

CHILD SAFE STANDARD 3: ALIGNING THE CHILD SAFETY CODE OF CONDUCT TO OTHER PROFESSIONAL CODES

CHILD SAFETY CODE OF CONDUCT – <u>KEY AREAS</u>	Public sector (further information provided in section 3a) below the table)	Teachers (further information provided in section 3b) below the table)	Psychologists (further information provided in section 3c) below the table)	Nurses (further information provided in section 3d) below the table)	Speech pathologists (further information provided in section 3e) below the table)
1. Adhering to the school's child safe policy	n/a	n/a	n/a	n/a	n/a
2. Protect children from abuse	3.6 Reporting Unethical Behaviour 7.1 Leading by Example 8.2 Making Decisions Consistent with Human Rights 8.4 Protecting Human Rights	1.2 Treat students with dignity 3.2: Legal requirements	A.1. Justice A.2. Respect B.3. Professional responsibility C.4. Non-exploitation	1. Practise in a safe and competent manner 2. Practise in accordance with the standards of the profession 3. Conduct in accordance with laws	1. Values (Integrity, Respect and Care) 2. Principles (Non-maleficence, Fairness) Professional integrity 3.1 Duties to our Clients and to the Community 3.2 Duties to our Employers
3. Treat everyone in the school community with respect	6.1 Fair and Objective 6.4 Equity and Diversity 7.1 Leading by Example 7.3 Supporting Others	1.2: Treat students with dignity 1.6: Professional relationship with parents 1.7: Collaborative relationships with students and families 1.8: Collegiality	A.1. Justice A.2. Respect B.3. Professional responsibility	4. Respect of people receiving care 8. Trusting relationships 9. Building the community's trust	1. Values (Respect and Care, Professionalism) 3.4 Duties to our Colleagues
4. Listening and responding to the views and concerns of children	6.1 Fair and Objective 8.4 Protecting Human Rights	1.2: Treat students with dignity	A.2. Respect A.5. Confidentiality B.3. Professional responsibility	5. Privacy and confidentiality 8. Trusting relationships	1. Values (Respect and Care, Professionalism) 2. Principles (Fairness) 3.1 Duties to our Clients and to the Community
5. Promote cultural safety, participation and empowerment of Aboriginal and Torres Strait Islander children, children with culturally and/or linguistically	6.4 Equity and Diversity 7.1 Leading by Example 8.4 Protecting Human Rights	1.2: Treat students with dignity	A.1. Justice A.2. Respect	4. Respect of people receiving care 8. Trusting relationships	1. Values (Respect and Care) 2. Principles (Fairness) 3.1 Duties to our Clients and to the Community

CHILD SAFETY CODE OF CONDUCT – <u>KEY AREAS</u>	Public sector (further information provided in section 3a) below the table)	Teachers (further information provided in section 3b) below the table)	Psychologists (further information provided in section 3c) below the table)	Nurses (further information provided in section 3d) below the table)	Speech pathologists (further information provided in section 3e) below the table)
diverse backgrounds and children with a disability					
6. Reporting any allegations of child abuse and any safety concerns	3.6 Reporting Unethical Behaviour 6.2 Privacy and Confidentiality 3.10 Criminal Offences 8.4 Protecting Human Rights	1.2: Treat students with dignity 2.1: Personal conduct 3.1: Professionalism and competence 3.2: Legal requirements	A.1. Justice A.4. Privacy A.5. Confidentiality B.3. Professional responsibility	3. Conduct in accordance with laws 5. Privacy and confidentiality 7. Informed decision- making 8. Trusting relationships	3.1 Duties to our Clients and to the Community 3.2 Duties to our Employers
7. Inappropriate relationships, language, communication or conduct regarding children	3.6 Reporting Unethical Behaviour 7.1 Leading by Example 8.2 Making Decisions Consistent with Human Rights 8.4 Protecting Human Rights	1.2 Treat students with dignity 3.2: Legal requirements	A.1. Justice A.2. Respect B.3. Professional responsibility C.4. Non-exploitation	1. Practise in a safe and competent manner 2. Practise in accordance with the standards of the profession 3. Conduct in accordance with laws	1. Values (Professionalism) 2. Principles (Non- maleficence, Professional integrity) 3.1 Duties to our Clients and to the Community 3.2 Duties to our Employers
8. Inappropriate consumption of alcohol or drugs	3.11 Drugs and Alcohol	1.5: Professional relationship with students at all times 2.1: Personal conduct 3.1: Professionalism and competence	B.1. Competence	1. Practise in a safe and competent manner	1. Values (Professionalism, Quality Standards and Continuing Competence) 2. Principles (Professional integrity) 3.1 Duties to our Clients and to the Community

Section 3a) Code of Conduct for Victorian Public Sector Employees

INTEGRITY – public officials should demonstrate integrity.

3.6 Reporting Unethical Behaviour Public sector employees comply with legislation, policies and lawful instructions in the performance of their work. Public sector employees report to an appropriate authority workplace behaviour that violates any law, rule or regulation or represents corrupt conduct, mismanagement of public resources, or is a danger to public health or safety or to the environment. Public sector employers inform their employees of their rights and responsibilities under ‘whistleblower’ and similar legislation.

3.10 Criminal Offences Public sector employees advise their manager if they are charged with a criminal offence, which is punishable by imprisonment or, if found guilty, could reasonably be seen to affect their ability to meet the inherent requirements of the work they are engaged to perform.

3.11 Drugs and Alcohol Public sector employees carry out their work safely and avoid conduct that puts themselves or others at risk. This includes the misuse of alcohol, drugs or other substances when at work or when engaged in work related activities. The misuse of alcohol, prescribed drugs, illegal drugs and other substances is an issue for both employers and employees as it impacts on both work and personal life and in some cases the reputation of their public sector body. Public sector employees who are on medication that could affect their work performance or the safety of themselves or others inform their manager or supervisor to ensure any necessary precautions or adjustments to work can be put in place.

RESPECT – public officials should demonstrate respect for colleagues, other public officials and members of the Victorian community.

6.1 Fair and Objective Treatment Public sector employees promote an environment that encourages respect. Public sector employees are fair, objective and courteous in their dealings with the Government, community and other public sector employees.

6.2 Privacy and Confidentiality Public sector employees understand the importance of privacy and confidentiality. Confidential information requires special treatment and protection. Those people who provide confidential information to public sector employees have the right to expect this information will be treated as confidential. Public sector employees with access to confidential information ensure it remains confidential, and at all times act in accordance with legislation and policies relating to dealing with private information.

6.4 Equity and Diversity Public sector employees follow the spirit as well as the letter of the law relating to discrimination, harassment, bullying and victimisation. Public sector employees create an environment that is free of discrimination, harassment and bullying. Valuing and promoting diversity is an important element of demonstrating respect.

LEADERSHIP – public officials should demonstrate leadership.

7.1 Leading by Example Public sector employees model the behaviours based on the public sector values and at all times act in an ethical manner. Leadership is about positive influence, inspiring and empowering others. Providing sound advice, delivering high quality services and encouraging best practice demonstrates responsiveness. Being honest, using powers correctly, identifying and dealing with inappropriate conduct, avoiding conflicts of interest and developing and maintaining public trust demonstrates integrity. Making decisions that are free of bias, considering all relevant facts and ensuring policies and programs are implemented fairly demonstrates impartiality. Being transparent, responsible, using resources efficiently and inviting scrutiny demonstrates accountability. Treating others fairly, eliminating discrimination, harassment and bullying, and focusing on improving outcomes demonstrates respect.

7.3 Supporting Others Public sector employees work co-operatively with their colleagues and other public sector body employees. They support and learn from them and accept differences in personal style. They respect, and seek when necessary, the professional opinions of colleagues in their area of competence, and acknowledge their contribution. Public sector employees, managers and supervisors provide other public sector employees with support and guidance.

HUMAN RIGHTS – public officials should respect and promote the human rights set out in the Charter of Human Rights and Responsibilities.

8.2 Making Decisions and Providing Advice Consistent with Human Rights Public sector employees ensure their own decisions, advice and policy development properly considers the human rights set out in the Charter, and respects the human rights of others.

8.4 Protecting Human Rights Public sector employees seek to protect the human rights of colleagues, other public officials and members of the Victorian community by raising concerns regarding circumstances that could breach those rights, and reporting any suspected breaches in accordance with procedures established by their public sector employer.

Section 3b) The Victorian Teaching Profession Code of Conduct

PRINCIPLE 1.2: Teachers treat their students with courtesy and dignity

Teachers:

- a) work to create an environment which promotes mutual respect
- b) model and engage in respectful and impartial language
- c) protect students from intimidation, embarrassment, humiliation or harm
- d) enhance student autonomy and sense of self-worth and encourage students to develop and reflect on their own values
- e) respect a student's privacy in sensitive matters, such as health or family problems, and only reveal confidential matters when appropriate. That is:
 - if the student has consented to the information being used in a certain way
 - to prevent or lessen a serious threat to life, health, safety or welfare of a person (including the student)
 - as part of an investigation into unlawful activity
 - if the disclosure is required or mandated by law
 - to prevent a crime or enforce the law
- f) refrain from discussing students' personal problems in situations where the information will not be treated confidentially
- g) use consequences commensurate with the offence when disciplining students.

PRINCIPLE 1.5: Teachers are always in a professional relationship with the students in their school, whether at school or not

Teachers hold a unique position of influence and trust that should not be violated or compromised. They exercise their responsibilities in ways that recognise that there are limits or boundaries to their relationships with students. The following examples outline some of those limits.

A professional relationship will be violated if a teacher:

- a) has a sexual relationship with a student
- b) uses sexual innuendo or inappropriate language and/or material with students
- c) touches a student without a valid reason
- d) holds conversations of a personal nature or has contact with a student via written or electronic means including email, letters, telephone, text messages or chat lines, without a valid context
- e) accepts gifts, which could be reasonably perceived as being used to influence them, from students or their parents.

A professional relationship may be compromised if a teacher:

- a) attends parties or socialises with students
- b) invites a student or students back to their home, particularly if no-one else is present.

PRINCIPLE 1.6: Teachers maintain a professional relationship with parents (guardians and caregivers)

Teachers should be respectful of and courteous to parents. Teachers:

- a) consider parents' perspectives when making decisions which have an impact on the education or wellbeing of a student
- b) communicate and consult with parents in a timely, understandable and sensitive manner
- c) take appropriate action when responding to parental concerns.

PRINCIPLE 1.7: Teachers work in collaborative relationships with students' families and communities

Teachers recognise that their students come from a diverse range of cultural contexts and seek to work collaboratively with students' families and communities within those contexts.

PRINCIPLE 1.8: Collegiality is an integral part of the work of teachers

Teachers demonstrate collegiality by:

- a) treating each other with courtesy and respect
- b) valuing the input of their colleagues
- c) using appropriate forums for constructive debate on professional matters
- d) sharing expertise and knowledge in a variety of collaborative contexts
- e) respecting different approaches to teaching
- f) providing support for each other, particularly those new to the profession
- g) sharing information relating to the wellbeing of students.

PRINCIPLE 2.1: The personal conduct of a teacher will have an impact on the professional standing of that teacher and on the profession as a whole

Although there is no definitive boundary between the personal and professional conduct of a teacher, it is expected that teachers will:

- a) be positive role models at school and in the community
- b) respect the rule of law and provide a positive example in the performance of civil obligations
- c) not exploit their position for personal or financial gain
- d) ensure that their personal or financial interests do not interfere with the performance of their duties
- e) act with discretion and maintain confidentiality when discussing workplace issues.

PRINCIPLE 3.1: Teachers value their professionalism, and set and maintain high standards of competence

Teachers:

c) complete their duties in a responsible, thorough and timely way.

PRINCIPLE 3.2: Teachers are aware of the legal requirements that pertain to their profession.

In particular, they are cognisant of their legal responsibilities in relation to:

- discrimination, harassment and vilification
- negligence
- mandatory reporting
- privacy
- occupational health and safety
- teacher registration.

GENERAL PRINCIPLE A: RESPECT FOR THE RIGHTS AND DIGNITY OF PEOPLE AND PEOPLES

A.1. Justice

- A.1.1. Psychologists avoid discriminating unfairly against people on the basis of age, religion, sexuality, ethnicity, gender, disability, or any other basis proscribed by law.
- A.1.2. Psychologists demonstrate an understanding of the consequences for people of unfair discrimination and stereotyping related to their age, religion, sexuality, ethnicity, gender, or disability.
- A.1.3. Psychologists assist their clients to address unfair discrimination or prejudice that is directed against the clients.

A.2. Respect

- A.2.1. In the course of their conduct, psychologists:
 - (a) communicate respect for other people through their actions and language;
 - (b) do not behave in a manner that, having regard to the context, may reasonably be perceived as coercive or demeaning;
 - (c) respect the legal rights and moral rights of others; and
 - (d) do not denigrate the character of people by engaging in conduct that demeans them as persons, or defames, or harasses them.
- A.2.2. Psychologists act with due regard for the needs, special competencies and obligations of their colleagues in psychology and other professions.
- A.2.3. When psychologists have cause to disagree with a colleague in psychology or another profession on professional issues they refrain from making intemperate criticism.
- A.2.4. When psychologists in the course of their professional activities are required to review or comment on the qualifications, competencies or work of a colleague in psychology or another profession, they do this in an objective and respectful manner.
- A.2.5. Psychologists who review grant or research proposals or material submitted for publication, respect the confidentiality and proprietary rights of those who made the submission.

A.3. Informed consent

- A.3.1. Psychologists fully inform clients regarding the psychological services they intend to provide, unless an explicit exception has been agreed upon in advance, or it is not reasonably possible to obtain informed consent.
- A.3.2. Psychologists provide information using plain language.
- A.3.3. Psychologists ensure consent is informed by:
 - (a) explaining the nature and purpose of the procedures they intend using;
 - (b) clarifying the reasonably foreseeable risks, adverse effects, and possible disadvantages of the procedures they intend using;
 - (c) explaining how information will be collected and recorded;
 - (d) explaining how, where, and for how long, information will be stored, and who will have access to the stored information;
 - (e) advising clients that they may participate, may decline to participate, or may withdraw from methods or procedures proposed to them;
 - (f) explaining to clients what the reasonably foreseeable consequences would be if they decline to participate or withdraw from the proposed procedures;
 - (g) clarifying the frequency, expected duration, financial and administrative basis of any psychological services that will be provided;
 - (h) explaining confidentiality and limits to confidentiality (see standard A.5.);
 - (i) making clear, where necessary, the conditions under which the psychological services may be terminated; and
 - (j) providing any other relevant information.
- A.3.4. Psychologists obtain consent from clients to provide a psychological service unless consent is not required because:
 - (a) rendering the service without consent is permitted by law; or
 - (b) a National Health and Medical Research Council (NHMRC) or other appropriate ethics committee has waived the requirement in respect of research.
- A.3.5. Psychologists obtain and document informed consent from clients or their legal guardians prior to using psychological procedures that entail physical contact with clients.
- A.3.6. Psychologists who work with clients whose capacity to give consent is, or may be, impaired or limited, obtain the consent of people with legal authority to act on behalf of the client, and attempt to obtain the client's consent as far as practically possible.
- A.3.7. Psychologists who work with clients whose consent is not required by law still comply, as far as practically possible, with the processes described in A.3.1., A.3.2., and A.3.3.

A.4. Privacy

Psychologists avoid undue invasion of privacy in the collection of information. This includes, but is not limited to:

- (a) collecting only information relevant to the service being provided; and
- (b) not requiring supervisees or trainees to disclose their personal information, unless self-disclosure is a normal

expectation of a given training procedure and informed consent has been obtained from participants prior to training.

A.5. Confidentiality

A.5.1. Psychologists safeguard the confidentiality of information obtained during their provision of psychological services. Considering their legal and organisational requirements, psychologists:

- (a) make provisions for maintaining confidentiality in the collection, recording, accessing, storage, dissemination, and disposal of information; and
- (b) take reasonable steps to protect the confidentiality of information after they leave a specific work setting, or cease to provide psychological services.

A.5.2. Psychologists disclose confidential information obtained in the course of their provision of psychological services only under any one or more of the following circumstances:

- (a) with the consent of the relevant client or a person with legal authority to act on behalf of the client;
- (b) where there is a legal obligation to do so;
- (c) if there is an immediate and specified risk of harm to an identifiable person or persons that can be averted only by disclosing information; or
- (d) when consulting colleagues, or in the course of supervision or professional training, provided the psychologist: (i) conceals the identity of clients and associated parties involved; or (ii) obtains the client's consent, and gives prior notice to the recipients of the information that they are required to preserve the client's privacy, and obtains an undertaking from the recipients of the information that they will preserve the client's privacy.

A.5.3. Psychologists inform clients at the outset of the professional relationship, and as regularly thereafter as is reasonably necessary, of the:

- (a) limits to confidentiality; and
- (b) foreseeable uses of the information generated in the course of the relationship.

A.5.4. When a standard of this Code allows psychologists to disclose information obtained in the course of the provision of psychological services, they disclose only that information which is necessary to achieve the purpose of the disclosure, and then only to people required to have that information.

A.5.5. Psychologists use information collected about a client for a purpose other than the primary purpose of collection only:

- (a) with the consent of that client;
- (b) if the information is de-identified and used in the course of duly approved research; or
- (c) when the use is required or authorised by or under law.

GENERAL PRINCIPLE B: PROPRIETY

B.1. Competence

B.1.1. Psychologists bring and maintain appropriate skills and learning to their areas of professional practice.

B.1.2. Psychologists only provide psychological services within the boundaries of their professional competence. This includes, but is not restricted to: (a) working within the limits of their education, training, supervised experience and appropriate professional experience; (b) basing their service on the established knowledge of the discipline and profession of psychology; (c) adhering to the Code and the Guidelines; (d) complying with the law of the jurisdiction in which they provide psychological services; and (e) ensuring that their emotional, mental, and physical state does not impair their ability to provide a competent psychological service.

B.1.3. To maintain appropriate levels of professional competence, psychologists seek professional supervision or consultation as required.

B.1.4. Psychologists continuously monitor their professional functioning. If they become aware of problems that may impair their ability to provide competent psychological services, they take appropriate measures to address the problem by: (a) obtaining professional advice about whether they should limit, suspend or terminate the provision of psychological services; (b) taking action in accordance with the psychologists' registration legislation of the jurisdiction in which they practise, and the Constitution of the Society; and (c) refraining, if necessary, from undertaking that psychological service.

B.3. Professional responsibility

Psychologists provide psychological services in a responsible manner. Having regard to the nature of the psychological services they are providing, psychologists:

- (a) act with the care and skill expected of a competent psychologist;
- (b) take responsibility for the reasonably foreseeable consequences of their conduct;
- (c) take reasonable steps to prevent harm occurring as a result of their conduct;
- (d) provide a psychological service only for the period when those services are necessary to the client;
- (e) are personally responsible for the professional decisions they make;
- (f) take reasonable steps to ensure that their services and products are used appropriately and responsibly;
- (g) are aware of, and take steps to establish and maintain proper professional boundaries with clients and colleagues; and
- (h) regularly review the contractual arrangements with clients and, where circumstances change, make relevant modifications as necessary with the informed consent of the client.

GENERAL PRINCIPLE C: INTEGRITY

C.1. Reputable behaviour

C.1.1. Psychologists avoid engaging in disreputable conduct that reflects on their ability to practise as a psychologist.

C.1.2. Psychologists avoid engaging in disreputable conduct that reflects negatively on the profession or discipline of psychology.

C.3. Conflict of interest

C.3.1. Psychologists refrain from engaging in multiple relationships that may:

(a) impair their competence, effectiveness, objectivity, or ability to render a psychological service;

(b) harm clients or other parties to a psychological service; or

(c) lead to the exploitation of clients or other parties to a psychological service.

C.3.2. Psychologists who are at risk of violating standard C.3.1., consult with a senior psychologist to attempt to find an appropriate resolution that is in the best interests of the parties to the psychological service.

C.3.3. When entering into a multiple relationship is unavoidable due to over-riding ethical considerations, organisational requirements, or by law, psychologists at the outset of the professional relationship, and thereafter when it is reasonably necessary, adhere to the provisions of standard A.3. (Informed consent).

C.3.4. Psychologists declare to clients any vested interests they have in the psychological services they deliver, including all relevant funding, licensing and royalty interests.

C.4. Non-exploitation

C.4.1. Psychologists do not exploit people with whom they have or had a professional relationship.

C.4.2. Psychologists do not exploit their relationships with their assistants, employees, colleagues or supervisees.

C.4.3. Psychologists:

(a) do not engage in sexual activity with a client or anybody who is closely related to one of their clients;

(b) do not engage in sexual activity with a former client, or anybody who is closely related to one of their former clients, within two years after terminating the professional relationship with the former client;

(c) who wish to engage in sexual activity with former clients after a period of two years from the termination of the service, first explore with a senior psychologist the possibility that the former client may be vulnerable and at risk of exploitation, and encourage the former client to seek independent counselling on the matter; and

(d) do not accept as a client a person with whom they have engaged in sexual activity.

Section 3d) Code of Professional Conduct for Nurses in Australia

CONDUCT STATEMENT 1. Nurses practise in a safe and competent manner

1. Nurses are personally accountable for the provision of safe and competent nursing care. It is the responsibility of each nurse to maintain the competence necessary for current practice. Maintenance of competence includes participation in ongoing professional development to maintain and improve knowledge, skills and attitudes relevant to practice in a clinical, management, education or research setting.
2. Nurses are aware that undertaking activities not within their scopes of practice may compromise the safety of persons in their care. These scopes of practice are based on each nurse's education, knowledge, competency, extent of experience and lawful authority.
3. Nurses, reasonably and in good faith, advise their immediate supervisors or employers of the scopes of their practice including any limitations.
4. When an aspect of care is delegated, nurses ensure the delegation does not compromise the safety or quality of care of people.
5. Nurses practise in a safe and competent manner that is not compromised by personal health limitations, including the use of alcohol or other substances that may alter a nurse's capacity to practise safely at all times. Nurses whose health threatens their capacity to practise safely and competently have a responsibility to seek assistance to redress their health needs. This may include making a confidential report to an appropriate authority.

CONDUCT STATEMENT 2. Nurses practise in accordance with the standards of the profession and broader health system

1. Nurses are responsible for ensuring the standard of their practice conforms to professional standards developed and agreed by the profession, with the object of enhancing the safety of people in their care as well as their partners, family members and other members of the person's nominated network. This responsibility also applies to the nurses' colleagues.
2. Nurses practise in accordance with wider standards relating to safety and quality in health care and accountability for a safe health system, such as those relating to health documentation and information management, incident reporting and participation in adverse event analysis and formal open disclosure procedures.
3. Nurses' primary responsibility is to provide safe and competent nursing care. Any circumstance that may compromise professional standards, or any observation of questionable, unethical or unlawful practice, should be made known to an appropriate person or authority. If the concern is not resolved and continues to compromise safe and competent care, nurses must intervene to safeguard the individual and, after exhausting internal processes, may notify an appropriate authority external to their employer organisation.
4. Nurses recognise their professional position and do not accept gifts or benefits that could be viewed as a means of securing the nurses' influence or favour.

CONDUCT STATEMENT 3. Nurses practise and conduct themselves in accordance with laws relevant to the profession and practice of nursing

1. Nurses are familiar with relevant laws and ensure they do not engage in clinical or other practices prohibited by such laws or delegate to others activities prohibited by those laws.
2. Nurses witnessing the unlawful conduct of colleagues and other co-workers, whether in clinical, management, education or research areas of practice, have both a responsibility and an obligation to report such conduct to an appropriate authority and take other appropriate action as necessary to safeguard people and the public interest.
3. Where nurses make a report of unlawful or otherwise unacceptable conduct to their employers, and that report has failed to produce an appropriate response from the employers, nurses are entitled and obliged to take the matter to an appropriate external authority.
4. Nurses respect the possessions and property of persons people in their care and those of their colleagues, and are stewards of the resources of their employing organisations.

CONDUCT STATEMENT 4. Nurses respect the dignity, culture, ethnicity, values and beliefs of people receiving care and treatment, and of their colleagues

1. In planning and providing effective nursing care, nurses uphold the standards of culturally informed and competent care. This includes according due respect and consideration to the cultural knowledge, values, beliefs, personal wishes and decisions of the persons being cared for as well as their partners, family members and other members of their nominated social network. Nurses acknowledge the changing nature of families and recognise families can be constituted in a variety of ways.
2. Nurses promote and protect the interests of people receiving treatment and care. This includes taking appropriate action to ensure the safety and quality of their care is not compromised because of harmful prejudicial attitudes about race, culture, ethnicity, gender, sexuality, age, religion, spirituality, political, social or health status, lifestyle or other human factors.
3. Nurses refrain from expressing racist, sexist, homophobic, ageist and other prejudicial and discriminatory attitudes and behaviours toward colleagues, co-workers, persons in their care and their partners, family and

friends. Nurses take appropriate action when observing any such prejudicial and discriminatory attitudes and behaviours, whether by staff, people receiving treatment and care or visitors, in nursing and related areas of health and aged care.

4. In making professional judgements in relation to a person's interests and rights, nurses do not contravene the law or breach the human rights of any person, including those deemed stateless such as refugees, asylum seekers and detainees.

CONDUCT STATEMENT 5. Nurses treat personal information obtained in a professional capacity as private and confidential

The treatment of personal information should be considered in conjunction with the Guidelines to the National Privacy Principles 2001, which support the Privacy Act 1988 (Cwth). Many jurisdictions also have legislation and policies relating to privacy and confidentiality of personal health information including health care records.

1. Nurses have ethical and legal obligations to protect the privacy of people requiring and receiving care. This encompasses treating as confidential information gained in the course of the relationship between those persons and nurses and restricting the use of the information gathered for professional purposes only.

2. Nurses, where relevant, inform a person that in order to provide competent care, it is necessary to disclose information that may be important to the clinical decision-making by other members of a health care team or a nominated carer.

3. Nurses where practicable, seek consent from the persons requiring or receiving care or their representatives before disclosing information. In the absence of consent, nurses use professional judgement regarding the necessity to disclose particular details, giving due consideration to the interests, wellbeing, health and safety of the person in their care. Nurses recognise that they may be required by law to disclose certain information for professional purposes.

CONDUCT STATEMENT 7. Nurses support the health, wellbeing and informed decision-making of people requiring or receiving care

1. Nurses inform the person requiring nursing care and, where that person wishes, their nominated family members, partners, friends or health interpreter, of the nature and purpose of recommended nursing care, and assist the person to make informed decisions about that care.

2. In situations where a person is unable or unwilling to decide or speak independently, nurses endeavour to ensure their perspective is represented by an appropriate advocate, including when the person is a child.

CONDUCT STATEMENT 8. Nurses promote and preserve the trust and privilege inherent in the relationship between nurses and people receiving care

1. An inherent power imbalance exists within the relationship between people receiving care and nurses that may make the persons in their care vulnerable and open to exploitation. Nurses actively preserve the dignity of people through practised kindness and respect for the vulnerability and powerlessness of people in their care. Significant vulnerability and powerlessness can arise from the experience of illness and the need to engage with the health care system. The power relativities between a person and a nurse can be significant, particularly where the person has limited knowledge; experiences pain and illness; needs assistance with personal care; belongs to a marginalised group; or experiences an unfamiliar loss of self-determination. This vulnerability creates a power differential in the relationship between nurses and persons in their care that must be recognised and managed.

2. Nurses take reasonable measures to establish a sense of trust in people receiving care that their physical, psychological, emotional, social and cultural wellbeing will be protected when receiving care. Nurses recognise that vulnerable people, including children, people with disabilities, people with mental illness and frail older people in the community, must be protected from sexual exploitation and physical harm.

3. Nurses have a responsibility to maintain a professional boundary between themselves and the person being cared for, and between themselves and others, such as the person's partner and family and other people nominated by the person to be involved in their care.

4. Nurses fulfil roles outside the professional role, including those as family members, friends and community members. Nurses are aware that dual relationships may compromise care outcomes and always conduct professional relationships with the primary intent of benefit for the person receiving care. Nurses take care when giving professional advice to people with whom they have a dual relationship (e.g. a family member or friend) and advise them to seek independent advice due to the existence of actual or potential conflicts of interest.

5. Sexual relationships between nurses and persons with whom they have previously entered into a professional relationship are inappropriate in most circumstances. Such relationships automatically raise questions of integrity in relation to nurses exploiting the vulnerability of persons who are or who have been in their care. Consent is not an acceptable defence in the case of sexual or intimate behaviour within such relationships.

6. Nurses should not be required to provide nursing care to persons with whom they have a pre-existing nonprofessional relationship, reassignment of the persons to other nurses for care should be sought where possible.

7. Nurses take all reasonable steps to ensure the safety and security of the possessions and property of persons requiring and receiving care.

CONDUCT STATEMENT 9. Nurses maintain and build on the community's trust and confidence in the nursing profession

1. The conduct of nurses maintains and builds public trust and confidence in the profession at all times.
2. The unlawful and unethical actions of nurses in their personal lives risk adversely affecting both their own and the profession's good reputation and standing in the eyes of the public. If the good standing of either individual nurses or the profession were to diminish, this might jeopardise the inherent trust between the nursing profession and the public necessary for effective therapeutic relationships and the effective delivery of nursing care.
3. Nurses consider the ethical interests of the nursing profession and the community when exercising their right to freedom of speech and participating in public, political and academic debate, including publication.

1. VALUES

We accept these fundamental values which apply to our interaction with clients, colleagues, professionals, ourselves and the community.

Integrity

In our professional work, we seek to protect the individuality and privacy of all with whom we interact.

In our professional judgement and decisions, we do not discriminate on the basis of race, religion, gender, sexual preference, marital status, age, disability, beliefs, contribution to society or socioeconomic status.

Professionalism

We act in an objective and professional manner to help individuals, groups and communities, particularly with regard to communication and swallowing.

We provide professional services irrespective of our personal interests, aims and opinions.

Respect and Care

We respect the rights and dignity of our clients and we respect the context in which they live. We maintain our personal health and wellbeing to effectively fulfil our professional responsibilities.

Quality Standards and Continuing Competence

We value knowledge sharing and the contribution that others make to our work and our profession.

We maintain our currency of professional knowledge and practice and acknowledge the limits of these.

We value clear and timely communication with our clients, the community and all with whom we interact.

2. PRINCIPLES

We recognise and adhere to the principles of care, objectivity, accuracy and accountability in all activities.

We accept the following principles as the basis for our decision-making.

We recognise that these principles are of equal value and are interrelated.

2.1 Beneficence and non-maleficence

We seek to benefit others through our activities (beneficence).

We also seek to prevent harm, and do not knowingly cause harm (non-maleficence).

2.2 Truth

We tell the truth.

2.3 Fairness (Justice)

We provide accurate information.

We strive to provide clients with access to services consistent with their need.

We deal fairly with everyone with whom we come in contact.

2.4 Autonomy

We respect the rights of our clients to self-determination and autonomy.

2.5 Professional integrity

We are respectful and courteous.

We are competent and follow the Association's Code of Ethics.

We honour our commitments to clients, colleagues and professional organisations.

We comply with federal and state laws.

3. STANDARDS OF PRACTICE

In this Code, we identify the standards of practice which apply principally to:

- our clients and the community;
- our employers and ourselves;
- our profession; and
- our colleagues.

The Code is organised into these sections so that you may choose to go directly to the section most relevant to your current need.

The Standards which apply principally to one group may also apply to the other groups, therefore there is some repetition.

3.1 Duties to our Clients and to the Community

3.1.1 Consent

We ensure informed consent has been obtained from clients for the services we offer.

3.1.2 Accurate and Timely Information

We make sure that our clients and the community receive accurate and current information in a timely manner. This includes information relating to:

- clinical assessment and research results and the implications of these;
- the nature and extent of the services available to clients and the consequences of these services;
- the commitment required by the client;
- their rights; and
- fees for services and other associated costs.

We educate the community about communication, eating and drinking disorders, and the assistance which the speech pathology profession can provide.

We do not guarantee the results of a therapeutic procedure or of prescribed devices or therapies unless this can be reasonably expected based on the best available evidence.

We ensure our promotional and advertising materials are accurate, based on evidence and do not misrepresent the profession.

3.1.3 Professional Competence

We make sure that we always practise the highest standards of professional competence.

We fulfil our undertakings to our clients.

We maintain our capacity and competence to practise.

In particular, we:

- continually update and extend our professional knowledge and skills through activities such as participating in professional development, and/or engaging the support of a mentor or supervisor;
- communicate our professional opinion about client management to other team members in a timely manner;
- ensure that our clients receive appropriate referrals so as to enable them to receive comprehensive diagnosis and treatment;
- recognise our competence and do not practice beyond these limits;
- keep current and accurate documentation;
- comply with the Association's current position papers and best practise documents.

3.1.4 Confidentiality

We treat as confidential all information we handle in the course of our professional services.

We do not disclose information about our clients, or the confidences they share with us, unless:

- our clients consent to this;
- the law requires us to disclose it; or
- there are compelling moral and ethical reasons for us to disclose it.

3.1.5 Client Relationships

We will ensure that we do not exploit relationships with our clients for emotional, sexual or financial gain.

3.1.6 Service Planning and Provision

At all times we endeavour to ensure our services are accessible and there is equity of access to services for our clients; such equity being determined by objective consideration of need and not compromised by prejudice or favour.

We are innovative and evaluate the services we provide on an ongoing basis to ensure that they are as effective as possible.

We provide services only if our clients can reasonably expect to benefit from them.

We advocate for services where a need is identified.

We will, in consultation with our clients, make sure that their interests are expressed and protected.

3.1.7 Safety and Welfare

We take every precaution to ensure client safety, whether this is in everyday practice, during the conduct of procedures and/or within clinical trials.

We comply with all relevant legislation, standards and procedures so as to avoid injury to our clients, our colleagues and members of the public.

We ensure that the equipment we use (such as speech instrumentation) is calibrated and in proper working order, and our resources (such as assessment tools and communication aids) are current, valid and culturally appropriate.

3.2 Duties to our Employers

3.2.1 Professional Conduct

We work with our employers to provide safe, high quality care.

We meet our responsibilities to our employers by:

- exercising due care and attention to detail;
- providing cost-effective service while preserving quality of care;
- contributing to the development of our employers' policies and procedures;
- alerting our employers to gaps in service and proactively offering best practice solutions to these;
- observing relevant statutes, legislation and regulation; and
- observing our employers' Codes of Conduct.

If a conflict arises between our employers' policies/codes of conduct, legislative requirements and our professional values, codes and standards, we try to negotiate change through appropriate channels.

If this does not resolve the conflict, we may seek the support of the Association in an ethical and confidential manner.

3.3 Duties to our Profession and Ourselves

3.3.1 Professional Standards

We uphold and advance the values, ethics, knowledge and skills of our profession. We understand and reflect the Code in our everyday practice and dealings as a professional.

In particular, we:

- hold appropriate qualifications;
- practise professionally within the scope of our level of education, training and expertise;
- represent our training and competence accurately;

- maintain, consolidate and extend our competence;
- exercise independent professional judgment when we provide professional services; and
- identify and act on concerns we may have about colleagues' professional competence or conduct.

3.3.3 Professional Reputation

We uphold the reputation of our profession.

We avoid behaviour that would bring the profession into disrepute, such as:

- delivering services which research has shown to be ineffective;
 - not fulfilling commitments made implicitly or explicitly;
 - disparaging the skills, knowledge or services of our colleagues.
- their professional identity, integrity and ethical practice.

3.3.7 Conflict of Interest

We avoid conflicts of interest. In particular, we do not:

- use inaccurate or misleading ways to promote the sale or distribution of products or services;
- accept private financial benefits (including tips, commissions, or other rewards);
- use our employers resources inappropriately for personal needs or benefit; or
- sell products to our clients unless we reasonably believe that they will be of benefit.

3.4 Duties to our Colleagues

3.4.1 Professional Standards

We treat our colleagues with honesty, fairness, respect and good faith.

We work co-operatively with colleagues to meet the needs of clients, the community and the profession by, for example, participating

in research, student education and advocacy, and sharing our knowledge and expertise.

We support our colleagues to reflect on their practice and professional conduct. We assist them to access relevant continuing education and support when required.

We do not exploit relationships with our colleagues, students or supervisors.

3.4.2 Our Staff

If we manage, supervise or employ staff we:

- treat them fairly and without discrimination, bullying or harassment;
- inform them fully about their terms and conditions;
- inform them about, and involve them in, decision making processes, especially those which affect their employment;
- respect their industrial and professional rights;
- make sure that they have equitable access to resources;
- make them aware of their rights if a dispute arises and give them access to counselling support and advice;
- give them regular supervision, feedback, and access to continuing education and mentoring;
- recognise and, where appropriate, formally acknowledge their contributions to clinical practice, teaching, research or administration; and
- classify and remunerate them appropriately.

3.4.4 Conflict of Interest

We anticipate, disclose and resolve any potential, perceived or actual conflicts of interest proactively. This may include situations such as:

- the selection, supervision and/or assessment of a member of our family or someone with whom we have a close personal, business or professional relationship; or
- working in both private practice and within the public system;
- referring clients to those working in private practice with whom we have a personal relationship.