### 14.4 Entitlement to overtime

- (1) Except for rostered nursing staff, employees whose salary exceeds \$42,110 and then \$42,527 from 17 September 1995 shall not be entitled to overtime payments. All other employees shall be entitled to overtime payments for all time worked in excess of the normal hours of duty.

## 14 - contd

- (2) In computing overtime each day's work shall stand alone provided that any continuous period of overtime that extends after midnight shall be considered as having been performed on the day the overtime commenced.

### 14.5 Overtime - general rates

The following overtime rates shall be paid for work performed outside the normal hours of duty:

- (a) Monday to Saturday inclusive except for public holidays:

At the rate of time and a half of the ordinary rate for the first three hours and double time thereafter.

- (b) Sunday:

In all cases except public holidays at the rate of double time of the ordinary rate.

- (c) Public holidays:

- (i) Where the public holiday falls on a Monday to a Friday and the time worked is in excess of the normal daily hours of duty - at the rate of double time and a half of the ordinary rate in respect of the time worked in excess of the normal daily hours of duty.
- (ii) Where the public holiday falls on a Saturday or Sunday, for which no other day is proclaimed as a public holiday and deemed to be the holiday in lieu thereof - at the rate of double time and a half of the ordinary rate.
- (iii) Where an employee who is normally required to perform rostered time of ordinary duty on a day which is a public holiday, performs ordinary duty on that day and also performs work outside the normal hours of duty on that day, payment for the work performed outside the ordinary hours of duty shall be at the rate of double time and a half of the ordinary rate.
- (iv) Where a rostered day off duty of an employee who is normally required to perform rostered time of duty on days which may be public holidays, falls on a public holiday and the employee is required to perform duty on such rostered day off, payment shall be at the rate of double time and a half of the ordinary rate.

### 14.6 Overtime - Maximum rate and calculation formulae

The hourly rate of payment for overtime shall be calculated in accordance with the formulae set out hereunder but in no case shall the hourly rate exceed that calculated on an annual salary of \$34,486 and then \$34,903 from 17 September, 1995.



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(a) Time and a half rate -

Fortnightly salary		3
	x	-
<hr/> Fortnightly ordinary hours of duty		2

(b) Double time rate -

Fortnightly salary		2
	x	-
<hr/> Fortnightly ordinary hours of duty		1

Fortnightly salary shall be determined as follows:

<u>Annual salary</u>		
365.25	x	14

14.7 Overtime - full-time employees working less than 38 hours in a given week

Employees, other than part-time employees referred to in subclause 14.2 whose normal hours of duty are less than 38 hours a week shall be entitled to payment at overtime rates only for the time worked in excess of daily hours derived from a 38 hour week.

14.8 Overtime - time off in lieu of payment

The employer may, on application by the employee, grant time off in lieu in respect of overtime worked by the employee provided that no time off shall be granted in respect of any overtime for which payment is made.

14.9 Overtime - minimum payments on recall

- (1) An employee who due to emergency of other unforeseen circumstances is recalled to perform overtime duty shall be paid for a minimum of three hours work at the appropriate overtime rate prescribed in this Clause.
- (2) An employee recalled to work within three hours of starting work on previous recall shall not be entitled to any additional payment for the time worked within a period of three hours from the time of commencement of duty on the previous recall.
- (3) The provisions of subclause 14.9 shall not apply -
  - (i) where overtime duty is continuous, or separated only by a meal break, with the completion or commencement of ordinary hours of duty;

14 - contd

- (ii) to an employee who is on standby or on call duty for which an allowance is paid.

14.10 Excess travelling time

- (1) An employee who is required to undertake duties at a location other than the usual place of work of the employee shall, in respect of any period of excess travelling time, be granted an equivalent period of time off during normal hours of duty.
- (2) For the purposes of this subclause "usual place of work" shall include a defined district in which an employee is usually employed.
- (3) The total period of time off duty other than time in lieu of overtime to which an employee shall be entitled (whether wholly in respect of excess travelling time or in conjunction with leave credits under any scheme of flexible working hours) shall be limited to a maximum of 7 hours 36 minutes in any fortnightly period.
- (4) Periods of time off duty to which an employee shall be entitled under this subclause shall, wherever practicable, be taken in the fortnightly pay period following that in which they accrue.
- (5) In this clause "excess travelling time" means -

the time necessarily spent outside an employee's ordinary hours of duty and in excess of that usually spent in travelling to and from his or her usual work place -

- (i) in travelling to a designated location or return; or
- (ii) where it is necessary for such employee to secure temporary
- (iii) accommodation in order to undertake duty at such location - in travelling from his or her usual place of residence to such accommodation and return and from such accommodation to such location and return; or
- (iv) between temporary accommodation at successive locations.

Provided that in computing excess travelling time periods spent in travelling -

- (a) of less than 30 minutes a day;
- (b) of more than 5 hours per day;
- (c) by ship when meals and accommodation are provided; or
- (d) by aircraft, train, or bus between the hours of 10.00pm and 7.00am shall not be taken into account.

14 - contd

14.11 Sleep-over in Community Residential Units, intellectual disability services

Any duty performed by an employee required to sleep-over on the premises of a Community Residential Unit in excess of a total of one hour per sleep over period shall be paid in accordance with the provisions of subclause 14.5, notwithstanding the provisions of subclause 14.2 (2) as they apply to part-time employees.

14.12 IDSO-3 overtime, Community Residential Units, intellectual disability services

Any duty performed by Intellectual Disability Services Officers, Grade IDSO-3 employed in a Community Residential Unit in excess of a total of 10 hours during the period 7 am to 10 pm shall be paid overtime in accordance with the provisions of subclause 14.5, notwithstanding the provisions of subclause 14.2 (2) as they apply to part-time Intellectual Disability Services Officers, Grade IDSO-3 employed in a Community Residential Unit.

14.13 Maintenance Engineers

[14.13 varied by V004 ppc 25Jul97]

An employee holding a position of Maintenance Engineer (or any person designated to act in the place of the holder for such purpose) who is instructed, prior to ceasing duty, that he or she may be required to attend for extra duty some time before his or her next normal time of commencing duty and that he or she is to be contactable and available to return to duty without delay or within a reasonable period of being recalled, shall be paid an allowance of \$5.86 per night or \$14.74 per day and night as appropriate when on call.

14.14 Clinics - standby allowances

(1) An employee specified below who by reason of being rostered to provide after hours consultative advice at a Clinic, may be required to be on standby, shall be paid an allowance of \$5.55 per night and then \$5.65 per night from 14 June 1995 or \$13.95 per day and night and then \$14.74 per day and night from 14 June 1995 as appropriate when on standby provided that only one employee shall be on standby at any one time -

- (a) Registered Psychiatric Nurse - RPN-3  
Registered Psychiatric Nurse - RPN-2  
Psychiatric Services Officer - PSO-2  
Health Welfare Officer
- (b) Registered Psychiatric Nurse - RPN-5  
Registered Psychiatric Nurse - RPN-4  
Registered Psychiatric Nurse - RPN-3  
Registered Psychiatric Nurse - RPN-2

## 15 - HIGHER DUTIES ALLOWANCES

### 15.1 Basic Entitlements

- (1) Subject to this Clause an employee who is for a period longer than one week assigned to act in a position of class or grade higher than that which the employee occupies shall be granted from the date of such assignment an allowance computed in the following manner-
- (a) where the employee performs the full duties of the higher position, such allowance as will increase his or her rate of emolument to the rate which would have been payable had he or she been promoted to such higher position; or
  - (b) where the employee performs a portion of the duties of the higher position, such allowance, as will increase the rate of emolument of such employee to the maximum salary rate applicable to his or her classification plus an allowance as set out in Table 15.1.1:

Table 15.1.1

Proportion of duties performed in higher position	Rate of allowance
At least 25% but less than 50%	25% of the difference between the maximum salary rate applicable to the assignee's classification and the rate of emolument payable had the assignee been promoted to the higher position.
At least 50% but less than 75%	50% of such difference.
At least 75% but less than 100%	75% of such difference.

- (c) where the respective salary rates applicable to the classification of the employee and to the higher position overlap and he or she performs:
  - (i) the full duties of the higher position, such allowance (hereafter termed the specified allowance) as will increase the rate of emolument of the employee to the rate which would have been payable had the employee been promoted to such higher position; or

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- (ii) a portion of the duties of the higher position, in addition to the actual salary of the employee an allowance, if required, calculated in accordance with the rate specified in Table 15.1.2:

Table 15.1.2

Proportion of duties performed in higher position	Rate of allowance
At least 25% but less than 50%	25% of the specified allowance
At least 50% but less than 75%	50% of the specified allowance
At least 75% but less than 100%	75% of the specified allowance

- (2) Where the employee as assigned is a minor and junior rates are not prescribed for the higher position, the employee shall be granted an allowance calculated as provided in subclause 15.1 (1) (a),(b) or (c)(i) as appropriate.
- (3) Where the classification of the higher position at the time the employee is so assigned has been attained by the progress of the occupant on the basis of his or her qualifications or experience and the position would when vacated, be reclassified to a lower classification, the allowance payable in accordance with subclause 15.1 shall be calculated on the basis of the minimum salary rate prescribed for the classification.
- (4) An employee so assigned shall be entitled to such increases in the allowance payable as are equivalent to the annual increments appropriate to the higher position and where the employee performs a portion of the duties of the higher position the employee shall be entitled to increases in the allowance payable calculated on a pro-rata basis in accordance with the foregoing provisions of subclause 15.1.

15.2 Promotion/appointment while on assignments

Where an employee assigned to act in a higher position -

- (a) performs the full duties of the higher position, the employee shall-
- (i) if promoted or appointed to a position of the same classification of the higher position, be paid a salary at least equivalent to the emolument payable in accordance with this Clause immediately prior to such promotion or appointment and shall be eligible to receive increments in the same manner as if he or she had been promoted or appointed to such higher office or position on the date of his or her assignment;

15 - contd

- (ii) if promoted or appointed to a position of a lower classification than that of the higher position, be paid such salary and be eligible to receive such increments as if he or she had been promoted or appointed to such position on the date of his or her assignment;
- (b) does not perform the full duties of the higher office or position, the period of the assignment shall, for the purposes of incremental advancement on promotion or appointment, be reduced by a percentage equal to that percentage of the duties not performed.

15.3 Treatment as salary and payment during leave

- (1) Allowances granted under this Clause shall be regarded as salary for the purposes of calculation of payments under the provisions of subclauses 14.2 to 14.10, 11.1, 11.2, 16.1, and 25.8(2).
- (2) Notwithstanding anything in this Clause an employee so assigned at the time he or she commences long service leave in accordance with subclause 25.15 shall not be paid an allowance in accordance with this Clause, during such leave unless such assignment has continued for a period of 12 months.
- (3) Notwithstanding anything in this Clause, an employee so assigned at the time he or she commences sick leave or workers' compensation leave, shall be paid an allowance in accordance with this Clause -
  - (i) for a total period not more than three days of such leave in the first year of such assignment; or
  - (ii) for a total period of not more than two weeks for such leave if such assignment has continued for a period exceeding 12 months.
- (4) Notwithstanding anything in this clause, an employee who is on higher duties assignment immediately prior to the time she commences paid maternity leave in accordance with clause 25.8(1)(a) or paid adoption leave in accordance with clause 25.8(1)(b) shall be paid an allowance in accordance with this clause during the period of paid leave, provided that
  - (i) the employee would have continued to act uninterrupted on the higher class duties if she had not taken paid maternity leave; and
  - (ii) the payment of the higher duties allowance during paid maternity or paid adoption leave ceases at the time the assignment would have ceased if the employee had remained on duty.

## 15 - contd

### 15.4 Part-time assignments

- (1) A part-time employee may be assigned the duties of a higher position, and an employee may be assigned the duties of a higher part-time position, provided that more than 38 hours are to be worked during the assigned period.
- (2) Where a part-time employee is assigned the duties of a higher position, the prescribed allowance must be paid at a rate proportionate to the duties performed, pro-rated according to the hours worked.
- (3) Where an employee is assigned the duties of a higher part-time position, the prescribed allowance must be paid at a rate proportionate to the duties performed, pro-rated accordingly to the hours of work of the part-time position.

### 15.5 Assignments to cover rostered days off

- (1) Notwithstanding anything in this Clause an allowance shall not be paid to an employee assigned to act in a position higher than that which the employee occupies where the assignment has been necessitated by the absence of an employee on a rostered day or days off duty, except that where the assignment includes acting in a position higher than that which the employee occupies on the working day on either side of the rostered day or days off duty, an allowance shall be paid in respect of such rostered day or days off.
- (2) For the purpose of subclause 15.5 'a rostered day or days off duty' means a day or days rostered off in a given cycle or hours where the employee is not required to perform duty on that day or days in order to work his or her normal fortnightly hours of duty, but does not include other days on which the employee is not required to work his or her normal fortnightly hours of duty, such as the taking of leave for which provision is made in Clause 25 of this award.

## 16 - RECREATION LEAVE ALLOWANCES

### 16.1 Basic entitlements

- (1) An employee shall, in respect of recreation leave, be entitled to be paid in addition to amounts payable by way of salary and other emoluments included in Table 16.1, the greater of the two amounts calculated in accordance with the following:
  - (a) an allowance at the rate of 17.5 per cent of the total remuneration of the employee for the period of recreation leave, subject to remuneration for the purposes of calculating this allowance being deemed to be the remuneration of the employee as at the first day of January of the year in which the recreation leave is taken; or

- (b) an allowance equal to any additional payments to which an employee would be entitled for shift, Saturday or Sunday duty not in excess of prescribed weekly hours which the employee would be required to perform if he or she were not proceeding on recreation leave; provided where the employer is unable to calculate the allowance to which an employee would be entitled under paragraph (b) on the basis of an actual or projected roster, the allowance shall be the average weekly additional payments which an employee has received or is entitled to receive in respect of shift, Saturday or Sunday duty not in excess of prescribed weekly hours performed in the period of twelve weeks terminating three weeks prior to the commencement of the recreation leave period.

Provided that the maximum allowance payable under subclause 16.1(1)(a) shall not exceed an amount calculated in respect of the annual salary of \$45,627 and then \$46,044 from 17 September, 1995 at the first day of January of the year in which recreation leave is taken.

- (2) The allowances included in Table 16.1 shall be paid while an employee is on recreational leave (in addition to recreation leave allowance):

Table 16.1

Allowances (other than recreation leave allowance) payable while on recreation leave

<u>Clause/subclause</u>	<u>Type of payment</u>
15.1, 15.2, 15.3, 15.4, 15.5, and 15.6	Higher duties allowance, providing the employee was performing higher duties on the day before going on recreation leave.
11.5	Allowance for rostered time of ordinary duty at night, weekends and public holidays payable to certain employees
18.1	Local disability allowance.
18.5	Qualification allowance registered Class 1 Plumber.
18.15	Allowances for performing partial duties of FSO, Grade 5C at Hobson Park, Bendigo Psychiatric Centres and the Pleasant View Centre
18.21 (6)	Allowance paid to Trade Assistant in charge of plant containing fully manned boilers.



16 - contd

<u>Clause/subclause</u>	<u>Type of payment</u>
18.20	Instructor/Trainee relationship allowance.
	Allowance to Firemen responsible for supervising boilers by remote control (Kew Cottages).
	Allowance to Storekeeper for supervising Motor Drivers (Kew Cottages)

17 - ALLOWANCES FOR QUALIFICATIONS AND EFFICIENCY

[17.1 varied by V004 ppc 25Jul97]

17.1 First Aid Duties

- (1) The employer may, if it is considered necessary, and shall with the agreement of the HSUA that such workplace is potentially hazardous, nominate an employee as first aid officer for a given workplace or work area.
- (2) Where an employee so nominated holds a first aid certificate issued by the St John's Ambulance Association or a qualification deemed equivalent the employer may authorise the payment to such employee an annual allowance of \$308.00.

17.2 Trade Assistants

[17.2 varied by V004 ppc 25Jul97]

Trade Assistants required to hold a boiler attendant certificate shall be paid an annual allowance of \$265.00.

18 - OTHER ALLOWANCES

18.1 Disabilities

Where an employee-

- (a) suffers any disability due to the conditions under which he or she necessarily lives or the area in which he or she is located; or
- (b) because of the special nature of his or her duties is unable to wear uniform which is available on issue -

the employer may grant such allowance as is reasonable to compensate for such disability.

18 - contd

18.2 Part-time employee

Except where specified as an hourly or daily rate, the allowances to which a part-time employee shall be entitled under this Clause shall be computed in proportion to the relationship between the fixed number of working hours in a fortnightly pay period and normal hours of duty.

18.3 Casual interpreting or translating

[18.3 varied by V004 ppc 25Jul97]

An employee who performs casual interpreting or translating duties shall be paid an allowance to bring the rate of total emolument of that employee to a rate equivalent to \$24,564 per annum, for the total period of such duties in any one month, calculated to the next hour above:

Provided that where the employee has performed such duties at the level prescribed for the office of Interpreter/Translator, Grade II but does not possess an appropriate qualification in interpreting/translating or has not passed a test conducted by or on behalf of the Minister to measure aptitude for such interpreting or translating, the allowance payable shall be calculated by reference to the salary prescribed for an Interpreter/Translator Grade 1.

18.4 Plumbers and related classifications

[18.4(1) varied by V004 ppc 25Jul97]

- (1) An employee who is designated as a Plumber who is registered as a Plumber with the Plumbers and Gasfitters Board shall receive an allowance of \$889 per annum and such allowance is to be treated as salary for all purposes.

[18.4(2) varied by V004 ppc 25Jul97]

- (2) An employee who is designated as a Plumber, Leading Hand (Tradesperson Level 2) or Plumber and is authorised by the employer to act on his or her plumber's licence by signing notices and assuming responsibility to relevant authorities shall be paid an allowance of \$0.60 per hour while so authorised:

18 - contd

18.5 In charge of facility allowance; psychiatric services

Any qualified nurse employed in psychiatric services classified below the level of Registered Psychiatric Nurse, Grade RPN-5, who is required to take charge of any hospital or centre shall for each shift such nurse is required to take charge of such hospital or centre, be paid an allowance equal to the difference between the salary of such nurse and the minimum salary prescribed for Registered Psychiatric Nurse, Grade RPN-5 if the hospital or centre has a Director of Nursing position classified at the Registered Psychiatric Nurse, Grade RPN-7 level, or otherwise an allowance equal to the difference between the salary for such nurse and the minimum salary level prescribed for Registered Psychiatric Nurse, Grade RPN-4.

18.6 Plumber; oxyacetylene or electric welding allowance

[18.6 varied by V004 ppc 25Jul97]

A plumber, who holds a Victorian Government pressure pipeline oxyacetylene or electric welding certificate and is authorised by the employer to act on either se certificates shall be paid an allowance at \$0.3431 per hour to such certificate whilst so authorised:

18.7 General Assistant, Lakeside

[18.7 varied by V004 ppc 25Jul97]

An employee designated as a General Assistant, Lakeside Hospital, Ballarat, who is required to perform duties which necessitate coming into contact with live sewage in the hospital's sewage treatment and distribution system shall be paid an allowance at \$1.65 per day.

18.8 Working inside boilers

[18.8 varied by V004 ppc 25Jul97]

An employee shall receive an allowance of \$0.55 while engaged in working inside boilers.

18.9 "J" Ward, Ararat

Psychiatric Service Officers, Grade PSO-1, Student Nurses, Psychiatric State Enrolled Nurses and Trainee Psychiatric State Enrolled Nurses and members of the nursing staff employed in the Aradale Forensic Psychiatric Centre (formerly 'J' ward, Aradale) shall be paid an allowance of \$704 per annum and then \$717 per annum from 14 June 1995 for all disabilities associated with work in the Centre, including the requirement to be on call at meal times.

18 - contd

18.10 Nursing employees working in prisons and correctional services

[18.10 varied by V004 ppc 25Jul97]

Any employees having a nursing classification (including Dental Nurses), who are regularly employed at the Pentridge Prison Hospital or in 'G' Division, Clinic 'D' Division Clinic, 'F' Division Reception or 'K' Division Drug Treatment Unit at Metropolitan Reception Prison, shall be paid an allowance of \$1134 per annum for all disabilities associated with their environment.

18.11 Director of Nursing and Night Supervisor - Pentridge

[18.11 varied by V004 ppc 25Jul97]

Employees designated Director of Nursing or Night Supervisor who are regularly employed at Pentridge Prison Hospital shall be paid an allowance of \$580 per annum for all disabilities associated with their environment.

18.12 Trade Co-ordinator, Grade I, Hobson Park, Bendigo Psychiatric Centre, Pleasant View

[18.12 varied by V004 ppc 25Jul97]

A Trades Co-ordinator, Grade I, at the Hobson Park and Bendigo Psychiatric Centres and the Pleasant View Centre who performs part of the duties of a Facility Services Officer, Grade 5C shall be paid an allowance of \$1981 per annum.

18.13 IDSO-1, Sandhurst Centre

[18.13 varied by V004 ppc 25Jul97]

An Intellectual Disability Services Officer, Grade IDSO-1 who is required to take charge of Sandhurst Centre, Bendigo shall for each shift when required to take charge be paid an allowance at a rate of \$6401 per annum.

18.14 In charge of facility allowance; intellectual disability services

Any qualified nurse employed in intellectual disability services classified below the level of Registered Mental Retardation Nurse, Grade MRN-5, who is required to take charge of any centre shall for each shift such nurse is required to take charge of such centre, be paid an allowance equal to the difference between the salary of such nurse and the minimum salary prescribed for Registered Mental Retardation Nurse, Grade MRN-5 if the centre has a Manager, Director Care Services position classified at the Registered Mental Retardation Nurse, Grade MRN-7 level, or otherwise an allowance equal to the difference between the salary for such nurse and the minimum salary level prescribed for Registered Mental Retardation Nurse, Grade MRN-4.

18 - contd

18.15 CRU Sleepover Shift Allowances

[18.15 varied by V004 ppc 25Jul97]

An employee employed in a Community Residential Unit of the Disability Services Branch who is required to sleep-over on the premises shall be paid an allowance at the rate of \$52.83 for the duration of such period provided that:

- (1) payment of the allowance shall be deemed to provide compensation for the sleepover and for all work performed up to a total of 1 hours duration; and
- (2) no employee shall be required to sleep-over outside of the normal hours of rostered duty except by mutual agreement between the employee and the employer; and
- (3) no employee shall be engaged to perform sleepover duty only; and
- (4) no sleep-over period shall commence prior to 10.00 pm or extend beyond 7.00 am; and
- (5) any employee who works 12 hours in addition to a sleep-over within any 24 hour period shall be entitled to 3 hours off duty prior to recommencing. An employee not so released shall be paid overtime rates or granted at the employee's option, time in lieu of all time spent working in excess of 21 hours; and
- (6) the employer shall provide and maintain suitable sleeping accommodation and amenities for the exclusive use of employees performing sleep-over duty.

18.16 CRU clothing allowance

[18.16 varied by V004 ppc 25Jul97]

Employees employed in Community Residential Units in intellectual disability services shall be paid an allowance of \$224 per annum on account of their inability to wear uniforms normally available free on issue, the laundering costs of their own clothes and the requirement that they wash nauseous linen.

18.17 Instructor/Trainee allowance

[18.17 varied by V004 ppc 25Jul97]

An employee of the Disability Services Branch, who is certified by the employer as being required to perform duties involving an Instructor/Trainee relationship with resident clients working under the guidance of that employee shall receive an allowance of \$319 per annum.

18 - contd

18.18 Non-Direct Care staff

- (1) Subclause 18.18 applies only to employees classified as Facility Services Officer, Grades 1, 2, 3, 4, 5A, 5B, 5C, 5D, 5E, Linen Services Manager, Trade Assistant, Tradesperson, Trades Co-ordinator, Grades 1 and 2, and Maintenance Manager.

[18.18(2) varied by V004 ppc 25Jul97]

- (2) An employee classified as a Tradesperson or Trade Assistant who is required to work in a confined space shall be paid an allowance of \$0.47 per hour or part thereof whilst working in that confined space. For the purposes of this provision, confined space means a place the dimensions or nature of which necessitate working in a cramped position without sufficient ventilation and includes ceiling spaces, drains, and wearing of full protective suits and respirators.

[18.18(3) varied by V004 ppc 25Jul97]

- (3) Where an employee classified as a Tradesperson or Trade Assistant is required to undertake work which the employer and the HSUA agree is of an unusually dirty or offensively dirty nature, such employee shall be paid an allowance of \$0.38 per hour or part thereof.

Provided that where there is no such agreement, the employee, or the HSUA on behalf of the employee shall be entitled to ask for a decision on the employee's claim by the senior management representative of the workplace concerned, not being the management representative referred to Sub clauses 18.21(3). In such case a decision shall be made on the employee's claim within 2 working days of the employee's request, or else the allowance shall be paid.

An employee aggrieved by a management decision made within the allotted two days shall be entitled to pursue through the grievance process in this award.

Provided further that an employee who is in receipt of an allowance under sub clause 18.7 shall not be eligible for payment of an additional allowance in respect of coming into contact with live sewage.

[18.18(4) varied by V004 ppc 25Jul97]

- (4) An employee classified as a Tradesperson or Trade Assistant working in any one place where his or her clothing or boots become saturated, whether by water, oil or otherwise, shall be paid an allowance of \$0.38 per hour or part thereof.

## 18 - contd

[18.18(5) varied by V004 ppc 25Jul97]

- (5) An employee classified as a Tradesperson or Trade Assistant handling charcoal, pumice, granulated cork, silicate of cotton, insulwool, slag wool or other recognised insulating material of a like nature or working in the immediate vicinity so as to be affected by the use thereof shall be paid an allowance of \$0.49 per hour or part thereof.

[18.18(6) varied by V004 ppc 25Jul97]

- (6) A Trade Assistant who is in charge of plant containing fully manned boilers and is a fireman who is the only person of his or her class employed on the plant and who does the general repair work of the plant in addition to the work of firing or greasing, but not when assisting a fitter, engine driver or engineer to do such work, shall be paid an allowance of \$712 per annum.

[18.18(7) varied by V004 ppc 25Jul97]

- (7) An employee employed in a hospital laundry who is required to handle linen of a nauseous nature, prior to it being washed, shall be paid an allowance of \$0.296 per hour with a maximum payment of \$1.39 per week.

[18.18(8) varied by V004 ppc 25Jul97]

- (8) An upholsterer who is required to spend a major part of his or her time on the repair of second hand furniture in a dirty condition shall be paid an allowance of \$425 per annum.

[18.18(9) varied by V004 ppc 25Jul97]

- (9) An employee who is involved in the development, planning, monitoring, training or implementation of an authorised skills activity with clients or patients shall be paid an allowance at the rate of \$6.86 per day provided that staff who receive an allowance under this subclause shall not receive an allowance under clause 18.17.
- (10) Nothing in this subclause shall prevent the cumulative payment of disability allowances where separate disabilities apply.

## 19 - RETIREMENT PAYMENT

### 19.1 Retirement Payment

- (1) Where an employee who has been employed for 5 years or more dies or has his/her employment terminated on the grounds of age (having attained the age of 60) or ill-health, the employee or his/her estate (as the case may be) shall be entitled to be paid a retiring gratuity as provided in this Clause.

19 - contd

- (2) The amount paid shall be \$325 for every completed year of service less any lump-sum amount paid on retirement by a superannuation fund or scheme to which the employer has made contributions on the employee's behalf.

20 - MEAL AND REST BREAKS

20.1 Payment in Lieu of Night Meal Break

- (1) An employee on night duty must be released from duty for a meal break wherever practicable.
- (2) Where the employer considers it necessary for two staff members to be rostered on night duty in a unit or combined units within the same building because of the degree of dependency of residents and no relief is available, and consequently it is not possible for either staff member to take a meal break at any time during the shift, overtime payment in accordance with the provisions of this award shall be paid in recognition that the employee has been required to be on duty for the additional half hour.
- (3) The provision of sub clause (2) hereof shall not apply where a relief staff member is available to enable a meal break to be taken nor will it apply where there are two or more staff rostered on duty in a unit or combined units within the same building and it is considered by the employer that the pattern in the work load is such that each staff member can take a meal break without unreasonably lessening the level of care or safety of clients and staff required during the meal break.

20.2 Rest Breaks

- (1) Where reasonably practicable, overtime duty should be arranged so that an employee has at least 8 consecutive hours off duty between the work of successive days or shifts.
- (2) Where emergency overtime requirements unavoidably prevent a minimum period of 8 hours off duty, an employee should be released from further duty on his or her next regular day or shift without loss of salary until such rest break is observed.
- (3) Where a period of rest relief is granted which permits a person to return to duty later than the time rostered for commencement, overtime payments, in accordance with the provisions of this award are to be made where continuation on duty is required beyond the normal finishing time applying to that shift.
- (4) Notwithstanding subclauses 20.2(1), (2) and (3) hereof the provisions of subclause 20.2 shall not apply where an employee is subject to the provisions of subclause 18.15(e) of this award.



## 21 - HOURS OF DUTY

- 21.1 With the exception of part time workers and casual employees, the normal hours of duty of employees shall be 76 hours per fortnight or 76 hours per fortnight averaged over the relevant roster cycle.
- 21.2 (1) The normal hours of duty in accordance with this clause shall be worked as follows-
- (a) where no other provision of this clause is applicable - as far as practicable at the normal hours of business of public offices as prescribed by Public Service Regulation 21.
  - (b) where in relation to an administrative unit the employer has approved of a system of flexible working hours - in accordance with the directions of the employer; or
- 21.3 Where having regard to the nature of any work it is not expedient that the hours of duty be observed in accordance with the normal hours of business for public offices as prescribed by Public Service Regulation 21 - during such hours as the employer appoints in relation to employees engaged on such work.
- 21.4 (1) An employee shall be entitled to a luncheon break as follows -
- (a) for three quarters of an hour from 12:45pm to 1.30pm; or
  - (b) where the employer considers it expedient in the interest of the public or administrative unit, for such other period of three quarters of an hour at such time as the employer appoints; or
  - (c) where on account of special circumstances in a particular branch or section of an administrative unit or in relation to particular classes of offices, the employer appoints a period of not less than thirty minutes and not more than one hour, for such period as the employer appoints and at the time (if any) appointed.
- 21.5 Subject to the general approval of the employer an employee may be directed to remain on duty or to stand by on call for duty beyond the ordinary hours of duty of the officer or employee.
- 21.6 The practices that pertain at the time of the making of this Award in regard to the rostering of "Rostered Days Off" shall continue to prevail unless varied by mutual agreement.

## **22 - PUBLIC HOLIDAYS**

[22 substituted by V005 from 15Dec99]

### **22.1 Prescribed Entitlements**

An employee shall be entitled to holidays on the following declared or proclaimed days:

New Year's Day, Good Friday, Easter Saturday, Easter Monday, Christmas Day and Boxing Day, Australia Day, Anzac Day, Queens' Birthday, Eight Hour's Day or Labour Day; and Melbourne Cup Day or in lieu of Melbourne Cup Day some other day as determined in a particular locality.

### **22.2 Substitute days**

- 22.2.1 When Christmas Day is a Saturday or a Sunday, a holiday in lieu thereof shall be observed on 27 December.
- 22.2.2 when Boxing Day is a Saturday or a Sunday, a holiday in lieu thereof shall be observed on 28 December.
- 22.2.3 When New Year's Day or Australia Day is a Saturday or a Sunday, a holiday in lieu thereof shall be observed on the next Monday.

### **22.3 Additional public holidays**

Where public holidays are declared or prescribed on days other than those set out in clause 22.1 those days shall constitute additional holidays for the purpose of this award.

### **22.4 Alternative public holidays**

- 22.4.1 The employer, with the agreement of the HSUA, may substitute another day for any prescribed in this clause.
- 22.4.2 The employer and employees may agree to substitute another day for any prescribed in this clause. For this purpose, the consent of the majority of affected employees shall constitute agreement.
- 22.4.3 An agreement pursuant to clause 22.4.1 shall be recorded in writing and be available to every affected employee.
- 22.4.4 The HSUA shall be informed of an agreement pursuant to Clause 22.4.2 and may within seven days refuse to accept it but will not unreasonably refuse to accept the agreement.
- 22.4.5 If the HSUA, pursuant to Clause 22.4.4, refuses to accept an agreement, the parties will seek to resolve their difference to the satisfaction of the employer, the employees and the union.

## 22 - contd

22.4.6 If no resolution is achieved pursuant to Clause 22.4.5 the employer may apply to the Commission for approval of the agreement reached with employees. Such application must be made 14 or more days before the prescribed holiday. After giving the employer and union an opportunity to be heard, the Commission will determine the application.

### **22.5 Entitlements**

22.5.1 Notwithstanding Clause 22.2 hereof, an employee, other than a casual employee, who works on Christmas Day and/or Boxing Day and/or New Year's day shall be:

22.5.1(a) paid at the appropriate holiday rate as provided in the award; and

22.5.1(b) if such an employee also works on the substitute day or days, he or she shall be paid at the normal rate of work of this day or these days.

22.5.2 If the employee works on the substituted day and not the declared public holiday, the employees shall receive Award public holiday entitlements for working the substituted day. The employee shall only receive the benefit for either the declared public holiday or the substituted day contingent upon the day worked.

22.5.3 In addition to the benefits referred to in sub-clauses 22.5.1 and 22.5.2 hereof, an employee who works on Christmas Day shall receive a loading of one half of an ordinary days salary.

22.5.4 A rostered employee who is rostered off duty on a public holiday shall receive substituted leave for that holiday.

22.5.5 In addition to the entitlements prescribed under clause 22.5 a rostered employee shall receive Award public holiday entitlements for Boxing Day< 26 December 1999 and New Year's Day, 1 January 2000.

### **22.6 Rostered days off on public holidays**

An employee whose rostered day off falls on a holiday observed in accordance with this award shall be granted one day's leave in lieu of such holiday.

## 23 - GRIEVANCE AND DISCIPLINE PROCEDURES

### 23.1 Grievance and Discipline Procedures

Employees employed pursuant to this Award shall be subject to, and entitled to the benefit of, a grievance and discipline procedure as set out in Schedule C of this award.

### 23.2 Representation

Schedule C of this Award advises as to the employee's rights to be represented.

### 23.3 Reference to the Commission

Matters which remain in dispute at the completion of the grievance and discipline procedures, may be referred to the Commission for resolution by the union or the employer.

## 24 - INTRODUCTION OF CHANGE

[24 - Consultation on structural change title changed and substituted by V002 from 23Dec96]

- (1) Where the employer has made a definite decision to introduce major changes in production, program, organisation, structure or technology that are likely to have significant effects on employees, the employer shall notify the employees who may be affected by the proposed changes and their union or unions.
- (2) "Significant effects" includes termination of employment, major changes in the composition, operation or size of the employer's workforce or in the skills required; the elimination or diminution of job opportunities, promotion opportunities or job tenure; the alteration of hours of work; the need for training or transfer of employees to other work or locations and the restructuring of jobs. Provided that where the award makes provision for alteration of any of the matters referred to herein an alteration shall be deemed not to have significant effect.
- (3) The employer shall discuss with the employees affected and their union or unions, inter alia, the introduction of the changes referred to in subclause (1) hereof, the effects the changes are likely to have on employees, measures to avert or mitigate the adverse effects of such changes on employees and shall give prompt consideration to matters raised by the employees and/or their unions in relation to the changes.
- (4) The discussions shall commence as early as practicable after a firm decision has been made by the employer to make the changes referred to in subclause (1) hereof.
- (5) For the purposes of such discussions, the employer shall provide to the employees concerned and their union or unions, all relevant information about the changes including the nature of the changes proposed; the expected effects of the changes on employees and any other matters likely to affect employees provided that any employer shall not be required to disclose confidential information the disclosure of which would be inimical to his/her interests.

## 25 - LEAVE

### 25.1 Recreation Leave

- (1) An employee is entitled to four weeks' paid recreation leave in respect of each calendar year of service. For the purposes of this entitlement, four weeks leave is equivalent to 152 hours of duty for a full-time employee.

In respect of the calendar year in which an employee commences or ceases employment, he or she shall be entitled to recreational leave for a period of twelve and two-thirds hours for each completed month of service.

- (2) A part-time employee is entitled to recreation leave in accordance with 25.1(1) adjusted by the following formula:

<u>Normal hours worked/month</u>	<u>Normal leave entitlement in working hours/month</u>
Number of normal working hours/month	X 1

- (3) An employee who is on rostered shift duty and who is regularly required to perform his/her duty over seven days a week including Sundays and public holidays shall be entitled to additional recreation leave:
  - (a) where his/her rostered time of ordinary duty includes at least ten Sundays during the period of recreation leave accrual, he or she shall be granted an additional one week's recreation leave; or,
  - (b) where his/her rostered time of ordinary duty includes less than ten Sundays during the period of recreation leave accrual, additional leave at the rate of one-tenth of a working week in respect of each Sunday so rostered; provided that rostered Sunday overtime duty shall be deemed to be counted where such duty is of more than three hours duration and further that a period of rostered duty which commences on a Saturday and extends into a Sunday or commences on a Sunday and extends into a Monday shall be deemed to be a period of Sunday duty.
- (4) The following shall not be counted for the purposes of determining recreational leave entitlements in respect of a calendar year:
  - (a) General nursing training leave,
  - (b) Sick leave without pay which in the aggregate exceeds three months in such a calendar year,
  - (c) any other periods of leave (other than sick leave or full time study leave) which in the aggregate exceeds one month in such calendar year, or
  - (d) any period of leave without pay carrying over into the following calendar year and leave without pay immediately following a period of maternity, paternity or adoption leave without pay.
- (5) When in any calendar year an employee is absent on leave for any period which under the provisions of sub clause (4) is not to be regarded as service, the period of leave of absence for recreation to which the employee would otherwise be entitled in respect of that calendar year shall be reduced by twelve and two-third hours for each complete month of the aggregate of such periods of absence during such year.

Provided that for where leave of absence for recreation has already been taken in excess of the reduced period so computed the period of leave of absence for recreation to which the employee shall be entitled in respect of the following year shall be reduced by the period of excess leave so taken

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25.2 Sick Leave

- (1) An employee shall be entitled to the amount of sick leave with pay set out in Table 25.2 below.

Table 25.2

	Leave on Full Pay	Leave on Half Pay
Employees		
At commencement of duty	152 hours	152 hours
On completion of two years service and each year's service thereafter	76 hours	76 hours
Temporary Employees		
On completion of four weeks' service - with respect to the first year of service	46 hours	46 hours
On completion of one years' service	106 hours	106 hours
On completion of two years' service and each year's service thereafter	76 hours	76 hours

Sick leave is cumulative and:

- (a) the scale of credits prescribed for employees shall be computed from the date of commencement of employment;
- (b) in respect of sick leave taken without pay by an employee in his or her first year of employment and in respect of which sick leave credits accrue or additional sick leave credits accrue on completion of one year's employment, the employee shall be entitled to use such credits in order to receive payment for leave previously taken without pay on account of sickness in the first year of employment.
- (2) For part-time employees sick leave on full pay shall mean payment for the hours of duty fixed for the day on which leave is taken and their entitlement to sick leave shall be determined in accordance with the provisions of Table 25.2 adjusted by the following formulae:

<u>Number of hours worked/ month</u>		<u>Normal leave entitlement in working hours/month</u>
Number of normal working hours/month	X	1

- (3) Employment in respect of which sick leave is calculated means continuous employment inclusive of any leave but excludes leave without pay in excess of six months or any absence on leave without pay immediately following maternity, paternity or adoption leave without pay.
- (4) Where sick leave credits are exhausted, leave may be deducted from an employees recreation leave credits or leave without pay granted, whichever the employee elects.
- (5) For any period exceeding three days continuous sick leave an employee shall furnish either a certificate by a registered medical practitioner or a statutory declaration setting out the cause of the sick leave, provided that, where the number of sick leave days taken by an employee in any one year without a certificate by a registered medical practitioner exceeds five days in aggregate, the number of days' absence in excess of five days shall be deducted as recreation leave or leave without pay on the employee's election and not as sick leave.
- (6) Where an employee is absent from duty on account of a disability which required or requires attendance upon a registered chiroprapist, chiropractor, dentist, optometrist, osteopath, physiotherapist or a psychologist, he or she may be granted, out of their sick leave entitlement, leave for a period not exceeding one week in aggregate (in respect of any one or a combination of such practitioners) in any twelve month period provided he/she furnishes a certificate from such practitioner(s).
- (7) No leave shall be granted with pay on account of illness caused by the misconduct of the employee, or in any case of absence from duty without sufficient cause.
- (8) No female employee shall be entitled to sick leave on account only of being pregnant or having recently given birth to a child, but nothing in this subclause shall prevent an employee being entitled to sick leave on account of illness resulting from pregnancy or childbirth.
- (9) Continuous leave with pay shall not be granted to an employee for any period exceeding thirteen weeks, unless an Authorised Medical Practitioner certifies that the leave is necessary and where an employee is continuously absent from duty on account of illness for a period beyond thirteen weeks, such employee shall not be permitted to return to duty until the Authorised Medical Practitioner certifies that he or she is fit to resume work.



25 - contd

25.3 War Service

- (1) Where the employer is satisfied that the illness of an employee with at least 6 months' service is directly attributable to or is aggravated by the service of such employee in the 1939 to 1944 war such employee shall apart from any sick leave which may be standing to the credit of such employee be credited with special leave with full pay amounting to 61 hours in respect of each calendar year from 1 July, 1947, to 30 June 1951, and 114 hours special leave with full pay in respect of each year of service from and inclusive of 1 July, 1951.
- (2) Where the employer is satisfied that the illness of an employee with at least 6 months' service is directly attributable to or is aggravated by the service of the employee in connection with the war like operations in Korea after 26 June, 1950, or in Malaya after 28 June, 1950 or in Vietnam after 31 July, 1962, such employee shall, apart from any sick leave which may be standing to the credit of such employee be credited with special leave with full pay amounting to 114 hours in respect of each year of service from and inclusive of the following dates:

Korea	1 July, 1951
Malaya	
Vietnam	31 July, 1962
- (3) Leave under sub clause 25.3 shall be cumulative provided that the total of such accumulated leave standing to the credit of an employee shall not exceed 760 hours.

25.4 Citizen Military Forces Requirement

- (1) Where an employee is a voluntary member of the Citizen's Forces or the Australian Cadet Forces and is required to attend an annual training camp the employee may be granted such leave with pay as will enable him or her to attend such camp -
  - (a) for its duration where it does not exceed 14 days; or
  - (b) for its duration or for the period of 18 days (whichever is the less) where the Commanding Officer of the relevant service certifies that such service exceeds 14 days.

25 - contd

- (2) In addition to any leave granted under subclause 25.4(1) an employee may be granted such leave of absence as will enable such employee to attend not more than two schools, classes or courses of instruction conducted by or on behalf of the Citizen Forces in any year and, in connection with any such leave of absence, may be paid only the amount (if any) by which the pay (exclusive of any overtime, penalty rates, higher duties or other allowance or payment of a temporary character) such employee would have received had he or she remained on duty exceeds the pay (including marriage and separation allowances) received by reason of his or her attendance at any such school class or course.
- (3) An employee may, at his or her election, be granted any recreation leave due to him or her in lieu of an equivalent period of leave under this sub clause.
- (4) An employee who requires leave under this sub clause shall submit, in writing, an application therefore to the employer, and, upon completion of the period of such leave shall furnish satisfactory evidence that he or she has attended for the purpose for which the leave was granted.
- (5) Any period of leave granted to an employee under this sub clause shall not affect the incremental progression, accruing recreation and sick leave credits, or eligibility for long service leave of such employee.
- (6) An employee who, while serving with the Citizen Forces or the Australian Cadet Forces, sustains injury or contracts illness necessitating absence from duty beyond the period of leave granted under this sub clause may be granted leave on the following terms:
  - (a) If compensation is not paid to the employee by the appropriate Commonwealth Department in respect of such absence the leave may be granted as sick leave;
  - (b) If compensation is paid and is equal to or exceeds the amount of pay which the employee would have received had he or she been granted sick leave, the leave shall be granted without pay;
  - (c) If compensation is paid and is less than the amount of pay which the employee would have received had the employee been granted sick leave, he or she may be paid an amount equal to the difference, and his or her sick leave credit with full pay or half pay (as the case may be) reduced as if sick leave had been granted for such number of days as is appropriate to the amount of the difference.

25 - contd

25.5 Tuberculosis Leave

- (1) An employee suffering from pulmonary tuberculosis and to be probably curable shall be granted leave of six months on full pay and three months on half pay. Provided that such pay may be conditional on the employee undergoing treatment in an approved sanatorium when so recommended by the Government Medical Officer. Any Leave so granted in excess of the amount standing to his/her credit shall not be regarded as a debit against such an employee. On resumption of duty, such an employee shall be entitled to a total initial credit of not less than 122 hours on full pay and 122 hours on half pay.
- (2) An employee medically certified as having suspected tubercular infection may be granted leave on full pay for a period not exceeding thirteen weeks. Provided that such pay may be conditional upon the employee undergoing treatment in an approved sanatorium when so recommended by the Government Medical Officer. Any leave so granted in excess of the amount standing to the credit of the employer shall not be regarded as a debit against such employee.
- (3) Leave of absence under this clause shall not be granted to an employee who is certified by the Government Medical Officer as having suffered from pulmonary tuberculosis prior to being employed by the employer.

25.6 Alcohol and Drug Related Leave

- (1) In this sub clause -

"Approved Rehabilitation Program" means a program course or treatment designed for the rehabilitation of persons with an alcohol or drug misuse problem adversely affecting work performance and approved for the purposes of this sub clause by an authorised medical practitioner.

"Drug" includes any medication or other substance, the misuse of which may adversely affect work performance.

"Authorised Medical Practitioner" means a qualified medical practitioner providing medical services in the nature of alcohol and drug dependency assessment and/or rehabilitation from an alcohol and drug treatment centre under the Victorian Drug Services Act 1968 as amended from time to time.

"Senior Medical Officer" means a Senior Medical Officer, Public Service Occupational Health Unit.

- (2) Where the employer is of the opinion the misuse of alcohol or other drugs by an employee is adversely affecting his/her work performance, and the employer is satisfied that the employee is prepared to undergo an approved rehabilitation program, and an authorised medical practitioner has certified that the employee:

25 - contd

- (i) is in need of assistance because of his or her misuse of alcohol or other drugs; and
- (ii) is a suitable person to undergo an approved rehabilitation program; and
- (iii) the employee has been employed by the employer for an aggregate amount to at least two years, and
- (iv) the employee has exhausted all accrued sick leave entitlements;

the employer may grant leave to the employee up to the maximum set out in Table 25.6 below.

Table 25.6

Completed Years of Service	Days
During the first year of the program-	
2 years	20
3 years	27
4 years	33
5 years or more	40
During the second and subsequent years of the program-	
2 years	15
3 years	20
4 years	25
5 years or more	30

- (3) If the employer is satisfied -
  - (a) that should an employee undergo an approved rehabilitation program the employee would be eligible to receive adequate and appropriate maintenance of income if leave without pay was granted; or
  - (b) that in the case of an employee with less than two years service and subject to sub clause 25.6(1)(i) and (ii) being met;

the employer may grant to that employee leave without pay for the purposes of attending an approved rehabilitation program.

- (4) It shall be the responsibility of the employer to ensure that a register is maintained of grants of leave under this sub clause.

## 25 - contd

### 25.7 Poliomyelitis leave

If an employee is certified by the Government Medical Officer to be suffering from poliomyelitis, or the after effects thereof, and to be unfit for duty, leave of absence six months on full pay and three months on half pay may be granted. Any leave so granted in excess of the amount standing to his or her credit shall not be regarded as debit against such employee, and on his or her resumption of duty shall be entitled to a total initial credit of not less than 122 hours on full pay and 122 hours on half pay.

### 25.8 Dangerous medical conditions

- (1) If the employer has reason to believe that an employee is in such a state of health as to render such an employee a danger to his or her fellow employees, the employer may require the employee to obtain and furnish a report as to his or her condition from a duly qualified medical practitioner, or may require such employee to be examined by the Government Medical Officer.
- (2) Upon receipt of the medical report, the employer may direct the employee to be absent from duty for a specified period, or, if already on leave of absence, direct such employee to continue on leave for a specified period, and the absence of such employee shall be regarded as absence owing to illness.

### 25.9 Compassionate Leave

- (1) Compassionate leave of up to three days on full pay may be granted to any employee on account of the death or serious illness of his/her spouse, child, father, mother, brother, sister or grandparent or those of his/her spouse or in the any other case where in the opinion of the employer special circumstances exist.
- (2) Notwithstanding sub clause 25.9(1) if the employer is satisfied that on account of pressing necessity leave should be granted to an employee the employer may grant such leave as the employer considers appropriate and on such terms as she or he sees fit.

### 25.10 Infectious diseases

- (1) Upon a report by a medical officer of health that, by reason of contact with a person suffering from an infectious disease and through the operation of restrictions imposed by law in respect of such disease an employee is unable to attend for duty, the employer may grant the employee special leave of absence with pay.
- (2) Leave of absence under sub clause 25.10(1) shall not be granted for any period beyond the earliest date at which it would be practicable for the employee to resume duty, having regard to the restrictions imposed by law.

## 25 - contd

### 25.11 Jury Duty Leave

Any employee required to attend and serve as a juror in any court shall be granted leave with pay for the period during which the attendance of the employee at court is required.

### 25.12 Justice of the Peace Leave

An employee who is a Justice of The Peace and who is required to officiate at the Magistrates Courts in such capacity, may be granted leave up to 5 days per year to so officiate.

### 25.13 Accident Compensation Leave

- (1) An employee who is absent as a result of sustaining an injury for which liability to be paid weekly compensation under the Accident Compensation Act 1985 or the Workers' Compensation Act 1958 is accepted must be granted leave with pay, less the amount of weekly compensation.
- (2) Leave with pay under this clause ceases and the officer or employee must be granted leave without pay
  - (a) the employee is paid a disability benefit under section 83(6) of the State Superannuation Act 1988 or under a similar provision in any other Act which requires the State to contribute as an employer; or
  - (b) the employee has been absent from duty for a continuous period of 52 weeks or an aggregate period of 261 working days, unless extended by the employer.
- (3) An employee granted leave without pay under this clause does not accrue any right, benefit or entitlement under these clauses and must not be granted recreation leave or sick leave for so long as the officer or employee receives weekly compensation.
- (4) An employee whose employment is terminated during leave granted under this clause must be paid in accordance with subclause 1 as if leave with pay had continued provided that payment must cease when -
  - (a) the period of leave expires; or
  - (b) the term of employment would have expired if employment had not been terminated; or
  - (c) in the case of an officer, on the day the person ceases to be an officer -whichever first occurs.

25 - contd

- (5) An employee who has been granted leave under this clause must immediately notify his or her chief administrator in writing of any claim for civil damages instituted in connection with the injury for which leave has been granted.
- (6) If an employee who has been granted leave under this clause obtains a judgement or a settlement of a claim for civil damages in connection with the injury for which leave has been granted, the officer or employee must repay any payments made under this clause to the extent of the amount awarded under the judgement or settlement in the nature of compensation for loss of earnings.

[25.13(7) inserted by V001 from 24Sep96]

- (7) Employees eligible for the commuted allowance under clause 11.5 of this award, while on leave with pay under this clause, shall continue to receive commuted allowance up to a maximum period of 26 weeks or aggregate period of 131 days from the date of injury. By agreement of the parties, this clause shall have an operative date on and from 4 September 1995.

25.14 Maternity, Paternity and Adoption Leave

(1) Female employees:

- (a) A female employee, who produces to the employer a certificate of registered medical practitioner stating that she is pregnant and specifying the day on which it is expected that she will give birth, shall be entitled to leave with pay for a continuous period of twelve weeks commencing from any date within six weeks of the expected date of birth as the employee elects.
- (b) A female employee, who submits satisfactory evidence of being an approved applicant for the adoption of a child and of the date of placement of the child, shall be entitled to leave with pay for a continuous period of six weeks commencing from the date of placement of the child with the employee.
- (c) A female employee shall not be entitled to maternity or adoption leave with pay unless she has completed 12 months continuous employment prior to the date on which the employee would otherwise be entitled to commence the leave. Where an employee does not satisfy this requirement, leave without pay shall be granted for a period not exceeding 52 weeks.
- (d) In respect of leave with pay for which provision is made under subclause 25.14, a female employee shall be granted such additional leave without pay as will bring the aggregate granted to a period not exceeding 52 weeks.

25 - contd

- (e) Maternity leave shall not apply in regard to a pregnancy which terminates earlier than 20 weeks prior to the expected date of delivery.
- (f) Maternity or adoption leave shall be counted as employment for the purposes of determining incremental progression, sick leave, recreation leave provided that the maximum period to count as service for the purposes of calculating recreation leave is twenty six weeks. The paid portion of maternity or adoption shall be counted as service for the purpose of long service leave.
- (g) an employee who is entitled to leave without pay in accordance with this sub clause may, in lieu of the whole or part of that leave without pay, utilise the whole or part of any recreation leave or long service leave to which she is entitled.

(2) Male employees:

- (a) A male employee, other than a part-time employee who furnishes a statutory declaration that he is either,
  - (i) the father of a child, or
  - (ii) has accepted responsibility for the care of a child, or
  - (iii) has been accepted as an approved applicant for adoption, shall be entitled to paternity/adoption leave on full pay for a period for one week, or for periods in aggregate not exceeding 38 hours, for the purposes of caring for such child or the mother of such child.
- (b) Leave under subclause 25.14(2)(a) may be commenced one week prior to the expected date of birth or adoption and shall not be granted later than three months after the date of birth or placement of the child provided that, if the pregnancy terminates other than by way of the birth of the child, leave shall be granted in the period up to 6 weeks after the termination.
- (c) Leave shall not be granted in respect of a pregnancy that terminates more than twenty weeks before the expected date of birth of the child.
- (d) A male part-time employee shall be granted paternity/adoption leave with pay for a period not exceeding one week or for periods that in aggregate do not exceed one half of the normal fortnightly hours of duty of that employee.



## 25 - contd

### 25.15 Substituted Leave

Where the nature of the employment of an employee does not permit the observance of public holidays as they occur, such employee shall be entitled to such substituted leave provided that, for a part time worker, payment for a public holiday granted as a day's leave shall be made only in respect of those public holidays on which a part time worker would have worked had there been no public holiday.

### 25.16 Trade Union Training Leave

An employee who has been nominated by the HSUA and has been accepted by the Trade Union Training Authority to attend a union training course may be granted Trade Union Training Leave on full pay for up to five days in any one calendar year subject to the employer being satisfied that the course of training is likely to contribute to a better understanding of industrial relations, or in the case of a duly elected Occupational Health and Safety Representative nominated to attend an occupational health and safety course, is likely to assist the employee to discharge his or her functions as a health and safety representative; and provided that the granting of leave would not unduly affect the operations of the employer.

Leave on full pay in excess of five days and up to ten days may be granted in any one calendar year subject to the total union training leave in that year and the subsequent year not exceeding ten days.

### 25.17 Health and Safety Training Leave

Upon election as a health and safety representative, an employee shall be granted leave on full pay for up to five days, as soon as practicable after appointment having regard to the availability of course places and the work of the employer, to attend an introductory health and safety representative's course which has been approved by the Occupational Health and Safety Commission.

An employee shall be granted this leave on no more than one occasion and this leave is granted in addition to any Trade Union Training Leave granted.

### 25.18 Study Leave

- (1) Study leave may be granted for the purposes of undertaking approved studies as follows:
  - (a) Attending lectures, tutorials and other approved study activities: leave granted, with or without pay, shall not exceed 7 hours, 36 minutes per week other than in exceptional circumstances.
  - (b) Attending seminars and excursions: leave with pay in any one calendar year for a period which does not exceed 152 hours,

## 25 - contd

- (c) Examinations: up to a total of 38 hours leave with pay in any one calendar year for the purpose of preparing for examinations, or for written or practical work which is in lieu of or in addition to examinations; and, in addition, leave with pay to attend examinations.
- (2) Notwithstanding that lectures, tutorials or other approved study activities are available outside normal working hours, the employer, if satisfied that there are special circumstances, may grant leave (not exceeding three hours plus reasonable travelling time per week) as the employer considers appropriate.
- (3) In determining an application for study leave by a part time worker, the employer shall grant such proportion of the leave which it would be appropriate to grant were such part time worker employed on the basis of the prescribed fortnightly hours of duty as is equivalent to the ratio the fixed fortnightly hours worked by such part time worker bears to such prescribed hours of duty.
- (4) Notwithstanding anything in this sub clause, if in the opinion of the employer exceptional circumstances exist, an employee may be granted leave for a period in excess of that provided for in paragraphs (1) and (3) of this sub clause and may be granted such leave -
  - (i) without pay; or
  - (ii) with pay on the condition that it will be offset by the performance of duties by the employee outside normal working hours.
- (5) Where the duties, promotional opportunities or qualifications of an employee are affected by technological or organisational changes within the operations of the employer, study leave, as set out in subclause 25.18(1), shall be granted with pay as is necessary to enable that employee to undertake duties appropriate to the position which is equivalent in classification or career potential to that of his or her position.
- (6) Any applicant for study leave who feels aggrieved by the employers decision with respect to that application shall have the right to appeal such a decision using the grievance procedure set down in this award.

## 25.19 General Nursing Training Leave

- (1) An employee who holds a current practising certificate for psychiatric or mental retardation nursing, and has been selected to undertake a course of training for the purpose of obtaining a general nursing certificate, may be granted paid leave to attend such course providing the employee agrees, prior to commencement of such leave that he or she will not terminate his or her studies without the written consent of the employer and will, if required, remain in the employ of the employer for a period of two years on completion of the course.

25 - contd

- (2) Paid leave granted in regard to subclause 25.19(1) shall not include payment for overtime, penalty rates, higher duties or allowances of a temporary nature which the employee would have received had such employee remained on normal duties.
- (3) Leave granted under subclause 25.19(1) shall be counted for the purpose of calculating incremental progression, sick leave, recreational leave and long service leave entitlements.

25.20 Family Emergency Leave

Use of Sick Leave

- (1) (a) An employee with responsibilities in relation to either members of their immediate family or members of their household who need their care and support shall be entitled to use, in accordance with this subclause, any sick leave entitlement for absences to provide care and support for such persons when they are ill.
- (b) The employee shall, if required, establish by production of a medical certificate or statutory declaration, the illness of the person concerned.
- (c) The entitlement to use sick leave in accordance with this subclause is subject to:
  - (i) the employee being responsible for the care of the person concerned; and
  - (ii) the person concerned being either:
    - (a) a member of the employee's immediate family, or
    - (b) a member of the employee's household.
  - (iii) the term "immediate family" includes:
    - (a) a spouse (including a former spouse, a de facto spouse and a former de facto spouse) of the employee; and
    - (b) an adult child (including an adopted child, a step child, grand child or an ex nuptial child), parent, grandparent or sibling of the employee or spouse of the employee.
- (d) The employee shall, wherever practicable, give the employer notice prior to the absence of the intention to take leave, the name of the person requiring care and their relationship to the employee, the reasons for taking such leave and the estimated length of absence. If it is not practicable for the employee to give prior notice of absence, the employee shall notify the employer by telephone of such absence at the first opportunity on the day of absence.

25 - contd

(2) Unpaid Leave for Family Purpose

An employee may elect, with the consent of the employer, to take unpaid leave for the purpose of providing care to a family member who is ill.

(3) Annual Leave

(a) Notwithstanding the provision of this clause, an employee may elect, with the consent of the employer, to take annual leave not exceeding five days in any calendar year at a time or times agreed between the parties.

(b) An employee and employer may agree to defer payment of the annual leave loading in respect of single day absences, until at least 5 consecutive annual leave days are taken.

(4) Time Off in Lieu of Payment for Overtime

(a) An employee may elect, with the consent of the employer, to take time off in lieu of payment for overtime at a time or times agreed with the employer.

(b) Overtime taken as time off during ordinary time hours shall be taken at the ordinary time rate, that is an hour for each hour worked.

(c) An employer shall, if requested by an employee, provide payment at the rate provided for the payment of overtime in the award, for any overtime worked under paragraph 4(a) of this subclause where such time has not been taken within four weeks of accrual and requested by the employee.

(5) Make-up Time

An employee may elect, with the consent of their employer, to work "make-up time", under which the employee takes time off ordinary hours and works those hours at a later time, during the spread of ordinary hours provided in the Award, at ordinary rates.

(6) Grievance Process

In the event of any dispute arising in connection with any part of this clause, such a dispute shall be processed in accordance with the grievance settling provisions of this award.

25.21 Long Service Leave

(1) An employee who has 10 years service is entitled to three months long service leave with pay and one and a half months' long service leave with pay in respect to each additional period of five years completed service.

25 - contd

- (2) An employer may allow an employee who is entitled to long service leave to take the whole or any part of that leave at half pay for a period equal to twice the period to which the employee is so entitled.
- (3) The employer shall have discretion as to the time of granting long service leave so that the workplace will not be unduly affected by the granting of such leave to numbers of employees at or about the same time.
- (4) Pay in lieu of Long Service Leave for Part Service
  - (a) An employee is entitled to, or (in the case of death) deemed to have been entitled to be granted an amount of long service leave with pay equalling one fortieth of the employee's period of service if:
    - (i) the period of service of the employee, is not less than 4 years but less than 10 years that period of service; and
    - (ii) the period of service is more than 10 years, then that part of the period of service which does not give rise to an entitlement under sub clause (1), and then only if:
      - (iii) on account of age or ill health -
        - (A) the officer, fixed term employee retires or is retired; or
        - (B) the employment of the employee is terminated; or
      - (iv) for any other reason except a breach of discipline, the employment of the officer, fixed term employee is terminated; or
      - (v) the employee dies.
  - (b) Any entitlement under this sub clause is additional to an entitlement under sub clause 25.21 (1)
- (5) Payment In Lieu Of Long Service Leave
  - (a) An employee may elect to take pay in lieu of the whole or any part of any long service leave to which he or she is entitled if because of age or ill health -
    - (i) the officer retires or is retired; or
    - (ii) the employment of the employee is terminated.

25 - contd

- (b) The employee must elect in writing in order to receive pay in lieu of long service leave.
  - (c) The employer must grant the employee pay in lieu of long service leave in accordance with the election.
- (6) In the case of an employee who has died or is physically or mentally incapacitated the application may be made by the legal personal representative of such employee for payment in lieu of long service leave owed.

(7) Pay in lieu of Long Service for other circumstances

If

- (a) an officer, fixed term employee with service of not less than 10 years resigns or his or her employment terminated; or
- (b) a fixed term employee or a temporary employee with service of not less than 10 years resigns or for any other reason other than age or ill health has his or her employment terminated;

the employer must grant the employee a sum determined by the employer in lieu of long service leave.

(8) The sum determined by the employer

- (a) must be in accordance with Departmental guidelines upon written application from the employee; and
- (b) must not exceed a sum representing pay for service equal to one-fortieth of the period of service; and
- (c) must not be paid in respect of any period of service in respect of which long service leave with pay or pay in lieu has been taken by the employee.

(9) For the purpose of this clause the employment of a fixed term employee or temporary employee is to be taken to be terminated

- (a) because of age - if on or after attaining the age of 60 years he or she ceases to be an employee;
- (b) on account of ill health - if he or she produces to the employer satisfactory evidence that the cessation of employment is due to ill health which is likely to be permanent.

25 - contd

- (10) The "approved service" which shall entitle an employee to be granted long service shall include:
- (a) any period of service in the public service or with a declared authority; and
  - (b) any period of service of a type described in the Schedule to the Public Sector Management Regulations 1993 as varied from time to time;
  - (c) where the approved service under subclause 10(a) and (b) is not continuous - the aggregate of that service;
  - (d) any approved service during which the employee was absent from duty on recreation leave, sick leave with full pay or half pay, maternity, paternity, adoption leave with pay; study leave with pay, compassionate leave, jury service leave, union training leave with pay, citizen military force leave;
  - (e) to the extent determined by the employer in any particular case, the whole or portion of approved service which the employee was absent from duty on leave other than leave specified under sub clause 11;
  - (f) any approved service not exceeding 12 months during which a pension under section 83(3) of the State Superannuation Act 1988 (or similar provision applying to persons on the staff of a declared authority) was paid.
- (11) In computing entitlements for the purposes of this clause, a period of service shall not include
- (a) which preceded a continuous gap in approved service of greater than twelve months other than
    - (i) an absence of leave referred to in sub clause 10(d), (e) and (f);
    - (ii) an absence in the nature of retirement occasioned by disability;
    - (iii) an absence of less than five years where such absence was occasioned by retrenchment;
    - (iv) an absence of less than five years where such absence was occasioned by resignation which, in the opinion of the employer, was affected by special circumstances including but not limited to
      - (A) pressing personal or domestic emergency, strain or stress deserving of compassionate consideration;
      - (B) changes in the work environment or career direction or orientation of an employee considered to have reasonably required an interruption to the course approved service;

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- (b) which followed a date on which the employee attained the age of 65 years and, having attained that age, knowingly failed to disclose that event to the employer;
  - (c) which followed a date on which a pension under the State Superannuation Act 1988 (or similar provision applying to persons on the staff of a declared authority) became payable by reason of retirement on the ground of disability, other than a pension of the kind referred to in sub clause 10 (f), but including a pension payable under section 83(6) of the State Superannuation Act 1988 (or similar provision applying to persons on the staff of a declared authority) to an officer in receipt of weekly payments under the Accident Compensation Act 1985;
  - (d) during any period from duty on maternity leave without pay;
  - (e) unless otherwise provided for in this award during a period of suspension from duty under that Part; or
  - (f) from the employee was dismissed for causes within his or her control.
- (12) Where during any absence to which that sub clause 11(a)(iv) is applicable an employee has engaged in any employment or other gainful occupation otherwise than in approved service, the period of service which terminated upon such resignation shall not be reckoned as a period of service entitling an employee to be granted long service leave unless the employer, being satisfied that the circumstances of a particular case are such that it is an extraordinary case, otherwise determines.
- (13) An application pursuant to sub clause 11(a)(iv) may be made at any time up to the expiration of three months of the date the employee dies, retires, resigns, is dismissed or has his or her services dispensed with or terminated as the case may be.
- (14) The pay to which an employee is entitled for the period during which long service leave is granted shall -
- (a) if the leave is granted with full pay - be computed in the same manner as if the employee had remained on duty during that period; or
  - (b) if the leave is granted at half pay - be computed at half the rate the employee would have received had the leave been granted with full pay.
- (15) Where the service of an employee includes a period during which the normal hours of duty of such employee were less than full time the pay to which he or she is entitled while on long service leave or the pay in lieu thereof (as the case may be) shall be computed on a proportionate basis.



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- (16) If a public holiday occurs during a period of long service leave granted to an employee, the employer shall grant the employee a day off in lieu convenient to the employer and employee.

26 - ROSTERS

26.1 Direct-Care Workers, Psychiatric Services

[26.1 renumbered as (1) by V002 from 23Dec96]

- (1) The standard nursing and direct care rostering pattern for employees employed in psychiatric services directly managed by the department in classifications included in subclause 9.3 of this award shall be a three shift roster of 8 hours (morning shift), 8 hours (afternoon shift) and 9.5 hours (night shift).

[26.1(2) inserted by V002 from 23Dec96]

- (2) Nothing in this clause is intended to prevent alternative shift patterns and rostering arrangements from being introduced by agreement of the parties.

Shift lengths indicated are, in each case, exclusive of meal breaks.

26.2 Roster Change - All Employees

[26.2 substituted by V002 from 23Dec96]

- (1) The following procedures shall be observed when the employer intends to alter roster arrangements affecting persons who are eligible to be members of the HSUA, whether those persons are members or not:
  - (a) any proposed alterations to rosters, which are of an operational kind, shall be discussed between local management and local representatives of the HSUA before implementation and in sufficient time to allow proper negotiations to occur both with the HSUA representatives and the members concerned;
  - (b) alterations which go to the character of the roster, such as the alteration of the two on two off system or the number of days worked in a 28 day period, for example, should be the subject of consultation with the HSUA on a centralised basis. Sufficient time should be given to allow that consultation to occur at a convenient time and to permit consultation with the employees concerned to ensure that whatever is agreed is implemented in a smooth and harmonious manner;

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- (c) in the event that no agreement is reached after consultation in accordance with paragraphs (a) and (b) hereof has taken place, new or altered rosters may be posted by management to come into operation no less than fourteen days after the date of posting;
  - (d) the HSUA shall, if it objects to the new or altered rosters, notify the employer and the Australian Industrial Relations Commission within seven days of the posting, or such earlier date prior to the posting, of its objections and that it requires the Commission to convene an urgent hearing:
  - (e) on receipt of the HSUA objection, the commencement date of the new or altered rosters will be postponed to a date 28 days after the date of posting of the new or altered rosters;
  - (f) during a hearing convened under paragraph (d) hereof the HSUA may, without limiting other rights it may have, request the Commission to make an order that the posted roster not come into operation on its scheduled date, and seek any variations to the posted roster as it considers desirable;
  - (g) unless an order to the contrary is made by the Commission the posted roster shall come into effect on the date specified by the roster in accordance with paragraph (e) hereof and work shall be performed according to its terms.
- (2) Whilst the process in subclause (1) hereof is being followed work shall continue normally.

27 - MODES OF EMPLOYMENT

27.1 Casual Employment

[27.1 varied by V002 from 23Dec96]

- (1) Casual employees shall be employed only in response to unforeseen events such as filling gaps in rosters caused by sick leave or other unpredictable absences). Casual employment is not to be used in circumstances where the work undertaken is of an ongoing and predictable nature.
- (2) A casual employee shall be employed for no less than two hours for each engagement having regard to:
  - (a) the shift pattern ordinarily worked in the work area in which he or she is employed, and

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- (b) the shift of the employee he or she is replacing, (if applicable),  
or, where the relevant shift is less than two hours, for a minimum period of two hours.
- (3) Where a casual employee is not required to remain for a minimum of two hours, such employee shall be paid as if he or she did so remain.
- (4) A casual employee shall be paid for all work done, an amount equal to 1/38th of the weekly wage appropriate to the employee's classification per hour plus 25%.
- (5) In addition a casual employee shall be entitled to receive shift allowances contained in this award.
- (6) The provisions of clause (25.1) Recreation Leave, (25.2) Sick Leave and (25.9) Compassionate Leave shall not apply in the case of a casual employee.

27.2 Part-time Employment

Employees employed as part time must be employed subject to the following:

- (1) each employee shall be employed for minimum of 15.2 hours and a maximum of 70 hours per fortnight.
- (2) each employee shall work a fixed and constant number of hours over a roster cycle unless varied by mutual agreement.
- (3) the normal fortnightly hours of a part-time employee may be averaged across a roster cycle.
- (4) to the extent that it is reasonable and practicable, payment of the salary for the fixed ordinary hours referred to in paragraph 2 hereof will be averaged across the roster cycle
- (5) employees may elect to be paid for actual hours worked in each fortnight.
- (6) the total part time employees of the Department shall not exceed 20% of the workforce in total.
- (7) the salary for part time employees shall be calculated pro-rata, having regard to the normal fortnightly hours of duty of a full time employee of the same or similar classification.

## 28 - RESERVED MATTERS

Matters listed below are reserved:

Camping and Caravanning Disability Allowance  
Higher Duties - Part/Single shift Allowances  
Maternity, Paternity and Adoption Leave  
Modes of Employment - Part time Employment  
- Temporary Employment  
Night Meal Breaks  
On-call/Recall provisions.  
Process for Structural Change  
Provision of Child-Care  
Rosters  
Rostering - Income Maintenance  
Salary Related Allowances (18% commuted allowance for employees not currently in receipt of such payment)  
Staffing  
Superannuation  
Staff Amenities  
Tendering out of Trade and Support Services  
Training

## 29 - INTERIM PROVISIONS ON REDEPLOYMENT

### 29.1 Purpose

- (1) The purpose of this Clause is to continue to preserve conditions of employment regarding redeployment and related matters previously preserved by operation of the "Health and Community Services (Nursing, Health Care and Associated Groups) Interim Award 1994" pending proceedings of the Full Bench on those matters in C No 31504 of 1994.
- (2) For the purpose of this clause reference to a person or thing in column 1 in the preserved employment conditions shall be taken to be a reference to the corresponding person or thing in column 2 and wherever else the preserved conditions refer to a superseded person or thing the preserved conditions shall be taken to refer to the corresponding person or thing presently existing.

Column 1

Column 2

Public Service Board

The Minister for Health and Community Services

Chief Administrator

Department Head

Public Service Act 1974

Public Sector Management Act 1992

Administrative Unit

Department

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29.2 Redeployment

- (1) An officer may only be transferred to an office the salary or wage for which is less than that for which he or she holds in accordance with the provisions of this clause.
- (2) An officer may be transferred to an office the salary or wage for which is less than that for which he or she holds office where:
  - (a) the officer has requested to be transferred to that office;
  - (b) the transfer is made:
    - (i) after the employer has satisfied itself that the officer is unable or unfit to discharge or incapable of efficiently discharging the duties of his or her office, is not discharging the duties of his or her office efficiently or satisfactorily, is not qualified temperamentally or otherwise for the efficient and satisfactory performance of the duties of his or her office or is inefficient in the prompt and effective discharge of his or her duties; or
    - (ii) pursuant to the discipline procedures established by Schedule C of this award; or
  - (c) the qualifications for the office which he or she holds include a requirement that the holder of the office:
    - (i) obtain or achieve the progress specified in such requirement towards the obtaining of a particular qualification; or
    - (ii) possess or obtain a particular practising or trade or other certificate or licence and he or she fails to obtain or achieve the necessary progress towards the qualifications or ceases to possess or fails to obtain the certificate or licence as the case may be.
- (3) An officer may be transferred to an office the salary or wage for which is less than that for which he or she holds office where:
  - (a) the transfer is made as a consequence of the officer's former office being declared by a department head to be surplus to requirements; and
  - (b) the Department Head is satisfied that:
    - (i) there is no available vacant office which is equivalent to the officer's former office; and

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- (ii) the nature of the office to which the officer is to be transferred is as close as possible to that of the officer's former office; and
  - (c) the officer, while holding the office to which he or she is to be transferred, will received a remuneration which is not less than the remuneration applicable to the officer's former office.
- (3) Where redeployment is to occur, the employer shall determine a suitable redeployment position having regard to the following:
- (a) the qualifications/experience of a surplus officer;
  - (b) the training/retraining requirements of the position;
  - (c) the current salary range of a surplus officer;
  - (d) geographic location including total travel time;
  - (e) other special considerations.

A surplus officer shall have a choice of all available positions where more than one such position is available.

29.3 Salary Maintenance

- (1) An -
- (a) officer who is redeployed; or
  - (b) an employee with not less than 5 years continuous service who is redeployed -
- to a position having a lower salary than the salary of his or her former position must be paid a salary which is not less than the actual salary of the officer or employee at the date of transfer adjusted from time to time in accordance with National Wage or like general salary increases determined by the Commission and adjusted to reflect each incremental step through the former classification on the anniversary of each increment;
- (2) An -
- (a) officer who is redeployed; or
  - (b) employee with not less than 5 years continuous service who is redeployed - must be paid -
    - (i) for a period of 12 months from the date of transfer a total emolument which is not less than the salary payable immediately prior to the date of transfer and the all purpose allowances paid to the officer or employee over the preceding 12 months;

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- (ii) for the purposes of this subclause "all purpose allowances" means -
  - (a) any allowance (other than a higher duties allowance) which an officer or employee would have been entitled to be paid whilst on recreation leave; and
  - (b) shift allowances paid to the officer or employee during the 12 months immediately preceding the day of transfer.

29.4 Disturbance Allowance

(1) An -

- (a) officer who is redeployed; or
- (b) an employee with not less than 5 years continuous service who is redeployed -

and who is required to travel to a new work location is entitled to be paid an allowance in compensation for all disturbance factors, which are not otherwise provided for in this award, in the following circumstances -

[29.4(1)(b)(i) varied by V004 ppc 25Jul97]

- (i) at rate of \$709.00 per annum the officer or employee is required to travel up to an extra 30 minutes or an extra 30 kilometres per day; and

[29.4(1)(b)(ii) varied by V004 ppc 25Jul97]

- (ii) at rate of \$709.00 per annum for each additional 30 minutes or 30 kilometres or part thereof;

but no allowance will be paid if the officer or employee is required to travel less than 10 kilometres extra per day.

- (2) An officer or an employee entitled to an allowance under subclause 29.4(1) may, in lieu, elect to be reimbursed all additional travel costs at public transport rates for a period of one year.
- (3) A redeployed officer or employee who is not entitled to an allowance under subclause 29.4(1) but who is required to pay additional travel costs as a result of relocation is entitled to be reimbursed those additional costs at public transport rates for a period of one year.
- (4) Allowances under subclause 29.4(1) may be paid only once in compensation for all disturbance factors incurred by the one transfer.

## 30 - ANTI-DISCRIMINATION

[30 inserted by V003 from 14May97]

(1) It is the intention of the respondents to this award to achieve the principal object in s.3(j) of the Workplace Relations Act 1996 by helping to prevent and eliminate discrimination on the basis of race, colour, sex, sexual preference, age, physical or mental disability, marital status, family responsibilities, pregnancy, religion, political opinion, natural extraction or social extraction.

(2) Accordingly, in fulfilling their obligations under the disputes avoidance and settling clause, the respondents to this award must make every endeavour to ensure that neither the award provisions nor their operation are directly or indirectly discriminatory in their effects.

(3) Nothing in this clause is taken to affect:

- (i) Any different treatment (or treatment having different effects) which is specifically exempted under the Commonwealth anti-discrimination legislation;
- (ii) Until 22 June 1997, the payment of different wages for employees who have not reached a particular age;
- (iii) An employee, employer or registered organisation, pursuing matters of discrimination in any State or Federal jurisdiction, including any application to the Human Rights and Equal Opportunity Commission;
- (iv) The exemptions in ss.170CK(3) and (4) of the Act.

## 31 - FEDERAL MINIMUM WAGE

[31 inserted by V004 ppc 25Jul97]

31.1 (1) No employee shall be paid less than the federal minimum wage.

(2) The federal minimum wage for full-time adult employees is \$359.40 per week and, for junior, part-time and casual employees, a proportionate amount.

(3) The federal minimum wage:

- (i) applies to all work in ordinary hours;
- (ii) applies to the calculation of overtime and all other penalty rates, superannuation, payments during sick leave, long service leave and annual leave, and for all other purposes of this award; and



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- (iii) is inclusive of the \$10 per week arbitrated safety net adjustment provided by the Safety Net Review - Wages April 1997 decision and all previous safety net and national wage adjustments.

31.2 The rates of pay in this award include the federal minimum wage payable under the Safety Net Review - Wages April 1997 decision. Any increase arising from the insertion of the federal minimum wage clause may be offset against any equivalent amount in rates of pay received by employees whose wages and conditions of employment are regulated by this award which are above the wage rates prescribed in the award. Such above award payments include wages payable pursuant to certified agreements, currently operating enterprise flexibility agreements, Australian workplace agreements, award variations to give effect to enterprise agreements and overaward arrangements. Absorption which is contrary to the terms of an agreement is not required.

Increases made under previous National Wage Case principles or under the current Statement of Principles, excepting those resulting from enterprise agreements, are not to be used to offset the Federal Minimum Wage.

## SCHEDULE A

### CLASSIFICATION STANDARDS

#### Nursing and Direct Care

1. Alcohol and Drug Services Aide
  - Group Standard
  - ADSA-1
  - ADSA-2
  
2. Alcohol and Drug Service Nurse
  - Group Standard
  - ADSN-1
  - ADSN-2
  - ADSN-3
  - ADSN-4
  - ADSN-5
  - ADSN-6
  
3. Dental Nurse
  - Group Standard
  - DN-1
  - DN-2
  - DN-3
  - DN-4
  
4. General Nurse
  - Group Standard
  - GN-1 & 2
  - GN-3
  - GN-4
  
5. Welfare Services Worker
  - Group Standard
  
6. Intellectual Disability Services Officer
  - Group Standard
  - IDSO-1
  - IDSO-2
  - IDSO-3

Sched A - contd

7. Psychiatric State Enrolled Nurse

- Group Standard
- PSEN-1
- PSEN-2

8. Psychiatric Services Officer

- Group Standard
- PSO-1
- PSO-2
- PSO-3

9. Registered Mental Retardation Nurse

- Group Standard
- MRN-1
- MRN-2
- MRN-3
- MRN-4
- MRN-5
- MRN-6
- MRN-7
- MRN-8

10. Registered Psychiatric Nurse

- Group Standard
- RPN-1
- RPN-2
- RPN-3
- RPN-4
- RPN-5
- RPN-6
- RPN-7
- RPN-7A
- RPN-8

10. Human Services Worker

## Sched A - contd

### 11. Facility Services Officer

- Group Standard
- Level 1
- Level 2
- Level 3
- Level 4
- Level 5

### 12. Tradesperson Structure

- Group Standard
- Level 1
- Level 2
- Level 3
- Level 4

## 1. ALCOHOL AND DRUG SERVICE AIDE

### 1.1 Group Standard

The Alcohol and Drug Service Aide category in the Alcohol and Drug Service consists of State Enrolled Nurses who have completed successfully at 12-month training course and are registered by the Victorian Nurses Board as State Enrolled Nurses. They then undergo a further period of supervised work experience and on-going in-service education programs in order to gain the specialist knowledge required for treating addicted persons.

Alcohol and Drug Service Aides are part of the nursing team, and perform their duties under the supervision of an Alcohol and Drug Service Nurse. The degree of supervision will depend on the skills and knowledge of the Alcohol and Drug Service Aide and the complexity of the nursing care required by the client. For example, in straightforward cases an experienced Alcohol and Drug Service Aide may undertake routine nursing tasks without direct supervision by the Alcohol and Drug Service Nurses with overall responsibility for the client (eg. making and recording observations). In more complex cases, the Alcohol and Drug Service Aide would be directed to undertake certain aspects of nursing care by an Alcohol and Drug Service Nurse, who will directly supervise these activities.

Alcohol and Drug Service Aides are deployed in all areas of the Alcohol and Drug Service, but are always under the supervision of an Alcohol and Drug Service Nurse. This will include the wards, programs and outpatient clinics that provide alcohol and drug services.

## Sched A:1 - contd

The Alcohol and Drug Service Aide will not be the sole treatment provider for a client, since the treatment for each client is determined by a team, which could include an Alcohol and Drug Service Nurse, a medical officer or another qualified professional.

Alcohol and Drug Service Aides perform a range of functions according to work settings and client needs. Their aim is to ensure the physical and psychological well-being of the client.

Areas of practice may include:

- (a) basic nursing observations, recording and reporting (ie. temperature, pulse, respiration, blood pressure, weight, fluid balance, nutritional intake);
- (b) attending to clients' physical needs (ie. bathing, toileting, feeding, skin and pressure area care, exercise);
- (c) assisting in the creation of a safe, stable and therapeutic environment for clients;
- (d) provision of first aid;
- (e) participating, within the bounds of Alcohol and Drug Service Aide knowledge, in therapeutic rehabilitation and counselling activities.

### 1.2 Work Level Standards

#### ALCOHOL AND DRUG SERVICE AIDE, GRADE ADSA-1

##### 1.1 Definition

Under the supervision of an Alcohol and Drug Service Nurse, and as part of the nursing team positions at this level provide routine nursing care to clients according to established procedures, specific guide-lines and standard instructions.

##### 1.2 Features

- (1) Alcohol and Drug Service Aides are required to utilise their knowledge of anatomy and physiology, drug and other therapeutic regimes, legal and ethical obligations and commonly met alcohol and drug dependence conditions. This knowledge is gained from their formal training and the in-service Alcohol and Drug Education Sessions.
- (2) Positions will carry out routine nursing procedures under the general supervision of an Alcohol and Drug Service Nurse. More complex nursing matters will be undertaken under direct supervision by an Alcohol and Drug Service Nurse.

## Sched A:1 - contd

- (3) Positions are expected to recognise independently the limits of their competence and notify an Alcohol and Drug Service Nurse of any occurrence that requires expertise beyond that of an Alcohol and Drug Service Aide.

### 1.3 Typical Duties

- (1) Make routine observations of clients' temperature, pulse, respiration and blood pressure, and record and report this data to an Alcohol and Drug Service Nurse according to standard procedures. Positions will be able to recognise abnormalities that may need to be addressed more urgently than dictated by the standard procedures, and in such cases immediately will notify the Alcohol and Drug Service Nurse in charge. In a medical emergency, positions will provide first aid, according to ward policy.
- (2) Undertake routine general observations of clients and report to the Alcohol and Drug Service Nurse if there are any untoward side effects. Assist when clients take fits (a symptom of alcohol withdrawal similar to epileptic fits).
- (3) Provide basic physiological nursing care, including bathing, showering or sponging; assistance in toileting; care of skin, hair, teeth, nails; positioning of clients on bedrests; assistance in the passive or active exercise of clients; and provision of adequate food and fluids.
- (4) Make beds and ensure that linen supplies to the ward are adequate.
- (5) Assist in the procedures when new clients enter the ward (eg. record each client's property and clothing, and take valuables to the Trust Office as necessary). Orient clients to ward routine and explain ward routine to family and friends of clients. This also involves interviewing clients and taking them through the contract signed on admission to an Alcohol and Drug Centre.
- (6) Assist clients in developing proper personal hygiene habits and provide information and assistance in re-socialisation (eg. provide information on community agencies and establish trust and rapport with clients in discussing their current personal problems).
- (7) Assist the Alcohol and Drug Service Nurse in running didactic/information groups for clients.
- (8) Accurately record and label specimens for diagnostic purposes, both blood and urine, and perform urinalysis, reporting any abnormalities to the Alcohol and Drug Service Nurse.

## Sched A:1 - contd

### 2. ALCOHOL AND DRUG SERVICE AIDE, GRADE ADSA-2

#### 2.1 Definition

This level represents the Alcohol and Drug Service Aide who works under general direction in a designated area or a program. An aide at this level may work with limited supervision from an Alcohol and Drug Service Nurse.

#### 2.2 Features

- (1) Alcohol and Drug Service Aides at this level operate with limited supervision and of necessity would have a number of years experience in the alcohol and drug field.
- (2) In an outpatients clinic or program environment, the Alcohol and Drug Service Aide at this level will be required to conduct the more complex initial interview of clients, such as taking down client history, rather than routine interviews (eg. going through the contract signed on admission to a ward).
- (3) At this level, the Alcohol and Drug Service Aide is involved in conducting information/didactic sessions to clients in group situations, rather than just in one-to-one situations, and therefore requires high-level interpersonal skills.
- (4) Positions are expected to lead such sessions independently, to record client progress and report on the effectiveness of the programs/sessions in meeting client needs. The Alcohol and Drug Service Aide at this level is expected to make a substantial contribution to processes determining the content of these sessions.

#### 2.3 Typical Duties

- (1) Conduct initial interviews of clients, which involve taking down client history, to assist in determining the extent of the alcohol and drug abuse problem.
- (2) Under the direction of the nursing team, assess, plan, evaluate and implement therapeutic programs (eg. the drink/drive program).
- (3) Conduct information and didactic sessions for clients, on such topics as alcohol and drugs, relaxation and nutrition, and record and report on client progress in the session.

## Sched A - contd

### 2. ALCOHOL AND DRUG SERVICE NURSE

#### 2.1 Group Standard

##### (1) Background

With the passing of the Alcoholics and Drug Dependent Persons Act 1968, the Alcohol and Drug Service was established within what is now known as the Psychiatric Services Branch of the Health and Community Services Department Victoria. Although this legislation was passed in 1968, the service did not come into operation until November 1975, principally due to delays in the establishment of the facilities contemplated by the legislation.

One feature of the legislation was the establishment of an advisory service to the judiciary and a series of treatment and rehabilitation services to address the particular needs of clients referred for treatment after contact with the judicial system. An example of this is the operation of Section 13 of the Act, which gives a court discretion in certain cases to suspend a sentence of imprisonment on the condition of the offender abstaining from alcohol and other drugs and undertaking treatment for addiction.

Other features of the legislation provide for a range of treatment and rehabilitation services for clients referred to the service by friends or family, for example, and for voluntary admissions.

Thus, the development of a range of assessment, treatment and rehabilitation services within the Alcohol and Drug Service agencies has reflected both the presenting needs of a client population and the requirement to provide an on-going court advisory service. As a result, within the limits permitted by the relevant legislation, services currently provided in which Alcohol and Drug Service Nurses are actively involved include the following:

- (a) Outpatient services, including assessments relevant to the preparation and provision of court reports; outpatient counselling services and post-discharge follow-up.
- (b) Inpatient residential care, ranging from intensive physical care during acute detoxification to provision of general inpatient care and support counselling during inpatient admission.
- (c) Residential therapy programs, including intensive psychotherapy programs for drug-dependent people, an integrated day therapy program for alcoholics, including social skills training, group therapy and a range of individually tailored therapy activities, including specialist inpatient therapy programs for women.



## Sched A:2 - contd

- (d) Specialist outpatient programs, including substitute therapy programs for drug-dependent people and drink/drive re-education programs.

### (2) Qualifications

Both Registered General Nurses and Psychiatric Nurses are employed within the Alcohol and Drug Service's formal facilities and, after a period of work experience and in-service training, perform the same tasks in their delivery of nursing care to clients with addiction problems. They are referred to as Alcohol and Drug Service Nurses.

It is considered that a 3-year basic nursing qualification in either the psychiatric or general field is the minimum theoretical basis of knowledge for the management of clients with alcohol and drug problems, and therefore for entry into the Alcohol and Drug Service nursing field. These minimum knowledge bases include anatomy, physiology, pharmacology and a knowledge of specific mental or physical diseases and disorders. This basic knowledge and skill is necessary for the performance of various procedures and delivery of a high standard of nursing care. Of equal importance are highly developed communication skills, both verbal and written.

The basic training undertaken by both General Nurses and Psychiatric Nurses is utilised in the care of clients with alcohol and drug problems. The elements of expertise acquired in either general or psychiatric nurse training, or both, and utilised by Alcohol and Drug Service Nurses are:

- (a) a theoretical understanding of behavioural psychopathology, and the ability to conduct mental state assessments;
- (b) an understanding of the pharmacological effects of both therapeutic drugs and drugs of abuse;
- (c) an understanding of and the ability to safely observe the side-effects of therapeutic medication;
- (d) the ability to safely administer oral and intramuscular drugs. (This particular function is important in the alcohol and drug field, since other than medical staff, only a registered nurse (general or psychiatric) is able to legally administer the prohibited S8- drug Methadone to clients on substitute therapy programs. Only medical staff, however, are permitted, under the Medical Practitioners Act 1970, to prescribe medication.);
- (e) the ability to perform various tasks, including vene-puncture, take electrocardiograms, test urine, take blood pressure, temperature, pulse and respiration, and observe and record levels of consciousness;

Sched A:1 - contd

- (f) a capacity to understand new developments in nursing research. In the alcohol and drug nursing field, this relates to an on-going commitment to involvement in professional development in the field.

(3) Training

General Nurses and Psychiatric Nurses both have bodies of knowledge relevant to the field of alcohol and drug services. Obviously, the focus of general and psychiatric nurse training differs. By employing nurses from both backgrounds a larger skill and knowledge base is available. This enhances the quality of service delivery in the alcohol and drug field.

The additional knowledge base that the Alcohol and Drug Service Nurse needs is acquired through an unstructured but comprehensive staff development program, including:

- (a) attendance at formal seminars and workshops;
- (b) rotation through clinical areas; and
- (c) professional supervision.

It is generally accepted that involvement in in-service programs is the process by which General Nurses and Psychiatric Nurses develop professional competence in the alcohol and drug services field. This acquisition of a specialised body of knowledge over time broadens the nursing knowledge gained from the basic nursing qualifications.

(4) Nursing Tasks

4.1 In addition to the assessment of the client's physical and psychiatric status, the Alcohol and Drug Service Nurse assesses the extent to which alcohol and drug-related problems complicate the clinical picture. Such assessment requires:

- (a) making an accurate clinical appraisal of clients' alcohol and drug withdrawal status;
- (b) placing a high degree of emphasis on ascertaining social and legal status;
- (c) having an extensive knowledge of alcohol and drug agency networks, which is necessary to facilitate appropriate referral to other agencies;
- (d) being involved in on-going assessment, which is an integral part of the treatment process.

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- 4.2 Alcohol and Drug Service Nurses are seen as an important part of a multi-disciplinary team and, as such, always have a significant input in case management decisions. However, there are certain areas where Alcohol and Drug Service Nurses exercise a distinctively high degree of autonomy (eg. the drink/drive program).
- 4.3 The Alcohol and Drug Service Nurse develops specialist skills in the counselling of alcohol and drug clients. Formal counselling sessions are conducted by nurses on a daily basis. Often these services are provided to clients who present with complex behavioural problems associated with their substance abuse.
- 4.4 The Alcohol and Drug Service Nurse is required to conduct group therapy sessions as part of client rehabilitation. This involves an extensive understanding of group processes relating to clients with substance abuse problems.
- 4.5 The Alcohol and Drug Service Nurse is required to develop skills in crisis intervention, specifically relating to clients with substance abuse problems. This involves assessment of social, physical, psychiatric and emotional conditions of clients who often are in various states of drug intoxication or withdrawal. After assessment, the Alcohol and Drug Service Nurse would be able to implement an effective intervention strategy. A substantial component of crisis intervention by Alcohol and Drug Service Nurses is conducted on the telephone.
- 4.6 One of the most important current issues in the alcohol and drug field is addressing the issue of AIDS. The alcohol and drug client population constitutes a high-risk group. The Alcohol and Drug Service Nurse has an important role in education and pre- and post-infection counselling.
- 4.7 A large proportion of the work performed by Alcohol and Drug Service Nurses is for the benefit of those clients treated on an out-patient basis. The Alcohol and Drug Service Nurse is actively involved in a variety of unique programs. These include:
  - (a) the drink/drive program;
  - (b) the substitute therapy program;
  - (c) Section 13 court referrals; and
  - (d) alcohol and drug education groups within the alcohol and drug field.

Sched A:2 - contd

Alcohol and Drug Service Nurses involved in these programs require an extensive alcohol and drug knowledge base and skills developed specifically in the alcohol and drug field, including advanced counselling skills, group therapy skills and the ability to work with a high degree of autonomy.

- 4.8 The Alcohol and Drug Service Nurse is required to implement specialist treatment techniques when appropriate. Examples include:
- (a) intra-dermal-titration (Pleasant View Centre, Anti-Smoking Clinic);
  - (b) specialist detoxification (Smith Street Clinic);
  - (c) ecology program (Pleasant View Centre, nutritional and lifestyle program);
  - (d) women's program (Gresswell Centre).
- 4.9 The Alcohol and Drug Service Nurse organises, conducts and participates in community education programs when appropriate. Alcohol and Drug Service Nurses develop close links with the community. They are required to respond to requests from a wide range of interested parties. This involves participation in workshops, presenting lectures and providing written information and information by telephone. Effective community education requires that the Alcohol and Drug Service Nurse has a broad general knowledge of current drug issues and research.
- 4.10 The Alcohol and Drug Service Nurse is required to represent the treatment centre at court when necessary. This often can occur when dealing with clients referred under Section 13 of the Alcoholics and Drug Dependent Persons Act 1968. This requires the Alcohol and Drug Service Nurse to possess an understanding of the legal processes, court-room procedures and specialist skills in dealing with magistrates, clerks of court, police and solicitors.
- 4.11 The Alcohol and Drug Service Nurse is required to liaise with professionals in a variety of agencies to deal with legal issues, in particular the Office of Corrections (eg. Pentridge Prison, Community Corrections Centres). Alcohol and Drug Service nursing staff are required to assess and assist in provide court reports on clients referred from these agencies.
- 4.12 The Alcohol and Drug Service Nurse is required to have a thorough knowledge of the relevant legislation to the treatment of alcohol and drug-addicted persons (Alcoholics and Drug Dependent Persons Act 1968).

## Sched A:2 - contd

### 2.2 Work Level Standards

#### 1. ALCOHOL AND DRUG SERVICE NURSE, GRADE ADSN-1

##### 1.1 Definition

Positions require a knowledge of alcohol and drug nursing principles and practices as provided by the current basic courses, and decision-making is required consistent with the extent of this knowledge. Alcohol and Drug Service Nurses at this level are professionally accountable for these decisions.

##### 1.2 Features

- (1) Positions perform tasks according to established procedures, specific guide-lines and standard instructions from more senior nurses.
- (2) Positions at this level will work within an Alcohol and Drug Service Nursing Team and receive general supervision from a more senior nurse (ADSN-2 or above). In all cases, there is a ready source of nursing advice in the event of unusual incidents or the requirement for specialised nursing knowledge.
- (3) Included at this level are newly registered Psychiatric and General Nurses, and the more experienced practitioner who is fully competent in a range of Alcohol and Drug Service nursing functions, whose work contribution increases as experience and knowledge are gained. More experienced ADSN-1 nurses may require only limited direction in their day-to-day activities.
- (4) Positions may be required to provide peer support to newly registered nurses, and may oversee the work of Alcohol and Drug Service Aides according to ward policies and the instruction of the Senior Nurse. Positions receive supervision, and individual performance appraisal and casework is checked on completion. This process helps develop knowledge and understanding of the treatment processes and outcomes, and treatment standards in the field of alcohol and drug services.

##### 1.3 Typical Duties

- (1) Be responsible for the management of straightforward cases involving client assessment and the formulation, implementation and evaluation of management plans, under necessary supervision.

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- (2) Within the bounds of professional competence, provide telephone and supportive counselling to clients and families.
- (3) As a co-therapist, conduct group psychotherapy for Alcohol and Drug Service clients.
- (4) With minimal supervision, provide a range of didactic and social rehabilitation services to client groups, such as:
  - (a) relaxation training groups;
  - (b) sleep, nutrition and sexuality groups;
  - (c) assertion training groups.
- (5) Conduct or provide input into education sessions to community groups and Alcohol and Drug Service clients, within the guide-lines established by a Senior Nurse.
- (6) Utilise clinical nursing skills to observe, accurately record, analyse and report to a Senior Nurse signs and symptoms related to alcohol abuses.
- (7) Provide nursing care to inpatients to ensure physical and psychological well-being; ie. administering medications (including routine administration of Schedule 8 drugs), close monitoring of drug effects and clinical observation of the client's withdrawal status.
- (8) In consultation with the Senior Nurse, administer medication as required (PRN medication) and report changes in the client's physical and psychological state to the duty medical officer when appropriate.

Note: PRN medication (ie. medication as required) involves assessing that the dosage level is appropriate (ie. not too low or too high) within the prescribed therapeutic range.

- (9) Check that client files are up to date and appropriately stored to ensure treatment confidentiality and that adequate information is provided to peers and other professional colleagues.
- (10) Under the direction of the Senior Nurse, provide a safe ward environment when required by, eg.
  - (a) checking oxygen and other emergency equipment on a regular basis;

## Sched A:2 - contd

- (b) checking fire equipment and familiarisation with fire procedures;
- (c) routine checking that medication stocks are stored according to legislative requirements.

## 2. ALCOHOL AND DRUG SERVICE NURSE, GRADE ADSN-2

### 2.1 Definition

At this level, positions utilise the knowledge gained from either the General Nurse or Psychiatric Nurse courses, which has been consolidated by a range of work experience in formal Alcohol and Drug Service Units, usually for a period of at least 2 years.

### 2.2 Features

- (1) Clinical duties at this level will include more complex tasks than at Level 1, including a broader range of counselling modes and the requirement to lead psycho-therapeutic groups. Positions operate with a high degree of clinical autonomy and will be required to handle all the commonly occurring situations or cases. Positions also may utilise a knowledge of nursing systems and service delivery structures to deliver specialised services in some areas.
- (2) Alcohol and Drug Service Nurse, ADSN-2 positions will undertake the duties of an advanced practitioner. Typically, they will lead a nursing team on a shift, but there is scope in other areas, such as programs, for positions at this level who do not necessarily supervise other nurses. In all cases, positions receive general direction from and report directly to a more senior nurse (ADSN-3 or above), who has overall accountability for the area or program, but positions are expected to be adept at making physical and mental-state assessments of clients, including new clients not previously seen by a doctor.
- (3) Positions at this level will be accountable for decisions made on clinical or ward management matters, according to professional practice and Alcohol and Drug Service Unit policies. ADSN-2 positions will determine day-to-day matters, and report regularly to a more senior nurse.

### 2.3 Typical Duties

- (1) Under general direction, be responsible for client assessment and the formulation, implementation and evaluation of management plans, including a significant input into case management decisions, which are made on a team basis.

## Sched A:2 - contd

- (2) As primary therapist, provide counselling services to clients and their families on an inpatient and outpatient basis, in the following areas:
  - (a) supportive counselling;
  - (b) family counselling and family therapy;
  - (c) relapse prevention counselling;
  - (d) AIDS counselling.
- (3) Conduct group therapy sessions, without supervision, such as:
  - (a) psychodynamic groups (problem identification, organisation and solving);
  - (b) assertion training groups;
  - (c) relaxation training groups;
  - (d) relapse prevention groups;
  - (e) sleep, nutrition and sexuality groups.
- (4) Provide clinical supervision to Alcohol and Drug Service Aides, Alcohol and Drug Service Nurses and student nurses on placement.
- (5) Utilise advanced clinical skills to observe, analyse, accurately record and report complex clinical signs and symptoms related to alcohol and drug abuse. This will involve the ability to make the decision to administer PRN medication, without the immediate guidance of a more senior nurse.
- (6) When rostered in charge of a shift, administer the ward and organise duties.
- (7) Make initial and on-going assessments of clients (for both inpatients and outpatients) and recommend appropriate action.

### 3. ALCOHOL AND DRUG SERVICE NURSE, GRADE ADSN-3

#### 3.1 Definition

Positions utilise basic Psychiatric Nurse or General Nurse training and a substantial period of work experience (usually at least 5 years) to achieve expert knowledge of Alcohol and Drug Service Nurse philosophies and procedures. Position may utilise relevant post-basic studies to ensure the achievement of Alcohol and Drug Service Nurse standards across a ward program or clinical area for which the position is responsible.



## Sched A:2 - contd

### 3.2 Features

- (1) Alcohol and Drug Service Nurse, ADSN-3 positions undertake the most complex 'hands-on' clinical practice in this structure. Alcohol and Drug Service Nurses at this level will be experts whose clinical judgements will be recognised as authoritative; positions neither will require nor receive clinical guidance from a more senior nurse. Non-clinical project or program positions will have carriage of complex matters without requiring technical advice, guided only by the broad policy constraints of the facility's nursing department. Nurses in charge of wards or programs will be expected to independently manage all alcohol and drug nursing services in an area and provide leadership to staff in clinical matters.
- (2) Positions are professionally accountable for their nursing decisions. Nurses at this level in charge of wards or programs will manage their areas which independence, and will be accountable to the Nursing Executive for the delivery of a high-quality alcohol and drug nursing service. Positions will participate in peer review. Direct supervision is not compatible with the high level of expertise expected of positions at this level.

### 3.3 Typical Duties

- (1) Manage the activities of a substantial clinical program or ward. This duty includes establishing the parameters of service, clinical standards and program objectives.
- (2) Provide the highest level of 'hands-on' clinical practice and advice, and participate in the delivery of care.
- (3) Provide clinical leadership and program guidance to subordinate nurses working in the ward or program.
- (4) Manage the provision of alcohol and drug nursing services to a ward or program to enable the effective utilisation of available resources to achieve ward and facility objectives.
- (5) Participate in the development of Alcohol and Drug Service nursing policy and procedures relating to the ward and facility as a whole.
- (6) Co-ordinate the provision of all nursing and non-nursing services to the ward or program.
- (7) Maintain high standards of nursing care, and promote the training and professional development of all nursing staff on the ward/program.
- (8) Ensure that the provisions of the Alcoholics and Drug Dependent Persons Act 1968 are followed.

## Sched A:2 - contd

- (9) Ensure that staffing rosters and staff deployment are organised to achieve effective program delivery and efficient use of staff resources.
- (10) Monitor and evaluate program outcomes, and develop and manage changes as appropriate.
- (11) Liaise and negotiate with significant facility and community-based agents regarding the program.
- (12) Undertake research into complex non-clinical nursing matters under the broad direction of a more senior nurse.
- (13) Conduct research projects into clinical matters under the broad direction of a more senior nurse or relevant senior professional.
- (14) Contribute to the training and development of nursing and direct care staff in the ward or program.
- (15) Be responsible for maintaining state of the art knowledge of the nursing specialists.

### 4. ALCOHOL AND DRUG SERVICE NURSE, GRADE ADSN-4

#### 4.1 Definition

Positions at this level are responsible for ensuring that service delivery objectives are met and a high standard of nursing care is delivered for a number of wards and/or programs, and for the on-going development of these services.

#### 4.2 Features

- (1) Positions at this level will require substantial experience as an Alcohol and Drug Service Nurse in order to ensure that a high standard of service is maintained in the position's designated wards or programs.
- (2) Positions are responsible for the promotion of professional development of Alcohol and Drug Service nursing and direct care staff through the provision of in-service training.
- (3) For ADSN-4 positions, the focus is on developing service delivery policy and meeting the objectives of the service/program, rather than the provision of the service and the day-to-day supervision of staff. Positions will liaise with subordinate Alcohol and Drug Service Nurses and other professionals in regard to treatment objectives, rather than deal with individual patient treatment outcomes.

## Sched A:2 - contd

### 4.3 Typical Duties

- (1) Ensure that policy and procedures with regard to nursing care, standards and treatment are implemented within a facility.
- (2) Oversight the preparation of rosters for the facility to ensure that proposed staffing levels will enable clinical objectives and facility policies to be met.
- (3) Organise, conduct and participate in 'in-service' training sessions for staff on alcohol and drug nursing in such areas as nursing policies and procedures, legal responsibilities of the area, etc.
- (4) Deputise for the Director of Nursing as required. Undertake the management of the facility at night, according to policies and procedures established by the facility executives.
- (5) Develop policy, plans and programs for the provision of nursing and direct care services across the facility, for consideration by the Director of Nursing.
- (6) Maintain co-ordinated service provision with other disciplines in the centre (eg. medical, social work).
- (7) Play a leading role in staff recruitment and selection of staff.

## 5. ALCOHOL AND DRUG SERVICE NURSE, LEVEL 5

### 5.1 Definition

Currently, there are no positions in the Alcohol and drug Service that warrant an Alcohol and Drug Nurse position at this level.

## 6. ALCOHOL AND DRUG SERVICE NURSE, ADSN-6

### 6.1 Definition

Positions are senior Alcohol and Drug Service Nurse Managers who have a thorough knowledge of the Alcohol and Drug Service Nurse profession, and will have considerable proficiency in the art of management in a substantive role. Guide-lines may be unclear and policies ill-defined, involving a major intellectual challenge to resolve nursing service delivery problems.

### 6.2 Features

- (1) Positions will manage the total nursing function and participate in the management of the facility as part of the centre executive.

## Sched A:2 - contd

- (2) Positions are bound by Alcohol and Drug Service policies and practices, and are subject to executive management only. Positions will be able to commit the facility to a particular course of action or policy. Positions at this level therefore are expected to lead the investigation of major Alcohol and Drug Service issues and develop strategies to overcome problems affecting the nursing department.

### 6.3 Typical Duties

- (1) Be responsible for the development and implementation of policy, procedures and guide-lines pertaining to all aspects of Alcohol and Drug Service nursing and related direct care service delivery within a formal Alcohol and Drug Service facility, and for the provision of high-level Alcohol and Drug Service nursing advice to other members of the facility's executive.
- (2) Be a member of the hospital executive; negotiate at senior levels for the adequate resourcing of the Alcohol and Drug Service clinical function and its associated activities.
- (3) As an executive member, develop liaison between facility staff and the general community and community-based agencies, with particular emphasis on the development of policies relating to a broad and comprehensive alcohol and drug treatment strategy.
- (4) Ensure the Alcohol and Drug Service nursing and direct care services are of the highest possible quality across the facility by establishing effective communication between nursing teams, and between facility staff and the broader community.
- (5) Participate as necessary in the negotiation of local industrial relations issues; report to senior Alcohol and Drug Service unit management in the event of major disputes.
- (6) Provide professional leadership to all Alcohol and Drug Service nursing and direct care staff in the facility, and encourage staff development and retention.

## 3. DENTAL NURSE

### 3.1 Group Standard

The primary objective of the Dental Health Service program is the promotion, protection and improvement of the dental health and well-being of Victorian primary school children and other selected patient groups, such as physically and intellectually disabled children, within the context of Government policies and available resources.

## Sched A:3 - contd

The service is delivered through a decentralised Area Management Team, comprised of 14 Management Teams, each of which is managed by an Area Dental Officer. Treatment is provided by dental operators (Dentists and Dental Therapists) working from mobile caravans, fixed dental clinics located in school grounds, and fixed dental centres. Each mobile van, fixed clinic and dental centre has an itinerary that recalls it to individual schools on a 17-month cycle. The Supervising Dental Nurse advises and assists the Dental Officer in Charge, Field Operations (DOIC) in all aspects of the provision of Dental Nursing support to operators (Dentists and Dental Therapists) in the field. Dental Nurses work 1:1 with a Dentist and 1:2 or 1:1 with Dental Therapists. Some of the Dental Nurses work full-time with a Dentist and others work one day a week with a Dentist and the remainder of the time with Dental Therapists. Some Dental Nurses work on a permanent part-time basis.

Dental Nurses employed by the Victorian Public Service are required to hold the Certificate issued by the Royal Dental Hospital of Melbourne or the Certificate of Accreditation and badge issued by the Australian Dental Association or a qualification approved as equivalent.

### 3.2 Work Level Standards

#### 1. DENTAL NURSE, GRADE DN-1

##### 1.1 Definition

Provides a full range of dental nursing functions, including the most complex chairside assistance tasks undertaken in the Victorian Public Service in a range of settings (caravans, institutions, fixed clinics) services by the Dental Health Service.

##### 1.2 Typical Duties

- (1) Provide clinical chairside assistance to dental operators using the four-handed dentistry technique.
- (2) Maintain a high level of surgery cleanliness.
- (3) Take responsibility for the sterilisation of all dental equipment to avoid cross infection.
- (4) Take responsibility for replenishing and ordering of stores.
- (5) Prepare and mix all dental materials required.
- (6) Prepare all X-ray solutions.
- (7) Develop and mount all dental X-rays.

## Sched A:3 - contd

- (8) Pack dental caravans for transportation to another location.
- (9) In accordance with established guidelines, prepare and assist in the application of rubber dam.
- (10) Take responsibility for the daily preparation of the surgery.
- (11) Record all dental examinations on dental charts.
- (12) provide clinical chairside assistance while treating high-risk patients.
- (13) Assist in the compilation of dental records and reception tasks, as required.
- (14) Mix all alginate materials for impression-taking by Dental Officers.
- (15) Pour and operate models.
- (16) Provide clinical chairside assistance to the clinical operator working with physically and intellectually disable children within institutions.
- (17) Provide chairside assistance during general anaesthetics.
- (18) Under supervision, assist with promotional dental health projects, as required.

## 2. DENTAL NURSE, GRADE DN-2

### 2.1 Definition

Under direction, provides Dental Health Service programs to Victorian primary school children and other selected patient groups within the context of Government policies and available resources; assists the Area Dental Officer with the management and operation of Dental Health Service programs in a region or area, and undertakes clinical procedures.

### 2.2 Typical Duties

- (1) Under direction of the Area Dental Officer, work as part of the regional/area management team by:
  - (a) managing and operating Dental Health Service programs in a region or area;
  - (b) monitoring and evaluating the effectiveness of programs;
  - (c) providing clinical support to Dental Nurses in the region;

### Sched A:3 - contd

- (d) maintaining regional/area administrative matters;
  - (e) establishing and maintaining effective liaison and communication with relevant community groups, organisations and individuals, together with other people health service providers and other private and public dental health care providers in the region;
  - (f) supervising non-clinical activities of Dental Nurses by the Area Dental Team.
- (2) Provide chairside assistance as required.
- (a) while treating high-risk patients;
  - (b) while working with physically and intellectually disable children within institutions;
  - (c) during General Anaesthetics;
  - (d) with general Dental preparations.
- (3) Assist with dental health promotional projects as required.

### 3. DENTAL NURSE, GRADE DN-3

#### 3.1 Definition

Provides assistance to the Dental Nurse, Grade DN-4 in the development, direction and management of the dental nursing function within the Dental Health Service Branch.

#### 3.2 Typical Duties

- (1) Oversee the operational functions of the dental nursing service, and report to the Dental Nurse, Grade DN-4 as required.
- (2) Participate in the development of philosophy, practices and procedures relating to dental nursing within the Dental Health Service Branch, and ensure that these changes are reflected in workplace documentation.
- (3) As directed by the Dental Nurse, Grade DN-4, provide advice to dental health management on budget estimates.
- (4) Develop appropriate orientation programs for newly recruited Dental Nurses.
- (5) Participate in the selection of Dental Nurses and make recommendations to the Dental Nurse, Grade DN-4 on the appointment of staff.

## Sched A:3 - contd

- (6) As directed by the Dental Nurse, Grade DN-4, prepare guidelines for the Dental Nurse, Grade DN-2 on policy and procedures relating to the dental nursing function.
- (7) Counsel the Dental Nurse, Grade DN-2 on complex dental nursing operational matters, dental health nursing issues and dental health issues impacting on Dental Nurses' work.
- (8) Monitor dental nursing standards and report regularly to the Dental Nurse, Grade DN-4.
- (9) Establish effective forms of communication between the Dental Health Services staff and the Dental Nurse, Grade DN-4.
- (10) Organise and monitor on a State-wide basis, in conjunction with the Regional Health Officer, all Dental health Service staff (including Therapists and Dental Officers) requiring the Hepatitis B vaccine.
- (11) In conjunction with Dental Health Service management, establish effective procedures for the efficient furnishing of dental materials and equipment for all new dental caravans.
- (12) Participate in the design process of new dental surgeries and the provision of dental equipment.
- (13) In consultation with the Dental Officer in Charge, compile a kit for newly recruited Dental Officers.
- (14) In conjunction with the Principal, Dental Therapy School, instruct on the Beach four-handed dentistry technique, positioning of patients, instruction in sterilisation of instruments and operation of autoclaves.
- (15) Dental Nurses at this level may undertake chairside assistance in order to maintain their clinical skills and may be required to provide chairside assistance in emergency situations.

## 4. DENTAL NURSE, GRADE DN-4

### 4.1 Definition

Responsible for assisting and advising the Dental Officer in Charge, Field Operations in all matters relating to the provision of dental nursing within the Dental Health Service programs for Victorian primary school children and other selected patient groups.



## Sched A:3 - contd

### 4.2 Typical Duties

- (1) Facilitate maximised knowledge of developments in dental nursing and ensure that standards are met.
- (2) Develop appropriate infection control procedures for dental nursing personnel and ensure that standards are monitored by Senior Dental Nurses.
- (3) Advise and assist the DOIC in the management of Dental Nurses and all related matters and attend senior staff meetings.
- (4) Contribute to the development of policy related to Dental Nurses.
- (5) Participate as a member of the selection panel for new dental nursing staff and Senior Dental Nurse positions (including initiating and conducting interviews in country areas).
- (6) Liaise with Superintending Dental Officers, Area Management Teams and related services in the dental health program.
- (7) Provide leadership and guidance in all aspects of dental nursing to subordinate staff.
- (8) Counsel, support and advise dental nursing staff on personnel and related matters.
- (9) Develop appropriate training programs for dental therapy cadets.
- (10) Respond to requests from the public for career information on dental nursing.

## 4. GENERAL NURSE

### 4.1 Group Standard

#### Definition

General nursing is a health-care service provided to society and practised in a wide range of settings. The work includes the observation, care, treatment and counselling of the sick, injured and infirm; the prevention of illness; community education; and the administration, management and training of General Nurses.

The primary objectives of the general nursing profession are to provide direct health care and education for people in relation to the prevention of illness, and the promotion, restoration and maintenance of optimum health. To achieve these objectives the General Nurse applies specialised knowledge, clinical skills and techniques to assist those in need.

## Sched A:4 - contd

The profession needs to be adaptable and sensitive to changes within the medical, technological and nursing fields. This necessitates keeping up to date with current practices at all levels, which may require membership of professional bodies, completion of post-registration qualifications, attendance at seminars and short courses, and subscribing to professional journals. At more senior levels, positions are likely to be increasingly responsible for researching and disseminating information on changes to nursing procedures.

The general nurse function in the Victorian Public Service is undertaken in a range of settings, including hospitals, medical clinics, the community, clients' homes, schools, and in Administrative Units, Regional Offices and Head Office program delivery units.

General Nurses are required by legislation to function within the limitations of their competence based on their educational preparation and experience, and are held accountable for their professional actions on this basis. The Medical Practitioners Act 1970 prohibits any 'unregistered person' from performing any medical procedure or administering drugs without the authorisation of a registered medical practitioner.

### 2. Features

Four areas of work - clinical, administration, education and advisory - can be identified within the nursing structure. Not all positions will undertake duties solely within one area and many positions will combine clinical, administrative, education and advisory features.

#### 2.1 Clinical Area

Clinical general nursing duties involve the application of skills and technical knowledge associated with professional procedures to achieve the required standard of nursing care or advice in a range of settings. Clinical activities include:

- (a) direct patient care, including the assessment, planning, implementation and evaluation of nursing care;
- (b) the provision of guidance in clinical matters to less-experienced practitioners;
- (c) research into the clinical nursing function;
- (d) the provision of clinical advice or a clinical service within a recognised nursing speciality on a facility-wide or State-wide basis in a specific discipline.

#### 2.2 Administration Area

Administration duties typically involved the management of the general nursing function at various levels within institutions or other settings, or the provision of non-clinical support to clinical practitioners. Administrative activities include:

## Sched A:4 - contd

- (a) management of the general nursing function at unit, ward or hospital level, or in the community across one or several regions;
- (b) staff management, deployment and development;
- (c) budget activities, including assessment of human resource requirements in the general nursing field;
- (d) development of policies and procedures in relation to clinical, administrative and/or education practices in an institution or other setting.

### 2.3 Education Area

The provision of all basic general nursing training is expected to be undertaken by Colleges of Advanced Education by 1993. Post-basic and staff development courses are delivered by Administrative Units.

Educational activities in the VPS include:

- (a) the provision of theoretical and practical tuition at post-basic level;
- (b) the provision of informal tuition and clinical guidance to less-experienced general nursing staff;
- (c) the use of formal programs and informal means to educate patients and their relatives;
- (d) the management of the post-basic and in-service teaching function and co-ordination of curricula implementation and provision of the teaching service;
- (e) the identification of educational needs and curriculum development;
- (f) the planning, design and evaluation of courses.

### 2.4 Advisory Area

General nursing advisory positions involve the provision of advice on general nursing matters to nurses, employers of nurses (eg. municipal councils) and health facility or health program managers (eg. Regional Managers of Administrative Unit regions).

Advisory activities include:

- (a) assistance with interpretation of legislation and Government guide-lines such as AIDS policies, standards of patient care as prescribed by relevant legislation, or terms and conditions of employment under the Nurses Award;

## Sched A:4 - contd

- (b) evaluation of services being provided by or subsidised by the particular Administrative Unit (eg. family planning, school nursing, maternal and child health care);
- (c) recommendation of changes to current policies and practices in their field and general nursing input to health-related policies;
- (d) development of additional or new services to meet identified needs in a health-care facility, community or region;
- (e) provision of general nursing or policy advice to nurses working within their field or speciality;
- (f) promotion/marketing of services to the community, region, etc;
- (g) promotion of integration of services with other health-care providers to avoid overlap and encourage a co-ordinated approach to service provision.

### 3. Qualifications

Mandatory qualification for entry to the General Nurse structure is completion of an approved program of basic general nursing education either in hospital schools of nursing (certificate) or tertiary institutions (diploma) and registration by the Victorian Nurses Board. It is anticipated that hospital schools of nursing will discontinue the provision of basic nursing education by 1993.

Post-basic qualifications may be desirable at higher levels in the structure, particularly positions working in certain areas of clinical speciality, education or senior administration. These additional qualification requirements would not be mandatory, but would be identified in appropriate cases as part of the selection criteria for individual positions.

### 4.2 Work Level Standards

#### 1. GENERAL NURSE, GRADE GN-1/2

##### 1.1 Definition

Positions at Grade GN-1/2 perform a broad range of general nursing duties that utilise well-established techniques and procedures according to accepted standards.

##### 1.2 Features

- (1) This grade includes recently qualified General Nurses whose work will require regular supervision, and also encompasses more experienced practitioners whose work contribution increases as experience and knowledge are gained and who may require only limited direction in their day-to-day duties.

## Sched A:4 - contd

- (2) Tasks require a knowledge of general nursing principles, procedures and practices as provided by the current mandatory qualifying course, and some decision-making is required consistent with the extent of this knowledge. Position incumbents are professionally accountable for these decisions.
- (3) Clinical tasks usually will involve the provision of direct patient care where the range of nursing activities is limited to the less complex tasks and is clearly defined.
- (4) Higher-level clinical tasks undertaken by more experienced practitioners generally will be more complex. That is, there will be a regular requirement to select from a number of possible courses of action where guide-lines are not always clear or options and outcomes are variable.
- (5) At the lower levels of this grade, supervision is regular, and guidance in more advanced matters is at hand where required. Position incumbents are responsible for referring matters beyond the limits of their competence to appropriate practitioners. Progress is monitored and outcomes checked by more senior nursing or medical staff. Where regular supervision is not available, positions at this grade will work within well-defined guide-lines and accepted practices, where more advanced matters rarely arise.
- (6) A more experienced practitioner usually will cover the broader aspects of the work and would be under more general supervision, with detailed instruction being provided as required. Higher positions will require technically competent and experienced practitioners, who are appointed at the fifth subdivision of GN-1/2. Regular supervision should be necessary only where these positions are performing complex nursing tasks in specified areas.

### 1.3 Job Evaluation Criteria

#### (1) Knowledge and Experience

Grade 1/2 positions require registration with the Victorian Nurses Board on completion of a 3- year general nursing education program. Positions thus require proficiency in professional general nursing practice and procedures as they are applied in the ward or other work setting. There also may be a requirement to oversee the work of State Enrolled Nurses to ensure that requisite standards as set by higher-level supervisors or facility policy are met.

#### (2) Breadth

Activities will be confined to a single work area (eg. a particular ward or unit) with closely specified objectives.

## Sched A:4 - contd

### (3) Interpersonal Skills

Positions will be required to communicate with a range of people for the purpose of obtaining and exchanging information, and for gaining co-operation and assistance in relation to well-defined activities.

### (4) Work Complexity

Tasks required of positions are performed according to established procedures, specific guide-lines and standard instructions. Positions at this level may be required to select certain methods or procedures to meet given circumstances. Positions work under the regular supervision of a more senior nurse, or in work environments where such supervision is not required. At higher levels within this grade, there may be a requirement to adapt general nursing care priorities to meet arising situations.

### (5) Reasoning/Creativity

Problems are readily solved by application of professional general nursing principles/procedures and established workplace practices. Guidance in the more complex nursing matters from a more senior nurse is either at hand or not required by the nature of the nursing issues generally arising.

### (6) Accountability

Positions are professionally accountable for the nursing service provided. Specific instructions and guidance are provided by a more senior nurse where required.

## 1.4 Typical Duties

- (1) Obtain data for a patient's general nursing history and prepare, implement and evaluate a nursing-care plan based on this information and medical orders.
- (2) Observe, interpret and record physiological data and report abnormalities to the relevant authority (Associate Unit Manager, Unit Manager, medical staff), or take appropriate action within accepted facility policies.
- (3) Administer drugs according to medical orders and within the bounds of professional conduct.
- (4) Assist in the co-ordination of para-medical services to patients.
- (5) Provide guidance and support to patients and their friends/relatives, and educate these people in matters such as general nursing procedures being undertaken, health management programs, etc.

## Sched A:4 - contd

- (6) Participate in professional development (in-service training, private study/research) to maintain currency of nursing knowledge.
- (7) Under the direction of an occupational health supervisor, undertake general nursing care and education tasks in an occupational (ie. general workplace) setting, and participate in the development of health and safety procedures within that setting.

## 2. GENERAL NURSE, GRADE GN-3

### 2.1 Definition

Positions at Grade GN-3 will:

- (a) in addition to Grade GN-1/2 duties, provide assistance in the clinical and administrative management of the work unit as Associate Unit Manager and perform the in-charge function during the off periods of the Unit Manager; or
- (b) function as an independent practitioner in a community setting; or
- (c) under the direction of a more senior nurse, manage a section of a small facility (eg. outpatients/theatre).

### 2.2 Features

- (1) Associate Unit Manager provide guidance to less-experienced Grade GN-1/2 General Nurses, Student General Nurses, State Enrolled Nurses and Student State Enrolled Nurses. This will involve supervision of such staff, including oversight of clinical procedures dissemination of information on local practices, notifying more senior staff of progress, etc. Positions also perform administration duties in relation to the management of the work unit.
- (2) Clinical activities will require initiative and judgement in selecting and applying established procedures and practices to unusual or complex situations.
- (3) Specialist positions may receive supervision from Grade GN-4 positions where required. Work is conducted according to institution or other relevant general nursing policy. Positions may make recommendations to more senior staff on the effectiveness of such policies.
- (4) Community positions would manage a caseload in such activities as performing health status assessments, and health promotion in the community to their client group; provide counselling to individuals, families and groups; and contact tracing in relation to infectious diseases.

## Sched A:4 - contd

- (5) Team Leaders (eg. occupational health) would be responsible for the operation of a general nursing service.
- (6) Grade GN-3 positions are subdivided into Grade GN-3A and Grade GN-3B levels. Grade GN-3A positions include Associate Unit Manager in a non-major hospital and Occupational Health Nurse (Sole) employed to take charge of a medical centre and all matters concerned with the occupational health, medical and general nursing services. Community Health Nurses at Grade GN-3A have a more narrow focus in that they specialise in one infectious disease (TB, AIDS) or group. Their work plan usually is determined in consultation with other professionals involved with the same client.
- (7) Community Health Nurses at Grade GN-3B work independently in their community and are expected to use the guide-lines provided as an aid to evolve and carry out their own work plan. Advice is available to these nurses only for the more complex cases. An Occupational Health Nurse (Supervisor) also would be classified in Grade GN-3B.

### 2.3 Job Evaluation Criteria

#### (1) Knowledge and Experience

Grade GN-3 positions require registration with the Victorian Nurses Board following completion of a 3-year general nursing education program. General nursing management and clinical knowledge is gained through work experience or through relevant post-basic training.

In addition to proficiency in professional general nursing practice and procedure, positions will require:

- (a) the ability to assist in the management of a ward within the policies and procedures established by the Unit Manager, and the ability to provide clinical guidance to Grade GN-1/2 General Nurses working in the ward or work unit; or
- (b) knowledge of resources available to patients being treated in a community setting and sufficient clinical knowledge to handle a caseload as a sole practitioner.

#### (2) Breadth

Most Associate Unit Manager or Team Leader positions will be confined to a single ward or work unit, with the requirement to assist in the co-ordination of general nursing and non-nursing functions to achieve ward/unit objectives as set by the Unit Manager. Community-based positions will work according to closely specified objectives, but would resolve clinical nursing problems identified during the course of their duties.



## Sched A:4 - contd

### (3) Interpersonal Skills

Positions at this grade have similar communication requirements as for Grade GN-1/2. There also will be a requirement to actively influence and convince others in the pursuit of specific objectives.

### (4) Work Complexity

Positions are governed by established policies and procedures. Grade GN-3 is distinguished from lower-level positions in the regular requirement to assess the effectiveness of these policies and procedures as they apply to the particular work situations.

### (5) Reasoning/Creativity

Positions involved in direct patient care are required to resolve complex general nursing issues by discriminating between a range of courses of action. Guidance in the most complex matters from a more senior General Nurse is either at hand or not required by the nature of the nursing issues generally arising. Positions also may have to resolve local administrative, management or organisational problems by application of accepted practices and standards.

### (6) Accountability

Positions are professionally accountable for the general nursing service provided. Positions are provided with resources/targets with the expectation that defined tasks will be completed according to standards or agreed goals and subject to supervision.

## 2.4 Typical Duties

- (1) Within the constraints established by the Unit Manager and/or facility policies, manage the operations of a ward or Department in the absence of the Unit Manager. This may involve the allocation of general nursing duties to Grade GN-1/2 General Nurses, Student General Nurses, State Enrolled Nurses, and Student State Enrolled Nurses on a particular shift, the oversight of administrative functions (eg. notifying Nursing Administration of staff shortages, assisting in roster preparation), participation in the development of ward policies and procedures under the guidance of the Unit Manager, and resolving complex nursing problems that may arise when the position is in charge of the ward/unit.
- (2) Provide clinical and home-visiting services to ensuring that adequate treatment and care are provided and/or to ensure effective control of disease, according to set guide-lines.

## Sched A:4 - contd

- (3) Provide health education to clients and interested parties in the community.
- (4) Conduct health examinations and screening programs and ensure that problems are identified and treated.

### 3. GENERAL NURSE, GRADE GN-4

#### 3.1 Definition

Positions at Grade GN-4 will:

- (a) be responsible for the clinical management and administration of a ward or work unit of a hospital; or a service of comparable complexity to those in a major teaching hospital; or a community health centre facility; or a school nursing service unit or medical unit in a reception/training centre;
- (b) provide specialist clinical advice in a general nursing discipline, across a major health facility or region(s); or
- (c) be in charge of a team of independent General Nurse practitioners in a community setting with special and distinctive features.

#### 3.2 Features

- (1) Ward or community management positions will require substantial clinical experience to advise subordinates on technical issues. Knowledge of administrative procedures (including staff rostering, equipment supplies, etc.) also is required. The basic General Nurse qualification may be augmented by specialist clinical or administrative education.
- (2) Co-ordination and management tasks are a feature of ward/unit management positions and include supervision of all subordinate staff.
- (3) Clinical activities will require initiative and judgement in selecting and applying established procedures and practices to unusual or complex situations.
- (4) Grade GN-4 positions are subdivided into Grade GN-4A and GN-4B levels.
- (5) Positions in Grade GN-4A include Charge Nurses in non-major hospitals and Community Health Nurses (Sole). Responsibilities may include supervision and direction of a small number of staff, administration and management of a small health service, and in the case of a sole practitioner, be required to provide an extensive service, including a substantial health education program for other staff and clients.

## Sched A:4 - contd

- (6) This level also represents the highest level of Public Health Nurse in circumstances where there is an extra dimension to the normal role. This may be in the 'clinical specialist' area, where positions may be used as the most knowledgeable nurses in their unit, or as independent operators throughout the State responsible for organising and carrying out inspections, and screening programs and surveys in association with public health programs.
- (7) Positions in Grade GN-4B include Charge Nurses in a major hospital, a Community Health Nurse in charge, and Maternal and Child Health Nurses. Also in Grade GN-4B are nurses in institutions and in the community carrying out duties of like responsibility and breadth to major hospital and community charge positions. These are distinguished from Grade GN-4A by the number of subordinate staff for which they are responsible (eg. up to 15) and the greater complexity of their administrative and management responsibilities. The Charge Nurses at this level also require specialist knowledge (eg. maternal and child health nursing and school nursing), which they use in the training and/or support of their staff.

### 3.3 Job Evaluation Criteria

#### (1) Knowledge and Experience

Grade GN-4 positions require registration with the Victorian Nurses Board following completion of a 3-year general nursing education program. In addition, positions at this level usually will require a full knowledge of administrative and management procedures associated with the work area. Nursing management and clinical knowledge will have been gained through work experience or through relevant post-basic education in order to advise staff in the handling of any unusual or complex nursing tasks that may arise. Ward/unit management positions are required to direct, develop and supervise subordinate staff to ensure the achievement of general nursing care of a quality commensurate with the objectives of the ward/unit.

#### (2) Breadth

Positions generally will be evaluated only at Grade GN-4 where there is a requirement to manage several distinct activities that need to be co-ordinated and related to other functions. Charge Nurse positions are required to co-ordinate clinical, administrative and management functions to achieve ward/unit objectives.

## Sched A:4 - contd

### (3) Interpersonal Skills

Positions at Grade GN-4 will be actively involved in influencing and convincing others in pursuit of specified objectives, and there will be a regular requirement to undertake communication requiring tact and diplomacy with facility staff and members of the public. Positions will resolve problems identified in the work area, and will provide advice on the on-going operation of their function to senior general nursing staff as necessary.

### (4) Work Complexity

Positions are governed by standard facility policies and procedures. In addition to the requirement to develop changes and adaptations to the way work is organised and performed, positions at this grade require considerable interpretation and understanding of facility policies and/or the particular speciality in order to deal with both specialised projects and typical circumstances.

### (5) Reasoning/Creativity

In general, positions at this grade have a major role in resolving issues by identifying problems and applying or adapting accepted practice. Work situations remain governed by facility policy and nursing standards. However, activities require initiative and judgement in selecting and applying established procedures and practices to unusual or complex situations.

### (6) Accountability

Positions are professionally accountable for the general nursing service provided.

Ward or work unit management positions may be allocated resources but given latitude in how staff and other resources are deployed, with minimal intervention from other positions. Such positions are accountable to more senior general nursing staff for the efficient running of the work unit.

Part of the supervisory accountability at this grade would include the identification of staff development needs and the initiation of programs to improve staff performance.

Providers of specialist advice at this grade may be required to provide information in relation to the individual speciality, which will influence the decisions made by others, including superiors and peers, in the monitoring, development and delivery of clinical programs. Advice would be subject to guide-lines and/or professional standards, and more difficult options/decisions would be discussed with more senior nursing or project management staff.

Sole practitioners will be guided by established policies, while providing an autonomous service within the limits of professional nursing practice.

## Sched A:4 - contd

### 3.4 Typical Duties

- (1) Oversee the provision of direct patient care to ensure that ward standards are met. This may include rostering staff, allocating tasks to staff according to ward/unit needs, educating staff in ward processes, providing clinical intuition, monitoring the effectiveness of ward/unit procedures and protocols, preparing budget estimates, managing the liaison between ward and other hospital staff, and obtaining appropriate resources for the work unit as required.
- (2) Manage the delivery of a service in a community setting. This may include rostering staff, allocating tasks according to the work unit needs, educating staff in special procedures, monitoring the effectiveness of service provision, managing liaison between the unit and other community-based services and obtaining appropriate resources for the work unit as required.
- (3) As an autonomous practitioner, provide a wide range of nursing services in a community or reception/training centre.
- (4) Provide direct general nursing care and develop health education programs to a client group in a community or reception/training centre.
- (5) Deliver specialist advice in a particular discipline across a number of health-care facilities or regions.

## 5. WELFARE SERVICES WORKER

### 5.1 Group Standard

Positions in this group provide a range of welfare support services through such activities as counselling, liaising with external service providers and advocacy.

Positions often work as assistants to qualified Social Welfare Workers or Social Workers. In some instances, they may be geographically separated from these supervisors, but would receive guidance and direction through frequent telephone or other contact.

Positions would not be expected to make independent judgements about clients, but will provide information and preliminary assessments for the consideration of more senior officers.

Qualifications: Appropriate life experience and/or aptitude.

## Sched A:5 - contd

### 5.2 Work Level Standard

#### 1. WELFARE SERVICES WORKER

##### 1.1 Definition

Under supervision, provides a welfare support service to clients.

##### 1.2 Features

- (1) The tasks require some aptitude for or skills in interviewing and assessing the needs of clients.
- (2) Direction is regular in that normally the position is supervised and, in any case, given guidance and regular follow-up on casework to ensure that an adequate welfare support service is provided.
- (3) Decision-making is limited to the confines of the experience of the worker. As the worker becomes more experienced, it would be expected that there would be some scope for increased decision-making.
- (4) Work usually would be performed as part of a team. However, where workers are geographically isolated, they would receive more direction from headquarters than would be the case with qualified Social Welfare Workers.
- (5) The position includes new workers with little or no experience or formal qualifications, who receive fairly close supervision, through to more experienced and/or partially qualified workers, who may work under general direction.

##### 1.3 Typical Duties

###### Prison Welfare

- (1) Interview and assess prisoners on reception, including incorporating information from a range of sources. Undertake subsequent assessments as required.
- (2) Provide an on-going basic counselling service, including appropriate referrals.
- (3) Act as an advocate for clients and, where appropriate, their families to assist them to gain access to service.
- (4) Liaise with relevant community groups and agencies to assist in the provision of suitable client programs.
- (5) Participate in the leave of absence program.

## Sched A - contd

### 6. INTELLECTUAL DISABILITY SERVICES OFFICER

#### 6.1 Group Standard

Intellectual Disability Services Officers (IDSOs) provide direct care to intellectually disabled clients. These clients include those registered with the Department of Health and Community Services Victoria (H&CSV) as having an intellectual disability or developmental delay. The Intellectually Disabled Persons' Services Act 1986 defines 'intellectual disability' as 'a significant sub-average general intellectual functioning existing concurrently with deficits in adaptive behaviour and manifested during the developmental period'. Developmental delay may be characterised as a delay in the development of a child that is attributable to a mental or physical impairment, or a combination of mental and physical impairments, and which is manifested before the child attains the age of 6 years. For the purposes of these standards, intellectual disability covers people defined as eligible clients under the Act as intellectually disabled, or developmentally delayed.

Clients with intellectual disabilities are not a homogeneous group and services will reflect the varying needs of different groups or individuals. These services are based on the philosophical premise that clients with intellectual disabilities have the same rights and expectations as the rest of the community - to a life of dignity, based on the concepts of the 'least restrictive alternative', 'normalisation' and 'integration'. Intellectual disabilities are not illnesses, and therefore nursing services are not organised according to a medical model.

Services are provided within a development framework in assisting clients to attain their maximum potential. In Victoria, legislation requires that each client has a General Service Plan (GSP), which outlines the overall goals of any services provided, and from which a number of Individual Program Plans (IPPs) may be prepared to address specific needs.

IDSOs are the chief second level of direct service provider and work within a framework or guide-lines determined by Mental Retardation Nurses or other professionals. At higher levels within the categories, IDSOs will operate with a high degree of independence in the provision of quite complex direct-care services to clients.

IDSOs must have completed the Developmental Disabilities Certificate, Advanced Certificate Residential and Community Care, or its equivalent, which provides a theoretical and practical grounding in the following areas:

- theory and practice of residential services;
- communication skills;
- human development;
- developmental programming;
- health and safety;
- recreation and leisure.

## Sched A:6 - contd

IDSOs will be deployed in a range of settings, covering:

- (a) the full range of residential services, including training centres and Community Residential Units;
- (b) therapy programs, including occupational therapy and physiotherapy;
- (c) social work departments; and
- (d) regional teams.

Individual IDSO positions may work solely in one area of practice (eg. Social Work Department) or across a range of areas. The breadth of duties includes:

- (i) provision of basic care, including assistance to clients in feeding, bathing and toileting;
- (ii) development and implementation of IPPs;
- (iii) teaching independent living skills to clients;
- (iv) client advocacy;
- (v) liaison with community groups;
- (vi) provision of therapeutic programs under the direct or (at senior levels) general supervision of professional staff.

In no circumstance is it envisaged that an IDSO will be the sole provider of services to clients in the absence of at least broad direction from a relevant professional staff member who has responsibility for the initial assessment and on-going identification of needs.

## 6.2 Work Level Standards

### 1. INTELLECTUAL DISABILITY SERVICES OFFICER, GRADE IDSO-1

#### 1.1 Definition

Under the supervision of a more senior Intellectual Disability Services Officer (IDSO) or other professional staff, positions at this level provide a variety of direct care or review services to clients according to established procedures, specific guide-lines and standard instructions.



## Sched A:6 - contd

### 1.2 Features

- (1) At this level, tasks will be carried out according to direct instruction or straightforward standing procedures, and subject to check or review by the supervisor. Positions will be required to utilise their knowledge of Intellectual Disability Services (IDS) clients, Government policies and local procedures, and adapt work patterns/schedules accordingly. However, these adaptations will be in line with the overall service program managed by more senior staff.
- (2) Positions will be required to record client data and report on observations based on a knowledge of intellectual disability. Such reports will be accepted as authoritative data on which service decisions may be based.
- (3) Positions whose primary focus is to assist in the provision of a program to clients in a non-residential setting may work as part of a multi-disciplinary team. In most residential settings, IDSOs will work directly with and report to more senior IDSOs or Mental Retardation Nurses.
- (4) Positions at this level generally will work within a single residential unit/facility or program.

### 1.3 Typical Duties

- (1) Under supervision from a Registered Mental Retardation Nurse, provide direct assistance to intellectually disabled clients in the following areas: adequate respiratory performance, adequate nutritional state, elimination, posture/movement, rest and sleep, dressing and the provision of adequate clothing, personal hygiene, skin care.
- (2) Assist in the provision of therapeutic and developmental programs as part of a multi-disciplinary team and according to guide-lines established by professional staff.
- (3) Under direction, develop, implement, evaluate and amend Individual Program Plans for IDS clients.
- (4) Under routine supervision from an Occupational Therapist, oversee the participation of clients in clearly defined industrial therapeutic activities. This may involve teaching skills to clients, monitoring the safety of the environment and reporting outcomes (eg. clients' progress, absenteeism) to the program manager.
- (5) Organise and supervise social and recreational outings for clients.

## Sched A:6 - contd

### 2. INTELLECTUAL DISABILITY SERVICES OFFICER, GRADE IDSO-2

#### 2.1 Definition

Within established procedures and guide-lines and under general direction from a more senior IDSO or other professional staff, positions regularly are required to undertake the more complex non-nursing direct-care functions, or significant non-direct-care duties, or contribute to the design and independent implementation of developmental and therapeutic programs.

#### 2.2 Features

- (1) At this level, positions have more latitude in the selection of established techniques without specific instruction from the supervisor.
- (2) Positions may be required to prepare modifications to program components based on observation of the effectiveness in meeting clients' needs. Proposed changes would be reported to the supervisor for approval and may be within the General Service Plan framework established.
- (3) In residential settings, IDSO-2s may be responsible for the supervision and training of other staff.
- (4) Positions may be required to work across a range of different settings/programs, or have a breadth of information about the Service's operations that would not be expected of IDSO-1s. Positions may be required to liaise privately on behalf of the agency with outside community agencies.
- (5) IDSOs at this level would have had at least 2 years experience in addition to the completion of the Developmental Disabilities Certificate, Advanced Certificate Residential and Community Care, or its equivalent.
- (6) IDSOs working in such areas as industrial therapy, social work departments, occupational therapy and physiotherapy would be expected to carry out duties independently on the basis of general direction. Ability to conduct straightforward programs and handle day-to-day issues arising from them would be gained after several years under close supervision within such areas.

#### 2.3 Typical Duties

- (1) Under general direction, independently select the activities for and run a formal group session in such activities as art and crafts, nursing films, games and quizzes, physical activities, simple cooking, basic vocational skills and other independent living skills.

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- (2) Within a multi-disciplinary team, contribute to the planning of group or individual programs according to client needs.
- (3) Prepare formal reports on the effectiveness or otherwise of the program activity in meeting client needs.
- (4) Under the general direction of a physiotherapist, run hydrotherapy sessions, including the conduct of exercise and activity sessions.
- (5) Manage the activities of an occupational therapy workshop, including supervision of subordinate staff, responsibility for maintenance of the environment and specialist stores, and the creation and implementation of suitable programs under the general direction of the Occupational Therapist.
- (6) Assist in assessing clients' suitability for certain programs according to established methodologies.
- (7) Within a multi-unit residential facility, establish and maintain effective links between the facility and clients' parents, friends and guardians.
- (8) Undertake a formal public relations function for a facility, including preparation of newsletters for the larger community and coordinating volunteers.
- (9) Identify resources available in the community, establish effective links with these resources and educate other staff in their availability.
- (10) Attend care planning meetings (eg. IPP meetings) and provide input on suitable options for individual clients.
- (11) Maintain registers of community organisations.
- (12) Negotiate with H&CSV Regional Teams to achieve desired placement of clients.
- (13) Deal to finality with problems arising from externally placed clients (eg. those requiring incumbents to negotiate with such agencies as special accommodation homes, sheltered workshops and special schools).
- (14) Prepare social history reports on clients, identifying each client's family background, education level and personal needs.

## Sched A:6 - contd

### 3. INTELLECTUAL DISABILITY SERVICES OFFICER, GRADE IDSO-3

#### 3.1 Definition

At this level, under the broad direction of professional staff, senior direct-care staff have responsibility for independently running major programs or welfare services for clients, managing a residential unit or handling a significant caseload of clients in a multi-disciplinary community setting.

#### 3.2 Features

- (1) At this level, positions must use considerable judgement in determining courses of action that will impact on services to clients.
- (2) As with Grade 2, positions will be required to prepare modifications to programs they are involved in delivering. At Grade 3, as the supervisor normally will not be available to advise on day-to-day issues, these will be implemented according to the position incumbent's judgement.
- (3) Positions at this level may head teams of direct-care workers, with responsibility for their induction, in-service training, formal assessment and counselling with respect to work performance and supervision.
- (4) IDSOs at this level generally would have at least 5 years experience, in addition to the completion of the Developmental Disabilities Certificate, Advanced Certificate Residential and Community Care, or its equivalent.
- (5) Positions may be required to deal with a range of community agencies, Government departments and intellectually disabled advocacy groups on matters requiring tact and discretion and a detailed understanding of Disability Services Branch policy objectives, in addition to the understanding of philosophies of care expected of an IDSO.

#### 3.3 Typical Duties

- (1) Manage a Community Residential Unit (CRU) and provide a secure and supportive environment for clients and staff according to the principles of 'normalisation' and 'least restrictive environment'.
- (2) Manage the planning and implementation of IPPs pertaining to the CRU setting and supervise other staff in these functions.
- (3) As head of a CRU, liaise with such agencies as schools and sheltered workshops to ensure continuity of care and program goals.

Sched A:6 - contd

- (4) Select, train and manage staff (rostering, recommending leave, arranging in-service training, etc.)
- (5) Within the CRU setting, take responsibility for establishing, implementing and reviewing house routines, allocating duties to both staff and clients.
- (6) Maintain house.
- (7) Within policies and guide-lines, administer clients' medication according to instructions from a Registered Mental Retardation Nurse or a Medical Officer. (Note: It is illegal for IDSOs to perform certain functions in relation to medication).
- (8) Obtain such professional expertise as may be required by clients within the CRU (eg. general practitioner, Speech Therapist, Occupational Therapist).
- (9) As a member of a multi-disciplinary community team, assist in the development, implementation and evaluation of individual programs.
- (10) In a Regional Team context, actively contribute to the client planning and review process, and prepare written reports on clients' development, making an assessment of needs, strengths, deficiencies and functioning in such areas as vocational skills, social skills and daily living skills.
- (11) Co-ordinate 'welfare' activities for a significant number of clients in a complex environment.
- (12) Independently run a major recreational or social program (eg. budgeting, negotiating acceptance of plans, liaising with outside agencies, etc.).
- (13) Under direction, co-ordinate the provision of a major therapy or developmental program across a range of settings (eg. a major facility, or between a facility and outposted community agencies). This could involve the co-ordination of numeracy and literacy programs within the facility, the client at home and specialist education staff. Positions will assist in the selection of suitable clients and co-ordinate all facets of program delivery.
- (14) From a major facility, establish and maintain a program of home visits to clients who have left the facility. These duties will be conducted independently and issues will be resolved by the position incumbent, unless the incumbent instigates the introduction of another member of staff.
- (15) Provide written reports on programs, outlining difficulties, strategies for resolution and probable outcomes, and present these to multi-disciplinary teams for discussion and, if necessary, advice and assistance.

## Sched A:6 - contd

- (16) In a large and complex facility, take responsibility for the provision of information on existing community resources for facility staff, clients and their families. At this level, the position is required to have chief responsibility for this function in addition to the Grade 2 requirement to provide authoritative advice on the appropriateness of these facilities for clients.

### 7. PSYCHIATRIC STATE ENROLLED NURSE

#### 7.1 Group Standard

Psychiatric State Enrolled Nurses are part of the nursing team and perform their duties under the supervision of Registered Psychiatric Nurses. The degree of supervision will depend on the skills and knowledge of the Psychiatric State Enrolled Nurse and the complexity of the nursing care required by the client. For example, in straightforward cases, an experienced Psychiatric State Enrolled Nurse may undertake routine nursing tasks without direct supervision by the Registered Psychiatric Nurse with overall responsibility for the client (eg. making and recording observations). In more complex cases (eg. treating an acutely disturbed client), the Psychiatric State Enrolled Nurse will be directed to undertake certain aspects of nursing care by the responsible Registered Psychiatric Nurse, who will supervise these activities directly.

Psychiatric State Enrolled Nurses are deployed in a wide range of work settings, but always under the supervision of a Registered Psychiatric Nurse. These settings may include psychiatric in-patient services, hostels and other settings where services are provided to persons who are mentally ill.

No client will be treated solely by a Psychiatric State Enrolled Nurse. Services to each client will be determined by a team, which could include a Registered Psychiatric Nurse, a Medical Officer or another qualified professional.

Psychiatric State Enrolled Nurses perform a range of functions according to work setting and client needs. Their aim is to ensure the physical and psychological well-being of the client.

Areas of practice may include:

- (a) basic nursing observations, recording and reporting (temperature, pulse, respiration, blood pressure, weight, fluid balance, nutritional intake);
- (b) attending to clients' physical needs (bathing, toileting, feeding, skin and pressure area care, exercise);
- (c) participating, within the bounds of Psychiatric State Enrolled Nurse knowledge, in therapeutic, counselling and rehabilitation activities;

## Sched A:7 - contd

- (d) assisting in the creation of safe, stable and therapeutic environments for clients;
- (e) provision of first aid.

### 7.2 Work Level Standards

#### 1. PSYCHIATRIC STATE ENROLLED NURSE, GRADE PSEN-1

##### 1.1 Definition

Under the supervision of a Registered Psychiatric Nurse (RPN) and as part of the nursing team, positions at this level provide routine nursing care to clients according to established procedures, specific guide-lines and standard instructions.

##### 1.2 Features

- (1) Psychiatric State Enrolled Nurses will be required to utilise their knowledge of anatomy and physiology, drug and other therapeutic regimes, legal and ethical obligations, and commonly met psychiatric conditions. This knowledge is gained from State Enrolled Nurse training and structured work experience in psychiatric settings and/or the new post-basic course.
- (2) Positions will carry out routine nursing procedures under the general supervision of a RPN. More complex nursing matters will be undertaken under direct supervision by a RPN.
- (3) Positions are expected to recognise independently the limits of their competence and notify a RPN of any occurrences that require expertise beyond that of a Psychiatric State Enrolled Nurse.

##### 1.3 Typical Duties

- (1) Establish and maintain a rapport with clients that will contribute to clients' therapeutic treatment/activities. This involves the Psychiatric State Enrolled Nurse behaving and communicating in a manner appropriate to the needs and demands of clients, based on a basic understanding of common psychiatric illnesses and disabilities. Examples include speaking calmly and quietly to a client prone to agitation, responding appropriately to an hallucinating client, dealing constructively in daily matters with clients suffering from depression and lack of self-esteem, and maintain a consistent and appropriate relationship with clients.
- (2) Make routine observations of a client's temperature, pulse, respiration and blood pressure, and record and report this data to a RPN according to standard procedures. Positions will recognise abnormalities that may need to be addressed more urgently than dictated by the standard procedures, and such cases will be immediately notified to the RPN in charge.

Sched A:7 - contd

- (3) Undertake routine general observations of clients, including clinical observation of therapeutically administered treatments (eg. general physical condition, effects of medication) and report any changes in the patient's physical and psychological condition.
- (4) Provide basic physiological nursing care, including bath, shower or sponge, assistance in toileting, care of skin, hair, tooth and nails, positioning of clients, assistance in the passive or active exercise of clients, and provision of adequate food and fluids.
- (5) Teach clients to attain independence in the above areas of self-care.
- (6) Make beds and ensure that linen supplies to the ward are adequate.
- (7) Assist in routine admission procedures when a new client enters the ward (eg. record client's property and clothing, and take valuables to trust office as necessary; where appropriate, order and distribute personal provisions, such as toiletries).
- (8) Welcome clients to the ward, and orient them to ward routine. Explain ward routine to family/friends of clients.
- (9) Contribute to the maintenance of a safe, stable and therapeutic environment for clients by recognising and removing potential hazards, and making suggestions regarding the physical surrounds (eg. recommending purchase of special furnishings etc.).
- (10) Under direction, carry out basic therapeutic or rehabilitative tasks with clients, either individually or in groups. This may include conducting recreational or social outings, conducting more formal activities, like cooking classes, training in social skills, etc.
- (11) When requested by the Registered Psychiatric Nurse in charge, accompany clients to appointments outside the ward or facility.
- (12) Act immediately in emergency situations according to established procedures and within the bounds of Psychiatric State Enrolled Nurse knowledge (eg. provide first aid in the case of a medical emergency according to ward policy, or assist the Registered Psychiatric Nurse in dealing with a psychiatric emergency).
- (13) Accurately record and label specimens, such as urine, perform urinalysis and report abnormalities.



## Sched A:7 - contd

### 2. PSYCHIATRIC STATE ENROLLED NURSE, GRADE PSEN-2

#### 2.1 Definition

This level represents the Psychiatric State Enrolled Nurse who works under the supervision of a Registered Psychiatric Nurse (RPN) and, as part of a nursing team, undertakes advanced Psychiatric State Enrolled Nurse duties.

#### 2.2 Features

- (1) Psychiatric State Enrolled Nurses at this level operate with relative independence, but always under the supervision of a RPN, and of necessity would have a number of years of experience in the mental health field. The work covers the full range of Psychiatric State Enrolled Nurse practices and involves more complex tasks than at Grade 1. Knowledge and skills gained through work experience may be supplemented by in-service training provided by the Psychiatric Services Branch or the individual facility.
- (2) The Psychiatric State Enrolled Nurse at this level will be required to conduct regularly the more complex initial interviews of clients, such as compiling a client history for the development of a Nursing Care Plan and/or patient care strategies, rather than routine admission procedures.
- (3) At this level, the Psychiatric State Enrolled Nurse is involved in conducting information or didactic sessions to clients in group situations, rather than one-to-one situations and therefore requires high-level interpersonal skills. Group activities derive from team-planning decisions and are of a non-psychodynamic nature (eg. daily living skills, health education).
- (4) Positions are expected to lead sessions independently, to record client progress and report on the effectiveness of the activities in meeting client needs. The Psychiatric State Enrolled Nurse at this level is expected to make a substantial contribution to processes determining the content of these sessions.
- (5) Psychiatric State Enrolled Nurse, Grade PSEN-2 positions also may work independently under the direction of a RPN in community settings with selected clients or groups that have been assessed by RPNs as generally stable. Work in such community settings would involve the full range of Psychiatric Services Branch practices.

#### 2.3 Typical Duties

- (1) Conduct more complex initial interviews with clients involving compiling a detailed patient history to assist in the development of individual patient care strategies and to enable the RPN to develop Nursing Care Plans.

## Sched A:7 - contd

- (2) Under direction of a RPN or nursing team, plan, independently implement and evaluate activities for clients within the bounds of Psychiatric State Enrolled Nurse knowledge.
- (3) Under the direction of the relevant RPN, assist clients living independently in the community to achieve basic self-care and psychological well-being.

## 8. PSYCHIATRIC SERVICES OFFICER

### 8.1 Group Standard

Psychiatric Services Officers (PSOs) are employed in the Psychiatric Services and Alcohol and Drug Services areas to assist professional staff in the delivery of a range of therapeutic programmes. PSOs are not registered nurses or State Enrolled Nurses, and therefore cannot be utilised to undertake the work classified in the Registered Psychiatric Nurse or Psychiatric State Enrolled Nurse.

PSO duties may be carried out in a range of settings, including Psychiatric Hospitals and Alcohol and Drug Service centres or in community-based programmes. Clients of these services will have varying degrees of psychiatric or mental illness/disability, or alcohol and drug dependency problems, and services will vary according to the needs of each client group.

All duties of the PSO category will be undertaken under the direct or general supervision (as appropriate) of a qualified professional staff member, such as Therapist, a Social Worker, a Registered Psychiatric Nurse or an Alcohol and Drug Service Nurse.

Direct care duties undertaken by PSOs in the following functional areas in the delivery of psychiatric services and alcohol and drug services include:

**Social Work Department:** the provision of information and practical assistance to clients and their families in relation to income security and material welfare communicating with clients and families about a range of issues, including accommodation, placements and follow up action.

**Occupational Therapy:** the direct participation with clients in programmes and the provision of assistance to clients to enhance their participation in activities and programmes in such areas as vocational training, recreational and social outings, and related skills development activities.

**Physiotherapy:** the direct participation with clients in programmes and the provision of services which are concerned with the treatment and prevention of physical injury and diseases affecting movement.

## Sched A:8 - contd

In addition to the direct care duties, in which PSOs will work directly with clients, PSOs may undertake as a secondary component of duties a range of support services to their functional group. Such services include:

- (i) maintain client records;
- (ii) ordering stores and specialist needs (eg. industrial materials);
- (iii) scheduling clients, recording attendance;
- (iv) transporting clients;
- (v) maintaining information resources.

In no circumstances is it envisaged that a PSO will be the sole provider of services to clients in the absence of at least broad direction from a relevant professional staff member who has responsibility for the initial assessment, preparation of a client programme plan and on-going identification of client needs.

There is no mandatory qualification for entry into the Psychiatric Services Officer category.

## 8.2 Work Level Standards

### PSYCHIATRIC SERVICES OFFICER, GRADE PSO-1

#### 1.1 Definition

Under the supervision of a more senior Psychiatric Services Officer (PSO) or other professional staff, positions at this level provide a variety of direct care services to clients according to established procedures, specific guide-lines and standard instructions.

#### 1.2 Features

- (1) At this level, activities will be carried out according to direct instructions or straightforward standing procedures, and subject to check or review by the supervisor.
- (2) After a period of closely supervised work experience, positions will be required to develop a knowledge of their programme area and how it relates to the client group. On the basis of this knowledge, positions may be required to adapt work patterns/schedules. However, these adaptations will be in line with the overall service programme managed by more senior staff.

## Sched A:8 - contd

- (3) Positions at this level may be required to provide reliable data for the supervisor, and/or may have to present this data at case planning meetings.
- (4) Positions at this level will work within a single functional area (eg. one department, or within one programme).

### 1.3 Typical Duties

- (1) Accompany clients (from ward to therapy area to outside appointments, on social outings etc.), if necessary according to instructions from the Unit Manager, Nurse Senior or Chief Therapist.
- (2) Establish a rapport (eg. by casual chatting, non-judgemental attitude) with clients to assist in their participation in the therapy programme.
- (3) Prepare, set up, and maintain physiotherapy equipment, and ensure that the environment is safe for the patients and staff working in it.
- (4) Within guide-lines established by the Supervisor, utilise such physiotherapy equipment as the short wave machine, ultra violet lamp, ultra sound machine and the application of waxbaths and vibration appliances to assist in the rehabilitation of clients. Note the client diagnosis and choice of therapy required is determined by the Physiotherapist.
- (5) Organise and implement social and recreational outings for clients.
- (6) Provide clerical and housekeeping support to the home department (eg. recording appointments, ordering stores, organising maintenance and repairs).
- (7) Under routine supervision as to what activities are to be carried out, prepare and run groups for clients including such subjects as cooking, gardening, art, music, games and puzzles etc. Positions may be required to evaluate and report on participants' level of participation and provide encouragement in conjunction with therapist/nurse co-leader.
- (8) Devise and deliver activities programmes for individual clients, eg. art, needlework and craftwork.
- (9) Act as advocate for individual clients in gaining access to needed community services.

## 2. PSYCHIATRIC SERVICES OFFICER, GRADE PSO-2

### 2.1 Definition

Within established procedures and guide-lines and under general direction from a more senior PSO or professional staff, positions are regularly required to either:

## Sched A:8 - contd

- (1) undertake the more complex non-nursing direct care functions; or
- (2) perform significant non-direct care duties; or
- (3) contribute to the design and independent implementation of developmental and therapeutic programmes.

### 2.2 Features

- (1) At this level, positions have more latitude in the selection of established techniques without specific instruction from the supervisor. Positions will independently carry out duties on the basis of general direction, and are expected to handle day-to-day issues arising in relation to these activities.
- (2) There is a regular requirement for positions to prepare modifications to programme components based on observation of the effectiveness in meeting clients' needs. Changes would be reported to the supervisor who retains overall accountability for the programme.
- (3) Positions may have responsibility for inducting newly recruited PSOs into the work area, or providing guidance to more experienced PSO 1s in areas of expertise.
- (4) Positions may be required to work across a range of different settings or programmes, or have a breadth of information about the facilities operations which would not be expected at Level 1. In addition, positions may be required to liaise on behalf of the agency with outside community groups, government departments, private business etc.
- (5) PSOs at this level generally have had at least 4 years of relevant experience or at least 2 years relevant experience and an appropriate qualification.
- (6) PSOs working in such areas as industrial therapy, social work departments, occupational therapy and physiotherapy would be expected to independently carry out duties on the basis of general direction. Ability to conduct straightforward programmes and handle day-to-day issues arising from them would be gained after several years under close supervision within such areas.

### 2.3 Typical Duties

- (1) Under general direction, independently select the activities for and run formal group sessions in such activities as art and craft, music, film, games, physical activities, simple working, basic vocational skills and other independent living skills.

## Sched A:8 - contd

- (2) Manage the activities of an occupational therapy workshop, including supervision of subordinate staff, responsibility for maintenance of the environment and specialist stores, and the development and implementation of suitable programmes under the general direction of an occupational therapist or other professional staff.
- (3) Assist in assessing clients' suitability for certain programmes according to established methodologies.
- (4) Within a psychiatric hospital or an alcohol and drug service facility, establish and maintain effective links between the facility and clients' parents, friends and guardians.
- (5) Provide information and practical assistance to clients and their families in relation to income security and material welfare.
- (6) Liaise on behalf of clients with a broad range of human services agencies and Government departments.
- (7) Within a department (eg. Social Work), establish and maintain filing systems, records, client statistics, draft correspondence etc.
- (8) Develop and maintain a register of community resources for use in the facility; inform nursing and other staff of the availability of these resources and their suitability for individual clients.
- (9) Participate or assist in the provision of services to clients now living in the community, and where directed by the responsible staff member, deal to finality with day-to-day problems arising in straightforward circumstances (eg. lack of access to transport to available programmes, difficulty in finding accommodation etc.).
- (10) Prepare social history reports on clients' identifying the client's family background, education level, personal needs.

### 3. PSYCHIATRIC SERVICES OFFICER, GRADE PSO-3

#### 3.1 Definition

At this level, under the broad direction of professional staff, senior direct-care staff have responsibility for independently running substantial programmes or welfare services for clients.

#### 3.2 Features

- (1) At this level, positions must use considerable judgement in determining courses of action that will impact on services to clients.

## Sched A:8 - contd

- (2) As with Grade 2, positions will be required to prepare modifications to programmes they are involved in delivering. At Grade 3, these changes will be implemented according to the incumbent's judgement as the supervisor will not normally provide guidance on day to day issues.
- (3) Positions at this level may lead teams of non-nursing direct care workers, and have responsibility for their induction, in-service training, formal assessment and counselling with respect to work performance, and supervision.
- (4) PSOs at this level would generally have at least 7 years of relevant experience, or at least 5 years of experience and an appropriate qualification.
- (5) Positions may be required to deal with a range of community agencies, Government departments, client advocacy groups etc. on matters requiring tact and diplomacy, and a sound understanding of agency and Government policy in relation to the provision of services to psychiatric, mentally ill and disabled clients, or clients suffering from alcohol and/or drug dependency.

### 3.3 Typical Duties

- (1) Co-ordinate 'welfare' activities for a significant number of clients in a complex environment.
- (2) Independently run a major recreational or social programme, including budgeting, negotiating acceptance of proposals, liaising with outside agencies.
- (3) Under direction, co-ordinate the provision of a major therapy programme across a range of settings (eg. a major facility, or between facility and outposted community agencies). Eg. co-ordinate a numeracy and literacy programme between the facility, the clients now living at home, and specialist education staff. The position assists in the selection of suitable clients and co-ordinates all facets or programme delivery.
- (4) In a large and/or complex facility, have responsibility for the provision of information on existing community resources for facility staff, clients and their families. At this level, the position is required to have chief responsibility for this function in addition to the Grade 2 requirement to provide authoritative advice on the appropriateness of these facilities for clients.

## 9. REGISTERED MENTAL RETARDATION NURSE

### 9.1 Group Standard

This statement has been developed to explain the basis of the role of and functions performed by Registered Mental Retardation Nurses (MRNs) in the field of intellectual disability service provision in Victoria.

## Sched A:9 - contd

Mental Retardation Nurses provide a range of nursing services to intellectually disabled clients. These clients include those registered with the Department of Health and Community Services Victoria (H&CSV) as having an intellectual disability or developmental delay. The Intellectually Disabled Persons' Services Act 1986 defines "intellectual disability" as "a significant sub-average general intellectual functioning existing concurrently with deficits in adaptive behaviour and manifested during the developmental period". Developmental delay may be characterised as a delay in the development of a child that is attributable to a mental or physical impairment, or a combination of mental and physical impairments, and which is manifested before the child attains the age of 6 years. For the purposes of these standards, intellectual disability covers people defined as eligible clients under the Act as intellectually disabled, or developmentally delayed.

Clients with intellectual disabilities are not a homogenous group and services will reflect the varying needs of different groups or individuals. These services are based on the philosophical premise that clients with intellectual disabilities have the same rights and expectations as the rest of the community - to a life of dignity, based on the concepts of the "least restrictive alternative", "normalisation" and "integration". Intellectual disabilities are not illnesses, and therefore nursing services are not organised according to a medical model. Rather, the MRN works within a developmental framework in assisting clients to attain their maximum potential. In Victoria, legislation requires that each client has a General Service Plan, which outlines the overall goals of any services provided, and from which a number of Individual Program Plans may be prepared to attain specific goals.

The MRN acts within the framework of Government and Departmental policies and legislative requirements.

MRNs undertake their duties in a range of settings, including large-scale facilities such as Training Centres, smaller hostels, Community Residential Units and H&CSV Regional Teams. Most services to people with intellectual disabilities are provided in a multidisciplinary team approach, and MRNs often work in conjunction with other professional groups.

The Registered Mental Retardation Nurse is the only professional trained specifically to work with people with intellectual disabilities across the life-cycle and in all domains of life, and therefore is in a unique position to co-ordinate discrete areas into a total service to clients. The work undertaken by MRNs can be categorised into the following areas:

**Development of physical and sensory abilities:** Issues include the development of muscle control to improve motor movement and co-ordination to assist clients to sit, walk, talk, eat, etc.

**Emotional development:** Therapeutic intervention may be needed in meeting clients' emotional needs, and includes establishing and maintaining rapport with clients, providing encouragement and support, and creating a safe and stable environment in which developmental progress can be made.



## Sched A:9 - contd

**Cognitive development:** The MRN must use a knowledge of cognitive development to devise and implement programs to overcome a client's learning difficulties. The acquisition of language and meaningful communication processes is a vital aspect of this work.

**Social development:** Daily living activities such as eating, cooking, washing, dressing, bathing, toileting etc. may need to be taught to clients, as well as more sophisticated tasks (eg. household budgeting), which will enable the successful integration of clients.

Complications that may be associated with intellectually disabled clients and with which the MRN must be familiar include epilepsy, cerebral palsy, hyperkinesias, certain neuroses and psychoses, inappropriate behaviour and physical illness (eg. congenital heart defects, diseases of the respiratory system, skin conditions).

In assisting clients to attain their maximum potential in a "least restrictive environment" the MRN will utilise a range of techniques and be involved in a range of activities, including:

**Developmental programming:** Relates to the application of behavioural techniques to increase the skills of clients in all areas of life, including self-help skills, independent living skills, academic skills, social skills and interpersonal relationships.

**Behaviour management:** Relates to the application of behavioural techniques (eg. aversive therapy, behaviour modification) in order to address problem behaviours. It is intended that the problem behaviour be diminished and replaced by appropriate behaviours.

**Management skills:** The MRN has skills in the management of a wide range of living environments, covering both institutional and community-based settings. The MRN manages a team for the provision of services to clients. This also can involve the management of a unit or program that has service-wide implications or the development of alternative models of service provision to enable a more community-based integrated mode of service to clients.

**Health maintenance:** Involves the utilisation of knowledge and skills in the area of physiological care to ensure that clients' basic health needs are met. This includes the administration of medication, application of treatments, referral of clients to more specialised medical care, if required, and the assessment of the physical status of clients.

## Sched A:9 - contd

**Case management:** MRNs utilise their skills to prepare General Service Plans (GSPs) for clients, which involves the organisation and conduct of meetings to include the client, family of client, primary care giver and other relevant professional staff. The GSP, once agreed, is monitored by the MRN to ensure its implementation and to ensure that the client's interests are paramount. The MRN also prepares Individual Program Plans (IPPs), as indicated by the GSP, and monitors the development and delivery of IPPs, which are identified as the responsibility of other professionals or agencies. The MRN also participates in the assessment of clients in terms of their eligibility for service.

**Counselling/advice:** The MRN provides both formal and informal counselling to clients, their families and friends in relation to the specific needs of an individual. The MRN also provides advice to professional colleagues, service providers and agencies in terms of the needs and means of providing services to clients.

**Community education:** The MRN endeavours to increase the understanding of the community in a wide variety of forums and structures in relation to the nature of intellectual disability, and the most appropriate way to establish services to meet the needs of individual clients (eg. by public speaking or being a member of various committees of management and by organising seminars).

**Evaluation of services:** The MRN has a good understanding of services that are available for people with an intellectual disability. This covers Commonwealth, State and local government, voluntary sector, advocacy and self-advocacy services. By utilising a variety of tools, the MRN participates in the evaluation of services for people with an intellectual disability and makes recommendations in terms of changes to be made and funding that should be provided. This may extend to involvement in social planning and the development of programs.

**Program support:** This area ranges from the development and delivery of a program to a client on a one-to-one basis to the provision of advice to colleagues regarding unit-based/centre-wide programs. This requires the MRN to have a well-developed understanding of Government policy and service delivery imperatives, and to have well-developed interpersonal skills.

In addition to the delivery of direct services to clients, MRNs provide education and advocacy services to the community on issues affecting people with intellectual disabilities and their families. The Registered Mental Retardation Nurse category also includes the management of direct nursing services to clients, the training of student nurses and other direct-care workers, and the on-going development of the aims of the mental retardation nursing profession. Mental Retardation Nurses thus provide intensive "hands on" services in residential settings, and policy and consultative advice in the community sector. At senior levels, MRNs participate in the planning and implementation of service development and redevelopment in the intellectual disability area.

## Sched A:9 - contd

The total knowledge base from which MRNs work is unique among the professional staff providing services to intellectually disabled clients and covers such areas as:

**Pharmacological intervention:** Involves the assessment of the impact of such intervention on people with an intellectual disability and the provision of advice to medical practitioners in relation to the special needs of people with an intellectual disability. Only medical staff, however, are permitted, under the Medical Practitioners Act 1970, to prescribe medication.

**Physiology:** A knowledge of the physical systems of the human organism, especially the nervous system, and an understanding of the concepts of health, illness and fitness as related to intellectual and physical disability, and also nutrition, especially in relation to common conditions associated with intellectual disability such as phenylketonuria and diabetes.

**Intellectual disability:** A deep understanding of this disorder and how it is defined, its causes, and the concepts of intellectual functioning and adaptive behaviour. This knowledge is complemented by a thorough understanding of the basis for societal attitudes to intellectual disability. The means for changing attitudes and the way in which services are to be developed and delivered is an important part of the specialist knowledge base of the MRN. This includes cross-cultural and international studies.

**Sociology:** The sociological aspects of intellectual disability, and in particular the sociology of service delivery to individuals with an intellectual disability, is an essential element of the training of the MRN. The MRN has a sound knowledge of services that are available for people with an intellectual disability. This includes Commonwealth, State and local government, voluntary sector, advocacy and self-advocacy services.

**Communication skills:** A knowledge and understanding of a broad range of communication, counselling and interviewing techniques. The ability to communicate with all clients is a major imperative. MRNs must be able to communicate using non-verbal methods, including sign language, rebus symbols, bliss symbols and gestural languages. The analysis of a communication event and the ability to develop programs to enhance communication skills is one of the basic techniques utilised by the MRN. In addition to communication with clients, an understanding of communication with families, friends, colleagues, voluntary sector organisations, Government organisations and local government is required. The ability to conduct counselling and interviewing sessions is another aspect of communication skills.

**Organisational management theory:** Models of management, including leading a team, managing an organisational unit, managing a centre and establishing and monitoring programs, are major elements of the MRN educational program. Effective submission/report-writing skills also are taught and are reflected in the assessment strategies utilised in the training of MRNs.

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**Legislation:** An understanding of the law as it relates to professional practice and the intellectual disability field. This includes knowledge of the Intellectually Disabled Persons' Services Act, the Equal Opportunity Act, the Ombudsman's Act, the Public Sector Management Act, the Guardianship and Administration Board Act, the Occupational Health and Safety Act, the Community Welfare Services Act, the Drugs, Poisons and Controlled Substances Act, the Mental Health Act, the Nurses Act and the Psychological Practices Act.

**Service skills:** The ability to establish and monitor services for clients. The MRN is given a thorough working knowledge of the principles by which services are to be developed in the contemporary environment. This includes normalisation, integration, sovereignty of the client, rights of the client, the least restrictive alternative and the dignity of risk. A high level of understanding of areas of vocational, recreational and residential service delivery modes is an essential element of the MRN's skill base. The MRN also has specific skills in facilitating access to generic services, involving the family and developing family support, and the provision of advocacy and personal support.

**Programming skills:** Experience in the development of appropriate and individualised programs for intellectually disabled people. Whilst operant conditioning and the developmental techniques derived from that model are used currently, an understanding of classical conditioning and other historically significant education technologies is required.

Developmental programming, covering self-help skills, social skills, independent living skills and interpersonal skills, is a major element of instruction for MRNs. Behaviour management used in conjunction with developmental programming forms the core of behavioural techniques and skills taught. The relationship between the developmental model, the legislative requirement to design GSPs and the implementation of IPPs is critical for the professional MRN. This also forms the theoretical base for case management skills, which the MRN has.

**Psychology:** As well as understanding the relationship for the individual to society, the MRN has knowledge of psychological assessment, skills in adaptive behaviour assessment and an understanding of education psychology, particularly within the developmental model framework. MRNs utilise these skills within the limits permitted by the relevant legislation. The course also covers a variety of counselling and interviewing techniques. A deep understanding of the human life-cycle is an essential component of the MRN's knowledge base. The ability to compare and contrast the development of human beings as a species with the development of a person with an intellectual disability forms the theoretical framework by which the MRN can determine appropriate interventions. Models of the family and an understanding of family dynamics also are covered.

**Research:** In order to evaluate professional practice as well as contribute to the body of knowledge in relation to intellectual disability, the MRN has a knowledge of research principles and the application of research methodology.

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9.2 Registered Mental Retardation Nurse Structure

	Training Centre Program Stream	Training Centre Line Management	Region Based Program Stream	Nurse Education Stream
MRN 8		Principal Nurse Adviser		
MRN 7		Manager, Direct Care Services 3		Director of Nurse Education
MRN 6		Manager, Direct Care Services 2		
MRN 5	Principal Program Office Adviser	Manager, Direct Care Services 1 Deputy Manager	Regional Direct Care Co-Ordinator	Regional Nurse Education
	Senior Nursing Adviser	Direct Care Night Supervisor 2		
MRN 4	Program Adviser	Night Supervisor 1		Nurse
MRN 3	Developmental Nurse Educator 1 Officer 3	Unit Manager	Developmental Officer 3 Clinical Instructor 2	
MRN 2	Developmental Clinical Officer 2 Instructor 1	Deputy Unit Manager	Developmental Officer 2 House Supervisor	
MRN 1	Developmental Officer 1		Developmental Officer 1	

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### 9.3 Work Level Standards

#### 1. REGISTERED MENTAL RETARDATION NURSE, GRADE MRN-1

DEVELOPMENTAL OFFICER 1 (TRAINING CENTRE)

DEVELOPMENTAL OFFICER 1 (REGIONAL TEAM)

##### 1.1 Definition

Positions require a knowledge of mental retardation nursing principles and practices as provided by either the current mandatory basic course, Bachelor of Applied Science (Intellectual Disability) or its equivalent, and are registered or eligible to be registered as a mental retardation nurse or hold a Bachelor of Applied Science (Intellectual Disability) or its equivalent. Decision-making is required consistent with the extent of this knowledge. MRNs at this level are professionally accountable for these decisions.

##### 1.2 Features

- (1) Positions perform tasks according to established procedures, specific guide-lines and standard instructions from more senior nurses. Positions at this level may be required to select certain methods or procedures to meet client needs.
- (2) Positions at this level will work as part of a nursing team in a Training Centre or in a multi-disciplinary team within the region. In both cases, there must be a ready source of mental retardation nursing advice in the event of unusual incidents or the requirement for specialised mental retardation nursing knowledge.
- (3) Included at this level are newly registered Mental Retardation Nurses and the more experienced practitioner whose work contribution increases as experience and knowledge are gained. More experienced MRN-1s may require only limited direction in their day-to-day activities.
- (4) Positions may be required to provide peer support to newly registered colleagues, and also may be responsible for supervising the work of Intellectual Disability Services Officers (IDSOs).

##### 1.3 Typical Duties

- (1) Under direction, develop, implement, monitor and evaluate General Service Plans for clients.
- (2) Assess clients' level of development and functioning, strengths and deficiencies and needs, including vocational, social and physical, leisure, living situation, community access, financial, etc.

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- (3) Supervise IDSOs and student nurses in the delivery of Individual Program Plans (IPPs) to clients.
- (4) Assess the level of urgency in situations of crisis and provide immediate assistance according to workplace procedures.
- (5) Provide student nurses in training with guidance and support within the unit in accordance with placement goals and facility policy, as directed by a more senior nurse.
- (6) Assess the degree of progress against IPP goals and amend programs where necessary.
- (7) Conduct adaptive behaviour assessments of clients.
- (8) Develop and implement appropriate behaviour modification programs.
- (9) Observe and report on clients' physical condition, mental state and behavioural patterns.
- (10) Administer and monitor the effects of medication.
- (11) Investigate the range of service options available to clients and ensure that adequate access to these services is available.
- (12) Advocate the rights of clients in the workplace and the broader community.
- (13) With the aim of enabling all clients to reach their maximum potential and independent level of functioning, plan, conduct and evaluate programs in the areas of self-help skills (eg. bathing, feeding, dressing, toileting) and supervise IDSOs in the delivery of such programs.
- (14) Establish and maintain effective links with each client's family/friends in order to explain, develop and implement program or treatment strategies.
- (15) Undertake home visits to observe and assess clients and assist family/friends in home routines, techniques of management, treatments, developmental programming, use of specialised equipment, etc.

## 2. REGISTERED MENTAL RETARDATION NURSE, GRADE MRN-2

### 2.1 Definition

At this level, positions utilise the knowledge gained from the basic MRN course, Bachelor of Applied Science (Intellectual Disability) or its equivalent, which has been consolidated by a range of work experience, usually consisting of at least 2 years within the field of intellectual disability.

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### 2.2 Features

- (1) Clinical and developmental duties at this level will include more complex tasks than at MRN-1 level. Positions operate with a high degree of autonomy and will be required to handle all commonly occurring situations or cases within their area of practice. Positions also may utilise a knowledge of service delivery systems to provide specialised services in some areas.
- (2) Positions at this level may lead a direct-care team on a shift or work as advanced practitioners, not necessarily supervising other nurses, providing advice and consultancy to clients and colleagues within a residential facility or the community. In all cases, positions receive general direction from and report directly to a MRN-3 or above who has overall accountability for the area or program.
- (3) Positions at this level will be accountable for decisions made according to the bounds of professional practice and Disability Services Branch policies. MRN-2's may determine matters on a day-to-day basis and will report regularly to a more senior nurse. Positions may be required to participate in peer reviews.

### 2.3 Typical Duties

#### DEVELOPMENTAL OFFICER 2 (TRAINING CENTRE OR REGIONAL TEAM)

- (1) Co-ordinate the General Service Planning for a number of clients as determined by the Team Leader.
- (2) Provide professional advice to MRNs at Level 1 and provide supervision and support to IDSOs.
- (3) Develop particular community programs under supervision or with the assistance of a more senior MRN.
- (4) Ensure that allocated GSPs are being implemented as required. As part of an interdisciplinary team, participate in the planning and development of services to clients.

#### DEPUTY UNIT MANAGER

- (1) Assist the Unit Manager to develop and implement the philosophy and objectives of a unit and/or client-care program.
- (2) Co-ordinate the General Service Planning for a number of clients as determined by the Unit Manager.



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- (3) Supervise MRN-1 nurses, student nurses, IDSOs and trainee IDSOs, and allocate tasks on the basis of the knowledge and developmental needs of available staff and to meet the standards of service delivery, which will be set in conjunction with the Unit Manager.
- (4) On a shift for which the position is responsible for the unit, co-ordinate the provision of non-nursing functions to the workplace. Oversee the activities of non-nursing staff while in the unit to ensure that the unit's program and philosophical standards are maintained.
- (5) Contribute to the development of MRN practices and procedures, and provide guidance and informal training on the shift to subordinate staff working in the unit.
- (6) Establish and implement the direct-care priorities for the unit across the shift.
- (7) Ensure the accurate documentation of client records by direct-care staff during the shift.

CLINICAL INSTRUCTOR 1

- (1) Conduct and supervise demonstrations of MRN skills in both Training Centres and community-based work settings.
- (2) Conduct practical demonstration sessions for student MRNs. Monitor and report on the progress of students towards clinical goals.

HOUSE SUPERVISOR

- (1) Manage the provision of services to clients in the Community Residential Unit (CRU).
- (2) Oversee the General Service Planning and implementation for CRU clients.
- (3) Be responsible for the administration of medication to clients, monitoring of side-effects and communication with medical staff on client needs.
- (4) Independently institute developmental programming and behaviour management programs.
- (5) Provide leadership, support and in-service training to CRU staff.

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### 6. REGISTERED MENTAL RETARDATION NURSE, GRADE MRN-3

#### 3.1 Definition

Positions utilise basic MRN training, Bachelor of Applied Science (Intellectual Disability), or its equivalent, and a substantial period of work experience (usually at least 5 years) to achieve expert knowledge of mental retardation nursing philosophies and practices. Positions may utilise relevant post-basic studies to ensure the achievement of MRN and direct-care standards across a work area, program or speciality area of practice for which they are responsible.

#### 3.2 Features

- (1) Positions at this level undertake the most complex 'hands on' MRN work in this structure. MRN expertise and advice in the direct delivery of services to clients will be regarded as authoritative. Positions undertake the full range of cases within their area of practice and will not require guidance in these areas from a more senior nurse. Unit Managers will be expected to independently manage all direct-care services in their unit and provide leadership to subordinate staff in the full range of MRN functions. Nurse Educators must utilise their expert knowledge of nursing and nurse education to instruct students in the practical and theoretical aspects of their course.
- (2) Positions are professionally accountable for their specialist MRN decisions. Nurses at this level in charge of units or program areas will be accountable to the Nursing Executive for the delivery of a high-quality service. Direct supervision is not compatible with the high level of expertise expected of staff at this level. Positions will be required to participate in peer review.

#### 3.3 Typical Duties

##### DEVELOPMENTAL OFFICER 3

- (1) Manage defined operational areas of a centre established to deliver a specific program. This may include hostels, a behaviour management centre, on-site housing projects, independent living programs and other such specialist areas of practice.
- (2) Manage the delivery of services to a number of Community Residential Units, usually 3-4 houses. Duties will include monitoring the services provided by the CRU, as well as providing guidance to the House Supervisor in the administration and management of the house.
- (3) Provide expert guidance to colleagues and other professional staff in relation to the delivery of services to clients and the planning of future service developments.

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- (4) Provide high-level professional advice to clients, their families and agencies, including detailed information on the range and nature of available services.
- (5) In consultation with General Service Plan managers, undertake advanced case management with clients whose cases present unusually challenging problems.

UNIT MANAGER

- (1) Manage the provision of direct-care services in a unit to enable the effective utilisation of available resources to unit objectives in accordance with Departmental policy.
- (2) Ensure the relevant provisions of the Intellectually Disabled Persons' Services Act 1986 and the Nurses Act 1993 are followed in such areas as admissions and standards of practice.
- (3) Participate in the development of MRN policy and implement policies and procedures within the unit.
- (4) Manage the process by which the services of other professional staff are utilised by the unit's clients.
- (5) Maintain standards of direct-care service delivery and participate in the training and professional development of all direct-care staff in the unit.
- (6) Monitor unit activities (including those undertaken by the Deputy Unit Manager) and report as required to the Nursing Administration and the Training Centre's Executive on progress towards objectives, resourcing difficulties, staff development requirements, emerging service delivery issues that may have an impact beyond the particular unit, etc.
- (7) Provide expert MRN advice within the unit as required.
- (8) Manage the preparation of reports for Intellectual Disability Review Panels.
- (9) Within the framework established by the Centre's Executive, undertake unit-based rostering and budgeting.
- (10) Act as a point of contact for families and advocates.
- (11) Ensure that adequate records are kept relating to client treatments and programs, possessions, etc.

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### NURSE EDUCATOR 1

- (1) Prepare and conduct lectures, tutorials, laboratory work, workshop skills training or small group discussions in allocated areas of the syllabus for basic and post-basic Student Nurses within the curriculum framework established by the head of the school.
- (2) Evaluate student progress. This may include acting as an examiner for the Victorian Nurses Board for the external examination of Student Nurses.
- (3) Contribute to the development and evaluation of the curriculum for Student Mental Retardation Nurses.
- (4) Co-ordinate the program for allocated intake groups of Student Nurses.
- (5) Contribute to the on-going development of MRN education and practice by having input to internal and external committees and working parties.
- (6) Negotiate with schools of nursing and Student Nurses regarding the number and dates of clinical placements to be undertaken under the teacher's supervision.
- (7) Answer queries from Student Nurses regarding the interpretation of the Nurses Act 1993 and Victorian Nurses Board policy.
- (8) Provide counselling and advice to Student Nurses in relation to their academic progress and course regulations.
- (8) Monitor external placements of Student Nurses, including community-based settings, for the allocated intake group.
- (10) Organise educational visits for Student Nurses.

### CLINICAL INSTRUCTOR 2

- (1) Plan and co-ordinate the placement of nursing students in the work setting.
- (2) Be responsible for establishing placement objectives, supervisory guide-lines and allocation of staffing resources to the task of student supervision.
- (3) Undertake associated organisational, liaison and monitoring duties.
- (4) Develop supervision practices and procedures and training of ward and program staff to be involved in the supervision of students.

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### 4. REGISTERED MENTAL RETARDATION NURSE, GRADE MRN-4

#### 4.1 Definition

Positions will utilise nursing, program and administrative knowledge based on further reading and study over the years (and/or a postgraduate qualification), and enhanced by many years of appropriate MRN work experience.

#### 4.2 Features

- (1) Positions at this level involve significant problem-solving activities that may require considerable understanding and interpretation of facility and Departmental policy. Positions at this level are typically involved in consultancy with other practitioners and the development of complex MRN programs. Projects would be of such breadth as to have implications for all direct-care services across a whole facility, and usually would involve the development of adaptations to the way work is performed.
- (2) Positions do not have line supervisory authority over Unit Managers and their staff. However, Program Advisers at this level may lead teams of nurses in providing specialist services to unit-based staff, or in undertaking major projects. Educators at this level would provide high-level assistance to the positions with regional responsibility for MRN education.
- (3) Positions are senior nurses who will undertake their duties independently according to broad policy guide-lines and professional standards. Positions will set objectives and negotiate their acceptance with senior managers from the range of professions involved in delivering services to clients. At this level, MRN Positions are typified by substantial responsibility for an area of direct-care practice as outlined in the role statements below.

#### 4.3 Typical Duties

##### PROGRAM ADVISER

- (1) Assist the Nursing Administration with the co-ordination of the provision of direct service delivery (eg. managing day-to-day staff resource issues across a number of units).
- (2) Provide Unit Managers with advice on professional MRN issues and complex service delivery issues.
- (3) Participate at a senior level in the development of nursing and direct-care policies, practices, standards and procedure guide-lines.

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- (4) Undertake the development of major service initiatives (eg. establish a community-based network of alternative accommodation and service options for clients and staff in a Training Centre; develop respite-care options; develop and manage a building utilisation program to provide a range of accommodation options on site).
- (5) Undertake quality assurance and program evaluation procedures.
- (6) Co-ordinate advocacy services.
- (7) Co-ordinate the provision of specialist services to a Centre for clients who are visually, auditorially or otherwise physically disabled.
- (8) Provide a consultancy service to other Centres and agencies regarding specialist MRN programs for which the position has responsibility.

### NIGHT SUPERVISOR 1 (SMALL-MEDIUM FACILITY)

- (1) Undertake the management of a small-medium facility (as defined) at night, according to policies and procedures established by the facility executive to ensure that a high standard of service delivery is provided to clients.
- (2) Take responsibility for all clients and staff in the event of any emergency or any other incident and instigate remedial action.
- (3) Provide authoritative clinical and nursing administrative guidance to nursing staff on duty during unit rounds or if requested to provide advice on specific cases.
- (4) Ensure that there are adequate staff and other resources available to all areas at the facility at night to maintain service quality; negotiate for these resources with the Nursing Executive.
- (5) Provide a contact point, and advice and counselling where appropriate, for members of the public or others who may contact the facility during the night for a broad range of matters (eg. admissions, discharges, leave, etc.).

### NURSE EDUCATOR 2

- (1) Provide administrative support to the Regional Nurse Education Officer in coordinating MRN education programs and curriculum development at a number of nurse education centres.
- (2) Carry out aptitude testing of aspiring student MRNs to comply with standards set by the Victorian Nurses Board.

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- (3) As part of a regional team of Nurse Education Officers, co-ordinate the development and preparation of allocated sections of the curriculum to comply with Victorian Nurses Board standards.
- (4) Supervise or monitor the development and implementation of allocated sections of the curricula.
- (5) Assist the head of the school in the overall management of the school (eg. by establishing appropriate record-keeping systems).

### 5. REGISTERED MENTAL RETARDATION NURSE, GRADE MRN-5

#### 5.1 Definition

Positions are senior Mental Retardation Nurses who have a thorough knowledge of the profession and the delivery of services to intellectually disabled clients. Nurse Managers will have considerable proficiency in the art of management in a substantive role. Program specialists at this level would have knowledge commensurate with a recognised State-wide expertise in an area of MRN practice. Nurse Educator positions may be required to hold additional qualifications according to Victorian Nurses Board and Departmental policy.

#### 5.2 Features

- (1) At this level, guide-lines may be unclear and policies ill-defined, involving major intellectual challenge to resolve nursing service delivery problems, or undertake research and development projects, or significant nurse education issues.
- (2) Positions either will manage the total nursing function in the nominated small facilities or regional-based direct-care services, or direct a substantive program across an entire facility. Nurse Educator positions manage a Staff Education Resources Unit and administer nurse education throughout a region in accordance with policies set by the Director of Nurse Education.
- (3) Positions are bound by broad practice and policies and are subject to executive management direction only. Within areas of practice as outlined below, positions will be able to commit the facility or education service, within the constraints of the executive management model, to a particular course of action or nursing policy. Positions at this level therefore are expected to lead the investigation of major issues in the direct-care area and develop strategies to overcome problems affecting the facility or community-based direct-care function or region's education service. Also included at this level are senior Nurse Managers, who may share accountability for the management of the MRN and direct-care service with a more senior Nurse Manager (eg. Night Supervisors in large facilities or Deputy Managers of direct-care services in medium or large facilities).

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5.3 Typical Duties

MANAGER, DIRECT CARE SERVICES 1 (SMALL FACILITY)

- (1) Be responsible for the development and preparation of policy and guide-lines pertaining to all aspects of mental retardation nursing and related direct-care service delivery within a small Disability Services Branch facility (as defined), and for the provision of high-level advice to other members of the facility's executive.
- (2) Represent the total MRN function on the facility's executive and negotiate at senior levels for the adequate resourcing of the MRN and direct-care functions and associated activities.
- (3) Ensure the direct-care services are of the highest possible quality and in line with Departmental policies across the facility through establishing effective reporting relationships between unit, program and community-based Nurse Managers.
- (4) Participate as necessary in the negotiation of local industrial relations issues and report to senior Disability Services Branch management in the event of major disputes.
- (5) Provide professional leadership to all MRNs and other direct-care staff in the facility, and encourage staff development and retention.

DEPUTY MANAGER, DIRECT CARE SERVICES

- (1) Under the direction of the Manager, Direct Care Services, manage the mental retardation nursing services in a specified section of the facility, usually at least 5 units or an equivalent area.
- (2) Monitor the standards of clinical practice, program efficiency and effectiveness, and report as required to the facility's executive.
- (3) Provide professional support and guidance to MRN-3s in charge of units and programs, and ensure that staff development needs are met across the areas for which the position is responsible.
- (4) Institute and monitor administrative systems to allow the full use of available mental retardation nursing resources to meet client needs.

REGIONAL DIRECT CARE CO-ORDINATOR

- (1) Provide high-level professional advice to MRNs working in a regional setting, in such areas as direct-care services policy, health assessment, health maintenance and community-based service development.



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- (2) Establish and review practice standards and establish guide-lines for the provision of nursing and direct-care services within the region.
- (3) Provide policy advice in relation to direct-care services, health assessments, health maintenance and community-based service development.
- (4) Establish and review practice standards in relation to mental retardation nursing and direct-care service delivery.
- (5) Develop policy, procedure and practice guide-lines in relation to the development and delivery of services, with particular emphasis on residential services, family support programs and complex service delivery matters (eg. medication policy).
- (6) Undertake evaluation of services provided within the region.
- (7) Participate in the overall management of regional services as a member of the Regional Executive

### NIGHT SUPERVISOR 2 (LARGE FACILITY)

Typical duties are the same as those for the MRN-4 Night Supervisor. Positions at this level will perform these tasks in larger facilities with higher staff numbers and more in-patient clients, and hence higher levels of responsibility for the position in charge at night. These duties are:

- (1) Undertake the management of a large facility (as defined) at night, according to policies and procedures established by the facility executive to ensure that a high standard of service delivery is provided to clients.
- (2) Take responsibility for all clients and staff in the event of any emergency or any other incident and instigate remedial action.
- (3) Provide authoritative clinical and nursing administrative guidance to nursing staff on duty during ward rounds, or if requested to provide advice on specific cases.
- (4) Ensure that there are adequate staff and other resources available to all areas at the facility at night to maintain service quality; negotiate for these resources with the Nursing Executive.
- (5) Provide a contact point, and advice and counselling where appropriate, for members of the public or others who may contact the facility during the night on a broad range of matters (eg. admissions etc.).

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PRINCIPAL PROGRAM ADVISER

- (1) Monitor the facility environment, nursing practices and patterns of care to ensure that a high level of mental retardation nursing and direct-care standards are established and maintained. This may involve research being conducted by the MRN-5 or by subordinate nurses. The positions at this level then would negotiate with senior facility management to improve standards and the efficient use of direct-care staff.
- (2) Represent the mental retardation nursing function within the facility (eg. by chairing various committees on such matters as infection control, emergencies, safe manual handling issues, mental retardation nursing practice, quality assurance, etc.).
- (3) Provide leadership in implementing changes to mental retardation nursing philosophies and practices and assist other Nurse Managers and practitioners within the facility to achieve their clinical goals.
- (4) Assist in the professional development of mental retardation nursing within the facility by providing career guidance to other MRNs and ensure that staff have access to clinical areas that will enhance their professional development.

SENIOR NURSING ADVISER

- (1) Under direction of the Principal Nursing Adviser, undertake specific investigations, prepare reports and participate in working parties and steering committees that are established centrally and have a State-wide focus in relation to mental retardation nursing.
- (2) Undertake research having a State-wide focus in relation to the quality of service delivery and the future development of services in the area of intellectual disability.
- (3) Develop and prepare policy and guide-lines pertaining to all aspects of mental retardation nursing and direct-care service delivery.
- (4) Provide specialist mental retardation nursing advice and be a member of the facility executive.
- (5) Develop staffing policy and procedures, including staff development, recruitment and selection of nursing staff.
- (6) Provide guidance and leadership to mental retardation nursing and direct-care staff and liaise with the various service areas to facilitate responsive and quality service delivery to clients.

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REGIONAL NURSE EDUCATION OFFICER

- (1) Be accountable for all MRN education across a region.
- (2) In accordance with Victorian Nurses Board and Disability Services Branch requirements, design a theoretical and clinical education curriculum for Student Mental Retardation Nurses and ensure appropriate organisation and standards for clinical placements within a region.
- (3) Manage relevant human and material resources.
- (4) Negotiate with a wide range of Departmental, Government and voluntary sector facilities to arrange suitable placements for Student MRNs.
- (5) Prepare a program of theoretical education and clinical placements each year for each Student MRN within the region to meet VNB requirements.
- (6) Determine processes for design, construction, evaluation and revision of curricula or parts of curricula pertaining to MRN education.
- (7) Ensure that curriculum requirements are being met and promote consultation between Nurse Educators and senior MRNs who are involved in both the theory and clinical components of MRN training.
- (8) Meet with other MRN-5 Nurse Educators to formulate suggestions and recommendations pertaining to policies and professional standards for Mental Retardation Nurse education in Victoria, for submission to the Director of Education.
- (9) Administer nurse education for basic and post-basic students at a Staff Education Resource Unit.
- (10) Manage and take responsibility for the development, implementation and evaluation of curricula for basic and post-basic nurse training within a school.
- (11) Monitor and review the work performance of Nurse Education Officers, Grade 2 and ensure that the performance of all Nurse Educators within a school is appropriately monitored.
- (12) Manage the human and physical resources of the Staff Education Resource Unit.
- (13) Ensure that the selection of Student MRNs follows established policy and is carried out appropriately.
- (14) Manage the resolution of local industrial relations issues.

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### 6. REGISTERED MENTAL RETARDATION NURSE, GRADE MRN-6

#### 6.1 Definition

Positions are senior Mental Retardation Nurse Managers who have a thorough knowledge of the MRN profession and have considerable proficiency in the art of management in a substantive role.

#### 6.2 Features

- (1) At this level, guide-lines may be unclear and policies ill-defined, involving major intellectual challenge to resolve nursing service delivery problems.
- (2) Positions will manage the total nursing function in the nominated medium facilities.
- (3) Positions are bound by Disability Services Branch policies and practices and are subject to executive management direction only. Within areas of practice as outlined below, positions will be able to commit the facility or service to a particular course of action or nursing policy within the constraints of the executive management model. Positions at this level therefore are expected to lead the investigation of major issues in the direct-care and develop strategies to overcome problems affecting the nursing department.
- (4) Work at this level is distinguished from that of MRN-5 by the size of the nursing service managed.

#### 6.3 Typical Duties

##### MANAGER, DIRECT CARE SERVICES 2 (MEDIUM FACILITY)

- (1) Be responsible for the development and preparation of policy and guide-lines pertaining to all aspects of mental retardation nursing and related direct-care service delivery within a medium Disability Services Branch facility (as defined), and for the provision of high-level advice to other members of the facility's executive.
- (2) Represent the total MRN function on the facility's executive; negotiate at senior levels for the adequate resourcing of the MRN and direct-care functions and associated activities.
- (3) Ensure the direct-care services are of the highest possible quality and in line with Departmental policies across the facility through establishing effective reporting relationships between unit, program and community-based Nurse Managers.

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- (4) Participate as necessary in the negotiation of local industrial relations issues and report to senior Disability Services Branch management in the event of major disputes.
- (5) Provide professional leadership to all MRNs and other direct-care staff in the facility, and encourage staff development and retention.

7. REGISTERED MENTAL RETARDATION NURSE, GRADE MRN-7

7.1 Definition

Positions will be evaluated at this level only if they are in charge of the largest mental retardation nursing services, or have accountability for the MRN education function across the State.

7.2 Typical Duties

MANAGER, DIRECT CARE SERVICES 3 (LARGE FACILITY)

- (1) Be responsible for the development and preparation of policy and guide-lines pertaining to all aspects of mental retardation nursing and related direct-care service delivery within a large Disability Services Branch facility (as defined), and for the provision of high-level advice to other members of the facility's executive.
- (2) Represent the total MRN function on the facility's executive; negotiate at senior levels for the adequate resourcing of the MRN and direct-care functions and associated activities.
- (3) Ensure the direct-care services are of the highest possible quality and in line with Departmental policies across the facility through establishing effective reporting relationships between unit, program and community-based Nurse Managers.
- (4) Participate as necessary in the negotiation of local industrial relations issues and report to senior Disability Services Branch management in the event of major disputes.
- (5) Provide professional leadership to all MRNs and other direct-care staff in the facility, and encourage staff development and retention.

DIRECTOR OF NURSE EDUCATION

- (1) As the most senior MRN responsible for the delivery of the mental retardation nursing course, be responsible for the total administration and curriculum development of the Staff Education Resources Units (SERUs) located around the State.

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- (2) Develop policy in the area of MRN education.
- (3) Provide professional advice to the Disability Services Branch on nurse education issues.
- (4) Provide advice to senior management on industrial issues affecting the nurse education function and conduct negotiations as required.

### REGISTERED MENTAL RETARDATION NURSE, GRADE MRN-8

#### PRINCIPAL NURSE ADVISER

#### 8.1 Definition

The position is accountable for the planning and development of the profession of mental retardation nursing in the context of Disability Services Branch policy and program directions. The position advises the Assistant Director, Disability Services Branch and generates policies that impact on MRN services provided in the field. However, the Principal Nurse Adviser does not have line authority over MRN-5, MRN-6 and MRN-7 Nurse Managers.

#### 8.2 Typical Duties

- (1) Undertake workforce planning and evaluation of MRN education and training requirements to ensure that Disability Services Branch policy objectives can be met. Similar consultancy will be given in relation to other direct-care categories, including Intellectual Disability Services Officers.
- (2) On a State-wide basis, set and evaluate nursing standards within Disability Services Branch, and negotiate with Managers, Direct Care Services to ensure that these standards are implemented throughout facilities and community settings.
- (3) Provide a focus for policy development and analysis, service planning and program development in relation to mental retardation nursing in Victoria.
- (4) Decisions made by the position will influence the direction and development of mental retardation nursing and will require the position to engage in sensitive discussions and negotiations at the most senior levels with the Disability Services Branch.

### 10. REGISTERED PSYCHIATRIC NURSE

#### 10.1 Guide-lines for the Use of Registered Psychiatric Nurse Classification Standards

- (1) The broad definitions of work at each level should be met by any individual position being classified at that level. No single example of work (eg. one duty) can be used as the basis on which to classify a job.

## Sched A:10 - contd

- (2) The Group Standard describes four main work areas (ie. Clinical, Community, Education, Administration) which group similar tasks together. Positions are likely to be required to undertake duties from a number of work areas, particularly where a nurse is required to work in both ward and program project areas or is required to undertake nursing administration tasks in addition to tasks from another of the areas.
- (3) The grouping of duties in the section 'Typical Duties' does not necessarily represent actual jobs. In no case should duties from this document be used as a definitive duty statement for an individual position.
- (4) No hospital will utilise the full range of work described at every level in the classification standards. The number and level of positions in a hospital will be determined by the need to undertake certain tasks. Some of the work described in the classification standards (eg. some project duties) may be temporarily assigned to nurses classified at a suitable level where there is not an on-going requirement to perform such tasks, and therefore to create a permanent position. Victorian Public Service policy and guide-lines on the use of temporary positions and secondments will apply.
- (5) Positions may be routinely required to undertake some duties normally expected of positions classified at lower levels in the structure. The basis of classification of all positions will be according to the chief focus of a job and the highest function regularly performed by the incumbent.

### 10.2 Group Standard

#### (1) Introduction

This statement has been developed to explain the basis of the role and functions performed by Psychiatric Nurses in the field of psychiatric service provision in Victoria.

Psychiatric nursing is a distinct branch of the science of nursing and is based upon a body of knowledge and a philosophy of biological, social and psychological elements of the human organism.

The knowledge base of nursing historically has been derived from two major areas:

- (a) attendance to the physically ill and convalescent (general nursing);

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- (b) the provision of asylum and care for the mentally ill and mentally handicapped (psychiatric and mental retardation nursing respectively).

In Victoria, the body that formally regulates the registration of nurses is the Victorian Nurses Board(VNB), which was established under the Nurses Act 1993.

### (2) Psychiatric Services

Psychiatric services are human services concerned with the prevention of mental illness and the assessment, treatment, rehabilitation, maintenance and support of those persons within society who may be at risk of or suffering from mental illness or disability.

Within these services, it is recognised that mental illness may occur at any stage in life and is manifested through behavioural disorders that may result from an imbalance or change occurring in the physical, emotional, psychological or social state of an individual in the context of his or her environment. Comprehensive psychiatric care is provided through the integration of the following services:

crisis intervention;  
assessment, treatment and rehabilitation;  
residential, recreational, employment and education;  
advocacy, welfare and support.

The role of the Psychiatric Nurse may incorporate some or all of these aspects of psychiatric client care and is exercised within the limits permitted by the relevant legislation.

### (3) Function of Psychiatric Nursing

In the practice of psychiatric nursing, the practitioner is required to utilise psychiatric nursing theory and practices, interpersonal skills and available environment to assess the biological, psychological and social status of the individual at risk of or suffering from mental illness or disability and to plan, initiate and evaluate interventions to effect therapeutic change.

The holistic approach that is taken to the delivery of service requires the practitioner to treat not only the manifestations of psychiatric illness but to be aware that such manifestations may result from underlying imbalances in the client's physical, emotional, psychological or social state, and to employ strategies designed to redress or attenuate such imbalances.

The manifestations of a psychiatric disorder that Psychiatric Nurses would be required to treat may include some combination of the following:



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lack of orientation to surroundings, time (hour, day, week, year) or people;  
lack of or inappropriate judgement;  
disordered perceptions of the environment, such as hearing hallucinatory voices;  
fixed delusional beliefs;  
extreme mood states (eg. deep depression, uncontrollable euphoria, wild rage);  
markedly fluctuating moods;  
confusion;  
socially unacceptable behaviours or practices (eg. disinhibition);  
inability to care for self, either physically or hygienically;  
desire to inflict harm upon self;  
lack of motivation to become or remain socially active;  
dependence on institutionalised care;  
familial crisis;  
absence of social conscience;  
physical ailments;  
side-effects from medication;  
effects of brain damage or trauma;  
memory disturbances;  
panic;  
relationship difficulties;  
preoccupation with disordered perceptions (withdrawal);  
inability to communicate in normally accepted ways.

Note: The above list is not exhaustive, but is intended to give an indication of the range of symptoms that may be encountered in psychiatric illness.

Within this conceptual framework, a number of elements underpin the role performed. They may be found to a greater or less extent depending upon the practitioner's experience and position, and are summarised as follows:

### 3.1 Primary Care Provider

This element relates to such acts as feeding, bathing, dressing, comforting and supporting clients, and the setting of limits to their behaviour. As a result of mental illness, many clients display immature or regressive behaviour patterns. This requires of the practitioner the replication of parenting patterns, which are progressively altered as the client progresses. The ultimate aim is to decrease the dependency of the client and develop independent functioning consistent with the client's presenting illness or condition.

## Sched A:10 - contd

### 3.2 Technician

This element can be related to the role performed by the General Nurse in the provision of physiological care. It involves the administration of medication, application and changing of dressings, preparation for and participation in medical procedures, etc. (Only medical staff, however, are permitted, under the Medical Practitioners Act 1970, to prescribe medication.) It also equips the practitioner to assess the physical status of clients and ensure maintenance of optimal levels of physical health.

### 3.3 Socialising Agent

This element of the practitioner's role involves the development of a social relationship with the client through participation with the client in unstructured activities and contact. The purpose is to develop within the client confidence and security in social situations.

### 3.4 Therapist

This element relates to the practitioner's involvement in recognised therapies aimed at the prevention, treatment and rehabilitation of mental illness and disability. This may require the practitioner to work with a client or group of clients either individually as prime therapist or conjointly with other professionals.

### 3.5 Advocate

This element provides a number of facets, which may include advocacy to ensure appropriate service provision to a client, advocacy on behalf of a client with other agencies or within the psychiatric services continuum. It may involve advocacy in the community generally on behalf of psychiatric services or the profession of psychiatric nursing.

The nursing practitioner is well placed to be an advocate on behalf of the client as a result of the detailed knowledge acquired of the client's physical, mental or social state, and his/her environment.

### 3.6 Counsellor/Adviser

This element may involve provision of specific advice to a client, other service providers, community groups or Government agencies.

It can include assistance to clients in resolving specified problems, providing professional advice to colleagues/services providers (ie. case management, therapeutic regimes or assistance to agencies in developing, implementing and managing client services).

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### 3.7 Case Manager

Nursing practice is delivered through a systematic approach that involves observation, assessment, planning, implementation and evaluation of strategies and approaches to client treatment, rehabilitation, support and maintenance.

It also may involve management in the traditional sense of running a program or group of programs, treatment support and maintenance facilities in order to provide an appropriate therapeutic milieu.

### 3.8 Educator

This element requires of the practitioner the obligation and responsibility of educating clients, other service providers, agencies and the community generally regarding the causes of mental illness, its treatment and its prevention.

#### (4) Unique Responsibilities of Psychiatric Nurses

Within mental health settings, the following responsibilities are unique to Psychiatric Nurses or are undertaken by a limited number of other specified categories:

- 4.1 Psychiatric Nurses have responsibility for the development, maintenance and administration of nursing care plans incorporating the nursing process and providing a therapeutic environment.
- 4.2 Among non-medical mental health staff, Psychiatric Nurses have the unique responsibility for initial and overall mental and physical status assessments.
- 4.3 Among non-medical mental health staff, Psychiatric Nurses have the unique responsibility for administration of intramuscular and other medications, detection of side-effects of medication, taking blood samples and serology. A Psychiatric Nurse is not permitted to prescribe medication or administer medication without a prescription from medical staff.
- 4.4 Psychiatric Nurses have responsibility for the supervision of nursing students on placement in mental health settings. Training and supervision must ensure adequate standards of practice are communicated to students and that these standards are maintained by students.

#### (5) Main Areas of Work

Four areas of work - clinical, community, education and administration - can be identified within the psychiatric nursing structure.

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5.1 Clinical Area

Clinical psychiatric nursing duties involve the application of skills and technical knowledge associated with professional procedures to achieve a high standard of nursing care or advice in a range of facility-based settings. Clinical activities include:

- (a) direct patient care, including the assessment, planning, implementation and evaluation of nursing care;
- (b) the provision of guidance in clinical matters to less-experienced practitioners;
- (c) research into the clinical nursing function; and
- (d) the provision of clinical advice and leadership or a clinical service within a recognised nursing specialty on a facility-wide or State-wide basis in a specific discipline.

5.2 Community Area

Community psychiatric nursing duties involve the application of skills and technical knowledge associated with professional procedures to achieve a high standard of psychiatric nursing care or advice in a community setting.

For a position to be defined as a Community Psychiatric Nurse, the position must encompass all of the following features:

- (a) the development, maintenance and administration of nursing case plans incorporating the nursing process and providing a therapeutic environment in situations where the higher level clinical support available to nurses in a hospital setting is often not readily available;
- (b) undertaking initial or overall mental and physical status assessments in the community, including those of new clients and reviews of existing clients;
- (c) maintaining contact with community agencies, both to assist them in dealing with psychiatric clientele in the community and to have a knowledge of the services available to their clients to assist them in settling back into the community after being in an institution;
- (d) providing an educational service to both clients and agencies on mental health issues, with the aim of preventing development of mental illness in the 'at risk' population.

## Sched A:10 - contd

In undertaking initial and overall mental and physical status assessments in the community, Community Psychiatric Nurses may decide whether or not to offer treatment and use judgement, within the limits of their experience gained as nurses, in deciding if the case should be brought to the immediate attention of a psychiatrist. However, all assessments and reviews are made available to the appropriate Psychiatrist as part of the case management process. Community Psychiatric Nurses may not make formal psychiatric diagnoses, but a mental status assessment made by a Community Psychiatric Nurse can be used by a Psychiatrist to establish a formal psychiatric diagnosis within the consultation process.

In the absence of medical personnel and pharmacists, and within the limits of their knowledge and experience as nurses, Community Psychiatric Nurses also may act as consultants to non-medical staff on psychopharmacology issues (ie. the applications and side-effects of medication).

### 5.3 Education Area

The provision of all basic psychiatric nursing training is expected to be undertaken by Colleges of Advanced Education by 1993. Until the transfer to the Colleges of Advanced Education is complete, basic and post-basic Psychiatric Nurse education will continue to be provided by Psychiatric Nurses within the Psychiatric Services Branch. After 1993, on-going staff development needs of nurses will continue to be met within the Service.

Education activities in the Victorian Public Service include:

- (a) the provision of theoretical and practical tuition at basic and post-basic level;
- (b) the provision of informal tuition and clinical guidance to less-experienced psychiatric nursing staff;
- (c) the use of formal programs and informal means to educate clients and their relatives;
- (d) the management of the basic and post-basic and in-service teaching function and co-ordination of curricula implementation and provision of the teaching service;
- (e) the identification of educational needs and curriculum development;
- (f) the planning, design and evaluation of courses.

## Sched A:10 - contd

### 5.4 Administration Area

Administrative duties typically involve the management of the psychiatric nursing function at various levels and the provision of non-clinical support to clinical practitioners. Administrative activities include:

- (a) management of the psychiatric function at unit, ward or program level, or in the community;
- (b) staff management, deployment and development;
- (c) budget activities, including assessment of human resource requirements in the psychiatric nursing and related direct-care field;
- (d) development of policies and procedures in relation to clinical, community, administrative and/or education practices in a facility or other setting.

Administrative duties usually do not form entire jobs on their own, but are combined with duties from the other three areas. Section 9.3 below charts possible career paths within the Registered Psychiatric Nurse structure and together with notes from the Psychiatric Services Branch aims to assist staff in understanding in broad terms the likely organisation of work and career streams under the new structure.

### (6) Training for Psychiatric Nursing

Psychiatric nursing requires of the practitioner skills and knowledge that are drawn from an experimental and theoretical base in both the life and social sciences. It requires highly developed skills in interpersonal relationships and communication, together with a knowledge of psychiatric nursing practices, procedures and ethics, anatomy and physiology, law, and pharmacology as it relates to mental illness.

The course of training of a Psychiatric Nurse is provided over 3 years in which the intending practitioner attends 1050 hours of theoretical lectures and tutorials within schools of nursing or at a College of Advanced Education, and extensive supervised clinical practice in a structured program of experiential learning within a variety of service settings.

Training and experience are undertaken in psychiatric settings in which extensive experience working with highly disturbed and difficult clients is acquired. The training encompasses medical, psychological, sociological and nursing models and concepts.

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Particular expertise is gained in mental status assessment, crisis assessment and intervention, management of violence and aggression, appropriate use and assessment of adverse effects of psychotropic medications, and various forms of psychotherapy.

Successful completion of the course of training entitles the trainee to registration as a Psychiatric Nurse and to practise in the field.

Following registration, practitioners must complete 12 months of supervised practice before further progression within the discipline.

Upon registration with the Victorian Nurses Board, practitioners are expected to be able to:

- (a) actively create and control a psychosocial environment conducive to the treatment and rehabilitation of the psychiatrically ill;
- (b) observe, record and assess the mental, emotional, physical, social and spiritual needs of psychiatric clients;
- (c) recognise the patterns of pathological behaviour and their clinical significance;
- (d) formulate and regularly evaluate and modify a client care plan for each client incorporating all therapeutic measures prescribed and carry out the plan in co-operation with other members of the psychiatric team;
- (e) select appropriate psychiatric nursing strategies to meet the needs of the individual psychiatric client;
- (f) participate in and, where appropriate, carry out treatments prescribed by medical staff and monitor the effects thereof;
- (g) display nursing care skills that will be effective in alleviating disturbance and distress and in modifying maladaptive behaviour;
- (h) design programs containing activities and personal interaction aimed at the improvement in mental health and independent functioning of specific clients;
- (i) meaningfully communicate with individuals and groups exhibiting abnormal behaviour patterns, including aggression, withdrawal, self-destruction, hyperactivity and confusion;

## Sched A:10 - contd

- (j) utilise helping skills therapeutically in caring for psychiatric clients by being available, listening, clarifying, concentrating, conveying empathy, utilising self-disclosure and confrontation constructively, encouraging decision-making and evaluating outcomes;
- (k) be active in the psychological approaches to treatment, including psychodynamic, humanistic, behavioural, group, and family and marital therapies, the use of creative media, socialisation therapies, and independence skills;
- (l) identify and liaise with agencies helpful to psychiatric clientele and where appropriate assume an advocate role on behalf of the client;
- (m) plan an important role in primary prevention by utilising knowledge of mental health and mental illness to groups at risk in the community;
- (n) participate in the management of client care areas;
- (o) participate in the teaching, supervision, performance and evaluation of junior staff, peers and other health-workers;
- (p) initiate and participate in psychiatric nursing research;
- (q) recognise and intervene in anxiety-provoking or threatening situations for individuals with abnormal behaviour patterns;
- (r) design and conduct independence, socialisation activity and recreational-based therapies designed to decrease client dependence and enhance the social functioning of the client.

Note: The skills listed in (i)-(k) above are not exclusive.

### (7) Qualifications and Training required for Entry to and Promotion within Psychiatric Nurse Category

Current registration as a Psychiatric Nurse with the Victorian Nurses Board is a mandatory qualification for any practising Psychiatric Nurse (hospital or community).

To become registered as Psychiatric Nurse a 3-year training course must be undertaken at a school of nursing. Training consists of 1050 classroom hours and extensive supervised work on the wards in hospitals. There is a 40 to 8-week community placement as part of the training course.

Registered Mental Retardation Nurses and General Nurses also can become eligible for registration as Psychiatric Nurses by undertaking a 15-month bridging course.



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It has been determined that the mandatory qualification necessary to effectively carry out the tasks required of a Psychiatric Nurse is registration as a Psychiatric Nurse. Whilst this is the minimum requirement, at least 2 years experience in an adult psychiatric hospital is desirable for nurses entering community nursing in the adult nursing sub-discipline, in order to equip the nurse with sufficient knowledge and direct experience of a range of psychiatric conditions and disorders, in order to undertake mental status assessments in the community without direct guidance, and to act as a case manager for psychiatric clientele.

For nurses entering the community in other sub-disciplines, one year's experience in a psychiatric hospital, followed by further experience whilst working in the community under supervision within the particular sub-discipline, is considered desirable.

The possession of further qualifications and/or experience is not mandatory for promotion to positions classified at Psychiatric Nurse, Grades RPN-1, RPN-2, RPN-3, RPN-4, RPN-5, RPN-6, RPN-7 or RPN-8, with the exception of positions designated as Nurse Educator. However, as can be seen from the Work Level Standards that follow, to perform competently the duties of positions at these levels requires skills over and above those required to perform the duties of positions classified at RPN-1.

The Psychiatric Services Branch considers continuing training and development beyond the basic nursing qualification to be desirable in order that staff can acquire the skills, both in the professional and management sense, that need to be exercised at these levels. Appropriate training and development could include formal training programs, in-service experience and post-registration studies, either in the field of psychiatric nursing generally and/or in the particular area in which the nurse is practising.

Note, however, that classification of positions within the Psychiatric Nurse occupational category will not be on the basis of personal qualifications held or experience gained, but will be established on the basis of the actual work to be performed.

### 10.3 Registered Psychiatric Nurse Structure

	Administration	Clinical	Community	Education
RPN8	Principal Nurse Adviser			
RPN7A	DON (NEMPS)			
RPN7	DON (Medium Facility) Officer			Principal Nurse Education

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	Administration	Clinical	Community	Education
RPN5	DON (Small Facility)	Nurse Manager	CPN-4	Nurse Educator Head of Education Centre
	Nurse Manager	Manager of Community Department or Clinic		
	Nurse Manager (Designated Units)			
	Nurse Supervisor (Large Facility)			
RPN4	Night Supervisor (Small-Medium Facility)	Clinical Consultant	CPN-3 Team Leader	Nurse Educator
	Nursing Administrator		Developer of OPS Programs	
RPN3	Charge Nurse Nursing Tutor, Clinical Administrator	Clinical Clinical Specialist	CPN-2 Student Co- Ordinator	Nurse Educator  Instructor
		Team Leader		
		Developer of Residential Living Program		
		Manager of Crisis Intervention Program		
RPN2	Deputy Charge Nurse	Clinician	CPN-1	
RPN1	RPN Practitioner			

The following notes have been provided by the Psychiatric Services Branch to assist staff in understanding in broad terms the likely organisation of work and career streams under the new structure.

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- (1) Administrative tasks performed at RPN-3 and 4 levels generally will be incorporated into positions that also contain tasks that are from other areas (eg. in a position that involves both administrative and clinical work). However, temporary positions performing only administrative tasks are likely to be developed for specific projects for specified time periods.
- (2) While on RPN-3 positions in the clinical stream have been identified in the Nursing and Direct Care Review, it is expected that such positions will be identified and/or developed as required. These positions will not be ward-based.
- (3) It is considered that the Unit Manager has a direct role that combines both the functions of an expert clinical practitioner and manager of a ward.
- (4) Clinical Manager positions will be in charge of a program that is not ward-based.
- (5) Although at RPN-2 level the roles of Clinician and Deputy Unit Manager are distinct, all RPN-2 level nurses are considered primarily to be advanced practitioners and, from time to time, might be required to assume either of the roles, according to the needs of the facility. Nurses at this level may be required to assume ward or program supervisory responsibility for a span of duty.

### 10.4 Work Level Standards

#### (1) REGISTERED PSYCHIATRIC NURSE, GRADE RPN-1

##### 1.1 Definition

Positions require a knowledge of psychiatric nursing principles and practices as provided by the current mandatory basic course, and decision-making is required consistent with the extent of this knowledge. RPN-1 nurses are professionally accountable for these decisions.

##### 1.2 Features

- (1) Positions perform tasks according to established procedures, specific guidelines and standard instructions from more senior nurses. Positions at this level may be required to select certain methods or procedures to meet client needs.
- (2) Positions at this level will work within a psychiatric nursing team and receive general supervision from a more senior nurse (RPN-2 or above). In all cases, there is a ready source of nursing advice in the event of unusual incidents or the requirement for specialised nursing knowledge.

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- (3) Included at this level are newly registered Psychiatric Nurses and the more experienced practitioner whose work contribution increases as experience and knowledge are gained. More experienced RPN-1 nurses may require only limited direction in their day-to-day activities.
- (4) Positions may be required to provide peer support to newly registered Psychiatric Nurses, and may oversee the work of Psychiatric State Enrolled Nurses according to ward policies and the instruction of the Senior Nurse.

### 1.3 Typical Duties

Within the context of the definitions above, the following duties have been assessed as being able to be undertaken by RPNs at this level. Note that no single duty can be used as the final determinant of job level.

- (1) Undertake mental state, social and physical assessments of clients, which will lead to a recommendation of a course of action being taken such as the formulation of individual programs, plans or nursing care plans.
- (2) Assist in the provision of an environment conducive to the physical, emotional and social well-being of clients.
- (3) Prepare nursing case management strategies for clients.
- (4) As a co-therapist, be involved in running psycho-dynamic groups.
- (5) Assess the effects of and on the authority of a medical officer/psychiatrist, and within the bounds of professional nursing practice, administer drug therapies.
- (6) Undertake counselling and therapy of clients, and provide specific rehabilitative or education projects with clients.
- (7) Act as advocate for clients within the facility, and with relevant community agencies such as special accommodation houses and the Commonwealth Employment Service.
- (8) According to ward and facility policies, provide assistance during psychiatric or medical emergencies.
- (9) According to ward policies, prepare for the client's discharge by making suitable arrangements for on-going out-patient services, local doctor and CPN visits, and medication supplies, etc.
- (10) Take blood as required (eg. to monitor medication levels).

## Sched A:10 - contd

- (11) Oversee the provision of basic nursing care by Psychiatric State Enrolled Nurses.
- (12) Assist in the orientation and training of student nurses when directed by the Senior Nurse in charge of the ward or program.
- (13) Conduct daily living skills and activities groups (eg. cooking, budgeting), observe client interaction and record participation.

## 2. REGISTERED PSYCHIATRIC NURSE, GRADE RPN-2

### 2.1 Definition

At this level, positions utilise the knowledge gained from the basic RPN course, which has been consolidated by a range of relevant work experience, usually at least 2 years.

### 2.2 Features

- (1) Clinical duties at this level will include more complex tasks than at Level 1. Positions operate with a higher degree of clinical autonomy and will be required to handle all the commonly occurring situations or cases within their area of practice. Positions also may utilise a knowledge of nursing systems and service delivery structures to deliver specialised services in some areas.
- (2) Positions at this level will undertake the duties of an advanced practitioner. Typically, they will lead a nursing team on a shift, but there is scope for positions at this level in a clinical area who do not necessarily supervise other nurses. Community-based positions receive clinical guidance, where necessary, from a more senior Community Psychiatric Nurse, but are expected to be adept at making mental status assessments of clients, including new clients not previously seen by a doctor. In all cases, positions receive general direction from and report direct to a more senior nurse (RPN-3 or above) who has overall accountability for the area or program.
- (3) Positions at this level will be accountable for decisions made on clinical or ward management matters according to professional practice and facility/Psychiatric Services Branch policies. Positions at this level will determine day-to-day matters and report regularly to a more senior nurse.

### 2.3 Typical Duties

Within the context of the definitions above, the following roles within each work area have been assessed as being able to be undertaken by RPNs at this level. However, particular positions may combine duties from more than one role. Note that no single duty can be used as the final determinant of job level.

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### DEPUTY UNIT MANAGER

- (1) Undertake nursing assessments and independently institute a nursing care plan for clients and staff. This includes supervising other nursing staff involved (if any), coordinating various treatment components and liaising with other professional staff.
- (2) Conduct complex group therapy such as psycho-dynamic groups. At this level, positions assess clients' suitability, choose the actual form of therapy, train and instruct their peers in therapeutic techniques, and supervise the co-therapist.
- (3) Assist a RPN-3 or above to whom the position reports to develop and implement the philosophy and objectives of a ward or client care program.
- (4) Provide clinical supervision to RPN-1s, RPN students, Psychiatric State Enrolled Nurses and any other ward staff, and allocate tasks on the basis of the available staff's knowledge and developmental needs, and to meet the standard of nursing care in the ward as defined by the Unit Manager.
- (5) On a shift for which the position is responsible for the ward or program, coordinate the provision of non-nursing functions to the workplace. Oversee the activities of non-nursing staff while in the ward to ensure relevant standards are met.
- (6) Contribute to the development of RPN practices and procedures and provide guidance and informal training on the shift to subordinate staff working in the ward or program area.
- (7) Establish the psychiatric nursing service delivery priorities in the work setting for the shift.
- (8) Ensure the accurate documentation of client records during the shift.

### CLINICIAN

- (1) Undertake nursing assessments and independently institute a nursing-care plan for clients and staff. This includes supervising other nursing staff involved (if any), coordinating various treatment components and liaising with other professional staff.
- (2) Conduct complex group therapy such as psycho-dynamic groups. At this level, positions assess clients' suitability, choose the actual form of therapy, train and instruct their peers in therapeutic techniques, and supervise the co-therapist.

## Sched A:10 - contd

- (3) Assist a RPN-3 or above to whom the position reports to develop and implement the philosophy and objectives of a ward or client care program.
- (4) Following assessment by or in conjunction with a Medical Officer, undertake nursing assessments of severely disturbed psychiatric clients and independently institute a range of measures to stabilise each client's psychiatric and physical symptoms.
- (5) Undertake specifically designated and more complex rehabilitative or education projects with clients that would not be undertaken by RPN-1s.

Note: Ward-based positions of this type would be specifically designated and would report direct to a RPN-3, Unit Manager.

## COMMUNITY PSYCHIATRIC NURSE

- (1) Undertake mental, social and physical assessments of clients in the workplace or in the community that will lead to recommendation of a course of action being taken (such as hospitalisation) and possible formation of psychiatric diagnosis by a psychiatrist.
- (2) On the authority of a medical officer/psychiatrist, administer and assess effects of intramuscular psychotropic medications.
- (3) Undertake home visits to clients in the community.
- (4) Take steps to resolve or ameliorate emotional distress of clients.
- (5) Undertake counselling and therapy of clients.
- (6) Undertake community agency consultation and education.
- (7) Develop particular community projects under supervision or with assistance from a more senior nurse.
- (8) Undertake specific rehabilitative or educational projects with clients.
- (9) Prepare nursing case management strategies for clients being assessed or receiving counselling or therapy.
- (10) Provide support to chronic clientele (ie. those with little chance of any marked improvement).
- (11) Refer clients to other mental health professionals or human service agencies in the community.

## Sched A:10 - contd

- (12) Act as advocate on behalf of clients with relevant community agencies.
- (13) Assess level of urgency in situations of psychiatric crisis assessment and undertake a course of action to resolve or ameliorate the crisis accordingly.
- (14) Maintain an already established residential living program that houses psychiatric clients, providing support and counselling as well as assistance with daily living skills to enable them to live independently in the community, and assessing the clients to make sure they are suitable to live together.
- (15) Co-ordinate a moderate clinic, involving the organising of staff to administer medication, ensuring that clients are followed up if they fail to attend the clinic and making recommendations regarding the staff resource requirements required to provide an efficient moderate service.

### 3. REGISTERED PSYCHIATRIC NURSE, GRADE RPN-3

#### 3.1 Definition

Positions utilise basic RPN training and a substantial period of work experience (usually at least 5 years) to achieve expert knowledge of Psychiatric Nurse practices and procedures. Positions may utilise relevant post-basic studies to ensure the achievement of RPN standards across a work area, program or clinical speciality for which the position is responsible. Nurse Educator positions may be required to hold a recognised nurse education qualification according to Victorian Nurses Board regulations.

#### 3.2 Features

- (1) Positions at this level undertake the most complex 'hands-on' clinical practice in this structure. Community or facility nurses at this level will be experts whose clinical judgements will be recognised as authoritative. In clinical matters, positions will undertake the full range of cases within their area of practice and neither will require nor receive clinical guidance from a more senior nurse. Non-clinical project and program positions will have carriage of complex matters without requiring technical advice, guided only by the broad policy constraints of the facility's nursing department. Unit Manager positions will be expected to independently manage all nursing services in an area and provide leadership to staff in clinical matters. Nurse Educators utilise their expert knowledge to instruct students in the practical and theoretical aspects of their course.



## Sched A:10 - contd

- (2) Positions are professionally accountable for their nursing decisions, RPN-3s in charge of wards or programs will manage their areas with independence, and will be accountable to the Nursing Executive for the delivery of a high-quality psychiatric nursing service. Positions will participate in peer reviews and will report as required on the areas under their control. Direct supervision is not compatible with the high level of expertise expected of positions at this level.

### 3.3 Typical Duties

Within the context of the definitions above, the following roles within each work area have been assessed as being able to be undertaken by RPNs at this level. However, particular positions may combine duties from more than one role. Note that no single duty can be used as the final determinant of job level.

#### UNIT MANAGER

- (1) Manage the provision of psychiatric nursing services in a ward to enable the effective utilisation of available resources to achieve ward and facility objectives.
- (2) Provide the highest level of 'hands-on' clinical practice and advice and participate in the delivery of care.
- (3) Participate in the development of psychiatric nursing policy and procedures relating to the ward and the facility as a whole.
- (4) Manage the provision of all nursing and non-nursing services to the ward.
- (5) Co-ordinate the provision of mental health professional services to clients.
- (6) Maintain standards of professional psychiatric nursing care and promote the training and professional development of all nursing staff on the ward.
- (7) Ensure that the relevant provisions of the Mental Health Act 1986 are followed.
- (8) Monitor and evaluate ward program activities and outcomes and report as required to the facility's nursing executive on progress towards objectives, resourcing difficulties, staff training requirements, emerging clinical issues that may be addressed across a number of wards, etc. Develop and manage change as appropriate.
- (9) Supervise maintenance of client records by ensuring that ward staff complete all necessary paperwork.
- (10) Ensure that staffing rosters and staff deployment are organised to achieve effective program delivery and efficient use of staff resources.

## Sched A:10 - contd

### CLINICAL MANAGER

- (1) Manage and participate in the activities of a significant clinical non-ward based program, including establishing the parameters of services, clinical standards and program objectives, and ensuring effective resource utilisation.
- (2) Provide clinical leadership and program guidance to subordinate nurses working in the program.
- (3) Monitor and evaluate program outcomes and develop and manage changes as appropriate.
- (4) Liaise and negotiate with significant facility and community-based agents regarding the program.

### CLINICAL SPECIALIST

- (1) Undertake clinical consultancy and provide direct care in wards or direct-care programs as a sole practitioner reporting to a more senior Clinical Manager. The primary focus is clinical services to clients.
- (2) Conduct research projects into clinical matters under the broad direction of a more senior Clinical Manager.
- (3) Utilise advanced clinical nursing knowledge and skills to influence quality of care within a specialised aspect of nursing practice across a number of wards or programs (eg. infection control).
- (4) Be responsible for maintaining state of the art knowledge of the nursing speciality.
- (5) Contribute to the training and development of nursing and direct-care staff regarding the speciality area.

### COMMUNITY NURSE, STUDENT CO-ORDINATOR

- (1) Plan and control or co-ordinate the placement of nursing students in the work setting.
- (2) Be responsible for establishing placement objectives, supervisory guide-lines and allocation of staffing resources to the task of student supervision.
- (3) Undertake associated organising, liaison and monitoring duties.

Sched A:10 - contd

- (4) Develop supervision practices and procedures and training of field staff to be involved in supervision of students.
- (5) Undertake a community nursing caseload.

COMMUNITY NURSING, TEAM LEADER

- (1) In work settings with up to two subordinate Community Psychiatric Nurse positions, undertake planning, control and co-ordination of CPN functions within the work setting, in a particular sub-discipline or across a number of sub-disciplines.
- (2) Undertake associated organising, liaison, monitoring and service development duties.
- (3) Provide nursing supervision for subordinate CPN staff.
- (4) Develop CPN practices and procedures, and undertake training of field staff.
- (5) Advise administrative co-ordinator on appointment of nursing staff to the team.
- (6) Establish CPN service delivery priorities in the work setting.
- (8) Undertake the development of sub-discipline procedures and practices in the work setting and training of staff.
- (9) Establish priorities in delivery of CPN services within the sub-discipline for the work setting, in conjunction with senior staff of other professions in the work setting.

COMMUNITY NURSE, DEVELOPER OF RESIDENTIAL LIVING PROGRAM

- (1) Establish and maintain a residence to house psychiatric clients.
- (2) Obtain funds for the purchase/rental of accommodation.
- (3) Find appropriate accommodation.
- (4) Identify and monitor staff resource requirements (ie. the number and type of staff required to enable the clients to look after themselves and live independently in the community). Types of staff may include Community Psychiatric Nurses, Therapists and Social Workers.

## Sched A:10 - contd

### COMMUNITY NURSE, MANAGER OF CRISIS INTERVENTION PROGRAM

A crisis intervention program involves making staff available to respond to urgent requests for assistance in the community (eg. a disruptive client in a public place or a suicide threat). Typically, a two-person team (two nurses or a nurse and a social worker) would go out to assess the situation and take whatever action required. The management of the service involves:

- (1) Rostering of staff to requests for assistance.
- (2) Determining the extent of service required for the catchment area serviced by the workplace (ie numbers of hours per week and number and type of staff).
- (3) Marketing the service to the community.
- (4) Ensuring that the service is responsive to the needs of the catchment area without disrupting the clinic/workplace routines.

### NURSE EDUCATOR

- (1) Prepare and conduct lectures, tutorials, laboratory work, workshop skills training or small group discussions in allocated areas of the syllabus for basic and post-basic Student Nurses.
- (2) Evaluate student progress. This includes acting as an Examiner for the Victorian Nurses Board for the external examination of Student Nurses.
- (3) Contribute to development and evaluation of the curriculum for student Psychiatric Nurses.
- (4) Co-ordinate the program for allocated intake groups of Student Nurses.
- (5) Contribute to the on-going development of nursing education and practice by having input to internal and external committees and working parties.
- (6) In the clinical work setting, facilitate the effective transfer of student Psychiatric Nurses' theoretical learning into practical experience through the provision of clinical education sessions and supervision of the students' nursing practice, and provide a structured program of education and ward experience to general nursing students during their clinical psychiatric nursing placement.
- (7) Undertake direct client care in order to act as role model for students and create learning situations for students by role-playing where actual experience is not available.

## Sched A:10 - contd

- (8) Negotiate with schools of nursing and Student Nurses regarding the number and dates of clinical placements to be undertaken under the teacher's supervision.
- (9) Answer queries from Student Nurses regarding the interpretation of the Nurses Act and Victorian Nurses Board.
- (10) Provide counselling and advice to Student Nurses in relation to their academic progress and course regulations.
- (11) Organise external placements for Student Nurses, including at community-based settings.
- (12) Organise education visits for Student Nurses.

### NURSING ADMINISTRATOR

- (1) Undertake research into complex non-clinical nursing matters under the broad direction of a more senior nurse (eg. alterations to rostering methods, changes to incident reports, introduction of computerised client records and introduction of staff-appraisal guide-lines).
- (2) Implement administrative changes of the above type by liaising with Unit Managers and nurses managing other clinical programs, explaining new systems to affected staff and reporting the outcomes of implementation to more senior managers.
- (3) Provide information sessions/seminars and assistance to staff in other facilities undertaking similar projects.

### 4. REGISTERED PSYCHIATRIC NURSE, RPN-4

#### 4.1 Definition

Positions will utilise clinical and administrative knowledge based on further reading and study over the years (and/or post-basic qualification), and enhanced by many years of appropriate RPN work experience.

#### 4.2 Features

- (1) Positions at this level involve significant problem-solving activities that may require considerable understanding and interpretation of facility and Departmental policy. RPN-4 nurses typically are involved in the development of complex nursing programs or curricula. Clinical and non-clinical projects or programs would be of such breadth as to have implications for all nursing services within the facility as a whole, usually involving the development of adaptations to the way work is performed.

## Sched A:10 - contd

- (2) Positions may provide a consultancy to ward- based staff in an area of expertise, but would not directly supervise Unit Managers or their subordinates. Project positions may supervise small teams of RPNs working on clinical or nursing services support developmental matters. In community settings, RPN-4 nurses would lead small teams in a multi-disciplinary setting or be responsible for the development of Psychiatric Services Branch programs for a defined catchment area. Educators at this level would provide high-level assistance to the positions with regional responsibility for RPN education.
- (3) Positions are Senior Nurses who will independently undertake their duties according to broad policy guide-lines and professional standards. Positions will set objectives and negotiate their acceptance with the Nursing Executive, and report in terms of progress towards these objectives. At this level, RPN positions are typified by substantial responsibility for an area of nursing practice as outlined in the role statements below.

### 4.3 Typical Duties

Within the context of the definitions above, the following roles within each work area have been assessed as being able to be undertaken by RPNs at this level. However, particular positions may combine duties from more than one role. Note that no single duty can be used as a final determinant of job level.

#### CLINICAL CONSULTANT

- (1) Provide high-level clinical consultation and advice to Unit Managers or nurses managing programs.
- (2) Develop, establish, maintain and evaluate a specialist clinical program, such as a psycho-geriatric or rehabilitation program, across a number of wards/facilities. The primary focus is program development, rather than delivery of clinical services to clients.
- (3) Provide a Psychiatric Nurse consultancy service regarding specialist programs as required to other hospitals and/or public sector and voluntary health service agencies.
- (4) Be responsible for maintaining state of the art knowledge across a broad area of expertise.

Note: This position might supervise a small team of nursing staff.

## Sched A:10 - contd

### COMMUNITY NURSING, TEAM LEADER

- (1) Undertake direction of a team of at least 3 subordinate Community Psychiatric Nurses working in a multi-disciplinary setting where overall direction of the workplace is undertaken by a higher-level community position.
- (2) Supervise work of subordinate CPN staff.
- (3) Co-ordinate work of the CPN team.
- (4) Provide input to mental health policy development in the community workplace.
- (5) Monitor and evaluate adequacy of the CPN services provided.
- (6) Undertake co-ordination, planning, development and liaison functions in the workplace on behalf of CPN team.
- (7) Recruit CPN staff.
- (8) Undertake administrative work for the CPN team.
- (9) Establish priorities for CPN service delivery in the workplace.

### COMMUNITY NURSE, DEVELOPER OF PSYCHIATRIC BRANCH PROGRAMS

- (1) Develop Psychiatric Services Branch programs for a defined catchment area, which often might be geographically distant from other psychiatric services (eg. a country town).
- (2) In addition to undertaking the full range of community psychiatric training activities without clinical guidance from a more senior nurse to whom the position reports, the position would have responsibility for establishing priorities for community psychiatric nursing and clinical service delivery and for the development of psychiatric service provision in the area.

### NIGHT SUPERVISOR (SMALL-MEDIUM FACILITY)

- (1) Undertake the management of a small to medium facility at night, according to policies and procedures established by the facility executive, to ensure that a high standard of operation and service delivery is provided to clients.
- (2) Take responsibility for all nursing and direct-care matters, including clients and staff, in the event of any psychiatric/medical emergency or any other incident and instigate remedial action.

## Sched A:10 - contd

- (3) Provide authoritative clinical and nursing administrative guidance and supervision to nursing staff.
- (4) Ensure that there are adequate staff and other resources available to all areas at the facility at night to maintain service quality.
- (5) Provide a contact point, and advice and counselling where appropriate, for members of the public or others who may contact the facility during the night for a broad range of matters (eg. admissions, etc.).

### NURSE EDUCATOR

- (1) Provide administrative support to a RPN-6 Nurse Educator in coordinating psychiatric nurse education programs and curriculum development at a number of nurse education centres.
- (2) Carry out aptitude testing of aspiring student Psychiatric Nurses to comply with standards set by the Victorian Nurses Board.
- (3) As part of a regional team of nurse education officers, co-ordinate the development and preparation of allocated sections of the curriculum to comply with VNB standards.
- (4) Supervise or monitor the development and implementation of allocated sections of the curricula.
- (5) Assist the head of the school in the overall management of the school (eg. by establishing appropriate record-keeping systems).

### NURSING ADMINISTRATOR

- (1) Direct and supervise the project work of Psychiatric Nurses in non-clinical areas, including allocating projects to staff, setting deadlines and acting as a consultant when problems are encountered.
- (2) Initiate the development of such projects and negotiate their acceptance with the nursing administration (eg. patient dependency studies, the investigation of ward-based rosters, etc.).
- (3) Negotiate with senior nursing, medical and administrative staff in the facility to gain acceptance for major policy and procedure changes.



## Sched A:10 - contd

### 5. REGISTERED PSYCHIATRIC NURSE, GRADE RPN-5

#### 5.1 Definition

Positions are senior Psychiatric Nurse Managers who have a thorough knowledge of the RPN profession and will have considerable proficiency in the art of management in a substantive role. Positions with a clinical focus at this level would have knowledge commensurate with a recognised State-wide expertise in an area of RPN practice.

#### 5.2 Features

- (1) At this level, guide-lines may be unclear and policies ill-defined, involving major intellectual challenge to resolve nursing service delivery problems or undertake research and development projects.
- (2) Positions either will manage the total nursing function in the nominated small facilities or community services provided by nursing only teams, or direct a substantial clinical area across an entire facility, or administer a school of nursing.
- (3) Positions are bound by Psychiatric Services Branch policies and practices and are subject to executive management direction only. Within areas of practice as outlined below, positions will be able to commit the facility or education service within the constraints of the executive management model to a particular course of action or nursing policy. Positions at this level therefore are expected to lead the investigation of major mental health issues and develop strategies to overcome problems affecting the nursing department/school/community service. Also included at this level are Senior Nurse Managers, who may share accountability for the management of the nursing service with the Director of Nursing (DON) (eg. Night Supervisors in large facilities and Assistant Directors of Nursing in medium to large facilities).

#### 5.3 Typical Duties

Within the context of the definitions above, the following roles within each work area have been assessed as being able to be undertaken by RPNs at this level. However, particular positions may combine duties from more than one role. Note that no single duty can be used as a final determinant of job level.

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NURSE MANAGER, CLINICAL AREA

- (1) Monitor the facility environment, nursing practices and patterns of care to ensure that high levels of clinical nursing standards are established and maintained. This may involve nursing research being conducted by a RPN-5 or other RPN clinicians. The position at this level then would make proposals to senior service management to improve clinical standards and efficient use of staff (eg. effective bed utilisation across a substantial facility).
- (2) Having regard to facility-wide trends, initiate and implement clinical audits.
- (3) Develop the psychiatric nursing functions within the service by chairing various committees (eg. infection control, clinical emergency, safe manual-handling issues, nursing audit and nursing practice, etc.).
- (4) Provide leadership in implementing change to nursing philosophies and practices and assist other Nurse Managers and practitioners within the facility to achieve their clinical goals.
- (5) Assist in the professional development of psychiatric nursing within the facility by providing career guidance to other Psychiatric Nurses, and ensure that staff have access to clinical areas that will enhance their professional development.

COMMUNITY NURSE, MANAGER OF COMMUNITY DEPARTMENT OR CLINIC

- (1) Manage and be fully responsible for delivery of psychiatric and CPN services in a centre staffed by at least 3 subordinate Community Psychiatric Nurses, with any other disciplines being available on a part-time or sessional basis only for referral of specific cases if required.
- (2) Plan, develop, organise and monitor delivery of Psychiatric Services Branch programs for the department or clinic's catchment area in accordance with policies, practices, programs and resource allocations to the CPN service prepared jointly with regional psychiatric services management.
- (3) Participate in major human service delivery developments in the region (eg. community health) as the representative of psychiatric services.
- (4) Undertake evaluation of services provided by the centre to facilitate the best use of allocated resources and representation of psychiatric services in regional initiatives.
- (5) Advise regional planners on psychiatric service delivery issues.

Sched A:10 - contd

NIGHT SUPERVISOR (LARGE FACILITY)

Typical duties are the same as for the RPN-4 Night Supervisor. Positions at this level will perform these tasks in larger facilities with higher staff numbers, more in-patient clients and hence higher levels of responsibility for the position in charge at night.

NURSE EDUCATOR, HEAD OF EDUCATION CENTRE

- (1) Administer nurse education for basic and post-basic students at a school of nursing.
- (2) Manage and be responsible for the development, implementation and evaluation of curricula for basic and post-basic nurse training within a school.
- (3) Monitor and review the work performance of Nurse Education Officers, Grade 2 and ensure that the performance of all Nurse Educators within a school is appropriately monitored.
- (4) Manage the human and physical resources of the school of nursing.
- (5) Ensure that the selection of Student Nurses for the school follows established policy and is carried out appropriately.

NURSE MANAGER, ADMINISTRATION AREA

- (1) Under the direction of the Director of Nursing (medium to large facility), provide leadership in allocation and monitoring of nursing resources to most effectively meet service delivery requirements.
- (2) Manage the recruitment and retention of nursing staff according to VPS guide-lines and Psychiatric Services Branch policies.
- (3) Play a professional leadership role in the effective forward planning of nursing services.
- (4) Monitor the non-clinical nursing operations of the facility, and meet emerging needs by initiating changes to systems and procedures. Positions may initiate special projects (either short - or long-term), which may be carried out by subordinate nurses.

Sched A:10 - contd

NURSE MANAGER (DESIGNATED UNITS)

- (1) Under the direction of the Director of Nursing, manage the nursing services in a specified section of the facility, and involving a significant number of units or equivalent spread of responsibility.
- (2) Monitor the standards of clinical practice, program efficiency and effectiveness, and report as required to the facility's executive.
- (3) Provide professional oversight and guidance on RPN-3s in charge of wards and programs, and ensure that staff development needs are met across the areas for which the position is responsible.
- (4) Initiate and monitor administrative systems to allow the full use of available nursing resources to meet client needs.

DIRECTOR OF NURSING (SMALL FACILITY)

- (1) Be responsible for the overall functional and line management of nursing services and resources.
- (2) Promote the development and enhancement of the participation and skills of nurses and other direct-care staff in accepting and responding to changes that are occurring in the development of psychiatric services.
- (3) Be responsible for the development and preparation of policy and guidelines pertaining to all aspects of psychiatric nursing and related direct-care service delivery within a small Psychiatric Services Branch service (as defined), and for the provision of high-level psychiatric nursing advice to other members of the facility's executive.
- (4) Represent the total RPN function on the facility executive and negotiate at senior levels for the adequate resourcing of the RPN clinical function and its associated activities.
- (5) Ensure the RPN services are of the highest possible quality across the facility through establishing effective reporting relationships between ward, community and Nurse Managers.
- (6) Participate as necessary in the negotiation of local industrial relations issues and report to senior Psychiatric Services Branch management in the event of major disputes.
- (7) Provide professional leadership to all RPNs and other nursing staff in the facility, and encourage staff development and retention.

## Sched A:10 - contd

### REGISTERED PSYCHIATRIC NURSE, GRADE RPN-6

#### 6.1 Definition

Positions are senior Psychiatric Nurse Managers who have a thorough knowledge of the RPN profession and will have considerable proficiency in the art of management in a substantial role.

#### 6.2 Features

- (1) At this level, guide-lines may be unclear and policies ill-defined, involving major intellectual challenge to resolve nursing service delivery problems or significant nurse education issues.
- (2) Positions either will manage the total nursing function in the nominated medium facilities or administer nurse education throughout a region.
- (3) Positions are bound by Psychiatric Services Branch policies and practices and are subject to executive management direction only. Positions will be able to commit the facility or education service to a particular course of action or nursing policy. Positions at this level therefore are expected to lead the investigation of major mental health issues and develop strategies to overcome problems affecting the nursing department's or region's education service.
- (4) Work at this level is distinguished from that of RPN-5s by the size of the nursing service managed and the span of control across a region for the RPN education function.

#### 6.3 Typical Duties

##### DIRECTOR OF NURSING (MEDIUM-FACILITY)

- (1) Be responsible for the overall functional and line management of nursing services and resources.
- (2) Promote the development and enhancement of the participation and skills of nurses and other direct-care staff in accepting and responding to changes that are occurring in the development of psychiatric services.
- (3) Be responsible for the development and preparation of policy and guide-lines pertaining to all aspects of psychiatric nursing and related direct-care service delivery within a medium Psychiatric Services facility (as defined), and for the provision of high-level psychiatric nursing advice to other members of the facility's executive.

## Sched A:10 - contd

- (4) Represent the total RPN function of the facility executive and negotiate at senior levels for the adequate resourcing of the RPN clinical function and its associated activities.
- (5) Ensure the RPN services are of the highest possible quality across the facility through establishing effective reporting relationships between ward, community and Nurse Managers.
- (6) Participate as necessary in the negotiation of local industrial relations issues and report to senior Psychiatric Services Branch management in the event of major disputes.
- (7) Provide professional leadership to all RPNs and other nursing staff in the facility, and encourage staff development and retention.

### PRINCIPAL NURSE EDUCATION OFFICER

- (1) As head of a regional school and as the most senior level of Nurse Educator in the Psychiatric Services Branch, provide authoritative professional leadership in identifying direct-care staff education/training needs and develop appropriate resources.
- (2) Provide policy advice to the Principal Nurse Adviser on nurse education and direct-care staff training for the region.
- (3) Engage in course design, curricula development and education strategies with external educational bodies to access basic and on-going training for all direct-care staff in the region. Undertake regional manpower planning for educational purposes.
- (4) Be accountable for all Psychiatric Nurse education across a region.
- (5) In accordance with Victorian Nurses Board and Psychiatric Services Branch requirements, design a theoretical and clinical education curriculum for student Psychiatric Nurses and ensure appropriate organisation and standards for clinical placements within a region.
- (6) Manage relevant human and material resources.
- (7) Negotiate with psychiatric, general health and community facilities to arrange suitable placements for student Psychiatric Nurses.
- (8) Prepare a program of theoretical education and clinical placements each year for each student Psychiatric Nurse within the region, to meet the Victorian Nurses Board requirements.

## Sched A:10 - contd

- (9) Determine processes for design, construction, evaluation and revision of curricula or parts of curricula pertaining to Psychiatric Nurse education.
- (10) Ensure that curriculum requirements are being met, and promote consultation between Nurse Educators and senior hospital-based RPNs who are involved in both the theory and clinical components of Psychiatric Nurse training.
- (11) As the most senior level of Nurse Educator in the Psychiatric Services Branch, meet with other Nurse Educators at this level to formulate suggestions and recommendations pertaining to policies and professional standards for Psychiatric Nurse education in Victoria, for submission to the Principal Nurse Adviser.

### 7. REGISTERED PSYCHIATRIC NURSE, GRADE RPN-7

#### 7.1 Definition

Positions at this level are in charge of the largest Psychiatric Services Branch psychiatric nursing services and are the most senior RPN managers in Victoria. Positions thus will utilise the highest level of knowledge and skills in managing the RPN function in large mental health facilities.

#### 7.2 Typical Duties

##### DIRECTOR OF NURSING (LARGE FACILITY)

- (1) Be responsible for the overall functional and line management of nursing services and resources.
- (2) Promote the development and enhancement of the participation and skills of nurses and other direct-care staff in accepting and responding to changes that are occurring in the development of psychiatric services.
- (3) Be responsible for the development and preparation of policy and guidelines pertaining to all aspects of psychiatric nursing and related direct-care service delivery within a large Psychiatric Services facility (as defined), and for the provision of high-level psychiatric nursing advice to other members of the facility's executive.
- (4) Represent the total RPN function on the facility executive and negotiate at senior levels for the adequate resourcing of the RPN clinical function and its associated activities.

## Sched A:10 - contd

- (5) Ensure the RPN services are of the highest possible quality across the facility through establishing effective reporting relationships between ward, community and Nurse Managers.
- (6) Participate as necessary in the negotiation of local industrial relations issues and report to senior Psychiatric Services management in the event of major disputes.
- (7) Provide professional leadership to all RPNs and other nursing staff in the facility, and encourage staff development and retention.

### 8. REGISTERED PSYCHIATRIC NURSE, GRADE RPN-7A

Position: DON, NEMPS

#### 8.1 Definition

The position of Director of Nursing NEMPS is in charge of the most diverse and complex nursing services and is the most senior RPN Manager in Victoria.

The position utilises the highest level of knowledge and skills in managing the RPN function and is a member of the sub-regional sector Executive which develops policies and manages programs on a sector wide basis.

### 9. REGISTERED PSYCHIATRIC NURSE, GRADE RPN-8

#### 9.1 Definition

The position is accountable for the planning and development of the profession of psychiatric nursing in the context of Psychiatric Services Branch policy and program directions. The position advises the Manager, Psychiatric Services Branch and generates policies that impact on RPN services provided in the field. However, the Principal Nurse Adviser does not have line authority over RPN-5, RPN-6 and RPN-7 Nurse Managers.

#### 9.2 Typical Duties

##### PRINCIPAL NURSE ADVISER

- (1) Provide a focus for policy development and analysis, service planning and program development in relation to psychiatric nursing in Victoria.
- (2) Provide the central focus and professional leadership for psychiatric nursing and direct-care services, including the enhancement of direct-care services, philosophies, objectives, workforce needs and education requirements.



## Sched A:10 - contd

- (3) Provide major professional input into the development of policy and programs for psychiatric services and into State-wide service-planning activities.
- (4) Undertake workforce planning and evaluation of RPN education and training requirements to ensure that OPS policy objectives can be met. Similar consultancy will be given in relation to other direct-care categories, including Psychiatric State Enrolled Nurse and Psychiatric Services Officer.
- (5) On a State-wide basis, set and evaluate nursing standards within the Psychiatric Services Branch, and negotiate with Directors of Nursing to ensure that these standards are implemented throughout facilities and community settings.
- (6) Decisions made by the position will influence the direction and development of psychiatric nursing, and will require the position to engage in sensitive discussions and negotiations at the most senior levels with the Psychiatric Services Branch.

## 11 HUMAN SERVICES WORKER - POSITION AND PERSON SPECIFICATION

### 11.1 Duties: Listed in order of importance.

- (a) Assist clients in daily living activities, and assist in the provision of personal and self care activities such as toileting, food preparation and eating, dressing, maintenance of personal hygiene etc.
- (b) Undertake the full range of domestic and unit/housekeeping tasks related to the needs of the client and the service setting.
- (c) Provide support services as required, based on an understanding of the clients' needs, wishes and level of independence within established parameters.
- (d) Assist clients attending external appointments, recreational activities and accessing and utilising community resources (eg. general medical care, shops, banks).
- (e) Provide guidance and advice to clients on everyday living issues and report the more complex issues as they arise.
- (f) Maintain client records that are relevant to the functions performed.

Sched A:11 - contd

11.2 Key Selection Criteria: Listed in order of importance.

(Applicants will be assessed against these criteria)

- (a) Ability to provide or assist in the personal care activities associated with everyday living.
- (b) Demonstrated ability to undertake the full range of domestic and housekeeping tasks.
- (c) Ability to assist clients in accessing and utilising general community resources and services.
- (d) Ability to communicate positively with clients and their families.
- (e) Ability to maintain appropriate records.

11.3 Other Helpful Skills, Knowledge and Experience

- (a) Broad appreciation of the principles within the IDPS Act and contemporary approaches to the rights and service needs of people with an intellectual disability.
- (b) To be perceptive and sensitive to the needs and wishes of clients and the problems they experience.
- (c) The possession of a First Aid Certificate would be an advantage.

11.4 Other Relevant Information

- (a) Shiftwork, including night shift and sleep-over shifts may be required.
- (b) Travel may be required for which a current drivers licence would be of assistance.
- (c) Any person not currently employed in a direct service position with H&CS will be required to demonstrate the absence of a relevant criminal history for which a police check may be required.
- (d) H&CS is an EEO employer.
- (e) H&CS is a smoke free environment.
- (f) Occupant may be required to perform other duties as directed.

## Sched A - contd

### 12. FACILITY SERVICES OFFICER

#### 12.1 General Non-Trade Structure

##### Group Standard

The work of positions in this structure provides a variety of support services relating to the operation and maintenance of facilities for people with intellectual disabilities or psychiatric disorders. As such this involves the application of a variety of physical coordinating and staff management skills. At lower levels minimal judgement is required as work supervision and direction is clear. At more senior levels more focussed skills are required, and senior supervisory levels require the management of a sizeable workforce in order to achieve a set level of performance in domestic-related functions, such as cleaning or provision of a catering or laundry service.

##### Qualifications

There are no mandatory qualifications for entry to the structure. Previous experience is not required and on-the-job training is provided. However, at higher levels specific qualifications may be required for some positions. These may include an endorsed licence to drive certain classes of vehicles, or a catering qualification. Supervisory ability is required at higher levels. A licence to drive a standard motor vehicle is required for some positions. Given the nature of the majority of the work, physical fitness and an ability to understand and apply the safe operation of basic cleaning, laundry, kitchen or similar appliances are required.

##### Definitions

Routine direction means that a person

- . receives instructions on what is required, on unusual or difficult features and, when new techniques or practices are involved, on the method of approach;
- . is normally subject to progress checks usually confined to the unusual or difficult aspects and has assignments reviewed on completion; and
- . has the knowledge and experience to perform basic duties usually without detailed instructions.

General direction means that a person:

- . receives general instructions, usually covering only the broader aspects of the work;
- . may be subject to progress checks usually confined to ensuring that, in broad terms, satisfactory progress is being made; and

## Sched A:12 - contd

- . although competent and well experienced in the line of work may, on occasion, receive more detailed instructions, usually when special features are involved.

Limited direction means that a person:

- . receives limited instructions normally comprising a clear statement of objectives;
- . has work usually measured in terms of the achievement of stated objectives; and
- . is fully competent and very experienced in an operational sense and requires little guidance during the performance of the work even when special, unusual or complex features are involved.

### LEVEL ONE

#### Definition

Positions work under routine direction and undertake a range of laundry, cleaning, driving, basic food preparation, labouring or messengerial duties. Positions at this level perform a limited range of recurring tasks across a single function. The work requires the application of physical skills and common sense. Recurring and well defined tasks are undertaken, such as the operation of cleaning and laundry equipment and kitchen appliances. Tasks are generally confined to one or two physical locations. Tasks regularly performed are generally confined to one or two procedures (eg. daily performance of a range of domestic services tasks including minor food and beverage preparations and regular ward cleaning duties; or motor driving duties of a collect and deliver or messengerial nature). Established routines, methods and procedures apply and guidance is readily available with standard instructions applying. Within the framework of mainly pre-determined work schedules, some decision-making may occur in the precise order tasks are performed.

This level is a base operational and recruitment level. Staff at this level have no supervisory responsibility. Staff undertaking work at this level would become competent in individual tasks after a limited period of on-the-job training.

Initially, the work is performed under close direction and there is little scope to deviate from established routines, methods and procedures. Tasks may be mixed within a single functional area of work to provide a variety of work experience; they are of a routine operational nature.

#### Skills and Attributes

There are no mandatory qualifications for entry to this level. Previous experience is not required, as on-the-job training is provided. Physical fitness and an ability to understand and apply the safe operation of basic cleaning, laundry, kitchen or similar appliances are required. Personal hygiene and an appreciation of its importance is required.

## Sched A:12 - contd

A licence to drive a motor car is a job requirement for a restricted number of positions at this level.

### Typical Duties

- (1) Provide a daily domestic and cleaning service within a ward/unit, including regular ward cleaning duties and basic food and beverage preparation (eg. preparing toast, plating food, preparing fruit); or
- (2) Assist in the preparation and serving of food in a kitchen, including storing bulk food, slicing, peeling, cutting, etc., preparing food items, delivering food, washing cutlery, crockery and utensils and, cleaning and washing kitchen areas; or
- (3) Drive a vehicle in order to deliver goods, documents, messages, mail and other items, and perform incidental tasks associated with this function; or
- (4) Perform a range of heavy cleaning tasks such as stripping and polishing large areas of floor surface, moving furniture, cleaning external surfaces such as paths and high windows, removing and replacing curtains and similar fittings, replace small areas of carpet, vinyl or other floor surface, clean a swimming pool facility including adding appropriate chemicals, and similar general labouring tasks; or
- (5) Perform a range of laundryhand tasks, including loading and tending washing machines and dryers, sorting articles by type, colour, fabric and cleaning treatment required, weighing and otherwise recording the receipt and movement of linen and clothing.
- (6) Perform a range of linen room and/or sewing duties including operating industrial machinery, mending clothing and manufactured items such as bibs, bags and aprons. Assist in condemning, folding, sorting, allocating and preparing ward orders. Stack linen.

### Indicative Previous Classifications

FADSA/DSO 1  
Laundryhand/DSO 1  
Cleaner/DSO 1  
Messenger  
General Hand  
Motor Driver, Grade 1  
Seamstress Grade 1  
Watchman  
Pharmacy Attendant

## Sched A:12 - contd

### LEVEL TWO

#### Definition

Positions at this level work under routine direction and the work is subject to regular checks. Detailed instruction is not always necessary however and there is scope for staff to exercise initiative in applying established work practices and procedures.

This level encompasses a range or combination of operational activities which require the application of specific skills or experience, and a general knowledge of the work to be performed. The work may focus on a particular stream of work, such as dry cleaning, general hostel duties, providing information, stores, receipt and dispatch, or the making and repair of clothing.

This level includes more specialised and skilled work performed in one functional area or operational work performed across a number of operational/functional areas.

Knowledge may be required of a range of skills, guide-lines and procedures. Supervision is to hand in respect of task allocation and work quality. Some decision-making is required on appropriate method and arrangement of tasks.

Tasks are performed regularly across a range of activities and possibly a range of physical locations, eg. domestic service assistance tasks within a ward and a kitchen; or domestic service tasks within wards and sewing room and heavy duty cleaning tasks; or regular performance of both motor driving and stores tasks under supervision.

Greater independence is afforded at Level Two than Level One and initiative is required in applying established practices and procedures. It would be expected that staff at this level would be experienced, trained and skilled in their particular areas of facility operations. Some positions may have a minor supervisory role and most would be expected to provide regular advice and assistance to Level One staff. This level can broadly be described as senior operative.

In addition, this level accommodates a modest number of specialist positions where specific skills and/or work experience are required.

#### Skills and Attributes

Generally, there are no mandatory qualifications for entry to this level. However, specific qualifications such as an endorsed licence may be required for some positions. Several years' practical experience in a specific work area or stream or preferably streams of work would provide appropriate training for this level. Skills may be enhanced by on-the-job training. Physical fitness may be required and a knowledge of the safe operation of some specific equipment may need to be acquired.

A licence to drive a standard motor car may be required for some positions.

## Sched A:12 - contd

### Typical Duties

- (1) Regular performance of at least two of the duty types described at Level One; or
- (2) Drive a variety of motor vehicles (including those requiring an endorsed licence) in order to transport clients, food or other goods. Allocate and schedule vehicles to be used by other staff; or
- (3) Provide a comprehensive Inquiry Officer service, both in person and by manning a switchboard, and perform incidental tasks to this function such as monitoring fire and physical security; or
- (4) Under direction receive, handle and dispatch incoming and outgoing goods and supplies from a store, and/or drive a variety of vehicles; or
- (5) Under limited direction perform cleaning, tidying, booking and related tasks at a hostel.

### Indicative Previous Classifications

General Reliever.

FADSA Cleaners, Laundryhands regularly working across a number of distinct functional areas, eg. kitchen/unit/linen store.

Hostel Supervisor, Dry Cleaner, Tailor, Tailoress, Storemen, Grades 1 and 2, Motor Driver, Grades 2 and 3.

### LEVEL THREE

#### Definition

Work at this level is performed under general direction. Positions at this level usually require relevant experience acquired over a number of years and either a sound knowledge of a range of activities or a depth of specialised knowledge of a specific activity. A formal non-mandatory qualification, eg. Certificate of Supervision may assist staff to perform at this level. Supervisory positions may undertake the more complex operational work as well as oversee the work performed by subordinates.

Positions perform a range of tasks within a specialist/specific activity. Resolution of problems can be achieved by referral to precedents, guide-lines and instructions, or trade practice. There is guidance available on task allocation and work quality. There is scope for initiative in the application of established work practices and procedures. Positions with supervisory responsibilities may be involved in working with staff to develop work performance.

## Sched A:12 - contd

### Qualifications, Skills and Attributes

There may be specific mandatory qualifications for appointment to some positions at this level. Several or more years' practical experience in a specific work area or stream would provide appropriate training for this level. This may be supplemented by formal qualifications in limited instances. Occupants need to have a sound knowledge of work practices, procedures, guide-lines and instructions relevant to the work area. Supervisory skills are required at this level.

### Typical Duties

- (1) Manage a store or a stores/transport service at a smaller facility; or
- (2) Under direction, manage a discreet stores or transport function at a larger stores facility (see note below); or
- (3) Manage a team of Domestic Service Officers, Grade 1 and 2, responsible for providing a comprehensive cleaning service; or
- (4) Supervise a section of a laundry facility or manage a linen store.

Note: On an indicative basis facilities currently considered to be larger are Kew Cottages, Lakeside, NEMPS, Janefield, Mayday Hills, Royal Park,

### Indicative Previous Classifications

Laundryhand, Grade 2  
General Hand, Senior and Leading  
Storekeeper, Grade 1  
Central Linen Service Supervisor

## LEVEL FOUR

### Definition

Positions work under general direction and manage the provision of a service or function across a smaller facility or supervise staff undertaking a range of activities or specialised activities.

Work at this level requires a sound knowledge of a function or range of service activities. Positions at this level determine work priorities and planning within their designated activity. Positions at this level have supervisory responsibilities over staff operating a range of equipment and/or undertaking a range of tasks. Positions at this level recruit and counsel staff and maintain standards within the service or function they manage.



## Sched A:12 - contd

Whilst this level is primarily a supervisory one, involvement in wider resource management (eg. budget) is expected, although direction is usually available in this regard.

### Qualifications, Skills and Attributes

There may be specific mandatory qualifications for appointment to some positions at this level. Considerable relevant experience in a work area such as farm or stores management may be supplemented by formal qualifications. Experience in supervising staff is necessary as the level is primarily a supervisory one.

A knowledge of Occupational Health and Safety Regulations, Standards and Procedures is required.

### Typical Duties

- (1) Assist in the management of a full laundry service; or
- (2) Manage a full domestic service in a small facility or assist in the management of a full domestic service in a large facility; (refer notes) or
- (3) Manage a farm at a large facility; or
- (4) Manage a significant store or stores and transport service at a larger facility.

- Notes:
1. Positions also assist in the management of rostering, allocation of duties, leave management, budgeting and counselling staff.
  2. On an indicative basis facilities currently considered to be large are Kew Cottages, Lakeside, Janefield, Mayday Hills, Royal Park and NEMPS.

### Indicative Previous Classifications

Laundry Supervisor  
Senior Storekeeper/Storekeeper, Grade 2  
Farm Manager  
DSS, Grade 1

## Sched A:12 - contd

### LEVEL FIVE

#### Definition

Positions at this level work under limited direction in relation to established priorities and work practices to manage a function or service across a large facility or across a number of facilities. Examples include management of a large laundry or a full catering service. Positions manage a significant labour force. Managerial ability, including the ability to supervise staff, set priorities, monitor work flow and to develop local strategies or work practices may be required. Positions have responsibility to oversee staff training programs, and identify training needs. Positions recruit staff within the parameters of determined staffing levels and are expected to be involved in the application of equal employment opportunity principles and to manage occupational health and safety guide-lines and requirements. Staff selection for lower level supervisory positions and staff counselling and assessment are features of this level. Positions set criteria for service quality control and maintain standards within the function or service they manage. Positions determine work programs and priorities and need to closely monitor assigned budgets. Occupants are required to work in accordance with local policies on budgeting, staffing levels, major purchasing, disciplinary and personnel matters.

#### Qualifications, Skills and Attributes

There may be specific mandatory qualifications for appointment to certain positions at this level, such as in catering. Staff must have extensive relevant experience and this may be supplemented by formal qualifications. Extensive practical experience in supervising a catering, laundry or cleaning function may have been obtained in the Victorian Public Service or private employment. Strong staff management skills are required.

#### Typical Duties

- (1) Manage a full catering service; or
- (2) Manage a full domestic service at a larger facility; or
- (3) Manage a full laundry service.

#### Indicative Previous Classifications

Catering Services Manager, Grades 1 and 2  
Domestic Services Supervisor, Grades 2 and 3  
Laundry Manager  
Laundry Manager, Senior

## Sched A - contd

### 13. TRADESPERSON STRUCTURE

#### 13.1 Trade and Related Structure

##### Group Standard

The work of positions in this structure requires application or oversight of recognised trade skills. The work also includes tasks incidental to the performance of trade work. Additionally, this structure encompasses trade assistant work where clear direction and instruction is provided to unqualified staff.

Supervisory levels in this structure include a supervisory role over a number of trade qualified staff and trade assistants, and a co-ordination role over a significant workforce.

##### Qualifications

###### (1) Level Four

A First Class Ministry of Transport Certificate, membership of the Institute of Hospital Engineers, an appropriate equivalent or a trade certificate issued by the Industrial Training Commission of Victoria or equivalent qualification. This mandatory qualification may be supported by other desirable criteria such as formal qualifications and/or proven supervisory and general management skills.

###### (2) Level Two and Three

A trade certificate issued by the Industrial Training Commission of Victoria, or equivalent trade qualification is required. Standard registration or licence requirements apply for trades such as electrical mechanic and plumber. At Level 3 supervisory ability is required, as is the ability to schedule and cost trade work, monitor maintenance expenditure and assess the work of contractors.

###### (3) Level One

Previous practical experience working as a handyman or working in the building/construction industry, catering, gardening or other trade-related field would be an advantage. On-the-job training in the safe operation of equipment will be provided.

Progression beyond Level One requires acquisition of a trade qualification. Staff at this level will be encouraged to undertake adult apprenticeships.

Physical fitness and a licence to drive a motor car may be required at all levels.

##### Definitions

Routine direction means that a person:

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- . receives instructions on what is required, on unusual or difficult features and, when new techniques or practices are involved, on the method of approach;
- . is normally subject to progress checks usually confined to the unusual or difficult aspects and has assignments reviewed on completion; and
- . has the knowledge and experience to perform basic duties usually without detailed instructions.

General direction means that a person:

- . receives general instructions, usually covering only the broader aspects of the work;
- . may be subject to progress checks usually confined to ensuring that, in broad terms, satisfactory progress is being made; and
- . although competent and well experienced in the line of work may, on occasion, receive more detailed instructions, usually when special features are involved.

Limited direction means that a person:

- . receives limited instructions normally comprising a clear statement of objectives;
- . has work usually measured in terms of the achievement of stated objectives; and
- . is fully competent and very experienced in an operational sense and requires little guidance during the performance of the work even when special, unusual or complex features are involved.

## LEVEL ONE

### Definition

Positions at this level are under routine direction from trade qualified staff and perform a range of trade assistant work.

Within practical parameters, trade assistant work may be organised within specific fields as listed below. These are indicative and not exclusive.

Trade Assistant cooking duties include preparing and cooking food.

Trade Assistant engineering duties may include welding and general maintenance.

## Sched A:13 - contd

Trade Assistant gardening duties include mowing, weeding, watering, slashing, digging, fertilising, spraying, cutting edges, removing fallen branches and minor maintenance on equipment.

General maintenance work includes replacing washers and globes, replacing tiles and door knobs, carrying out the less complex repairs on motor vehicles, farm, garden and other equipment.

### Typical Duties

- (1) Assist trade qualified staff.
- (2) Undertake general handyman tasks, including mechanical repairs.
- (3) Undertake manual tasks such as lifting and moving furniture, monitoring clients' movements around tools and equipment when work is undertaken in Units or areas where clients have access.
- (4) Repair tiling.
- (5) Undertake minor concreting work.
- (6) Clean roofs and gutters of leaves.
- (7) Replace washers, light globes, door knobs.
- (8) Repair items such as washing machines, lawn mowers, wheel chairs, metal fascias.
- (9) Undertake general gardening tasks such as weeding, mowing, watering, slashing, digging, fertilising, spraying weeds/roads, cutting lawn/edges, removing fallen branches.
- (10) Undertake routine maintenance on workshop and gardening equipment.
- (11) Clean boiler rooms.
- (12) Assist painter in preparing surfaces for painting and undertake routine painting work.
- (13) Repair broken chairs and similar items.
- (14) Assisting in the Carpenter's Workshop, including repainting garden stakes, stacking and dressing timber, assisting in erecting and moving furniture, repairing wooden cupboards, etc.

## Sched A:13 - contd

- (15) Monitor clients when maintenance and installation work is being undertaken in areas where clients have access.
- (16) Prepare and cook food.
- (17) Undertake incidental driving duties related to the completion of trade and trades related tasks.

Note: The above is a reasonably comprehensive list of the range of duties which might be encompassed. Personal ability, interest and training would impact on the range of duties which might be asked of an individual.

### Qualifications, Skills and Attributes

A trade is not required. Previous experience as a Handyman or working in the building industry or other trade-related areas would be an advantage. Physical fitness is required and a knowledge of the safe operation of some specific equipment may need to be acquired. On-the-job training may enhance skills already possessed by staff. Direction is provided by trade supervisory staff.

A licence to drive a motor car may be required.

### Indicative Previous Classifications

General Assistant  
Cook, grade 1 (Unqualified)  
Gardener, Grade 1 (Unqualified)  
Fireman  
Agricultural Assistant

### LEVEL TWO

### Definition

Positions at this level work under general direction. This is the recruitment level for trade qualified staff, including trade qualified Cooks and Gardeners. (1) This level includes work incidental to trade work. Work performed at this level includes the full range of trade work for which qualified; perform non-trade tasks incidental to his/her work; perform work which, while primarily involving the skills of the employee's trade, is incidental or peripheral to the primary task and facilitates the completion of the whole task, such incidental or peripheral work would not require additional formal technical training; ensure availability of basic tools and equipment for their trade; supervise unqualified staff and apprentices assisting in the trade work performed. Supervision of trade assistants and apprentices may be required at this level.

## Sched A:13 - contd

### Typical Duties

Precise duties vary from trade to trade. Local job titles may continue to apply.

### Qualifications, Skills and Attributes

A trade qualification is mandatory. Capacity to safely operate the necessary trade equipment is required. Staff are expected to be thoroughly competent in their trade. Supervision and training of unqualified and apprentice staff may be required.

A licence to drive a motor car may be required.

### Indicative Previous Classifications

Carpenter  
Carpenter, Leading Hand  
Painter  
Painter, Leading Hand  
Plasterer, Leading Hand  
Plumber  
Plumber, Leading Hand  
Electrical Mechanic  
Electrical Mechanic, Senior  
Cook, Grade 2A (trade qualified)  
Cook, Grade 2 (unqualified and subject to salary barrier)  
Gardener, Grades 2A and 3A (trade qualified)  
Gardener, Grades 2 and 3 (unqualified and subject to salary barrier)  
Motor Mechanic  
Bricklayer  
Hairdresser  
Engineer Mechanic, Grades 1 and 2

## LEVEL THREE

### Definition

This level works under general direction and is a clear supervisory level of trade qualified staff, including Cooks and Gardeners (2) and includes multi-disciplinary supervisory levels for other trades work. Positions supervise a range of trade qualified staff and trade assistants and other staff. At small facilities this level may be the most senior trade qualified staff member, while at large facilities there may be a number of positions at this level, each responsible for a discreet area of maintenance or for a number of trades staff across a range of trades. Typically, at least four staff would be supervised across a number of trades.

## Sched A:13 - contd

### Typical Duties

Undertake trade work for which qualified; supervise a range of trade and other staff (both Levels One and Two) to ensure the maintenance of buildings, equipment and fittings, gardens and grounds, catering services; monitor maintenance expenditure; schedule and cost work; ensure the quality of work performed by assigned trade and related staff and by maintenance contractors; assist in the recruitment and training of staff; assess the merit of work performed by contracts.

### Qualifications, Skills and Attributes

A trade and sound supervisory skills are both necessary. A trade qualification is mandatory. This could be any building, maintenance, cooking or gardening related trade. Ability to schedule and cost work, assess quotations and oversee the quality of work undertaken is required. Ability to monitor expenditure is required. Sound communication skills are required.

A licence to drive a motor car may be required.

### Indicative Previous Classifications

This is a new role and approximates the current Building Maintenance Officer role. On implementation of the new structure, it is envisaged that a number of these primarily supervisory positions will be created, providing a career structure for some former Leading Hands and trades qualified staff.

Current classifications included in this level are Engineer Mechanic Grade 3, Cook Grades 3 and 4, Gardener Grade 4, Garden Manager, Garden Foremen, Carpenter Foremen and Buildings Maintenance Officer.

## LEVEL FOUR

### Definition

Working under limited direction, a position at this level is a manager of a maintenance function including a range of trade activities performed by trade, trade assistant staff, and, often, Level Three supervisory positions.

### Typical Duties

Co-ordinate a significant workforce of trade qualified and other staff to ensure the maintenance of buildings, fittings, plant and equipment including steam equipment; oversee the recruitment and training of staff; develop rolling maintenance programs; manage a maintenance budget; determine the extent and priority of work to be performed subject to financial, local and practical constraints; monitor contractors' work; provide advice to management on maintenance and installation issues.



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At larger institutions, positions at this level co-ordinate the work of trade classifications at Levels One, Two and Three.

### Qualifications, Skills and Attributes

A first class Ministry of Transport Certificate, membership of the Institute of Hospital Engineers, an appropriate equivalent, or a trade certificate issued by the Industrial Training Commission of Victoria or equivalent is required. Sound proven coordinating and supervisory skills are required. Ability to prepare reports and make recommendations. Demonstrated ability to schedule and cost maintenance work; well developed communication skills. At some locations a practical knowledge of steam generation is required.

A licence to drive a motor car may be required.

Some on-call responsibility may be required for emergency situations.

Some maintenance responsibilities external to the facility may apply.

### Indicative Previous Classifications

Maintenance Engineer, Grade 2.

- (1) Existing Non-Trade qualified Cooks, Grade 2 and Gardeners, Grades 2 and 3, will be included in this level at the inception of the new structure subject to a salary barrier until such time as their trade qualifications or equivalent has been recognised.
- (2) Existing Non-trade qualified Cooks, Grades 3 and 4, and Gardeners, Grade 4, Garden Managers and Foremen, will be included in this level at the inception of the new structure subject to a salary barrier until such time as their trade qualifications or equivalent has been recognised.

SCHEDULE B

TABLE ONE

SALARIES

NEW SALARIES TO COMMENCE FROM THE FIRST PAY PERIOD ON OR AFTER:

		<u>01/03/95</u>	<u>01/09/95</u>
REGISTERED PSYCHIATRIC NURSE, MENTAL RETARDATION NURSE, <u>ALCOHOL &amp; DRUG SERVICES NURSE:</u>			
Level 1	Year 1	26,518	27,579
	Year 2	27,822	28,935
	Year 3	29,126	30,291
	Year 4	30,429	31,646
	Year 5	31,733	33,002
	Year 6	33,037	34,358
	Year 7	34,341	35,715
	Year 8	35,645	37,071
Level 2	Year 1	36,948	38,426
	Year 2	37,818	39,331
	Year 3	38,687	40,234
	Year 4	39,556	41,138
Level 3	Year 1	41,186	42,833
	Year 2	42,164	43,851
	Year 3	43,142	44,868
	Year 4	44,119	45,884
Level 4	Year 1	49,335	51,308
Level 5	Year 1	53,138	55,264
Level 6	Year 1	56,940	59,218
Level 7	Year 1	61,286	63,737
Level 7A	Year 1 (RPN only)	64,546	67,128
Level 8	Year 1	67,805	70,517

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		<u>01/03/95</u>	<u>01/09/95</u>
<u>STUDENT NURSE:</u>			
Level 1	Year 1	21,067	21,910
	Year 2	21,214	22,063
	Year 3	21,821	22,694
	Year 4	22,425	23,322
Level 2	Year 1	22,292	23,184
	Year 2	22,441	23,339
	Year 3	23,065	23,988
	Year 4	23,684	24,631
<u>TRAINEE INTELLECTUAL DISABILITY OFFICER, HUMAN SERVICES WORKER:</u>			
	Year 1	22,310	23,202
	Year 2	22,920	23,837
<u>TRAINEE INTELLECTUAL DISABILITY OFFICER / HUMAN SERVICES WORKER/PSYCHIATRIC SERVICES OFFICER (JUNIOR):</u>			
	Year 1	20,243	21,053
<u>TRAINEE PSYCHIATRIC STATE ENROLLED NURSE (ADULT):</u>			
	Year 1	22,310	23,202
	Year 2	22,920	23,837
(JUNIOR)		20,243	21,053
<u>PSYCHIATRIC STATE ENROLLED NURSE, INTELLECTUAL DISABILITY SERVICES OFFICER, ALCOHOL DRUG SERVICES AIDE:</u>			
Level 1	Year 1	23,815	24,768
	Year 2	24,449	25,427
	Year 3	25,083	26,086
	Year 4	25,719	26,748
Level 2	Year 1	26,851	27,925
	Year 2	27,488	28,587
	Year 3	28,125	29,250
	Year 4	28,763	29,914

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01/03/95      01/09/95

PSYCHIATRIC SERVICES OFFICER (ADULT):

Level 1	Year 1	22,310	23,202
	Year 2	22,920	23,837
	Year 3	23,815	24,768
	Year 4	24,449	25,427
	Year 5	25,084	26,087
	Year 6	25,719	26,748
Level 2	Year 1	26,851	27,925
	Year 2	27,488	28,588
	Year 3	28,125	29,250
	Year 4	28,763	29,914

PSYCHIATRIC SERVICES OFFICER,  
INTELLECTUAL DISABILITY SERVICES OFFICER:

Level 3	Year 1	30,062	31,264
	Year 2	30,727	31,956
	Year 3	31,407	32,663

GENERAL NURSE:

Level 1/2	Year 1	26,418	27,475
	Year 2	27,236	28,325
	Year 3	28,697	29,845
	Year 4	30,171	31,378
	Year 5	31,714	32,983
	Year 6	33,261	34,591
	Year 7	34,809	36,201
Level 3A	Year 1	38,528	40,069
	Year 2	39,145	40,711
Level 4A	Year 1	42,173	43,860
	Year 2	43,352	45,086

DENTAL NURSE

Level 1	Year 1	24,006	24,966
	Year 2	24,496	25,476
	Year 3	24,938	25,936

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		<u>01/03/95</u>	<u>01/09/95</u>
Level 2	Year 1	25,137	26,142
	Year 2	25,710	26,738
Level 3	Year 1	26,883	27,958
	Year 2	27,755	28,865
Level 4	Year 1	31,406	32,662
	Year 2	32,333	33,626
<u>ANAESTHETIC AND OPERATING THEATRE TECHNICIAN</u>			
	Year 1	23,633	24,578
	Year 2	24,133	25,098
	Year 3	24,229	25,198
<u>CHILD CARE OFFICER (ADULT)</u>			
	Year 1	26,584	27,647
	Year 2	27,325	28,418
	Year 3	27,783	28,894
(JUNIOR)			
	Year 1	18,484	19,223
	Year 2	21,023	21,864
	Year 3	23,549	24,491
<u>CHIROPODIST</u>			
	Year 1	26,310	27,362
	Year 2	27,036	28,117
	Year 3	27,371	28,466
<u>CLIENT SERVICES WORKER, GRADE III</u>			
		33,994	35,354
<u>DENTAL TECHNICIAN</u>			
	Year 1	25,177	26,184
	Year 2	25,712	26,740
	Year 3	25,918	26,955

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01/03/95      01/09/95

EEG RECORDIST (ADULT)

Year 1	21,881	22,756
Year 2	22,388	23,284
Year 3	22,471	23,370

(JUNIOR)

Year 1	10,888	11,324
Year 2	12,629	13,134
Year 3	15,007	15,607
Year 4	17,107	17,791
Year 5	19,597	20,381

HEALTH WELFARE OFFICER:

Year 1	26,754	27,824
Year 2	28,259	29,389
Year 3	29,766	30,957
Year 4	31,338	32,592
Year 5	32,934	34,251
Year 6	34,528	35,909

INTERPRETER/TRANSLATOR

Grade 1	Year 1	25,529	26,550
	Year 2	26,186	27,233
	Year 3	26,916	27,993
	Year 4	27,643	28,749
	Year 5	28,326	29,459
Grade 2	Year 1	29,044	30,206
	Year 2	29,779	30,970
	Year 3	30,528	31,749
	Year 4	31,382	32,637

RADIOGRAPHER (ADULT)

Year 1	26,867	27,942
Year 2	28,908	30,064
Year 3	30,659	31,885
Year 4	32,860	34,174

Sched B - contd

		<u>01/03/95</u>	<u>01/09/95</u>
<u>RADIOGRAPHER (SENIOR)</u>			
	Year 1	36,340	37,794
	Year 2	38,461	39,999
	Year 3	40,411	42,027
	Year 4	42,569	44,272
<u>X RAY TECHNICIAN (ASSISTANT)</u>			
	Year 1	20,678	21,505
	Year 2	21,164	22,011
<u>X RAY TECHNICIAN (ADULT)</u>			
Grade 1	Year 1	22,468	23,367
	Year 2	23,137	24,062
	Year 3	23,414	24,351
(JUNIOR)			
Grade 1	Year 1	13,668	14,235
	Year 2	15,975	16,614
	Year 3	18,361	19,096
	Year 4	20,523	21,343
The annual salary for an employee whose classification appears in subclause 9.4 of this award shall be as follows:			
(A) TRADE STRUCTURE:			
<u>TRADES ASSISTANT:</u>			
Level 1	Year 1	23,338	24,272
	Year 2	23,815	24,768
	Year 3	24,292	25,264
<u>TECHNICAL ASSISTANT GRADE 1 (JUNIOR)</u>			
	Year 1	14,411	14,987
	Year 2	16,771	17,442
	Year 3	19,271	20,042
	Year 4	21,560	22,422

Sched B - contd

		<u>01/03/95</u>	<u>01/09/95</u>
<u>TECHNICAL ASSISTANT</u>			
Grade 1	Year 1	23,578	24,521
	Year 2	24,263	25,234
	Year 3	24,922	25,919
	Year 4	25,130	26,135
Grade 2	Year 1	25,741	26,771
	Year 2	26,239	27,289
	Year 3	26,733	27,802
	Year 4	27,227	28,316
	Year 5		
<u>TRADESPERSON:</u>			
Level 2	Year 1	25,882	26,917
	Year 2	26,783	27,854
	Year 3	27,684	28,791
<u>TRADES CO-ORDINATOR GRADE 1:</u>			
Level 3	Year 1	30,122	31,327
	Year 2	31,182	32,429
<u>TRADES CO-ORDINATOR GRADE 2</u>			
Level 4	Year 1	34,892	36,288
<u>MAINTENANCE MANAGER</u>			
Level 4	Year 1	42,312	44,004
<u>MAINTENANCE, ENGINEER SENIOR</u>			
	Year 1	43,106	44,830
(B) NON-TRADES STRUCTURE			
<u>FACILITY SERVICES OFFICER</u>			
Level 1	Year 1	22,225	23,114
	Year 2	22,543	23,445
	Year 3	22,861	23,775



Sched B - contd

		<u>01/03/95</u>	<u>01/09/95</u>
Level 2	Year 1	23,338	24,272
	Year 2	23,815	24,768
	Year 3	24,292	25,264
Level 3	Year 1	24,981	25,980
	Year 2	25,670	26,697
	Year 3	26,359	27,413
Level 4	Year 1	27,260	28,350
	Year 2	28,161	29,287
	Year 3	29,062	30,224

DOMESTIC SERVICES SUPERVISOR

Facility Services Officer

Level 5A	Grade 2	30,520	31,741
Level 5B	Grade 3	31,977	33,256

CATERING SERVICES MANAGER

Facility Services Officer

Level 5C	Grade 1	39,132	40,697
Level 5D	Grade 1		
	Grade 2	41,252	42,902

LAUNDRY MANAGER

Facility Services Officer

Level 5E	Grade 1	37,012	38,492
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LINEN SERVICES MANAGER

Facility Services Officer

	Grade 1	46,552	48,414
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Sched B - contd

		<u>01/03/95</u>	<u>01/09/95</u>
JUNIOR RATES			
NON TRADE STRUCTURE:			
Level 1 Junior	Year 1	11,297	11,749
	Year 2	13,187	13,714
	Year 3	15,655	16,281
	Year 4	17,818	18,531
	Year 5	20,397	21,213
TRADE STRUCTURE:			
Level 1 Junior	Year 1	11,858	12,332
	Year 2	13,854	14,408
	Year 3	16,439	17,097
	Year 4	18,719	19,468
	Year 5	21,423	22,280

## SCHEDULE C

### GRIEVANCE AND DISCIPLINE PROCEDURE

- 1 Personal grievances
- 1.1 The Employer must establish a process in accordance with this Schedule for the resolution of personal grievances within the Department.
- 1.2 A staff member, other than an Executive Officer or a person employed temporarily under the Act on a casual, intermittent or seasonal basis and who has no guarantee of a set period of employment, may lodge a personal grievance in writing with The Employer, seeking a review of an action taken within the Department.
- 1.3 A personal grievance means a grievance of a staff member in respect of any action taken within a Department which directly affects that staff member (including a proposed appointment of a staff member and any action taken or penalty imposed under Part 12 of The Public Sector Management Regulations but not including a decision under this Schedule to refuse an application or request for review, or a determination or direction by The Employer, the Public Service Commissioner or a Grievance Review Tribunal under this Schedule following a grievance review) which the staff member considers-
  - (a) is in breach of the Public Sector Management Act or its Regulations; or
  - (b) infringes the principles of merit and equity, or infringes any personnel policy or guidelines issued by the Public Service Commissioner; or
  - (c) is otherwise unreasonable.
- 1.4 In this Schedule -
  - (a) a reference to a staff member includes a reference to a former staff member
  - (b) in relation to his or her former employment; and "action" includes refusal or failure to take an action.
- 1.5 The grievance resolution process must allow for-
  - (a) where both parties agree, conciliation to occur before any resolution of the matter through arbitration; and
  - (b) natural justice to be applied; and
  - (c) the aggrieved staff member, on request, to be represented at any hearing by an agent; and
  - (d) the expeditious resolution of grievances.

## Sched C - contd

- 1.6 Despite paragraph 1.5 above, the staff member may not be represented by a person who is or has been a duly qualified legal practitioner in a State or Territory of the Commonwealth, except where the personal grievance relates to a charge having been proved or a penalty imposed in the course of a discipline inquiry under this schedule, or where the employer determines otherwise.
- 1.8 A temporary employee with less than six months continuous service may not request the review of an action relating to dismissal or threatened dismissal.
- 1.9 A staff member is only entitled to lodge an application for review of a proposed appointment to a position where-
- (a) appointment to the position in question would constitute a promotion for the staff member; and
  - (b) the staff member is qualified for the position; and
  - (c) the staff member was an applicant for the position; and
  - (d) as at the closing date for lodging applications for review the staff member was a temporary employee with at least 2 years continuous service or an officer; and
  - (e) the proposed appointment is to a position other than an executive position; and
  - (f) the proposed appointee is a staff member; and
  - (g) the ground for the grievance is-
    - (i) the staff member was the person best suited to the position; or
    - (ii) there were significant deficiencies in the selection process which prevented the selection of the person best suited to the position.
- 1.10 If the Public Sector Management Act or its Regulations provide a direct mechanism for review through another avenue, a request for review under this Schedule must not be accepted.
- 1.11 Nothing in this Schedule is intended to prevent any informal resolution of grievances which might otherwise be the subject of a request for review under this Schedule.
2. Grievance review process
- 2.1 The Employer may nominate one or more persons to assist in the review and resolution of personal grievances.

## Sched C - contd

- 2.2 Any person nominated under paragraph 2.1 to review, or participate in the review of, an action which is the subject of a personal grievance must not have had any involvement in that action.
- 2.3 The Employer must not in any way direct or influence a person nominated under paragraph 2.1 in the performance of his or her duties under this Schedule.
- 2.4 Having regard to the recommendation of a person or persons nominated under paragraph 2.1, the Employer may determine an application for review of an action under this Schedule, and may confirm, vary or quash that action.
- 2.5 An application for review of an action under this schedule must be lodged within 14 days of the action or of the date of notification of the action, whichever occurs last, except where the Employer is satisfied that the circumstances justify acceptance of an application lodged outside this period.
- 2.6 On receipt of the proposal of a selection committee in relation to an appointment, the Employer must cause each staff member applicant for the vacancy to be advised in writing of the proposed appointment.
- 2.7 Where an application for review of a proposed appointment has been lodged, the Employer must not publish particulars of the appointment in the Public Service Notices until the outcome of the review is known.
- 2.8 An application for review of an action under this Schedule may be refused by the Employer if the Employer considers it to be trivial, vexatious or not made in good faith.
- 2.9 All proceedings under this Schedule must be conducted without regard to legal forms and solemnities and must be directed by the best evidence available, whether that is evidence that the law admits, requires or demands in other cases or not.
3. Referral of request for review to Public Service Commissioner
- 3.1 A request for the review of an action under this Schedule must be referred to the Public Service Commissioner by the Employer if-
  - (a) the Employer was directly involved in the action under review or is the subject of the grievance; or
  - (b) the action related to dismissal, other than annulment of appointment under section 27 or 43 of the Public Sector Management Act; or
  - (c) the Employer considers it appropriate; or
  - (d) the Public Service Commissioner has determined under paragraph 5.1.

## Sched C - contd

- 3.2 If a request for review is referred to the Public Service Commissioner under Paragraph 3.1, it must be supported by a detailed summary of the case.
- 3.3 If The Employer refers a request for review to the Public Service Commissioner under regulation 3.1(c) or (d), the administrative costs of the review, as determined by the Public Service Commissioner, must be paid by the Employer.
- 3.4 The Public Service Commissioner may refuse a request for review referred under this schedule if satisfied that the request is trivial, vexatious, not made in good faith, would be more appropriately dealt with by the referring Employer or should not be heard for any other reason.

## 4. Complaint regarding sexual harassment or discrimination

For the purposes of section 103 of the Public Sector Management Act, a staff member must be taken to have exercised a right of review under the Act if-

- (a) the staff member has lodged an application under this Schedule; and
- (b) the staff member has been advised by the Employer of the alternative of lodging a complaint under the Equal Opportunity Act 1984 and the outcomes available under either process; and
- (c) notwithstanding, the staff member has elected to proceed with the application under this Schedule; and
- (d) the application has been accepted under this Schedule.

## 5. Review by Public Service Commissioner

- 5.1 The Public Service Commissioner may determine that a certain class or classes of personal grievance lodged under paragraph 1.2 must be referred to the Public Service Commissioner, and must not be determined through the departmental grievance review process.
- 5.2 If the Public Service Commissioner agrees to review a matter referred under Paragraph 3.1, the Public Service Commissioner may conduct the review or may constitute a Grievance Review Tribunal to review the matter in accordance with clause 7.
- 5.3 If the Public Service Commissioner has received a complaint of sexual harassment or discrimination against a staff member or the Employer referred under paragraph 3.1, and the requirements of clause 4 have been met, the Public Service Commissioner or a Grievance Review Tribunal shall-

Sched C - contd

- (a) investigate the complaint; and
  - (b) in the case of a complaint against the Employer, recommend to the relevant Minister the action to be taken, if any; and
  - (c) in the case of a complaint against a staff member, give any directions or make any recommendations that are, in the opinion of the Public Service Commissioner or the Tribunal, necessary or desirable to redress the complaint.
- 5.4 After reviewing any other matter under this schedule, except a proposed appointment, the Public Service Commissioner or a Grievance Review Tribunal may-
- (a) confirm the action; or
  - (b) give any directions or make any recommendations that are, in the opinion of the Commissioner or the Tribunal, necessary or desirable to redress the grievance.
- 5.5 After considering a request for review of a proposed appointment, the Public Service Commissioner or a Grievance Review Tribunal may recommend to the Employer that he or she:
- (a) make the proposed appointment; or
  - (b) cancel the proposed appointment; or
  - (c) cancel the proposed appointment and appoint the aggrieved staff member; or
  - (d) where it is considered that the selection process was so substantially flawed as to affect the selection outcome, cancel the proposed appointment and recommence the selection process; or
  - (e) take any other action.
- 5.6 The Employer must give effect to any determination or direction under this Schedule of the Public Service Commissioner or a Grievance Review Tribunal, and must advise the Public Service Commissioner within 30 days after the date of the determination or direction of the action taken.
- 5.7 The Employer must advise the Public Service Commissioner within 30 days after the date of a recommendation of the Public Service Commissioner or a Grievance Review Tribunal of the employer's response to the recommendation.
6. Review of departmental personal grievance review procedures
- 6.1 The Public Service Commissioner may appoint one or more persons to-

## Sched C - contd

- (a) investigate complaints about departmental grievance review processes; and
  - (b) endeavour to conciliate these complaints; and
  - (c) advise the Public Service Commissioner and the Employer where departmental grievance review processes are found to be deficient, and to make recommendations concerning remedial strategies.
- 6.2 A staff member may lodge a complaint with the Public Service Commissioner for grievance mediation where he or she considers that a grievance review process under this Schedule-
- (a) failed to comply with this Schedule with any guidelines issued by the Public Service Commissioner; or
  - (b) was unfair; or
  - (c) has been unduly protracted.
- 6.3 Any complaint of a staff member under paragraph 6.2 must be lodged with the Public Service Commissioner within 30 days after the date of notification of the outcome of the review.
- 6.4 The Public Service Commissioner may decline to consider a complaint if satisfied that the complaint is trivial, vexatious, not made in good faith, or should not be heard for any other reason.
- 6.5 The Employer must provide a person under paragraph 6.1 with any necessary assistance in investigating a complaint.
7. Grievance Review Tribunal
- 7.1 The Public Service Commissioner may appoint a Grievance Review Tribunal for the purpose of reviewing matters in accordance with this Schedule.
- 7.2 A Grievance Review Tribunal may consist of one or more persons. A person is not eligible to serve on a Grievance Review Tribunal if the person had any involvement in the matter under review.
- 7.3 A staff member appointed to serve on a Grievance Review Tribunal is not entitled to receive any additional payment for the duties performed as a member of the Tribunal, except reimbursement of expenses necessarily incurred.
- 7.4 The Employer must provide a Grievance Review Tribunal with any necessary assistance in reviewing a matter under this Schedule.



Sched C - contd

7.5 A Grievance Review Tribunal may regulate its own procedures and in carrying out its duties may decide to-

- (a) accept written submissions;
- (b) accept oral submissions;
- (c) allow an agent to represent a person, the Employer or other body before the Tribunal, but except in relation to disciplinary matters, unless the Tribunal specifically allows otherwise, legal representation shall not be permitted.

8. Authority of The Employer

The Employer is responsible for the discipline of staff members in accordance with the provisions of this Schedule.

9. Breach of discipline

9.1 A staff member who-

- (a) contravenes or fails to comply with-
  - (i) a provision of the Public Sector Management Sector Act; or
  - (ii) a lawful instruction of the Employer or a person having the authority to give the instruction; or
  - (iii) a provision of the Code of Conduct issued by the Public Service Commissioner; or
- (b) is negligent or careless in the discharge of his or her duties; or
- (c) commits any act of misconduct; or
- (d) is inefficient or incompetent through causes within his or her own control-

commits a breach of discipline and is liable to disciplinary action in accordance with the provisions of this Schedule.

9.2 If the Employer has reason to believe that a staff member has committed a breach of discipline, the staff member may be charged in writing with that breach of discipline. Each charge shall outline in writing the facts, dates and other matters which constitute the alleged breach of discipline.

Sched C - contd

10. Application

10.1 This Schedule does not apply to a person employed temporarily under the Public Sector Management Act who has been continuously employed for less than 6 months, or to a person employed temporarily under the Public Sector Management Act on a casual, intermittent or seasonal basis and who has no guarantee of a set period of employment.

11. Discipline inquiry

11.1 If a staff member has been charged with a breach of discipline, the Employer must hold an inquiry to determine whether the staff member is liable to disciplinary action.

11.2 Notice in writing of an inquiry, setting out the grounds on which the staff member is charged with an alleged breach of discipline, must be given to the staff member.

11.3 The staff member must be provided with at least 7 days notice of an inquiry.

11.4 Nothing in this Schedule prevents the making of any preliminary investigation to the holding of an inquiry.

11.5 A person is not eligible to conduct an inquiry in relation to a charge if he or she-

- (a) participated in investigating or furnished a report in respect of any of the matters alleged to constitute the breach of discipline to which the charge relates; or
- (b) charged the staff member with the breach of discipline.

11.6 A staff member charged with a breach of discipline-

- (a) may be assisted or represented in the inquiry by an agent including a legal practitioner; and
- (b) must be afforded reasonable opportunity-
  - (i) to be present during the course of the inquiry; and
  - (ii) in the course of the inquiry to question persons making allegations against the staff member or providing information in support of the allegations; and
  - (iii) to bring persons or documents before the inquiry to provide information in support of the staff member; and
  - (iv) to make statements and representations to the inquiry.

Sched C - contd

11.7 On beginning an investigation or an inquiry into an alleged breach of discipline, the Employer may take one or more of the following actions by notice in writing to the staff member:

- (a) transfer the member to other duties at existing salary;
- (b) with the approval of the Head of another Department, transfer the staff member to a position in that other Department at the same or a similar level of salary;
- (c) direct the staff member to take any accrued leave entitlements;
- (d) suspend the staff member from duty with pay or, following consultation with the Public Service Commissioner, without pay.

12. Determination of the inquiry

12.1 If, following an inquiry under this Schedule, the person conducting the inquiry is satisfied on the balance of probabilities that the staff member has committed a breach of discipline, that person may make one or more of the following determinations-

- (a) issue a reprimand;
- (b) impose a fine not exceeding \$1,000.00;
- (c) transfer the staff member to another position in the Department or, a position in another Department with the approval of the Department Head of that other Department, at the same or a similar level of salary;
- (d) reduce the staff member in classification and salary;
- (e) reduce the staff member in salary;
- (f) dismiss the staff member.

12.2 Determinations made under paragraph 11.1 must provide for an operative date of effect.

12.3 If the person conducting the inquiry finds that the charge has not been proved:

- (a) any suspension against the staff member relating to the charge expires; and
- (b) if the staff member has been suspended without pay, an amount equal to the pay the member would have received during that period of suspension must be paid to the member; and
- (c) if the staff member has been directed to take leave, the member must be credited with any leave taken at that direction.

## Sched C - contd

12.4 Within 14 days after the conclusion of the inquiry, the staff member must be provided with notice in writing of the findings of the inquiry and any determinations made under paragraph 11.1.

### 13. Offences punishable by imprisonment

13.1 If a staff member is charged with a criminal offence punishable by imprisonment (including a charge filed but not dealt with prior to that person becoming a staff member), the Employer may take one or more of the following actions by notice in writing to the staff member-

- (a) transfer the staff member to other duties at existing salary;
- (b) with the approval of the Head of another Department, transfer the staff member to a position in that other Department at the same or a similar level of salary;
- (c) direct the staff member to take any accrued leave entitlements;
- (d) suspend the staff member from duty with pay, or following consultation with the Public Service Commissioner, without pay.

13.2 This regulation does not limit the power of The Employer to annul an appointment under section 43 of the Public Sector Management Act.

### 14. Action following determination of charge

14.1 If a charge against a staff member who is suspended under paragraph 12.1(d) is proven, the suspension continues until action is taken under this Schedule following that finding.

14.2 If a charge against a staff member is not proven, any action taken under clause 12 must be reversed and any leave recredited or pay withheld reimbursed.

### 15. Inquiry where charge found proven

If a charge against a staff member relating to a criminal offence which is punishable by imprisonment is proven (including a charge filed but not dealt with prior to that person becoming a staff member), the Employer may conduct an inquiry in accordance with the procedures specified in clause 10 to consider-

- (a) the impact of the offence on the reputation of the public service and the maintenance of its integrity and standards; and
- (b) community attitudes to the offence and the penalty imposed; and
- (c) the relationship of the offence to the duties of the staff member and to the Department.

Sched C - contd

16. Action against staff member following inquiry

If, following an inquiry, the person conducting the inquiry is satisfied that the conduct of the staff member warrants action, that person may make one or more of the determinations set out in paragraph 11.1.

17. Action if finding that charge is proven is quashed or nullified

17.1 If action has been taken against a staff member under clause 15 and the finding that a charge is proven is subsequently quashed or otherwise nullified-

- (a) the action taken must be set aside; and
- (b) the staff member must be re-appointed or reinstated (as the case requires) in the public service to an equivalent position and salary to that held by the member before the action was taken.

17.2 If the action taken against a staff member under clause 15 included

- (a) the staff member must be taken to have continued in the public service as if the dismissal had not occurred; and
- (b) the period during which, as a result of the dismissal, the staff member was not performing his or her duties must be taken to have been a period of leave without pay.

18 Suspension

18.1 A staff member who is suspended from duty without pay under this Schedule may engage in paid employment outside the public service.

18.2 If a staff member who has been suspended from duty with pay under this Schedule-

- (a) resigns before the determination of the charge; or
- (b) is dismissed under this Schedule -

all payments of remuneration made to the staff member during that suspension shall, unless the Employer otherwise determines, be debts due to the Crown, and may be recovered in a court of competent jurisdiction.

18.3 If a staff member who has been suspended from duty without pay under this Schedule -

- (a) resigns before the determination of the charge; or
- (b) is dismissed under this Schedule -

Sched C - contd

the staff member forfeits the remuneration withheld during the period of suspension, unless the Employer otherwise determines.

- 18.4 Any period of suspension without pay imposed on a staff member, which is subsequently lifted and the unpaid remuneration paid, shall be included as part of that member's service for the purpose of calculating employment entitlements.

## SCHEDULE D

### Overseas Allowances

- (1) Reimbursement of personal expenses to officers while absent from Australia and travelling by transport which includes sustenance shall be at the rate of \$2.00 per day.
- (2) Reimbursement of personal expenses to officers while absent from Australia and not travelling by transport which include sustenance shall be in accordance with the daily rates of allowances specified in this schedule which are to meet the particular needs of the officers on brief visits of duty of up to 28 days.

#### DAILY RATES OF REIMBURSEMENT FOR PERSONAL EXPENSES

Rate 1 is appropriate for officers in receipt of a salary up to but not including \$93,265 per annum.

Rate 2 is appropriate for officers in receipt of a salary of \$93,265 per annum or above.

Type A Rate is for the cost of meals and incidental expenses only.

Type B Rate is for the cost of incidental expenses only.

COUNTRY	CURRENCY	TYPE	RATE 1	RATE 2
Algeria	A.Diners	A	671.00	892.00
Argentina	\$U.S.	A	67.00	89.00
Austria	A.Schilling	A	1330.00	1769.00
Bahrain	B.Dinars	A	33.00	44.00
Bangladesh	Takas	A	1936.00	2575.00
Belgium	B. Francs	A	3273.00	4353.00
Brazil	\$U.S.	A	46.00	61.00
Britain	Pounds Sterling	A	55.20	73.40
Brunei	\$B	A	137.00	182.00
Bulgaria	\$U.S.	A	37.00	50.00
Cambodia	\$U.S.	A	50.20	66.70
Canada	\$Can.	A	80.00	106.00
Chile	\$U.S.	A	43.00	57.00
China, Peoples Republic of	Yuan	A	268.10	356.60
Cook Islands	\$N.Z.	A	92.00	123.00
Cyprus	Pounds.C.	A	34.00	45.00
Czechoslovakia	Kcs	A	1102.00	1466.00
Denmark	D.Kroner	A	711.00	945.00
Egypt	LE	A	126.30	168.00
Ethiopia	E.Birr	A	124.00	165.00
Fiji	\$F	A	85.40	113.50

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COUNTRY	CURRENCY	TYPE	RATE 1	RATE 2
Finland	Markka	A	433.00	576.00
France	F.Francis	A	722.00	960.00
French Polynesia	C.F.P. Francis	A	12177.00	16195.00
Germany	D.M.	A	134.00	179.00
Ghana	\$U.S.	A	50.40	67.20
Greece	Drachmae	A	16631.00	22119.00
Hong Kong	\$H.K.	A	804.00	1070.00
Hungary	Forints	A	2759.00	3670.00
Iceland	Kroner	A	6764.00	8996.00
India - New Delhi	Rupees	A	763.00	1015.00
- Elsewhere	Rupees	A	615.00	818.00
Indonesia - Jakarta	Rupiahs	A	145377.00	193351.00
- Elsewhere	Rupiahs	A	125963.00	167531.00
Galang	\$S	A	80.00	107.00
Iran	Rials	A	12938.00	17208.00
Iraq	I.Dianrs	A	35.000	47.00
Ireland	Punt	A	41.80	55.60
Israel	\$U.S.	A	87.10	115.90
Italy	Lire	A	171863.00	228578.00
Jamaica	\$J	A	624.00	830.00
Japan	Yen	A	16640.00	22131.00
Jordan	J.Dinars	A	47.000	63.00
Kenya	K.Shillings	A	880.00	1170.00
Kiribati	\$A	A	46.00	61.00
Korea, Republic of	Won	A	76540.00	101798.00
Kuwait	K.Dinars	A	48.70	64.80
Laos	\$U.S.	A	23.63	31.50
Lesodtho	Rand	A	100.30	133.40
Luxembourg	L.F.	A	3541.00	4709.00
Malaysia - Kuala Lumper	\$M	A	205.60	273.40
- Bidong	\$M	A	62.68	83.30
- Elsewhere	\$M	A	113.30	150.70
Malta	Lira	A	22.00	29.00
Marshall Islands	\$U.S.	A	48.00	64.00
Mauritius	Rupees	A	872.00	1159.00
Mexico	\$U.S.	A	59.70	79.40
Micronesia	\$U.S.	A	44.00	44.00
Myanmar	\$U.S.	A	49.00	58.00
Namibia	Rand	A	125.00	166.00
Nauru	\$A	A	37.00	49.00
Nepal - Kathmandu	Rupees	A	1236.00	1644.00
Netherlands	Guilders	A	138.00	183.00
New Caledonia	CFP Francis	A	10228.00	13603.00
New Zealand	\$N.Z.	A	133.30	177.30
Nigeria	Naira	A	260.00	346.00



Sched D - contd

COUNTRY	CURRENCY	TYPE	RATE 1	RATE 2
Norway	N.Krone	A	643.00	856.00
Oman	O.Iris	A	32.00	43.00
Pakistan	P.Rupees	A	857.00	1140.00
Papua New Guinea	Kina	A	67.00	89.00
Paraguay	\$U.S.	A	33.55	43.35
Peru	\$U.S.	A	47.00	63.00
Philippines	Pesos	A	1795.00	2388.00
Poland	\$U.S.	A	30.20	40.20
Portugal	Escudos	A	9367.00	12458.00
Qatar	Q.Riyals	A	258.35	344.45
Romania	\$U.S.	A	31.00	42.00
Saudi Arabia - Riyadh	S.Riyals	A	324.00	431.00
- Elsewhere	S.Riyals	A	308.00	409.00
Singapore	\$S	A	134.00	178.00
Soloman Islands	\$S.I.	A	108.10	143.80
South Africa	Rand	A	138.40	184.00
Spain	Pesetas	A	12699.00	16890.00
Sri Lanka	S.L.R.	A	1378.00	1832.00
Sudan	Lsd	B	38.00	50.670
Swaziland	Rand	A	106.20	41.30
Sweden	S.Krona	A	684.00	910.00
Switzerland	S.Francs	A	162.00	215.00
Syria	Pounds S	A	2347.00	3122.00
Tanzania	T.Shillings	A	2122.00	2822.00
Thailand	Baht	A	1866.00	2481.00
Tonga	Pa'anga	A	56.00	75.00
Tunista	Dinar	A	50.00	67.00
Turkey	\$U.S.	A	93.00	123.00
Union of Soviet Socialist Republics	\$U.S.	A	84.60	112.50
United Arab Emirates	Dirhams	A	308.00	410.00
United States of America **				
- Chicago	\$U.S.	A	89.60	119.20
- Guam	\$U.S.	A	83.00	111.00
- Honolulu	\$U.S.	A	79.00	105.00
- Houston	\$U.S.	A	69.00	92.00
- Los Angeles	\$U.S.	A	93.00	124.00
- Miami	\$U.S.	A	63.18	84.25
- New York	\$U.S.	A	121.50	161.60
- San Francisco	\$U.S.	A	85.00	113.00
- St Louis	\$U.S.	A	71.00	95.00
- Stratford	\$U.S.	A	77.00	103.00
- Washington D.C.	\$U.S.	A	77.00	102.00
Uruguay	\$U.S.	A	47.90	63.70
Vanuatu	Vatu	A	7129.00	9482.00
Venezuela	\$U.S.	A	41.00	55.00

Sched D - contd

COUNTRY	CURRENCY	TYPE	RATE 1	RATE 2
Vietnam - Ho Chi Minh City	\$U.S.	A	23.00	31.001
- Elsewhere	\$U.S.	A	19.00	25.001
Western Samoa	Tala	A	89.00	118.00
Yugoslavia	\$U.S.	A	49.00	66.000
Zambia	\$U.S.	A	49.00	65.001
Zimbabwe	\$Z	A	96.80	128.81
Other Countries	\$A	B	27.00	36.00

\*\* Where an officer is in the United States of America at a locality which is not specified in the above table, the officer shall be entitled to be paid an allowance as if the officer were at a locality in column 2 of the following table opposite to the relevant locality in column 1

Column 1

Column 2

Relevant Locality

Locality in respect of which allowance payable

United States of America

Alabama, Arkansas, Delaware District of Columbia, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, West Virginia

Washington D.C.

New York State

New York

Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, Pennsylvania, Rhode Island, Vermont

Stratford

Missouri

St Louis

Alaska, Illinois, Indiana, Iowa, Michigan, Minnesota, Ohio, Wisconsin

Chicago

California (north of 36th parallel), Colorado, Idaho, Kansas, Montana, Nebraska, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming

San Francisco

California (south of 36th parallel)

Los Angeles

Florida

Miami

Arizona, New Mexico, Oklahoma, Texas

Houston

Hawaii

Honolulu

\*\*end of text\*\*