

# DOWN to TEST.

*Upgrade your sex life*

at

LISTEN OUT

Master Event Pack

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## Key information

### Key dates

Down to Test will be present at the Sydney Listen Out Festival.

### **Dates:**

Listen Out is on Saturday 30th September 2017 from 1pm-10pm.

### **Address:**

[Brazilian Fields,](#)

Centennial Park

Sydney NSW 2021

### **Timings:**

#### Thursday 30th September 2017

- Bump in: 12pm - 5pm
- Banjo staff: 12pm-5pm

#### Friday 29th September 2017

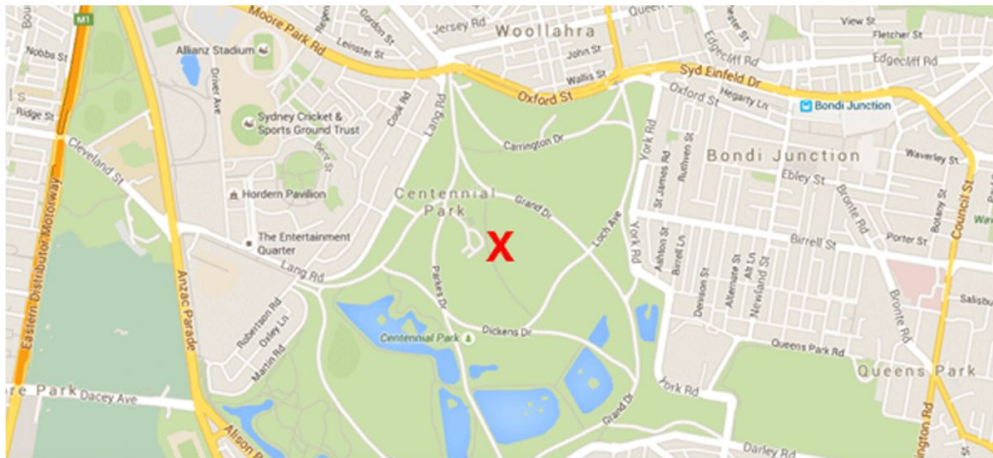
- Banjo staff: 10am-2pm
- Engineer signoff at 12pm

#### Saturday 30th September 2017

- Listen Out Festival: 1pm - 10pm
- DTT Festival Activation: c.1-8pm
- Banjo staff: Arrive 8am
- NSW Health: Arrive 10am
- Peer Eds / Promo: Arrive 12pm

#### Sunday 1st October

- Bump out: 8am - 12pm
- Banjo staff: 8am-12pm



### Key contact details

Listen Out:

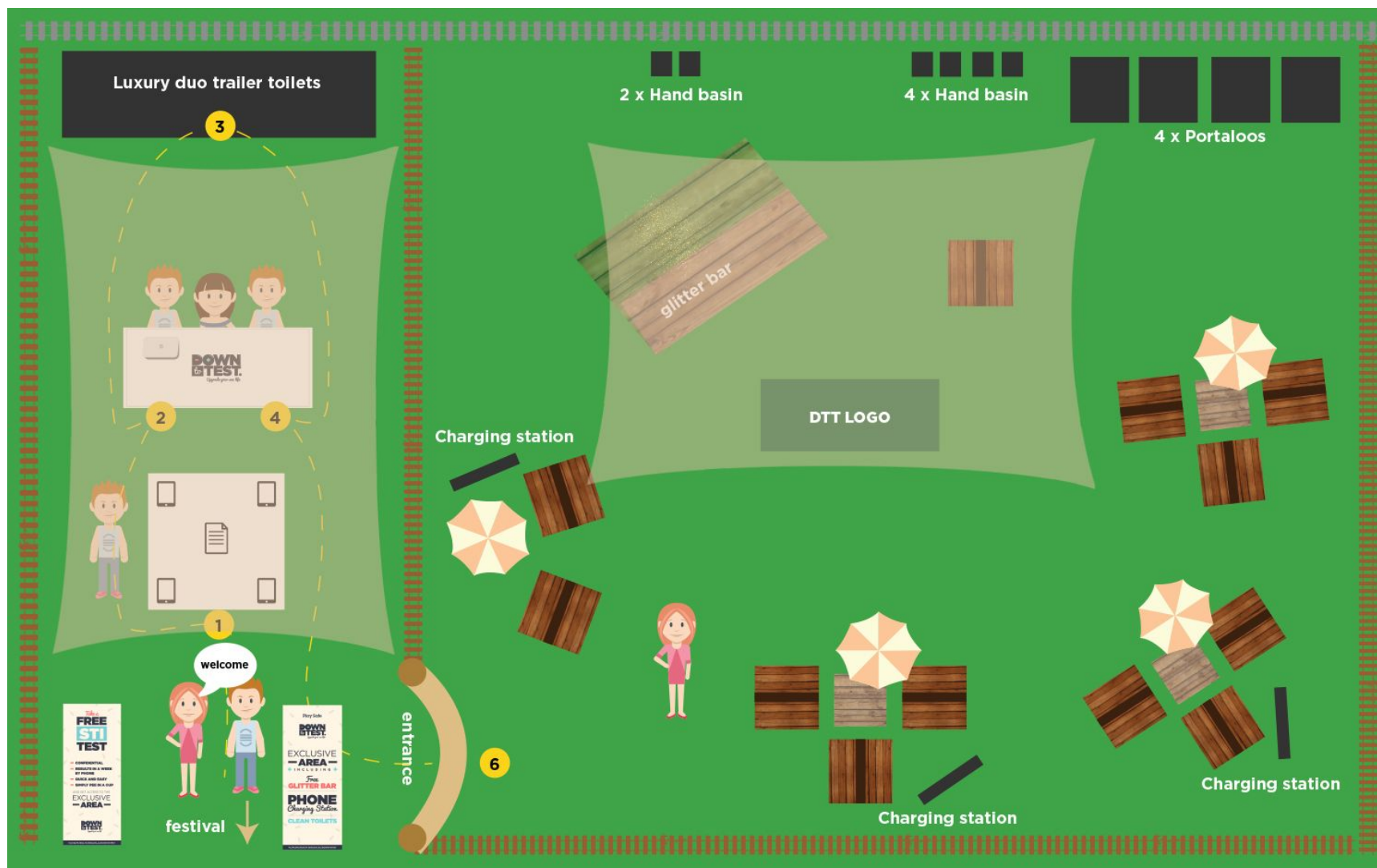
- Sarah McMillan (day before show and show day) – 0434 943 170
- Daniel McMillan (Partnership Lead) - 0402 091 345
- Christian Pepper (Site Manager) - 040 843 471
- Courtney Fitzgerald-Power (day before only) – 0412 031 256

Workers Passes	Name	Contact	Employer	Role
1	Samantha Blazevic	0403655150	Banjo	Event manager
2	Richard Lloyd	0467596705	Banjo	Event manager
3	Connie Townsend	0414945705	Banjo	Beauty/content assistant
4	David Jones-Hawke	0411458773	Banjo	Content assistant
5	Serge Ozegovic	0402902753	Banjo	Content assistant
6	Sarah King	0439469657	Banjo	Event support
7	Allie Dunn	0415051628	Banjo	Event support
8	Ed Renew	0423952973	Videographer	Videographer
9	Gemma Hearnshaw	0414297366	NSW Health	Support/testing role
10	Marty Janessen	0431916367	NSW Health	Support/testing role
11	Jessica Dry	0401041150	NSW Health	Support, especially around peer educators and sexual health info
12	Stephanie De Vries	0401380059	NSW Health	Support and extra peer educator
13	Anik Ray (backup Timmy Lockwood)	0422786115 (backup 0429787064)	NSW Health	Health Nurse (clinical oversight, manage specimens etc)
14	Alex Botton	0423952973	Videographer	Videographer assistant
15	Renee Elasi	0424871521	Promo	Front of house
16	Shelby Wilbow	0455375292	Promo	roaming in the area
17	Simon Finch	0451534141	Promo	Front of house
18	David Vrtaric	0422358958	Promo	Registration Station
19	Jasmin Blazevic	0431155170	Beauty	Glitter bar
20	Georgia Pearson-Bourke	0434370553	Beauty	Glitter bar
	Daniel Wanja	0412879730	NSW Health	

Festival Event Pack

## The area

Below is a bird's eye view of the area:



**Key areas:**

All scripts found [here](#).

Front of house

- a. Encourage and welcome people into area
  - b. 2 x promo / peer ed staff
- 1. Registration station
  - a. People enter their details into the iPads, label printed
  - b. 1 x promo / peer ed staff
- 2. Testing info station
  - a. People are given a specimen cup with their label on
  - b. 3 x NSW Health employees
- 3. Toilet to provide specimen
- 4. Testing info station
  - a. People give their specimen back, forms and
  - b. 3 x NSW Health employees
- 5. Entrance to the VIP area (once tested)
  - a. Mingling inside:
  - b. 1 x promo / peer ed staff

## Logistics

Task	When	Notes	Responsible
Thursday - Bump in			
Pick up van	Thursday am	Pick up everything from Banjo office first.	Banjo
Pack truck	Thursday mid morning		Rich Sam Joe Kosta
Bring equipment to site	Thursday 12pm	Rest of team take taxis to site	Rich Sam Joe Kosta
Tent erection	Thursday pm		Rich Sam Joe Kosta
Tech check	Thursday pm	Connect lighting, charging stations	Banjo, Listen Out
Toilet / hand wash / fencing check	Thursday pm	Check they're clean and they work	Banjo, Listen Out
Van off site	Thursday pm	Inside: Everything apart from tent, toilets and fence (plants, tables etc)	Banjo - park at home or office
On site Thursday night: Tent, toilets, fencing			
Friday - Refine			
Last minute buying, doing!			
On site Friday night: Tent, toilets, fencing, pallets			
Saturday - Activation day			



Banjo arrive on site	Saturday 8am	Staff arrive in taxis and van (Rich)	Banjo
Dress area	Saturday 8am-1pm	Put out pallets, umbrellas, tables, lighting, charging stations, glitter bar etc	Banjo
Tech and testing area install	Saturday 10am	Install ipads, laptops, printers, 4G router. Testing area install.	NSW Health
Prep staff	Saturday 12pm	Give them packs, sign forms, remind them of roles and messages	Banjo / staff / NSW Health
Activation live	Saturday 1-8pm		Banjo / NSW Health / promo staff
Videographer arrives	Saturday 2-6pm		
FOH 1 break 1	2-2.30	Tell them in staff induction	staff
FOH 2 break 1	2.30-3	Tell them in staff induction	staff
Registration station break 1	3-3.30	Tell them in staff induction	staff
Roamer break 1	3.30-4	Tell them in staff induction	staff
FOH 1 break 2	5-5.15	Tell them in staff induction	staff
FOH 2 break 2	5.15-5.30	Tell them in staff induction	staff
Registration station break 2	5.30-5.45	Tell them in staff induction	staff
Roamer break 2	5.45-6	Tell them in staff induction	staff
Pack up valuables	Saturday 8-10pm	Pack away valuables	Banjo
Lock toilets, pull fence across entrance	Saturday 8-10pm		Banjo
Drop off specimens	Saturday 8-9pm	To St Vincent's Hospital pathology	Anik or Gemma TBC

Go home	Saturday 10pm	Taxis and van home	Banjo
On site Saturday night: Tent, toilets, fencing, pallets			
Sunday			
Tent dismantle	Sunday 8am	Rich drive van, others taxis	Sam Rich David?
Return stuff to Banjo	Sunday 12pm		Sam Rich David?
Specimens to health centre	Sunday 12pm	Drop off address TBC	NSW Health
Return van	Sunday 2pm		Rich
On site Sunday night: Nothing!			

## **Staff roles, remits, key messages and KPIs**

OUR TEAM GOAL: **We're aiming for 150\* (tbc) festival goers to get a STI test through the activation.**

HOW WE'RE GOING TO MEASURE IT: **By the number of samples collected at the end of the day**

HOW WE'RE GOING TO ACHIEVE THIS: **We need you!** The success of this activation really does come down to you guys working as a team to get as many people through the activation as possible. We understand this isn't going to be a super easy task, talking about condoms and STI's can be embarrassing and awkward at times but we can each play a role in ensuring the success of our activation.

WHAT'S IN IT FOR YOU: If we achieve this goal **each of you will receive a \$50 bonus payment\*\***

**\*\***(this bonus payment is not available to NSW health and BANJO staff)

YOUR ROLE IN ACHIEVING OUR GROUP GOAL	KEY MESSAGES
<b>PEER EDUCATORS</b>	
<b>ROLE: Front of House Greeters</b>	
<p><b>You have the crucial role of generating foot traffic for the activation.</b></p> <p>Your playful and welcoming attitude will play a major role in overcoming any awkwardness of talking about safe sex, STI tests and getting people to engage with the activation.</p> <p><b>Aspects of your role:</b></p> <ul style="list-style-type: none"> <li>· Engage festival goers</li> <li>· Initiate conversations</li> <li>· Introduce and explain the DTT activation <ul style="list-style-type: none"> <li>○ the ease of the STI tests</li> <li>○ confidentially</li> <li>○ the DTT exclusive chill area <ul style="list-style-type: none"> <li>- glitter bar</li> <li>- phone charging</li> <li>- chill area</li> <li>- clean toilets</li> </ul> </li> </ul> </li> <li>· Manage the queue (if required)</li> </ul>	<p><b>1. Intro/ Hook</b></p> <p>“Hey, how’s your festival going?” be friendly &amp; welcoming, initiate conversations with individuals and groups wandering past.</p> <p>“Are you guys interested in upgrading your sex life?”</p> <p>“Are you guys Down to Test?”</p> <p>“Do you guys what free glitter? / phone charging”</p> <p>“Did you know there are clean toilets over at the DTT area?”</p> <p><b>2. Details/ Explanation of activation</b></p> <p>“Down to Test is a new program that visits music festivals letting people know how easy it is to get tested for STIs. We have an awesome VIP chill out area with a glitter bar, phone charging station and fresh clean toilets. <b>It’s all free, all you need to do to get in is a quick and easy STI test</b>, then you can use the chill out area anytime throughout the day/festival!”</p> <p>“Are you interested in checking it out?”</p> <p><b>3. Sell it &amp; reassure</b></p> <p><b>“It’s free, super easy, and totally confidential!”</b></p> <p>Mention the free perks (glitter bar, phone charging, clean toilets, chill area)</p> <p><b>If people aren’t interested</b></p> <p>If people are interested, draw them in, give them more info, and encourage signing up.</p> <p>If people aren’t interested “No worries, we’ll be here all day/festival, come back anytime to check us out, charge your phone/get glittered up. Have a great festival!”</p> <p><b>If a line forms</b></p> <p>If a line forms, continue to engage with people in the line, basic conversation about who they’re looking forward to seeing at the festival, who they’ve seen and liked so far etc, especially if they have a wait a while to get through. Balance this with engaging other people wandering past.</p>

YOUR ROLE IN ACHIEVING OUR GROUP GOAL	KEY MESSAGES
<b>PEER EDUCATORS</b>	
<b>ROLE: Registration staff</b>	
<p><b>You have the important role of assisting people in registering and helping it be an easy and hassle-free process and progressing onto the actual testing phase of the activation.</b></p> <p>How people experience the registration phase of the activation is crucial to maintaining their interest and participation in the activation and will impact whether they progress onto getting tested or not.</p> <p><b>Aspects of your role:</b></p> <ul style="list-style-type: none"> <li>· Provide further information about the activation and testing process <ul style="list-style-type: none"> <li>- What's involved in the test</li> <li>- Confidentiality</li> <li>- How they get their results</li> <li>- The ease of the testing process</li> </ul> </li> <li>· Guide them through the registration process.</li> <li>· Direct them to the testing table</li> </ul>	<p><b>1. Intro/ Welcome</b>  “Hey, how you going” “Thanks for your interest in getting involved today.”  “All we need is a few deets from you to get you in”</p> <p><b>2. Provide key information about the testing process &amp; reassurance</b>  “We’re testing for Chlamydia today, which is the most common STI for young people. It often doesn’t have symptoms so you can have it without knowing about it! The only way to know for sure is to get tested”  “All we need is a simple urine sample, which we collect here, and take to the local clinic for testing. We then SMS your results in about a week’s time.”  “It’s confidential, no one will know you’ve been tested, or your result, except you”</p> <p><b>3. Information on results</b>  If the result is ‘negative’ which means there’s no infection, we’ll send you an SMS in about a week’s time. If the result is positive, you’ll be contacted by a nurse, who’ll let you know your result, and give you information on how to get treated. Treatment is easy – it’s just a single dose of antibiotics. Is that OK?”</p> <p><b>4. Instructions for registering</b>  “Just fill in your details on the tablets here, including your contact info so we can send you your results.</p> <p><b>5. Direct to the testing table</b>  “Grab your label from the printer here, and take to the next station; they’ll let you know how to provide the sample.”</p> <p><b>Medicare info (if asked)</b>  “We ask for your Medicare details to help cover the costs of the test. You don’t need your Medicare card, if it’s OK with you, we can look your details up.”</p>

ROLE DESCRIPTION	KEY MESSAGES
Peer Educator/NSW Health/Family Planning NSW	
ROLE: Testing info station	
<p><b>Aspects of your role:</b></p> <ul style="list-style-type: none"> <li>· Receive labels and search for Medicare number if granted permission</li> <li>· Check labels D.O.B and name</li> <li>· Give instructions on how to provide sample</li> <li>· Give specimen jar and direct to toilets</li> <li>· Search for Medicare number if granted permission</li> </ul>	<p><b>1. Welcome</b>          “Hey, how you going?”          “You’ve almost made it to the exclusive area!”</p> <p><b>2. Receive labels and search for Medicare number</b>          “Have you got your labels? That’s great; we need one here for your pathology form, and one for the specimen jar.”          “Have you ticked the box for us to get your Medicare details?”          If yes, “That’s great, thanks for that – we’ll search for your details while you’re providing your specimen.”          If no, “No worries, that’s cool”</p> <p><b>3. Check labels D.O.B and name</b>          Check details: “Can you tell me your name and date of birth? And what are your preferred contact details?” Make sure this information corresponds with those provided.          If they have the wrong labels go back to the tablet they used and reprint their labels.          If there is a mistake with the name spelling, DOB or phone number record this in the issues book.</p> <p><b>4. Instructions for specimen collection:</b>          “Take this jar into the toilets there. Half fill the jar with the first bit of pee that comes out, then finish your pee into the toilet. Make sure you put the lid back on tight, then put it in the bag, wash your hands and bring it back to that station there. That OK?”          Emphasise importance of screwing lid on jar very tightly.</p> <p><b>5. Give specimen jar and direct to toilets</b>          Give them the jar and paper bag and direct them towards the toilets.</p>

ROLE DESCRIPTION	KEY MESSAGES
NSW HEALTH – CLINICAL STAFF	
ROLE: Specimen collection station	
<p><b>Aspects of your role:</b></p> <ul style="list-style-type: none"> <li>· Collect specimen jar</li> <li>· Check details</li> <li>· Remind them of how they'll receive their results</li> <li>· Provide wristband and direct to DTT exclusive area</li> </ul>	<p><b>1. Welcome</b> "Hey, how'd you go?"</p> <p><b>2. Collect specimen jar and check details</b> Check details: "Can you tell me your name and date of birth? And your mobile number?" Make sure this information corresponds with those provided on the specimen jar. Select the corresponding pathology form and put into the clear plastic bag. If necessary re-check details for Medicare. If there is a mistake with the name spelling, DOB or phone number record this in the issues book.</p> <p><b>3. Reminder of how they'll receive their results</b> "Remember you'll be contacted with your results in about a week's time – you'll get an SMS if your results are negative, or a call from the nurse if it's positive."</p> <p><b>4. Provide wristband and direct to the DTT exclusive area</b> "Awesome! Here's your VIP wristband. You can come back into the VIP chill out area anytime throughout the festival. There's the glitter bar and phone charging station, and there's more super clean toilets over there too." "Thanks for taking part with us today. Enjoy the rest of the festival!"</p>

ROLE DESCRIPTION	KEY MESSAGES
NSW HEALTH – PEER EDUCATORS	
ROLE: Roamers in the DTT area	
<p>The more people enjoy themselves in the DTT area the more likely they are to speak well of the activation and personally promote it.</p> <p><b>Your role in reaching our goal is to keeping engaging the festival goer's post-test. Delivering the key messages but also helping make sure they're enjoying themselves and having fun .</b></p> <p><b>Aspects of your role:</b></p> <ul style="list-style-type: none"> <li>• Chat to festival goers</li> <li>• Deliver key messages</li> <li>• Answer any lingering questions about the activation</li> <li>• Engage them with props for fun and photos</li> <li>• Farewell</li> </ul>	<p><b>Greeting</b></p> <p>"Hey, how's your festival?"</p> <p>"What do you think of the Down to Test exclusive area?"</p> <p>"Have you ever been tested before?" "Where?" "What was it like?"</p> <p><b>Deliver key messages</b></p> <p>Chat, and try to include key messages:</p> <p>"Did you know..."</p> <p>...you can get tested at a GP or sexual health clinic?"</p> <p>...you should get tested at least every year – just ask your GP whenever you go"</p> <p>... STIs often don't have any symptoms, so you can have one without knowing about it"</p> <p>...only condoms can protect you from STIs"</p> <p><b>Answering questions</b></p> <p>Answer any lingering questions they have about the activation, testing process and how they receive their results.</p> <p><b>Farewell</b></p> <p>"Thanks for visiting guys, remember you can come back any time by showing your DTT wrist band"</p> <p>Where appropriate, you can even encourage them to mention the activation to friends and other festival goers.</p>



### Heckles and Comeback guidelines

We're bound to get a few heckles and awkward comments on the day. Therefore, we've developed some examples of comebacks to typical heckles to help you have a quick response.

But first the do's and the don'ts when it comes to comebacks

#### THE DO'S

- **Always remain positive and upbeat**
- **Encourage their participation in the DTT activation (aka getting tested)**
- **Be gentle and non-confrontational when correcting misconceptions about safe sex and STIs**

#### THE DON'TS

- **Don't use any comebacks that reflect negatively on getting tested for STI's, or encourage the stigma of STI tests are scary**  
Remember the aim of the activation is to de-stigmatise STI tests and make it an easy and simple test)
- **Don't use any comebacks that make the heckler feel self-conscious or attacked.**  
We need to present a very welcoming atmosphere in the DTT area. If someone feels embarrassed or attacked about a stupid comment they made then they're not likely to interact and get tested with us.
- **Don't use any comebacks that aggressively challenge their misconceptions of safe sex and STI's.**  
Again, if we're confrontational people won't get involved in the activation. We need to be welcoming and gentle in our interactions with festivals and rely on the activation and key messages to address misconceptions.

**Below are a few examples of expected heckles and comebacks to help you feel prepared.**

#### **IMPORTANT**

If you ever find heckles or comments get beyond a playful and friendly tone and make you feel uncomfortable or unsafe DO NOT HESITATE to alert the NSW Health Staff or Banjo Staff. Your safety is a top priority of ours.

HECKLE		COMEBACK	
CONDOM RELATED			
Condoms kill the mood		I don't think so No glove no love It's better to be safe	
It doesn't feel as good		Yeh, but it's better to be safe.	
I'm clean		There's no harm in getting tested then, plus you get all the free perks?	
I don't have anything to catch		It takes two to tango	
It takes too long		Taking a long time isn't always a bad thing	
They cost too much		We've got free ones right here	
STI RELATED			
No way that's embarrassing		I don't think it is, plus we've had heaps of people come through today	
I'm clean – I've never had any symptoms		Sometimes STIs don't have symptoms... there's no harm in getting tested. Plus, its free and you get access to free phone charging / glitter bar / clean toilets	
That's weird		Getting tested for STIs is natural part of any sex life	
I don't need to		Yeh, but it's free and you get access to free perks (phone charging, glitter bar, clean toilets) where's the harm?	
I'm not the type of person to catch an STI / STI's wouldn't apply to me		Then there's no harm in getting tested then plus you get access to all these perks Avoiding STIs is a natural part of any sex life	
I've never had symptoms		Some STIs don't always have symptoms. The only way to truly know is to get tested	
Implying someone is dirty if they need to get tested		If you're sexually active in any way there is a chance you can contract an STI. Testing is so easy – just pee in a cup. Some STI's don't always have symptoms so the only way to truly know your free of any is to get a test. It's super easy – just pee in a cup and its free today at our DTT area.	
UNWANTED BEHAVIOUR			
Unwanted come on or cat call		Just keep repeating 'What' or 'Sorry I didn't catch that" the more they repeat it the sillier they'll sound. Pull a weird face at them	

## Key risks and suggested actions

Risk	Action
VIP toilets not clean	Peer educators to alert cleaning staff/Event Manager when urgent cleaning is required
Antisocial behaviour in VIP area	Peer educators trained in basic de-escalation techniques and incident response protocols e.g. raising alarm with the Event Manager/festival staff
Illicit/illegal drug use at festivals and in VIP area	Briefing for peer educators to advise them to notify Event Manager if attendees appear to be using drugs or are intoxicated
YP under the age of 15 wanting to enter VIP space	Peer educators and staff to be briefed on age range of ticket holders before activation
Incorrect information given by peer educators or lack of confidence of peer educators to provide information	<p>Clear project key messages and conversation guide developed</p> <p>Peer educators participate in on-going training and development on sexual health</p> <p>Peer educators advised to not provide medical advice and to promote referral information sources e.g. SHIL/Play Safe/Nurse Nettie</p> <p>Briefing on day to refresh peer educators of key messages</p> <p>On-site FPNSW Health Promotion Officer at all events to provide support to peer educators and quality assurance</p>
Disclosure of sexual assault or other related trauma by a YP	<p>Peer educators receive training on how to handle disclosures</p> <p>Peer educators report disclosures to FPNSW Health Promotion Officer and Event Manager for support on day</p>

YP who are not sexually active may not want to test	Peer educators to reassure all attendees that no sexual history questions will be asked Peer educators to advise that testing provides all YP an opportunity to see how easy it is to test (helping overcome barriers for later)
Breach of data confidentiality	Peer educators discuss confidentiality with YP testing prior to testing Peer educators sign code of conduct and NSW Health confidentiality clause
YP concerned about confidentiality	Peer educators discuss confidentiality with YP testing prior to testing
Personal data (especially contact details) not recorded or provided correctly	Peer educators advise the importance of obtaining correct information for notification of positive STI screening with YP testing Peer educators to advise that testing is confidential
Potential ethical concern regarding attaining informed consent for testing within a peer group setting	Peer educators and signage to indicate that all testing is entirely voluntary and that they can withdraw at any time
Potential ethical concern regarding YP consenting to testing when they are under the influence of alcohol or other drugs	YP who are heavily intoxicated turned away from VIP area and testing Provide training to peer educators to ensure they are confident to navigate conversations with YP under the influence

The full NSW Health list can be found [here](#).

## Codes of Conduct

All Peer Ed and Promo staff to sign the NSW Health and Family Planning Codes of Conduct, plus the talent release form:

### Policy Directive



#### NSW Health Code of Conduct

<b>Document Number</b>	PD2015_049
<b>Publication date</b>	16-Dec-2015
<b>Functional Sub group</b>	Corporate Administration - Governance Personnel/Workforce - Conduct and ethics Personnel/Workforce - Conditions of employment
<b>Summary</b>	The Code of Conduct sets standards of ethical and professional conduct in NSW Health
<b>Replaces Doc. No.</b>	NSW Health Code of Conduct [PD2015_035]
<b>Author Branch</b>	Workplace Relations
<b>Branch contact</b>	Workplace Relations 02 9391 9378
<b>Applies to</b>	Local Health Districts, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, Public Health System Support Division, Community Health Centres, Dental Schools and Clinics, NSW Ambulance Service, Ministry of Health, Public Health Units, Public Hospitals, NSW Health Pathology, Cancer Institute (NSW)
<b>Audience</b>	All persons working in NSW Health in any capacity
<b>Distributed to</b>	Public Health System, Health Associations Unions, NSW Ambulance Service, Ministry of Health, Tertiary Education Institutes
<b>Review date</b>	16-Dec-2020
<b>Policy Manual</b>	Not applicable
<b>File No.</b>	14/5154-2
<b>Status</b>	Active

#### Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

## NSW HEALTH CODE OF CONDUCT

### PURPOSE

The NSW Health Code of Conduct defines standards of ethical and professional conduct that are required of everyone working in NSW Health in any capacity, the outcomes we are committed to, and the behaviours which are unacceptable and will not be tolerated.

The Code of Conduct assists with building a positive workplace culture based on our core NSW Health values of collaboration, openness, respect and empowerment.

The intent of the Code is to provide a framework to promote ethical day-to-day conduct and decision-making. It does not and cannot cover every situation that can arise in the workplace. The Code does not replace the need for common sense in how staff conduct themselves.

### MANDATORY REQUIREMENTS

All employees, contractors, volunteers, students, researchers and persons undertaking or delivering training or education in NSW Health must abide by the Code of Conduct and the core values and principles that it promotes.

### IMPLEMENTATION

Chief Executives are responsible for ensuring that the Code is promulgated throughout their agency.

All employees, contractors, volunteers, students, researchers and persons undertaking or delivering training or education in NSW Health must be given a copy of the Code of Conduct to read and sign on commencement of work in NSW Health.

Managers must ensure that the staff that they supervise are aware of and understand their responsibilities under the Code.

### REVISION HISTORY

Version	Approved by	Amendment notes
December 2015 (PD2015_049)	Deputy Secretary, Governance, Workforce and Corporate	Amendments to requirements in relation to Industrial activities and use of social media.
September 2015 (PD2015_035)	Deputy Secretary, Governance, Workforce and Corporate	Updated and replaced PD2012_018 to ensure alignment with the Code of Ethics and Conduct for Government Sector Employees, and clarify some existing provisions.
March 2012 (PD2012_018)	Director-General	Updated and rescinded PD2005_626 and PD 2005_627: - Shortened to make more accessible, readable and user friendly. - Matters fully dealt with in other Policy Directives or legislation no longer covered, with the exception of anti-discrimination.
October 2005 (PD2005_626)	Director-General	Updated and replaced previous codes PD2005_199 (Department of Health) and PD2005_130 (NSW Health services)
October 2005 (PD2005_627)	Director-General	Communication strategy for PD2005_626.

## ATTACHMENT

1. NSW Health Code of Conduct



**Code of Conduct**



Issue date: December-2015

PD2015\_049



## Code of Conduct



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## Code of Conduct



### A Message from the Secretary

In NSW Health we are committed to providing the best patient-centred health services possible, and to the goals of protecting and improving the health of the people of NSW. To achieve this, everyone working in NSW Health must promote a positive working environment where everyone's contribution is valued. Teamwork and respectful staff relations are essential.

Everyone working in NSW Health should expect to be treated, and must treat others, with respect, dignity and fairness. High standards of workplace practice and conduct improve staff morale. They also produce more effective working relationships and enhanced patient outcomes. In particular, bullying and / or harassment will not be tolerated.

This Code seeks to provide the basis for developing a positive workplace culture – a culture which reflects our core values of Collaboration, Openness, Respect and Empowerment and builds upon the Government Sector core values of Integrity, Trust, Service and Accountability.

I ask everyone working in NSW Health to make themselves aware of the Code, and to implement and adhere to the Code's provisions and to the NSW Health core values on which it is based.

Dr Mary Foley  
 Secretary

## Code of Conduct



## 1 INTRODUCTION

### 1.1 Why we have a Code

The reason we have a Code of Conduct is so there can be no doubts about the standards of ethical and professional conduct that are required of everyone working in NSW Health, the outcomes we are committed to, and the behaviours which are unacceptable and will not be tolerated.

A Code of Conduct assists with building a positive workplace culture based on our core NSW Health values of collaboration, openness, respect and empowerment.

The intent of the Code is to provide a framework to promote ethical day-to-day conduct and decision making. It does not and cannot cover every situation that can arise in the workplace. The Code does not replace the need for common sense in how staff conduct themselves. If staff are in doubt as to what conduct is appropriate in any particular situation, or how the Code should be applied, they should seek advice and direction from their manager or a more senior member of staff.

Managers have a key role in ensuring staff understand the Code and in enforcing the standards it sets, consistently and fairly. However, the most important responsibility of managers, and their most valuable contribution to ensuring that the standards set out by the Code are implemented, is to lead by example.

The Code also provides guidance on how to raise and report breaches of the standards it sets.

## 1.2 Definitions

NSW Health – means public health organisations, the NSW Ministry of Health, the Ambulance Service of NSW, and all other organisations under the control and direction of the Minister for Health or the Secretary of Health.

## 2 APPLYING THE CODE

### 2.1 Who does the Code apply to?

This Code applies to:

- 2.1.1 Persons who are employed in NSW Health whether on a permanent, casual or temporary basis, and
- 2.1.2 Contractors (including visiting practitioners, agency staff and volunteers) working in NSW Health, and
- 2.1.3 Students, researchers or persons undertaking or delivering training or education in NSW Health,

who will be referred to as 'staff' throughout the Code.

In addition, staff of the NSW Ministry of Health, Health Professional Councils Authority, Mental Health Commission and NSW Institute of Psychiatry are required to comply with



## Code of Conduct



the *Code of Ethics and Conduct for NSW Government Sector Employees*, contained in section 2 of the document issued by the Public Service Commission entitled [Behaving Ethically: A Guide for NSW Government Sector Employees](#).

### 2.2 Responsibilities under the Code

All staff are responsible for applying and complying with the Code.

Managers are responsible for ensuring that the staff who they supervise are aware of and understand their responsibilities under the Code.

### 2.3 What happens if there is a breach of the Code

There is a range of consequences for breaches of this Code depending on the nature and seriousness of the matter.

Managers have a responsibility to address alleged breaches of the Code promptly, and in a fair and reasonable manner. They need to assess the seriousness of any alleged breaches, and how they should be dealt with.

Possible outcomes for a staff member who has breached the Code may be:

- Counselling
- Performance improvement plans
- Formal disciplinary action
- Referral to the relevant registration board when the staff member is a registered health practitioner
- Referral to the police in cases of suspected possible criminal activity
- Referral to other Government agencies, such as the Independent Commission Against Corruption, or
- Termination of employment.

Certain sections of the Code reflect the requirements of legislation, and breaches of these conditions may be punishable under law.

### 2.4 What to do if you are concerned about a breach of the Code

Staff should report any breach or concerns about a breach of the Code to their manager.

If staff are not comfortable about reporting to their manager, they should report the matter to a more senior staff member. In some circumstances, such as allegations of corruption, there is a mandatory requirement to report matters to external agencies.

### 2.5 Protection for people who raise concerns about a breach of the Code

NSW Health is committed to protecting any person who raises concerns about a breach of the Code from retaliation or reprisals. Any attempt to take detrimental action against a person who raises a legitimate breach of the Code will be treated seriously and may lead to disciplinary action.

## Code of Conduct



Further, it is a criminal offence to take reprisal against a whistleblower under Section 20 of the *Public Interest Disclosures Act 1994* where a disclosure falls within the scope of that Act.

### 3 NSW HEALTH CORE VALUES

The NSW Health CORE values build upon the public sector core values of integrity, trust, service and accountability.

The NSW Health CORE values are:

- Collaboration
- Openness
- Respect
- Empowerment.

We strive to reflect these CORE values in our workplaces and in our conduct by demonstrating the following characteristics:

#### Collaboration

- We are an organisation that believes in its people and is people centred.
- Our leaders are role models for our core values and they are accountable.
- We willingly work in teams to provide excellent levels of care.
- Our teams are strong and successful because we all contribute and always seek ways to improve.
- We encourage and recognise outstanding performance.

#### Openness

- We want our community to have confidence in their local health services.
- We foster greater confidence and cooperation through open communication.
- Our performance is open to public scrutiny through patient and employee surveys.
- We welcome and use feedback as a tool to do better.
- We encourage those around us to speak up and voice their ideas as well as their concerns by making it clear that speaking up is worthwhile and valued.
- We communicate clearly and with integrity.

#### Respect

- We never lose sight of our patients' fundamental right to be treated with dignity, compassion and respect.
- We listen to patients, the community and each other.
- We welcome new ideas and ways of doing things to improve patient care.

## Code of Conduct



- We treat our colleagues and patients with dignity and respect, and care about those around us.
- Each of us is responsible for workplace culture and performance.
- We have zero tolerance for bullying and no-one, no matter how senior, is exempt.

### Empowerment

- We encourage and support local decision making and innovation.
- We accept that with local decision making comes responsibility and accountability.
- We make best use of resources and experience to meet patient and community expectations.
- While we seek direction from our leaders, we believe that everyone is empowered to make a difference in our workplace.
- As individuals, we can improve our workplace culture and performance by addressing issues that hold us back.
- We strive for individual excellence on behalf of our patients and our teams, and to deliver the best possible care and services.

## 4 THE CODE OF CONDUCT

The Code requires staff to adhere to the standards set out below. The standards in this Code also apply to social activities that take place outside work premises but under agency auspices, and to the making of comments about other staff, patients, and patients' family members or visitors on social media where the status of the person making the comments as a NSW Health staff member is indicated or can be inferred.

### 4.1 Promote a positive work environment

Staff must:

- 4.1.1 Treat patients and members of the public with courtesy and respect and with due sensitivity to the needs of people with different backgrounds and cultures
- 4.1.2 Treat all other members of staff (irrespective of whether they are at the same level of seniority, or more senior or junior) in a way that promotes harmonious and productive working relationships, and a collaborative teamwork approach
- 4.1.3 Not bully or harass other staff, patients or members of the public, or discriminate against them on the basis of their sex, race, ethnic or ethno-religious background, marital status, pregnancy, disability, age, homosexuality, transgender or carers' responsibilities
- 4.1.4 Not encourage or support other staff in harassing or bullying, or in acting in a way that is contrary to harmonious working relationships between staff members



## Code of Conduct

- 4.1.5 Where appropriate, attempt to settle any complaints, disagreements or grievances involving other staff themselves in the first instance; or pursue such matters through their manager or a more senior member of staff in a way which is proportionate to the issues raised, utilises applicable NSW Health policies, and recognises that in any process to resolve such matters other staff also have perspectives and rights.

## 4.2 Demonstrate honesty and integrity

Staff must:

- 4.2.1 Avoid situations which may give rise to pecuniary or other conflicts of interest, and should any conflicts or possible perceptions of such conflicts arise declare them immediately to their manager - for further information, refer to the current NSW Health policy on [conflicts of interest and gifts and benefits](#)
- 4.2.2 In general not deal with the finances of patients or clients, but where such dealings occur in the best interests of the patient or client, report the full details to their manager
- 4.2.3 Ensure that their actions and decisions are not influenced by self interest or considerations of personal gain or other improper motives
- 4.2.4 Not accept bribes or inducements that are intended to influence their decisions or actions and
- 4.2.5 Not accept gifts where they are, or could be reasonably interpreted as being, designed to secure influence or preferential treatment in favour of the giver, which means that token or inexpensive gifts offered as an expression of gratitude, such as chocolates from a patient, can be accepted – for further guidance, refer to the current NSW Health policy on [conflict of interest and gifts and benefits](#)
- 4.2.6 Provide honest and accurate comments when giving staff references
- 4.2.7 In dealings with former staff members of NSW Health not give them, or appear to give them, favourable treatment or access to privileged information.
- On leaving employment, staff must:
- 4.2.8 Not use or take advantage of confidential information obtained in the course of their previous official duties to seek gain or profit, unless and until this information is publicly available
- 4.2.9 Not take documents that are the property of the Health Service to another position prior to or after resignation without approval.

## 4.3 Acting professionally and ethically

Staff must:

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## Code of Conduct

- 4.3.1 At all times act in a way which is consistent with NSW Health's duties of care to its patients and clients, and its obligations to provide a safe and supportive environment on its premises for patients and their family members
- 4.3.2 Not be under the influence of alcohol or drugs when commencing work and while at work
- 4.3.3 Be in a fit and proper condition to carry out their duties when commencing work and while at work
- 4.3.4 Dress in a way that is appropriate for the work they do, and complies with any local dress requirements
- 4.3.5 Carry out their duties diligently and efficiently
- 4.3.6 Not absent themselves from the workplace without proper notification, when they are meant to be on duty; nor engage in any form of outside practice or employment or other activities when they are meant to be on duty and working for NSW Health
- 4.3.7 If working as a full time employee, seek approval from the Chief Executive or his/her delegate to undertake secondary employment; and if working as a part-time employee seek such approval if there is potential for a conflict of interest with NSW Health employment, or if the total work being undertaken raises issues about excessive working hours. Such approval for other employment must not be unreasonably withheld
- 4.3.8 Comply with all lawful and reasonable directions given by their managers or other members of staff authorised to give them
- 4.3.9 Comply with all applicable NSW Health policies and procedures, and those of the NSW Health agency where they work
- 4.3.10 Maintain and enhance their professional standards and skills, and keep up to date with best practice
- 4.3.11 Observe all laws, professional codes of conduct and ethics relating to their profession
- 4.3.12 If professionally registered, report all changes in professional registration (such as the imposition of conditions on registration) to their manager
- 4.3.13 Avoid conduct that could bring NSW Health or any of its staff, patients or clients into disrepute, including when using social media
- 4.3.14 Act in a way which protects and promotes the interests of NSW Health and the particular NSW Health agency where they work
- 4.3.15 Only provide official comment on matters related to NSW Health if authorised to do so



## Code of Conduct



- 4.3.16 When making public comment on issues or participating in political or industrial activities, not indicate or imply that their views are those of NSW Health
- 4.3.17 Carry out their duties in a politically neutral manner
- 4.3.18 Report criminal charges and convictions against them involving offences punishable by imprisonment for 12 months or more to their Chief Executive within 7 days of the charge being laid or a conviction recorded
- 4.3.19 Report to the designated person within their Health organisation, upon becoming aware of an allegation, charge or conviction involving an under 18-year-old against another NSW Health staff member
- 4.3.20 Report immediately any episode or incident of clinical care which raises concerns about standards of clinical care or about possible clinical malpractice, and
- 4.3.21 Report to a more senior member of staff and / or to the appropriate external statutory body any misconduct by others of which they become aware, such as corruption, fraud, maladministration, and serious or substantial waste.
- 4.4 Use official resources lawfully, efficiently and only as authorised**

Staff must:

- 4.4.1 Use work resources efficiently
- 4.4.2 Use all equipment, goods, resources and materials provided for work-related purposes only, and not for outside clinical or business practice or political purposes: for example staff cannot operate a private business from the workplace, proselytise in favour of a particular religious belief or beliefs , decorate official vehicles with political slogans, or use work tools to make repairs to personal property or carry out home renovations. However, reasonable personal use may be made of equipment (such as phones, computers or photocopyers) provided that work performance is not affected and any instructions about such personal use are followed
- 4.4.3 Follow any special directions or conditions that apply to the authorised use of official resources such as the use of cars for non-official purposes, and
- 4.4.4 Not use NSW Health internet and email resources for accessing, transmitting, storing or downloading pornographic, sexually explicit or otherwise inappropriate material.

## **4.5 Maintain the security of confidential and / or sensitive official information.**

Staff must:

**Code of Conduct**



- 4.5.1 Keep confidential all personal information and records, including not discussing or providing information on social media that could identify patients or divulge patient information
- 4.5.2 Not use or release official information or records without proper authority
- 4.5.3 Maintain the security of confidential and / or sensitive information, including that stored on communication devices
- 4.5.4 Not disclose, use or take advantage of information obtained in the course of official duties, including when they cease to work in NSW Health.

**4.6 Maintain professional relationships with patients or clients.**

Staff must:

- 4.6.1 Not take an unfair advantage of, or exploit any relationship with, patients or clients in any way, including not engaging in on-line friendships with patients or clients via social media; staff may accept patients and clients as members of their professional pages that contain information relating to the professional practice of the staff member
- 4.6.2 Not have any sexual relationship with a patient or client during a professional relationship.

*I have read and understood the above Code of Conduct, and agree to comply with its provisions at all times while working in NSW Health.*

*By signing this Code I acknowledge my commitment to achieving the best outcomes for patients and playing my part in ensuring that my working environment is safe and supportive.*

..... *Print name*

..... *Signature*

..... *Date*

## Sexual Assault

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### REVISION HISTORY

Version	Authored by/ Approved by	Amendment Notes	Revision date
V1.1	Endorsed by GRM 17/12/13 and approved by Executive 18/12/13	Reviewed to reflect the introduction of paperless records.	December 2018
V2.1	Endorsed by CS-RM 27/06/17 and approved by Executive 01/08/17	Reviewed to align with latest clinical practice guidelines	June 2022



## 1. PURPOSE OF POLICY

Family Planning NSW is committed to providing a trauma informed response for all clients disclosing sexual assault whether this occurred recently or in the past. Regardless of when the assault occurred, a disclosure by a client may be a point of crisis and the response should acknowledge the physical, emotional and legal aspects of the client's care.

Family Planning NSW recognises that where the matter proceeds to legal action, accurate, well documented, well maintained clinical records can have a significant impact on the outcome of legal action.

## 2. SCOPE OF POLICY

This policy applies to all Family Planning NSW staff

## 3. DEFINITIONS & ACRONYMS

Term	Meaning
Sexual Assault	<p>Sexual assault can be defined as a person being forced, coerced or tricked into sexual acts against their will or without their consent. Consent occurs when a person freely and voluntarily agrees to a sexual act. Sexual assault occurs when someone is unable to and/or does not give consent. The law says that a person is unable to give consent when:</p> <ul style="list-style-type: none"> <li>• asleep or unconscious</li> <li>• significantly intoxicated or affected by drugs</li> <li>• unable to understand what they are consenting to due to their age or intellectual capacity</li> <li>• intimidated, coerced or threatened</li> <li>• unlawfully detained or held against their will</li> <li>• they submit due to the person being in a position of trust</li> </ul> <p>Sexual assault or sexual violence can include rape, incest, indecent assault, sexual assault and sexual molesting. Children or people who can't give informed consent can be sexually assaulted when someone uses their age, size, authority or position of trust to involve them in sexual acts. Sexual assault can happen to anyone. Sexual assaults are often carried out by a person known to the victim. The majority of sexual assaults are perpetrated by men.</p>
Forensic Examination	<p>A forensic examination is an examination carried out by a specially trained doctor or nurse to collect DNA and other evidence that can be used to support legal charges related to sexual assault allegations. In NSW there is a dedicated NSW Health Sexual Assault Service (SAS). It is important that if a forensic examination is to be done it takes place as soon as possible to maximise the chance of collecting useful evidence. Ideally the forensic examination should take place within 24 hours of the sexual assault but evidence may still be present up to seven days post assault. There is a specific consent process for a forensic examination. There is no requirement to make a report to the police for a forensic examination to be done. Evidence gathered from a forensic examination can be stored by the SAS and is generally destroyed after three months if the client has not consented for release to police.</p>

2017/014

Endorsed by: CS-RM 27/06/17

Sexual Assault

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Approved by Executive: 01/08/17

#### 4. PROCEDURE DETAILS

##### 4.1 Presentation and disclosure of sexual assault

Any time a client notifies another person of a sexual assault it is of particular personal and legal significance. It is the role of all Family Planning NSW staff to provide a trauma informed response that acknowledges the potential impact of sexual assault to ensure a person feels listened to, respected and safe.

There may be a variety of presentations for people who have experienced sexual assault.

Clients can present soon after the sexual assault with concerns about physical injury, sexually transmissible infections (STIs), pregnancy or whether to report to the police. A

client may disclose a sexual assault that happened in the past as an adult or childhood sexual assault.

In responding to a disclosure of a sexual assault the Family Planning NSW staff member should undertake to:

- Accept the disclosure on information presented
  - Re-establish safety of client : physical and psychological
  - Active listening – reassure the client they have been heard
  - Acknowledge distress
  - Avoid repeated questioning on aspects of a story that might not seem plausible
  - Ask the client what they need to feel safe
  - Ensure the client is not at risk of ongoing abuse
- Respect
  - The client may present limited information
  - The client may not want to proceed with police action
- Provide clear information about what will happen next including
  - The role and management offered by Family Planning NSW
  - Give options about ongoing support and referral

##### 4.2 Assessment and management of a client reporting a sexual assault:

The options available for assessment and management for someone disclosing a sexual assault depends on the time frame of when the alleged sexual assault occurred.

Further detailed information about clinical procedures for responding to a disclosure of a sexual assault are outlined in Reproductive and Sexual Health: an Australian clinical practice handbook (current edition).

##### 4.2.1 Recent disclosure - within 7 days of the sexual assault

###### *Referral to a Sexual Assault Service*

If a client presents within 7 days of a sexual assault they should be advised of the option of referral to a NSW Health Sexual Assault Service (SAS) for forensic examination and specialised counselling. Medical care is also provided by the sexual assault service but care of injuries and emergency contraception should be considered prior to referral.

The choice to have a forensic examination is entirely up to the adult victim. In NSW, a forensic examination does not commit the adult victim to making a police report.

Forensic examinations are not within the scope of practice for clinicians at Family Planning NSW.

For further information about access to NSW Health Sexual Assault Services please go to:

<http://www.health.nsw.gov.au/sexualassault>



*Referral to a sexual assault service declined*  
If a client discloses a recent sexual assault (within seven days) and declines a referral to the local Sexual Assault Service (and as a result forensic testing will not occur), it is important for the FPNNSW clinician to document a clear description of the allegation (without names of perpetrator).

When the client presents within 7 days of the assault, assessment and treatment may include:

- Provision of emergency contraception;
- Assessment and management of physical injuries. This may require referral to the Emergency Department;
- Consideration of prophylaxis for chlamydia with Azithromycin 1g PO stat. Baseline chlamydia testing should be done;
- Consideration for routine STI screening if indicated from previous risk;
- Arranging for STI screening 2 weeks post assault;
- Checking vaccination status for Hepatitis B and refer for rapid vaccination if immune status is uncertain or not immune;
- If <72 hrs since assault, assess for risk of HIV exposure. If the perpetrator is high risk for HIV refer for consideration of HIV Post-Exposure Prophylaxis (PEP);
- Assessing the victim's safety and
- Referral for counselling (SAS or other services).

#### **4.2.2 Non recent disclosure - greater than 7 days after the sexual assault.**

Depending on the time frame since the assault, the assessment of the client may include:

- Physical examination if symptomatic;
- STI testing;
- Urine pregnancy test ;
- Referral to a GP for follow up vaccination for Hepatitis B;
- Assessment of the victim's safety and
- Referral for counselling.

#### **4.2.3 Client referred by a NSW Health Sexual Assault Service to a Family Planning NSW Centre to follow up after the assault.**

Clients may be followed up at 2 weeks by the SAS or referred to a GP or Family Planning NSW clinic for follow up medical care. A letter would usually accompany the client.

Depending on the time frame and prior management this follow up may include a physical examination if symptomatic, STI testing, urine pregnancy test and vaccination for Hepatitis B.

### **5. LEGAL AND DOCUMENTATION REQUIREMENTS**

#### **5.1 Reporting to the police**

The client may require further information and counselling to assist them to understand their options about reporting the assault to the police. The decision to proceed with a formal report to the police rests with the client.

Any clients considering a police report can be referred to a NSW Health Sexual Assault Service and/or NSW Rape Crisis Phone Counselling service.

<http://www.nswrapecrisis.com.au/>. These services are available 24 hours / 7 days.

The NSW Police have developed an option for victims who decide not to formally report the assault. Use this link to access the Sexual Assault Reporting Option (SARO).

#### **5.2 Responding to clients who are under 16 years**

It is the responsibility of the FPNNSW clinician to notify Family and Community services of all suspected forms of abuse of children (when the child is less than 16 years). Refer to Family Planning NSW CP Child Protection.

It is possible for the young person aged 14 years and over to consent to the medical examination on their own behalf without parental consent where they understand the nature and consequences of the examination and they may choose to attend an Adult Sexual Assault Service.

### 5.3 Documentation

In line with the Reproductive and Sexual Health: an Australian clinical practice handbook (current edition), details of the consultation must be documented clearly. Be aware that the records taken at the initial disclosure may subsequently be subpoenaed. The person who first hears the allegation may be required to give evidence in court.

Documentation should:

- be clear, accurate and specific;
- be recorded in the client's own words as much as possible, eg. she said "no, don't";
- record physical injuries including diagrams and explicit descriptive details ;
- include relevant observed behaviour;
- only include personal information about other people when relevant and necessary for the care and treatment of the client.

**NOTE:** do not include names of alleged perpetrators – seek the advice of Family Planning NSW Medical Director/State Social Worker if uncertain.

There is no statute of limitations on sexual assault, hence police action may potentially ensue many years after the assault.

If a medical record is subpoenaed, the FPNWSW Medical Director is to be notified immediately for guidance. Information relating to sexual assault which is documented in the medical record can be protected by the courts if deemed not relevant to the subpoena.

### 5.4 Sexual Assault Communications Privilege

Sexual Assault Communications Privilege limits disclosure of counselling, health and other therapeutic information about a victim of sexual assault. Records relating to the counselling of victims of sexual assault (protected confidences) may be protected from production if they are covered by sexual assault communications privilege. Sexual assault communications privilege can only be claimed in criminal proceedings, including proceedings relating to Apprehended Violence Orders (AVOs) in NSW Courts. The sexual assault communications privilege may also be claimed in NSW Courts in civil proceedings, in limited circumstances, usually when the privilege was granted in criminal proceedings. The privilege cannot be claimed in federal courts, such as the Family Court. Extract from NSW Health PD2010- 065 Subpoenas.

<http://www.legalaid.nsw.gov.au/publications/factsheets-and-resources/their-privacy-is-your-priority>

- Electronic client files relating to instances of sexual assault are retained for a minimum of:
  - 30 years after any legal action is completed and resolved (where known) or after last contact for legal access, or
  - 30 years after the individual attains or would have attained the age of 18, whichever is the longer
- Family Planning NSW will ensure that appropriate records relating to instances of sexual assault are maintained by:
  - clear documentation in the client's electronic medical record
  - training clinicians and relevant staff to clearly document issues relating to sexual assault including recording it in Past History (see Fig 1) ensuring that the 'Summary' window of the 'New History Item ' window is not ticked. This ensures the record of sexual assault will not be inadvertently included in future unrelated clinical correspondence eg referral letters to specialists.

The screenshot shows a medical software interface with a patient's history list on the left and a 'New History Item' dialog box on the right. The dialog box has a 'Sexual assault' section with a 'Sumary' button highlighted by a blue arrow. The patient's history list includes various medical conditions and dates.

**Figure 1**

- Flagging the record in the database. By ticking sexual assault in the Family Planning NSW Client Visit Form (Fig 2) clinicians will ensure that the client record is flagged in the database and systems will be activated to ensure that the file is appropriately safeguarded and maintained.

The screenshot shows a medical software interface with a patient's history list on the left and a 'New History Item' dialog box on the right. The dialog box has a 'Sexual assault' section with a 'Sumary' button highlighted by a blue arrow. The patient's history list includes various medical conditions and dates.

**Figure 2**



### 5.5 Talkline

In the case of callers disclosing sexual assault to Talkline, Talkline staff will explain the legal significance of disclosure and ask the caller if they wish to be referred to the FPNSW Social Work team to enable the caller to be registered as a client of Family Planning NSW and the disclosure to be documented.

### 6. RELATED DOCUMENTS/LINKS

- [State Records Authority of NSW General Disposal Authority 17](#)
- Family Planning NSW Child Protection Policy
- Family Planning NSW CP Incident Management
- Family Planning NSW CP Documentation Client Records
- Family Planning NSW CP Subpoena Procedure
- Reproductive and Sexual Health: An Australian Clinical Practice Handbook (current edition)
- NSW Health .Sexual Assault Services Policy and Procedure Manual (Adult) Document number PD2005\_607 publication date 18-July 2005. Review date 30 Oct 2016  
<http://www.health.nsw.gov.au/sexualassault>

## Talent Release forms

For general filming and background photos we are OK cos we have a filming sign We only need to get them to sign this if:

- If we take a photo of a group we think would make a good ad
- We film the people in the POV walk
- We do any voxpops
- They are a peer ed promo

### MULTIMEDIA CONSENT FORM

I acknowledge and agree that:	
<ul style="list-style-type: none"> <li>• I understand the reasons for NSW Health taking this recording and the purpose for which it may be used and disclosed has been explained to me;</li> <li>• this consent form authorises NSW Health to use the recording, including my image and voice and any activity undertaken by me to be edited, reproduced, broadcast, published, disseminate or distributed via electronic and/or any other form and to be shown and/or heard in public via radio, television, newspaper, magazine, internet or other means;</li> <li>• I am over the age of 16 years and I acknowledge that I assign all rights, title and interest including any copyright to NSW Health;</li> <li>• I acknowledge that NSW Health is not obliged to use the multimedia material if it so chooses.</li> </ul>	

NAME:	
EMAIL:	
SIGNATURE:	DATE: 30/09/2017

Office use:	
WITNESS NAME:	
SIGNATURE OF WITNESS:	DATE:

## Inventory checklist

Element	Owner	Storage
Arrival Zone & Registration station		
Pull up banner 1 & 2	Banjo	
A4 info page x 5	Banjo	
2 x tall plants	Banjo	
Arrival bench / double pallet coffee table	Banjo	
4 tablets	NSW Health	
5 label printers	NSW Health	
4 tablet stands	NSW Health	
5 laptop/tablet locks	NSW Health	
Spare labels	NSW Health	
1 Telstra wifi modem	NSW Health	
1 satellite wifi modem (for Medicare search only)	NSW Health	
Testing Stations		
Table and 8 chairs	Banjo	

1 laptop	NSW Health	
Specimen jars	NSW Health	
Clear pathology bags	NSW Health	
Paper bags	NSW Health	
Pathology forms	NSW Health	
Spill kit (disinfectant etc. for spilled samples)	NSW Health	
Antibacterial hand rub	NSW Health	
Paper towels	NSW Health	
2 x foam Eskys + cool bricks	NSW Health	
Sexual Health Infolink cards (for anyone with questions to contact them later)	NSW Health	
Testing Toilets		
Handwash poster x 2	Banjo	
Urine sample poster x 2	Banjo	
Backup toilet rolls x 50	Banjo	
Antibacterial hand wash	NSW Health	

Exclusive Area		
15 x pallet seats	Banjo	
6 x pallet coffee tables	Banjo	
500 x coasters	Banjo	
12 x solar table lights	Banjo	
3 x charging stations	Banjo	
10 x hanging lanterns	Banjo	
3 x umbrellas	Banjo	
15 x cushions	Banjo	
Photo props + speech bubbles	Banjo	
Not filmed sticker	Banjo	
Thank you find photo business card	Banjo	
2 x mirrors	Banjo	
Glitter table	Banjo	
Glitter and makeup	Banjo	
General		
Tents x 2 / guy ropes / pegs	Banjo	
Hessian cloth / scissors	Banjo	
T shirts x 15	Banjo	

10,000 condoms	Banjo	
Guest passes x 14	Banjo	
Tools, power extensions / protectors	Banjo	
Print outs of: media release, incident form, staff packs		

## Branded collateral



Play Safe

**DOWN to TEST.**  
Upgrade your sex life

**EXCLUSIVE  
— AREA —**  
+ INCLUDING +

*Free*  
**GLITTER BAR**

**PHONE**  
*Charging Station*

**CLEAN TOILETS**

*Take a*  
**FREE  
STI  
TEST**

- **CONFIDENTIAL**
- **RESULTS IN A WEEK  
BY PHONE**
- **QUICK AND EASY**
- **SIMPLY PEE IN A CUP**

AND GET ACCESS TO THE  
**EXCLUSIVE  
— AREA —**

**DOWN to TEST.**  
Upgrade your sex life



## **Technical**

We will send a SMS following the tests. Max 110 characters.

### **1st Text 109 characters**

Thx for getting DTT @ LO!

You'll get ur results soon.

Quick survey & chance to win cash <https://goo.gl/JPdhse>

The precise URL for the SMS survey is: [https://unsw.au1.qualtrics.com/jfe/form/SV\\_6s9q4xdfSyZmttX?Source=SMS](https://unsw.au1.qualtrics.com/jfe/form/SV_6s9q4xdfSyZmttX?Source=SMS)

Registration screens for the iPads on following screens.

# Play Safe



WELCOME TO DOWN TO TEST  
FROM PLAY SAFE

Congratulations on taking the opportunity for a  
**FREE** confidential chlamydia test today!



This test is for people aged **15 years and over**.  
All you need to do is sign up here and provide a  
urine sample.

It's that easy. Please complete this short  
registration form to begin.

START

First name

Last name

Gender

Date of birth

Post code

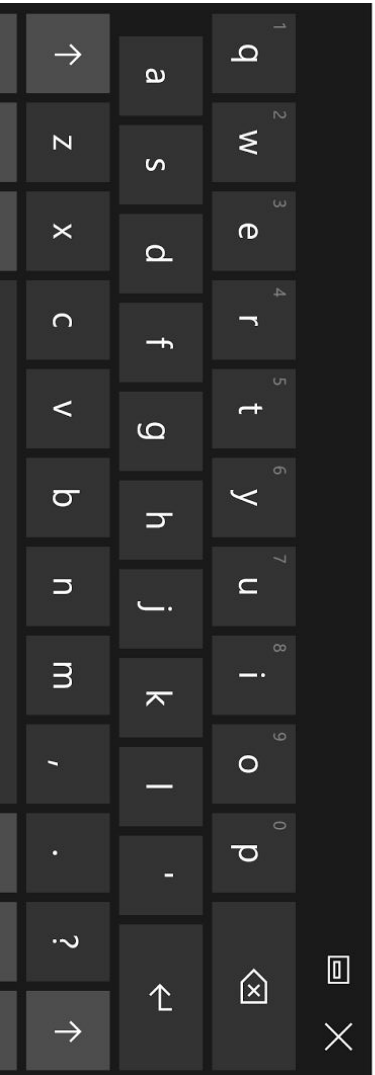
Are you of Aboriginal or Torres Strait Islander origin?

Mobile

Email address

☐ Subscribe for info on Upgrading Your Sex Life straight to your inbox!

Do you have a Medicare card with you?



# YOU ARE IN!

Thanks for signing up for a FREE confidential chlamydia test today!

Take these two labels and see one of the Play Safe team who will explain the next step.

Get tested, and get your pass to the VIP area now!

FINISH





Enter PIN...

OK

EXIT



VGDF,FHH	Print
LU,HENG	Print
LU,HENG	Print
TEST,TEST	Print
HENG,LU	Print
TEST L,TEST TWO	Print
TEST,TEST	Print
STEPHANIE,DEVRIES	Print
LEE,JACK	Print
EXIT	

First name

Last name

Gender

Date of birth

Post code

Are you of Aboriginal or Torres Strait Islander origin?

Mobile

Email address

☐ Subscribe for info on Upgrading Your Sex Life straight to your inbox!

Do you have a Medicare card with you?

Medicare number

Reference number





## Research

### FESTIVAL EVALUATION FRAMEWORK

UNSW have completed the pre-festival benchmark survey with approximately N=300 respondents. UNSW will also be conducting post-festival survey tracking, with the aim of getting approximately N=100 respondents pre-festival (an average) over the 3 years of activations.

To ensure that BANJO can optimise the performance of the activations, we are proposing the following tracking and evaluation measures. A report will be prepared following each festival which tracks the following.

Touchpoint	Measure	Responsible	When
Social media ads	Number reached Engagement rate Sponsored Post Data (UM)	BANJO	Report prepared post festival
Social	Number of new likes	BANJO	1 x week after festival
Website	Landing page visits CTR to site or Facebook	BANJO	1 x week after festival
Activation Engagement	Number of key messages delivered	BANJO	Provide numbers post festival
	Number of people re-entered activation	BANJO	Report prepared post festival
	Number of condoms handed out	BANJO	Report prepared post festival
	Number of people engaged at each station	BANJO	Report prepared post festival
	Number of people tested	NSW Health	Provide numbers post festival
	Number of people test positive	NSW Health	Provide numbers 2 weeks post festival
	Numbers of people contacted with results Success rates in contacts	NSW Health	Provide numbers 2 weeks post festival

Peer Educator Feedback	Measures in Online Evaluation	BANJO	Send Monday after festival. One week to complete
Stakeholder Survey	Measures in Online Evaluation	BANJO	Send Monday after festival. One week to complete

## Typical Timeline

Below outlines the typical timeline, we have used Listen Out timings as an example for all future festivals.

Wednesday 13 <sup>th</sup> September	Questionnaires provided to NSW Health for approval
Wednesday 13 <sup>th</sup> September	Post Festival Report format presented to NSW Health for approval
Wednesday 20 <sup>th</sup> September	Feedback provided on questionnaire and Report template
Wednesday 20 <sup>th</sup> September	UM and Quiip advised on need to provide data for report
Thursday 21 <sup>st</sup> September	Peer Educator / Stakeholder Survey Programmed
Friday 22 <sup>nd</sup> September	Survey link provided to NSW Health for final approval
Monday 25 <sup>th</sup> September	All Festival activation attendees (and details) provided to BANJO
N/A for Listen Out	Survey questionnaire amended according to Festival (if relevant)
Saturday 30 <sup>th</sup> September	Listen Out, Centennial Park Sydney
Monday 2 <sup>nd</sup> October	Survey link sent to all activation attendees (Peer Educators, Testing Staff, NSW Health, STIPUBANJO)
Friday 6 <sup>th</sup> October	Prize drawn for Peer Educator responses and winner notified
Monday 10 <sup>th</sup> October	UM provide performance on promoted posts
Monday 9 <sup>th</sup> October	Quiip provide performance on social engagement
w/c 9 <sup>th</sup> October	BANJO prepare Post Festival Report
w/c 16 <sup>th</sup> October	BANJO present Post Festival Report to NSW Health

## POST FESTIVAL QUANT SURVEY

After each festival BANJO and UNSW will need to launch a post-festival survey. This survey will be sent / targeted to festival goers to track their shift in attitudes towards around STIs, STI testing and condom use.

The survey will be sent either to the festival database (if negotiated), to those tested (link sent via text), or targeted to those who like the festival Facebook page (promoted post on Facebook). The survey will be incentivised with either a festival merchandise pack (if negotiated) or other similar desirable prize that aligns with the festival experience.

### Typical Timeline

Below outlines the typical timeline for Post Festival tracking with UNSW. We have used Listen Out timings as an example for all future festivals.

Monday 18 <sup>th</sup> September	Limin (UNSM) advised of upcoming survey
Wednesday 20 <sup>th</sup> September	Recruitment method finalised (eDM, SMS and/ or Facebook)
Wednesday 20 <sup>th</sup> September	T&Cs / prize pack details revised based on Festival negotiations
Thursday 21 <sup>st</sup> September	T&Cs, prize pack and recruitment provided to Health for approval
Thursday 21 <sup>st</sup> September	Copy for SMS, email, social post provided to Health for approval
Friday 22 <sup>nd</sup> September	Final copy / assets created / links created
Saturday 30 <sup>th</sup> September	Listen Out, Centennial Park Sydney
Monday 2 <sup>nd</sup> October	XX provides database provided to XX sending SMS
Monday 2 <sup>nd</sup> October	SMS sent (with survey link) to all those tested
Mon 2 <sup>nd</sup> to Mon 9 <sup>th</sup> October	Email / social posts distributed (if available)
TBC	Reminders sent (depends on recruitment method)
TBC	Prize drawn and winner notified

To distribute the survey there will be three potential means – email just the festival database (if negotiated), the database we captured through testing (if available), of Facebook advertising. Below is the suggested copy for each of these methods. It would need to be reviewed and amended for each festival.

**Email Invitation to complete post-festival survey**

Hey there [name]

Thanks for visiting us yesterday at the Down to Test VIP Area!

This is just a reminder that you'll either be getting a text message next week if your results are all clear or a call from a nurse if there's something to discuss.

For the chance to WIN [prizes] complete a short [7 min] survey.

We had an awesome time at [festival] and hope you did too.

If you have any questions about your test or the DTT activation head to [website]

Thanks, the DTT Crew!

**TEXT MESSAGE [110 characters]**

Thx for getting DTT @ LO!

You'll get ur results soon.

Quick survey & chance to win cash <https://goo.gl/JPdhse>

**FACEBOOK**

Were you at Listen Out?

Check out our [5 min] survey for the chance to score [prizes]

[link]

## QUALITATIVE FESTIVAL EVALUATION QUESTIONS (VOX POPS)

The following identifies a range of potential questions for staff to use to gain qualitative feedback from festival goers about their interactions with the experience. We don't want to take up too much of their time, so we would recommend only asking 1-2 questions per person (depending on the willingness to participate).

Due to need for consent forms, only those within the registration process, in the VIP area or are staff of the activation should be filmed. Other Vox Pops can be asked using a Dictaphone or a notepad.

ROAMING FESTIVAL	
Questions	Probes
Have you heard about the VIP area?	<p>From what you've heard, what do you think about it?</p> <p>Have any of your friends visited? Tell me more.</p>
Have any of you visited the VIP area?	<p>Tell me about your experience?</p> <p>What did you think of the testing process? and VIP area?</p>
Would you be interested in visiting the VIP area / getting tested and gaining access to the perks?	<p>Yes – What do you like about the idea?</p> <p>No – What's holding you back?</p>
What do you guys think about getting an STI test at a festival?	<p>Do you talk about STI's, getting tested and safe sex with your friends much?</p>



## PRE-TESTING STAGE OF VIP AREA

Questions	Probes
How did you find out about the Down to Test / VIP area?	<p>Did you see any of our promotional material before the festival (online campaign and festival ads)?</p> <p>Did you see any promotional material within the festival? E.g. Condoms, festival signage, VIP roamers.</p>
What drew you to the VIP area?	What features of the VIP area appeal to you? e.g. Free phone charging, clean toilets, glitter bar, water station, convenience of getting tested.

## HESITANT / CONSIDERING (PRE-TEST)

Questions	Probes
Are you considering participating in the VIP area and getting access to the perks inside?	<p>Would you mind talking us through your thought process at the moment?</p> <p>Is there anything holding you back from participating in the VIP area today?</p> <p>What are your concerns?</p> <p>Are you familiar with the STI test process?</p>
What brought you over to the VIP area today?	<p>Was there a particular feature you like the sound of?</p> <p>If so what was it and why does it appeal to you?</p>

## REJECTERS / WALKAWAYS

Questions	Probes
What's made you change your mind about getting tested today?	What would reassure you? Would you mind talking us through your concerns?
What do you think about the VIP festival area concept?	What do you think about getting an STI test at a festival with your mates if it gives you a VIP experience?
We saw you come up to the VIP area but didn't come in. What doesn't appeal to you about the VIP area / process?	What would reassure your concerns? Are you familiar with the STI testing process?

## POST TEST – WITHIN THE VIP AREA

Questions	Probes
How did you find the testing experience?	Was it what you expected? How was it different to your expectations? What surprised you about the process?
Why did you decide to take part in the STI test today?	Was it because my friends were doing it? Did it look like fun? Or did you need to recharge your phone?
Were you familiar with STI testing process before today?	Did you know STI tests can be as simple as peeing in a cup? Has the test you've done just then changed your perceptions of STI tests at all? Do you think having done this experience and knowing more about STI tests you'll make STI tests a regular part of your health check-ups?

Have you learnt anything new today about safe sex / condoms / STI's / STI tests?	What did you learn? What's something you didn't know about STI's or STI tests before today?
After your experience today at the VIP area, how likely do you think you'd bring it up and STI testing with your friends?	Do you and your friends talk about STI testing much? (Group) Do you think having visited the VIP area together today that you might talk about STI's and safe sex with each other more?
What do you think about the VIP area?	What drew you to this area to begin with? What do you like most about the area? (water station, mobile charging, glitter bar, the clean toilets, convenient STI test) Is there anything which doesn't really appeal to you in the VIP area? Is there anything you wish we had in the VIP area?
How did you find out about our VIP area?	Have you seen any of our promotional material around the festival? Did you know those activations were part of this VIP area?

## INTERVIEWING PEER EDUCATORS

Questions	Probes
What are people's general reactions to the VIP (post-test) area?	What do they like most about it do you think?
What are people's reactions when you tell them about the VIP area	Do people seem well informed of it? Have they mentioned seeing the signs or online promotions?

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What are people's reactions when you explain the VIP area and concept (STI test and perks afterwards?)

What do you think the reasons are holding them back from visiting and participating?  
 What are they most excited about?

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What are some of the comments you've had about the STI testing experience?

Were people surprised by how simple the testing process was?  
 What did they like most about the VIP area?  
 Was there anything they disliked about the whole VIP experience?

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## Videographer shot list

### **CAPTURING FESTIVAL CONTENT FOR FEST PROMO VIDEOS**

At the first festival, and at some thereafter, we will need to capture video footage to be used in the future promotion of the activation, to show other festivals how it works, for social media and case studies etc.

The below is a brief for the videographer / vox pop supporter to capture this footage.

Objective: Create a hype-tape of the activation experience that positions the STI testing and VIP activation as an easy, desirable and valuable experience to festival goers.

**Target:** This footage captured will need to be cut for several different purposes, as outlined below:

- **Other festival organisers:** Other festivals want more details on the activation, how it works, whether festival goers like it, etc. before they decide whether they'll accept us at their festival. This content needs to show that the area is just as cool and exciting as their own festival promo videos.
- **Social Content:** We need to create a range of ads for social media to promote the activation prior to other festivals. (NB: All talent here will need to sign a release). These festival goers will be one week out from preparing for their festival and on the look-out for cool info to excite them about the festival.
- **Case Studies:** NSW Health and BANJO will be looking to develop case study videos on the festival activation. They will need the excitement as above, and show more detail around the various touch points, the journey along the testing station, engagement with each of the perks and festival goer feedback on the testing experience – change in attitudes, normalising of it, key messages about STI facts and improved attitudes towards sexual health.

Mandatories: Show a mix of festival goers, ages, sex and cultural demographics.

### **Desirable Sound Bites:**

The objective of this video is promotion, not research. We need to show how easy the testing is, show the change in attitude pre-test to post test, show that groups are willing to get involved, and to show a real excitement / enjoyment of the perks inside the VIP area. This content should be as cool and exciting as a festival promo video.



Question	Objective	Desirable Sound Bite (Suggestions for tone)
How did you hear about the VIP area?	Demonstrate that our activity outside the festival area was effective in getting people here.	<p>"I heard about the VIP area on Facebook and knew we had it find it here"</p> <p>"I heard about the VIP by some guy who gave me a condom and directed me here"</p> <p>"I asked my friend where she got her glitter – and she brought me here"</p>
What did you think about the STI test at first?	Demonstrate that people will have a range of feelings about the STI test	<p>"I wasn't sure about the STI test at first, then I thought why the hell not, when you get free access to a VIP area"</p> <p>"I wasn't sure at first about the STI test, but it was super easy"</p>
How did you find the testing experience?	Demonstrate the ease and simplicity of the testing experience	<p>"The STI test was way easier than I thought it would be"</p> <p>"The STI test was easy, I just had to pee in a cup"</p>
Why did you decide to take part in the STI test today?	What was their primary motivator in taking part of the activation?	<p>"I decided to take part because my friends were"</p> <p>"I decided to take part because it looks like fun"</p> <p>"I decided to take part because I needed to charge my phone"</p>

#### **Deliverables:**

##### **1 x video:**

30s highlights edit with library music  
Mixture of video from event plus end logo screen  
Used for Client Facebook page in week after event  
(need rushes for re-editing later)  
Ideally a 16:9 and 1:1 edit if possible

##### **1 x video**

90s edit with sound  
POV walkthrough of STI testing process one take  
Used internally

**c. 200 photos**

- People in area, candid and staged
- Around people using props
- Need a decent first chunk e.g. 50 to be available for us to upload to client FB page on Sunday evening. Rest can be added over Monday / tues.

**Timings on day**

Sat 30th Sept

c.2-6pm

**Considerations**

Shoot wide but with markets for 1:1 to consider for FB

Consider capturing diversity when shooting

## Risk Management

Risk management specific to this activation is below. The full NSW Health list can be found [here](#).

<b>Project Title:</b>	Festivals Project	<b>Project Manager:</b>	Gemma Hearnshaw	<b>Project Sponsor:</b>	Chris Bourne	<b>Date updated:</b>	26/09/17	<b>To be reviewed:</b>	13/10/17 (following first festival)
<b>Project Description:</b>	Sexual health social marketing project using music settings to reach young people, aiming to increase condom use and STI testing.								
<b>No:</b>	<b>Risk description:</b>	<b>Impact on project:</b>	<b>Assessment:</b>			<b>Mitigation Strategies:</b>			<b>Responsible:</b>
			<b>Likelihood</b>	<b>Impact</b>	<b>Grade</b>				
Key: STIPU (NSW STI Programs Unit), PFSHS (publically funded sexual health centre), FPNSW (Family Planning NSW)									
1. Campaign Creative									
1.1	Creative aspects of campaign are not appealing to target audience	Target audience of young people (YP) do not engage with campaign  Low numbers of YP engaging with activation and getting tested	MED	HIGH	B	Campaign focus tested with target audience (completed)  Banjo to lead – expertise in engagement an communications  Review and make any required adjustments throughout campaign period  Peer education model used to increase appeal of messages delivered to target audience	Banjo  Banjo  Banjo  Banjo		
1.2	Negative media response to campaign	NSW Health reputation  Negative public view of campaign	MED	MED	D	Campaign and content approved internally and through peer review  Media response plan to be developed  Key contact for media/PR to be identified	STIPU  STIPU/MOH Media Unit STIPU/MOH Media Unit		

						Media enquiries to be directed through appropriate channels	STIPU/Banjo/ Media Unit
1.3	Complaints from member of public / other party (including parents)	NSW Health reputation  Negative public view of campaign Negative social media posts/responses	MED	LOW	D	Any complaints/enquiries to be directed through appropriate channels in line with NSW Health complaints policy and managed in conjunction with partners as required  Responses for potential contentious comments on social media developed in advance  Community rules developed/reviewed for social media pages  Consult with Festival's own risk management strategy  Digital media targeted to YP aged 15+, activations only for YP aged 15+	STIPU  STIPU  STIPU/Quiip  Banjo  Banjo/UM
<b>2. VIP Activation Space</b>							
2.1	Activation activities are not appealing enough	Target audience (YP) do not engage with campaign  Low number of YP engaging with activation and getting tested	MED	MED	C	Review evaluation of Live Nation project and previous experience of delivering live activations to YP at music settings  Focus testing activation concepts with target audience (completed)  Regular feedback from YP at activations to be collected  Review and make any required adjustments throughout	Banjo/STIPU  Banjo  Banjo  Banjo/STIPU
2.2	VIP toilets not clean	Low number of YP engaging with activation and getting tested	MED	MED	C	Cleaner on site all day to do regular cleans	Banjo

		Complaints from audience attending				Cleanliness standard established (to inform cleaner brief)	Banjo
						Peer educators to alert cleaning staff/Event Manager when urgent cleaning is required	Banjo
2.3	Antisocial behaviour in VIP area	Complaints from members of public / YP accessing activation  Lack of 'peer referral' to activation i.e. people not encouraging friends to visit area	MED	MED	C	Festival security staff on site (to be briefed on activation and support required)  Banjo/event manager to have direct contact to security staff e.g. radio  Peer educators trained in basic de-escalation techniques and incident response protocols e.g. raising alarm with the Event Manager/festival staff  Behaviour monitored and handled quickly and effectively	Banjo  Banjo  Banjo  Banjo
2.4	Accident/ injury in VIP area	Harm to individuals  Legal implications for project	LOW	MED	D	First aid responders on site at all festivals  Event Manager (Banjo) to lead response to incident within activation space  Incident management protocol developed per event by Banjo in conjunction with Festival organisers and all event staff and peer educators briefed on this at the start of the event  Immediate care provided in the event of injury / harm / malfunction (by nearest event staff) and/or immediate notification of first aid respondent	Festival  Banjo  Banjo/Festival  All



						<p>NSW Health and site-specific incident reporting processes to be followed, and be reported under IIMS</p> <p>Incident management protocol to include how to close down VIP area in event of incident</p> <p>Public liability and professional indemnity insurance held by Banjo and NSW Health. Certificates to be provided for each event.</p> <p>Basic first aid kit on site</p> <p>OH&amp;S Checklist developed.</p>	<p>Banjo/STIPU</p> <p>Banjo</p> <p>Banjo/STIPU/ Festivals</p>
2.5	Crowding in VIP area	Accidents/injury of YP, peer educators or staff	LOW	LOW	N	<p>Entry to VIP space monitored</p> <p>Maximum amount of participants established and enforced</p> <p>YP encouraged to leave area if it is limiting new people being able to attend/test</p>	<p>Banjo</p> <p>Banjo</p> <p>Banjo</p>
2.6	Illicit/illegal drug use at festivals and in VIP area	<p>Overdose</p> <p>Negative perception of campaign</p> <p>Illicit and/or illegal activity in NSW Health aligned event</p>	MED	HIGH	B	<p>Liaise with festivals regarding drug and alcohol policies</p> <p>Highly intoxicated / under the influence YP not allowed to enter the area</p> <p>Anyone using drugs/alcohol in area asked to leave by security staff and report to festival staff</p> <p>Briefing for peer educators to advise them to notify Event Manager if attendees appear to be using drugs or are intoxicated</p>	<p>Banjo</p> <p>Banjo/ Festivals</p> <p>Banjo</p> <p>Banjo</p> <p>STIPU</p>

2.7	<p>YP under the age of 15 wanting to enter VIP space</p> <p>* For all-ages events only</p>	<p>May be seen as 'inappropriate' content/exposure for those aged 15 and under</p> <p>Those under 14 not able to consent to testing without parent/guardian</p> <p>Parental complaints</p>	MED	MED	C	<p>Space limited to 15 years and older</p> <p>Signage displayed on entry to VIP space if all-ages festival</p> <p>Peer educators and staff to be briefed on age range of ticket holders before activation</p> <p>YP asked to complete their date of birth as part of sign up process. Those indicating that they are under 15 not able to test/attend activation.</p> <p>Peer educators and staff to assess age of individuals wanting to enter the area, check age where unsure and turn away individuals under 15</p>	<p>Banjo</p> <p>Banjo</p> <p>Banjo</p> <p>STIPU</p> <p>Banjo</p>
2.8	<p>Only reaching those who enter the VIP space, not all festival attendees</p>	<p>Limiting reach of project</p>	MED	MED	C	<p>Digital media content to increase reach to broad audience pre- and post- festivals</p> <p>Media plan to be evaluated after 2 pilot festivals</p> <p>Activities outside of VIP area driving YP to enter VIP space</p> <p>Campaign collateral outside VIP area e.g. in toilets, providing condoms in camping area etc.</p>	<p>Banjo/UM</p> <p>Banjo/UM/STIPU</p> <p>Banjo</p> <p>Banjo</p>
2.9	<p>Incorrect information given by peer educators or lack of confidence of peer educators to provide information</p>	<p>Lack of engagement by YP</p> <p>Behaviour change of YP not successful</p>	MED	LOW	D	<p>Clear project key messages and conversation guide developed</p> <p>Peer educators participate in on-going training and development on sexual health</p> <p>Peer educators advised to not provide medical advice and to promote referral information sources e.g. SHIL/Play Safe/Nurse Nettie</p>	<p>STIPU</p> <p>FPNSW</p> <p>FPNSW/Banjo</p>



						Briefing on day to refresh peer educators of key messages	Banjo
						On-site FPNSW Health Promotion Officer at all events to provide support to peer educators and quality assurance	FPNSW
2.10	Disclosure of sexual assault or other related trauma by a YP	<p>Peer educators experience vicarious trauma</p> <p>Mandatory reporting responsibilities (for those 16 &amp; under)</p> <p>Referral responsibilities (for those 17 &amp; over)</p> <p>Responsibility to ensure safety of YP who has made disclosure</p>	LOW	MED	D	<p>Peer educators receive training on how to handle disclosures</p> <p>Peer educators report disclosures to FPNSW Health Promotion Officer and Event Manager for support on day</p> <p>FPNSW Health Promotion Officer to manage referrals and mandatory reporting</p> <p>Ensure referral information available at all events</p> <p>Ensure all child protection reporting requirements are enacted at the festival and afterwards</p> <p>Debriefing carried out post festival with peer educators</p>	<p>FPNSW</p> <p>FPNSW</p> <p>FPNSW</p> <p>FPNSW</p> <p>FPNSW</p> <p>FPNSW/Banjo</p>
2.11	Workers with previous charges/convictions working directly with YP at event	Harm or abuse of YP attending activation	LOW	HIGH	C	<p>All workers at festivals with attendees &lt;18 required to provide current Working With Children Check (WWCC) clearance details</p> <p>All WWCC details checked by NSW Health and clearance sought for workers to attend event</p>	<p>Banjo</p> <p>STIPU</p>
2.12	Complaints from member of public / other party (including parents)	<p>NSW Health Reputation</p> <p>Negative public view of campaign</p>	LOW	MED	D	Any complaints/enquiries to be directed through appropriate channels in line with NSW Health complaints policy and managed in conjunction with partners as required	Banjo/STIPU

						<p>Activations only for YP aged 15+</p> <p>Engaging with activation is voluntary by YP</p> <p>Any complaints regarding staff members will be investigated with staff member's manager</p> <p>Performance review/feedback of all peer educators following each event</p>	<p>Banjo</p> <p>Banjo</p> <p>Banjo/STIPU/ FPNSW/PFSHS</p> <p>Banjo</p>
2.13	Complaint over photos / videos captured at event being shared online	<p>NSW Health Reputation</p> <p>Negative public view of campaign</p>	LOW	MED	D	<p>Signage at entrance to VIP are advising that filming may be conducted</p> <p>YP photographed or videoed to be provided a 'we took your photo/video' card with info on where to access photos where possible</p> <p>Any complaint to be managed in line with NSW Health complaint policies</p>	<p>Banjo</p> <p>STIPU</p>
2.14	Adverse weather	<p>Low attendance at festival by YP</p> <p>Damage to equipment</p> <p>Staff safety</p>	HIGH	MED	B	<p>Tents and undercover areas to cover significant part of the activation space, all key equipment to be kept undercover.</p> <p>Furniture designed to withstand weather e.g. rain, extreme sun</p> <p>Cancellation of activation if risky weather conditions forecast (flooding, large storms etc.)</p>	<p>Banjo</p> <p>Banjo</p> <p>Banjo/STIPU</p>
<b>3. STI testing</b>							
3.1	Limited people willing to test at festival	<p>Activation quiet and limited opportunity to engage and change behaviour</p>	MED	HIGH	B	<p>Focus testing of concept with YP to ensure acceptability (complete)</p>	<p>Banjo</p> <p>Banjo</p>

		Low testing data attained				<p>Signage to address common concerns e.g. confidentiality, cost (i.e. Medicare billed or free), results later, no sexual history questions asked</p> <p>Peer educators talking to festival goers about testing before entering VIP space</p> <p>Placement and exposure at festivals considered to ensure visibility prior to approval to activate</p> <p>Review of creative and engagement strategies ongoing</p> <p>Test a range of engagement activities (e.g. charging stations, food/water, chill out space) to make VIP area appealing</p> <p>Capture and review feedback from festival attendees ongoing – reasonable adjustments made throughout</p> <p>Streamline testing procedures to be time sensitive (minimise data entry)</p> <p>Removal of testing if necessary and re focus on intention to test for entry</p>	<p>Banjo</p> <p>Banjo/festival</p> <p>Banjo</p> <p>Banjo</p> <p>Banjo</p> <p>STIPU/PFSHS</p> <p>STIPU/Banjo</p>
3.2	Testing takes too long	<p>Lack of interest in activation at festival and</p> <p>Low number of YP engaging with activation and getting tested</p>	MED	MED	C	<p>Streamline testing procedures to be time sensitive (minimise data entry)</p> <p>Digitalise testing data collection where possible</p> <p>Onsite wired printer for pathology forms/labels (no wifi required)</p> <p>Multiple registration forms to be able to be completed at same time e.g. multiple laptops</p>	<p>STIPU/PFSHS</p> <p>STIPU/PFSHS</p> <p>STIPU/PFSHS</p> <p>STIPU/PFSHS</p>

						Peer educators talking to festival goers about testing before entering VIP space/in queue	Banjo
3.3	Embarrassment around testing	Low number of YP engaging with activation and getting tested  Stigma of testing not addressed	MED	MED	C	Samples able to be dropped off discretely e.g. paper bags  Encourage YP to consider testing at the event via media prior to the festival  Normalise testing through engagement with peer educators at event  Signage to address common concerns e.g. confidential, results later, no sexual history questions asked	PFSHS/STIPU  Banjo/UM  Banjo  Banjo
3.5	Cost of pathology	Expense for LHD (PFSHSs/HARP)  May limit the number of tests able to be done at festival  Low number of YP tested	MED	HIGH	B	Prioritise use of Medicare to recoup costs  Ensure support of PFSHSs/HARPMs to work in partnership on activity and cover these costs (especially for those who do not have Medicare)	PFSHS/STIPU  STIPU
3.6	Chlamydia only testing (and gonorrhoea if possible)	Not picking up other STIs	MED	MED	C	Research shows that chlamydia is highest notified STI in target audience  Provide advice at festival and by email/website regarding what tests were done, guidance around other tests available and where to get tested	N/A  STIPU/Banjo/PFSHS
3.7	YP who are not sexually active may not want to test	Non-sexually active YP avoid activation	LOW	LOW	N	Peer educators to reassure all attendees that no sexual history questions will be asked  Peer educators to advise that testing provides all YP an opportunity to see how easy it is to test (helping overcome barriers for later)	Banjo  Banjo



3.8	Breach of data confidentiality	<p>Patient information accessed/able to be accessed by third party</p> <p>Patient information lost, therefore unable to conduct tests</p>	LOW	HIGH	N	<p>PFSHS provide clinical governance on-site on the day</p> <p>All patient data and specimens stored securely and monitored by a member of staff all day</p> <p>Samples and forms stored securely until able to be dropped directly to pathology following event</p> <p>Peer educators discuss confidentiality with YP testing prior to testing</p> <p>Protocol for contacting YP for follow up developed and followed</p> <p>Peer educators sign code of conduct and NSW Health confidentiality clause</p> <p>STI testing to be conducted in line with NSW &amp; LHD clinical management &amp; pathology procedures, policies and guidelines</p> <p>All festival attendees notified of a data breach</p>	<p>PFSHS</p> <p>PFSHS</p> <p>PFSHS</p> <p>Banjo</p> <p>PFSHS/STIPU</p> <p>STIPU</p> <p>PFSHS/STIPU</p> <p>PFSHS/STIPU</p>
3.9	YP concerned about confidentiality	Low number of YP engaging with activation and getting tested	MED	MED	C	<p>Peer educators discuss confidentiality with YP testing prior to testing</p> <p>Signage to address common concerns e.g. confidential, results later, no sexual history questions asked</p>	<p>Banjo</p> <p>Banjo</p>
3.10	Personal data (especially contact details) not recorded or provided correctly	<p>Loss to follow up</p> <p>Unable to contact for results</p>	MED	HIGH	B	<p>Name, mobile number and DOB checked twice by event staff to ensure correct</p>	<p>Banjo</p> <p>PFSHS/STIPU</p>

		<p>Unable to find Medicare details, so increased pathology costs</p> <p>YP testing positive not accessing treatment / partner notification</p>				<p>Peer educators advise the importance of obtaining correct information for notification of positive STI screening with YP testing</p> <p>Protocol for contacting YP for follow up developed</p> <p>Peer educators to advise that testing is confidential</p>	<p>Banjo</p> <p>Banjo</p>
3.11	Unable to search for/find Medicare details	<p>Higher cost for pathology</p> <p>Low number of YP tested</p>	MED	HIGH	B	<p>STIPU/PFSHS to manage search program or provide training/briefing for peer educators in operating search program</p> <p>Ensure technology (laptop, printers wi-fi etc.) works prior to event, ensure back-up equipment for all events</p> <p>Procedure to follow if Medicare information cannot be obtained</p>	<p>STIPU/PFSHS</p> <p>STIPU</p> <p>PFSHS/STIPU</p>
3.12	YP don't give informed consent to testing	Complaints from those tested	LOW	HIGH	C	<p>Patient information regarding the test to be developed and shared with all YP testing</p> <p>Develop a Standard Operating Procedures (SOP) and/or 'minimum standards' for all sites</p>	<p>PFSHS/STIPU</p> <p>STIPU</p>
3.13	Potential ethical concern regarding attaining informed consent for testing within a peer group setting	<p>YP feel pressured to do test</p> <p>YP want to withdraw from testing before process is complete</p> <p>YP complain about the process</p>	LOW	MED	D	<p>Peer educators and signage to indicate that all testing is entirely voluntary and that they can withdraw at any time</p> <p>Testing in groups helps normalise testing and influence social norms</p> <p>Only testing for chlamydia</p>	<p>Banjo</p> <p>N/A</p> <p>N/A</p>

3.14	Potential ethical concern regarding YP consenting to testing when they are under the influence of alcohol or other drugs	YP have not given informed consent to participate in testing	HIGH	HIGH	A	<p>YP who are heavily intoxicated turned away from VIP area and testing</p> <p>Activation run during earlier times of festival when people are less likely to be intoxicated</p> <p>Follow developed policies and procedures about obtaining informed consent for outreach STI testing</p> <p>Provide training to peer educators to ensure they are confident to navigate conversations with YP under the influence</p>	<p>Banjo/FPNSW/PFSHS/peers</p> <p>Banjo/PFSHS</p> <p>STIPU/PFSHS</p> <p>Banjo</p>
3.15	YP disclosing genital symptoms	YP require greater testing, treatment than available at event	LOW	LOW	N	<p>No questions about symptoms or sexual history asked</p> <p>Referral information available for SHIL for all enquiries regarding symptoms</p> <p>PFSHS clinical staff and FPNSW Health Promotion Officer available at all events to discuss any issues with YP</p>	<p>PFSHS/Banjo</p> <p>STIPU/Banjo</p> <p>PFSHS/FPNSW</p>
3.16	Limited internet access/technology issues on site	Unable to use registration equipment (tablets, laptops, printers)	MED	HIGH	B	<p>Back-up equipment (e.g. laptop, printer) available</p> <p>Ensure technology (laptop, wireless printer, Wi-Fi etc.) works prior to event</p> <p>Provide own internet/wi-fi for Medicare search</p> <p>Check internet coverage prior to event</p>	<p>PFSHS/STIPU</p> <p>PFSHS/STIPU</p> <p>STIPU</p> <p>STIPU</p>
<b>4. Digital media campaign</b>							
4.1	Not reaching target audience	Low engagement with activation at festival	LOW	MED	D	Guidance from media experts at UM and Banjo	UM/Banjo



		Media spend not utilised effectively				Measure awareness: peer educators to ask festival attendees if they have seen campaign online	Banjo
		Low number of YP engaging with activation/campaign				Frequent review of digital media data (daily while live) to ensure optimisation	Banjo
						Evaluation of media plan on-going and adjustments made as required	Banjo/STIPU
						Review of media plan post first festival	Banjo/STIPU
4.2	Negative/challenging/contentious questions asked on social posts	Creating negative view of campaign to others	MED	MED	C	Answers to potential contentious comments developed in advance	STIPU
		Trolling behaviour online				Daily moderation of all Play Safe social media pages	Quiip
						Moderation of Play Safe social media in-line with usual risk management and response matrix	Quiip
<b>5. Evaluation</b>							
5.1	Unable to reach those exposed for follow up survey	Inability to evaluate project effectively	LOW	MED	D	Develop promotional strategy as part of evaluation plan	STIPU/BRIS/ Banjo
						Incorporate incentive for YP to increase participation in evaluations	Banjo/STIPU
						YP encouraged to sign up to Play Safe database on entry to VIP area as part of registration form	STIPU
						Increase traffic to Play Safe Facebook and website to maintain engagement with those exposed at festivals (e.g. uploading photos or videos of YP at event)	Banjo

						Acquire access to festival contact database to reach attendees where possible	Banjo
5.2	Low numbers of responses to survey	Inability to evaluate project effectively	LOW	MED	D	Refer to 5.1	

## Incident Management Protocol

Banjo staff have a direct line to a Listen Out staff on the day (we have 4 numbers for the day).  
 If they don't answer we will find a police officer who can find the right support (security, ambulance).  
 For each incident there should be an incident report filled out (provided by NSW Health).

### **What is an 'Incident'?:**

- Any unplanned event resulting in, or with the potential for, injury, damage or other loss. This includes a near miss.

### **Process:**

- Identify (all staff)
- Immediate action (Banjo lead response)
- Complete incident form (Gemma bringing forms - attached)
- Notification into incident management system (IIMS) (NSW Health following event)
- Prioritise/give a rating (NSW Health following event)
- Investigation (as required, NSW Health following event, in consultation with Banjo)

Type of incident	Action	Escalation
Antisocial behaviour in DTT area.	Warn them about their behaviour. If not improved ask them to leave.	Banjo staff who will contact Listen Out security (via Sarah at Listen Out).
Injury in DTT area	If minor, ask Banjo for first aid kit.	Banjo staff who will contact St John's Ambulance (via Sarah at Listen Out).
Fire	Alert Banjo staff immediately who will get the fire blanket and report to Listen Out.	
Overcrowding in DTT area	Banjo staff to ask some people to leave.	Banjo staff who will contact Listen Out security (via Sarah at Listen Out).
Obvious drug use in DTT area	Ask them to leave area.	Banjo staff who will contact Listen Out security (via Sarah at Listen Out).

Clearly intoxicated people in DTT area	Ask them to leave area.	Banjo staff who will contact Listen Out security (via Sarah at Listen Out).
Witness to a sexual assault	Alert Banjo staff who will notify Listen Out security immediately (via Sarah at Listen Out).	

### Incident report form

Name & DOB: \_\_\_\_\_

Date of incident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_am/pm

Type of incident: \_\_\_\_\_

Person reporting: \_\_\_\_\_

Location / event: \_\_\_\_\_

1. What was the Incident/near miss?


2. Where there any injuries? Detail.


3. Was there any damage to property? Detail.


Incident report form

### Incident report form

4. What caused the incident? Detail.


5. What actions will be taken to eliminate future repeats of the incident?


6. Management comments – further action required Y / N


Entered into IIMS \_\_\_\_\_

Date entered \_\_\_\_\_

## **OH&S Considerations**

- Have the tents been approved by the structural engineers (van de meer)?
- Are the guy ropes shielded? Are the umbrellas sufficiently weighed down?
- Is the area wheelchair accessible?
- Are the toilets and handwash stations working?
- Is the power working? Are the wires covered with main walkways?
- Are we wearing high vis shirts and closed shoes? (bump in / out)
- Have the staff been briefed on:
  - Roles and responsibilities
  - Codes of Conduct (sign)
  - Talent release (sign)
  - Incident management protocol
  - Their break times
- Are Banjo team leads clear on incident management liaison with Listen Out?
- Is there adequate sunscreen and water provided?



## Peer Ed Training day

### FAMILY PLANNING NSW COMMUNITY EDUCATION SESSION PLAN

#### Session Purpose

- To train peer educators to deliver safe sex messages at Play Safe Festivals Project activations
- To inform peers about important sexual health information
- To build skills in peer education
- To equip the peer educators with the skills and confidence in answering challenging questions
- To show peer educators how the activations will run, and take them through their roles and the activities at the events
- To provide information of referral options to Play Safe website for further sexual health information

#### Session Objective

##### At the end of the session participants will:

- Feel confident engaging with others about sexual health
- Have increased RSH knowledge
- Have increased skills in peer education
- Have the skills to answer challenging questions
- To have the confidence and knowledge in referring young people to Play Safe website

#### Resources:

- PowerPoint
- Contraception kit
- STI kit
- Butchers paper
- Markers
- Participant Packs containing:
  - Answering challenging questions chart
  - Pre and post evaluation forms (if not using Mentimetre)
  - Copy of What Suits Me, Me Myself and I, and Your Best Defense, Relationships booklet
- STI testing equipment:
  - Tablets and printers
  - Specimen jars, paper bags and pathology forms

Time	Duration	Slide #	Content and teaching strategy	Facilitator	Resources
10am	15 mins	2	<p><b>Introduction:</b></p> <ul style="list-style-type: none"> <li>• Welcome everyone, briefly introduce presenters and FPNSW / NSW Health / Banjo</li> <li>• Give brief overview of the training and what will be covered: <ul style="list-style-type: none"> <li>○ Number of activities and group discussions</li> <li>○ Learning about the Play Safe and the Festivals Project</li> <li>○ Learn about the role of peer educators, sexual health information and communication skills</li> <li>○ Practice answering some tricky questions</li> <li>○ Play with condoms!</li> <li>○ Myth busting</li> <li>○ Have some laughs and FUN!</li> </ul> </li> </ul> <p><b>Play Safe Activations</b></p> <ul style="list-style-type: none"> <li>• Why peer education is an important aspect to the Play Safe project <ul style="list-style-type: none"> <li>○ <i>Emphasise how important they are – we are trying to change behaviour, STIs are increasing, young people have the highest levels of STIs, this activation is aiming to influence behaviour change and influence social norms</i></li> </ul> </li> <li>• What happens at the activations</li> <li>• Where and how peer education will be conducted</li> <li>• Who to go to for help and support if any issues or concerns</li> </ul>	Banjo and Family Planning	PowerPoint presentation
10:45am	15 mins		<p><b>Target Audience Overview</b></p> <ul style="list-style-type: none"> <li>• Overview of target audience (including research insights)</li> <li>• Behaviours</li> </ul>	Banjo	

10:1 5am	30 min s		<b>Introducing the Festivals Project</b>  Provide overview of the following: <ul style="list-style-type: none"> <li>• Campaign objectives</li> <li>• Activation overview</li> <li>• Campaign visuals</li> </ul>	Banjo	
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11:00am	25 mins	<p><b>Target Audience Ice Breaker Activity</b></p> <ul style="list-style-type: none"> <li>· Incorporate sex-positive messaging into icebreaker</li> <li>· Increase comfort when talking about sex</li> </ul> <p><b>Option 1 (for large groups):</b> Using mentimeter ask participants to use smartphones to brainstorm words associated with <b>‘penis’, ‘vagina/vulva’, ‘anus’ and ‘sexual activities’</b>. NB. If mentimeter is unable to be used, write the four words on four different sheets of butcher’s paper.</p> <p>Ask participants to brainstorm all the words for the genitals/activities they can think of for each heading and submit through mentimeter. When they have finished, bring the participants back to the large group and review the words viewable on projector/butchers paper. Clarify words that participants don’t know and discuss meanings.</p> <p><b>Option 2 (smaller groups):</b> Amend activity using 1 heading ‘sex’. Ask participants to brainstorm words associated with sex including; body parts, sexual activities, slang terms, reproductive organs, relationships, STI’s and contraception.</p> <p><b>The facilitator can ask:</b></p> <ul style="list-style-type: none"> <li>- How did you feel about doing the activity? <i>(i.e. did it make you feel uncomfortable/comfortable? Were there certain words that were harder to write than others?)</i></li> <li>- What kinds of words are there? <i>(i.e. fun, playful, cultural, slang etc.)</i></li> <li>- Are any of the words insulting or aggressive? Which ones?</li> <li>- What can the use of language show us about our attitudes to sex?</li> </ul> <p><b>Discussion point-</b> language is a really powerful thing. It can reveal to people what we think and feel, especially when we are talking about sex. In your role as a peer educator</p>	Family Planning	<p>Projector Slideshow Internet access Smart phones Participants must use their own phones. WIFI access preferable for all.</p>
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		<p>it is important to use language that is appropriate to the setting, non-judgemental, inclusive and sex positive.</p> <p><b>Discussion – Sex Positivity: What do I mean when I talk about sex positivity?</b>  When talking to people about sex, we need to ensure that we are doing this in a way that is sex-positive. Sex-positivity doesn't mean encouraging people to have sex.  Ask the group what they think sex-positivity means?  Ensure this covers:</p> <ul style="list-style-type: none"> <li>- Focusing on the life-enhancing aspects of sex and sexuality</li> <li>- Not shaming any particular behaviours or interests as long as they are legal and consensual</li> <li>- Challenging myths, norms and harmful assumptions about gender, sex, and sexuality</li> </ul> <p>Ask the group about what is the different between gender, sex and sexuality to ensure there is an understanding of these terms.</p> <p><b>Key message:</b> It is not our role to make assumption or judgements based on other peoples sexual behaviours. We are here simply to present facts so that others are able to make an informed decision that is best for them.</p>		
11:25 am	10 mins	<b>Break</b>		

11:35am	40 mins	<p><b>Sexual Health Messages and Communication</b></p> <ul style="list-style-type: none"> <li>• Key campaign messages (Banjo)</li> <li>• STI overview activities</li> </ul> <p><b>Chlamydia and Herpes:</b></p> <ul style="list-style-type: none"> <li>• <i>How is it transmitted?</i></li> <li>• <i>What are the symptoms?</i></li> <li>• <i>How is it tested for?</i></li> <li>• <i>How is it treated?</i></li> <li>• <i>How can it be prevented?</i></li> </ul> <p><i>Key Messages:</i></p> <ul style="list-style-type: none"> <li>• <i>STIs don't always have symptoms</i></li> <li>• <i>Most STIs have no symptoms so you should get tested every year</i></li> <li>• <i>Make sure you wear a condom until you have been tested</i></li> </ul> <ul style="list-style-type: none"> <li>• How to discuss key messages i.e. Do's and Don'ts (FP)</li> </ul> <p><b>Activity:</b> Values and attitudes continuum + discussions</p> <p><b>Role Play Exercise</b> – allow peer educators to break into pairs, pose questions and have discussions about the information they have learnt.</p>	Banjo and Family Planning	<p>Your best defense booklet</p> <p>Butchers paper</p>
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12:15 pm	30 mins		<p><b>Testing:</b></p> <ul style="list-style-type: none"> <li>• What is involved in testing? <ul style="list-style-type: none"> <li>◦ Using the FPNSW STI kit, explain how someone can get tested (e.g. urine sample, self-collected swab, blood test).</li> </ul> </li> <li>• Where can someone get tested?</li> <li>• How much does testing cost? What is bulk billing?</li> <li>• When/how often should someone get tested</li> </ul> <p><b>Testing at Festivals:</b></p> <ul style="list-style-type: none"> <li>• Why we are doing testing at festivals</li> <li>• Process of testing – live example, show stations/process/equip etc.</li> <li>• Key information</li> </ul> <p><i>Key Messages:</i></p> <ul style="list-style-type: none"> <li>ü <i>Make sure you wear a condom until you have been tested</i></li> <li>ü <i>STI tests are easier than you think</i></li> <li>ü <i>Getting a STI test is simple, free and confidential</i></li> <li>ü <i>Take a quick and confidential STI tests at the festival for access to the VIP area</i></li> </ul>	Family Planning and Banjo	FPNSW STI Kit
12:45 pm	30 mins		<b>Break</b>		



1:15 pm	20 mins		<p><b>Condom discussion and demo</b></p> <p>Accessing condoms</p> <ul style="list-style-type: none"> <li>- Ask the group to quickly brainstorm places where people can access condoms</li> </ul> <p>Activities:</p> <ol style="list-style-type: none"> <li>1. ACTIVITY – Facilitate Condom Card Game</li> <li>2. DEMONSTRATION – facilitator carries out condom demo</li> <li>3. ACTIVITY – participants break into pairs and conduct condom demo</li> </ol> <p><i>Key Messages:</i></p> <ul style="list-style-type: none"> <li>ü <i>Putting on a condom is easier than you think</i></li> <li>ü <i>Make sure you wear a condom until you have been tested</i></li> <li>ü <i>New partner? Keep the condom on until you've both been tested</i></li> <li>ü <i>Getting lucky? Make sure you wear a condom</i></li> </ul>	Family Planning	Condom card game Expired condoms Demonstration on banana
1:25 pm	10 mins		<p><b>Introduction to Peer Education</b></p> <p>Formal peer education <b>(Structured)</b> vs. Informal peer education <b>(Unstructured)</b></p> <ul style="list-style-type: none"> <li>- <b>What they are and how that changes what we do?</b> (adapt language, delivery style, content according to audience/setting)</li> <li>- Being a peer educator allows you to: <ul style="list-style-type: none"> <li>o Gain trust and respect from your peers,</li> <li>o increase communication skills,</li> <li>o increase knowledge and confidence</li> </ul> </li> </ul>	Family Planning	

1:35 pm	45 min s	<div><h3>Answering Challenging Questions</h3><p>As a peer educator you will be required to answer challenging questions from your peers. When answering these questions it is important to be prepared to maintain personal boundaries, recognise teachable moments (where a person’s question or discussion gives you an opportunity to teach them something), resolve conflict and explore diversity.</p><p>Sometimes when we answer questions we don’t consider the hidden messages behind our responses (refer back to the language activity and the values and attitudes activity). It is important to always reflect on this to better our practice and to ensure we are being inclusive.</p><p>When we talk about hidden messages we are not only talking about those that are in a response but also the hidden message behind asking a question – what do you think is the reason that a client might ask this question?</p><div>e.g. to test the worker, to make them (or others) laugh, to find out if their own experience was ‘normal’, they might be thinking about having sex for the first time, they may have had a bad experience.</div><p>Here is an example of a challenging question:</p><p><b><i>“Do you like sex and what does it feel like?”</i></b></p><p>There are a few different ways you might answer this question appropriately.</p><table><tr><th>Approach</th><th>Example</th></tr><tr><td>Close it down</td><td>“That’s a personal question that isn’t appropriate for me to answer”</td></tr></table></div>	Approach	Example	Close it down	“That’s a personal question that isn’t appropriate for me to answer”		
Approach	Example							
Close it down	“That’s a personal question that isn’t appropriate for me to answer”							

Festival Event Pack

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			<table><tr><td>Globalise / depersonalise</td><td>“Sex can feel different for different people. Some things feel good every time someone has sex and other times these things might not feel good. Everyone enjoys sex differently and for different reasons”</td></tr><tr><td></td><td>“What’s important about sex is that everyone involved wants to do it, that they look after themselves and their partner/s, and that they communicate about what feels good and what doesn’t feel good.”</td></tr><tr><td>Referral</td><td>“If anyone wants to know more about this topic they can go to the Play Safe website for more information and to see what other people ask about sex.” You can also call the NSW Sexual Health Infolink on xxxx</td></tr></table>	Globalise / depersonalise	“Sex can feel different for different people. Some things feel good every time someone has sex and other times these things might not feel good. Everyone enjoys sex differently and for different reasons”		“What’s important about sex is that everyone involved wants to do it, that they look after themselves and their partner/s, and that they communicate about what feels good and what doesn’t feel good.”	Referral	“If anyone wants to know more about this topic they can go to the Play Safe website for more information and to see what other people ask about sex.” You can also call the NSW Sexual Health Infolink on xxxx		
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Referral	“If anyone wants to know more about this topic they can go to the Play Safe website for more information and to see what other people ask about sex.” You can also call the NSW Sexual Health Infolink on xxxx										
			<p><b>Situation cards</b></p> <ul style="list-style-type: none"><li>- Ask participants to move into small groups and give them a situation card. Each situation card highlights different aspects of peer education. In their groups the educators are asked how they would handle their situation. They read out their card to the group and explain what they would do and why. The larger group has an opportunity to respond to anything they might do differently. The facilitator also gives feedback, positive, constructive or may ask questions to prompt further thought or discussion.</li><li>- Have some pre-written cards and get the young people to come up with their own situations from past experiences at events.</li></ul> <p><b>Situation cards:</b></p>								

			<ul style="list-style-type: none"> <li>· You tell young people at the event that you will be giving out free condoms. A young person asks “Do you use condoms?” How could you respond?</li> <li>· You offer condoms to a young person who says “I’m a lesbian so I don’t need them!” How could you respond?</li> <li>· You are handing out condoms at the event and someone says it is inappropriate for you to do so. How could you respond?</li> <li>· You are talking to someone about the importance of STI testing; they say “I don’t need to get tested because I haven’t slept with a ‘dirty’ person”. How could you respond?</li> <li>· You’re encouraging STI testing to a group of young people, they say “I don’t like getting tested, it’s too embarrassing” / “I don’t want some doctor shoving a swab in me”. How could you respond?</li> <li>· You’re talking to someone about STI testing and they say “I don’t need to get tested because I’ve only slept with one person”. How could you respond?</li> <li>· You offer condoms to a young person who says “I don’t use condoms because they don’t fit” How could you respond?</li> <li>· You are talking to someone about the importance of STI testing, they say “I don’t have any symptoms, I don’t need to get tested” How could you respond?</li> <li>· You are talking about contraception to a young person and their friend says that contraception is bad for you. How do you respond?</li> <li>· You are talking about contraception to a young person and their friend says that if you don’t want to get pregnant, you shouldn’t be having sex. How do you respond?</li> </ul>		
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			<ul style="list-style-type: none"> <li>You are explaining a method of contraception to a young person and their friend says that this method made them sick and they shouldn't use it. How do you respond?</li> <li>You are talking to a young person about consent and they say that you don't need consent when in a relationship. How do you respond?</li> <li>You are talking to a young person about emergency contraception and they say that they would never use it because it's just like having an abortion. How could you respond?[JD1]</li> <li>You are talking about sex with a young person and they ask you if you can get pregnant from oral sex. How do you respond?</li> </ul>		
2:05 pm	15 min s	5	<b>Roles and Responsibilities</b> <ul style="list-style-type: none"> <li>Peer Educator roles at festivals</li> <li>Key responsibility and messages by role</li> </ul>	Banjo	
2:20 pm	15 min s		<b>Festival Logistics and Risk Management</b> Festival briefing sessions to cover the following: <ul style="list-style-type: none"> <li>Peer educators briefed in basic de-escalation techniques and incident response protocols</li> <li>Escalation procedures and personnel</li> <li>Briefed on age range of ticket holders and capacity</li> <li>Medical support protocol</li> <li>Allocation of roles/responsibilities</li> <li>Data collection</li> </ul>	Banjo	

2:35 pm	15 min s	29	<b>Close and post-evaluation</b> <ul style="list-style-type: none"> <li>- Address any unanswered/final questions</li> <li>- Facilitator thanks all participants and invites them to complete the Post Training Evaluation through mentimeter</li> <li>- Thank you and Close</li> </ul>		
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[JD1]Training does not cover contraception – these should be removed unless Gemma wants us to cover some contraception. Please clarify.