

Meeting Date: Tuesday 11 August 2020
Location: Online Audio Visual Meeting
Time: 6.00pm

Committee Meetings will be recorded on audio tape for minute-taking purposes as authorised by the Local Government Act 1993. Committee Meetings will also be webcast.

NOTICE OF BUSINESS

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1 CONFIRMATION OF MINUTES - Works and Community Committee Meeting held on 9 June 2020

Report prepared by: Civic Services Manager
File No.: CLM/20/1/1/2 - BP20/551

REPORT SUMMARY

In accordance with Council's Code of Meeting Practice, a motion or discussion with respect to such minutes shall not be in order except with regard to their accuracy as a true record of the proceedings.

RECOMMENDATION:

That the Minutes of the Works and Community Committee Meeting 5/20, held on 9 June 2020, be confirmed.

ATTACHMENTS

- 1 MINUTES - Works and Community Committee Meeting - 9 June 2020

ITEM 1 (continued)

ATTACHMENT 1

**Works and Community Committee
MINUTES OF MEETING NO. 5/20**

Meeting Date: Tuesday 9 June 2020
Location: Online Audio Visual Meeting
Time: 6.07pm

Councillors Present: Councillors Pedersen (Chairperson), Clifton, Gordon, Kim, Maggio and Purcell.

Apologies: Nil.

Absent: Councillor Zhou.

Staff Present: General Manager, Director – Customer and Community Services, Director – Corporate Services, Acting Director – City Planning and Environment, Director – City Works, Manager – Community and Ranger Services, Manager – Parks, Senior Coordinator – Community Services, Team Leader – Community Services, Senior Network Engineer, Civic Services Manager and Civic Support Officer.

DISCLOSURES OF INTEREST

There were no disclosures of interest.

**1 CONFIRMATION OF MINUTES - Works and Community Committee
Meeting held on 12 May 2020**

RESOLUTION: (Moved by Councillors Purcell and Gordon)

That the Minutes of the Works and Community Committee Meeting 4/20, held on 12 May 2020, be confirmed.

Record of Voting:

For the Motion: Unanimous

Note: This is now a resolution of Council in accordance with the Committee's delegated powers.

ITEM 1 (continued)
ATTACHMENT 1
2 ITEMS PUT WITHOUT DEBATE

RESOLUTION: (Moved by Councillors Maggio and Purcell)

That the Committee determine all Items on the Agenda.

Record of Voting:

For the Motion: Unanimous

3 SMALL GRANTS, ALLOCATION OF FUNDING, ROUND 1, 2020

RECOMMENDATION: (Moved by Councillors Maggio and Kim)

- (a) That Council endorse funding to the following organisations in Round 1 of the 2020 Small Grants as follows.

	Ref	Organisation	Project	Funding Requested	Funding Granted	Project Description
1	01	Italian Leisure Group	Italian Seniors Social Support Group Project	\$2,000	\$2,000	Weekly social support group for Italian seniors.
2	04	Eastwood Ryde Netball Association	Initial coaching skills	\$2,000	\$2,000	Introduction training session for parents and others to develop netball coach skills.
3	07	Ample Abilities Inc.	Serendipitous Me- A Care for Carers Project	\$2,000	\$2,000	Establishment of a carers support group with professional speakers and self-care activities.
4	09	KLAP- Australia	KLAP- Ryde Project	\$1990	\$1990	Connects primary school students (via an online platform) with secondary school students, as reading mentors.
5	14	Reach Community Initiatives Inc.	Provision of Emergency Food Parcels	\$1,746	\$1,746	Temporary food relief for families experiencing hardship during COVID-19 crisis.
6	15	Side By Side Advocacy Inc.	Side By Side Cocktail Party	\$2,000	\$2,000	An event for people with a disability to celebrate UN International Day for People with a Disability.
7	16	Streetwork Australia Ltd.	PRIDE Empowerment Program	\$2,000	\$2,000	8 week empowerment program for youth at risk including 44 mentoring sessions.
8	17	Italo-Australian Senior Citizens Group	Italo-Australian Senior Citizens Group	\$2,000	\$1,500 <i>Funding for hall hire is not eligible and cost for catering has been reduced.</i>	Social support group for Ryde residents of Italian background. Two meetings held per month.
9	18	The Shepherd Centre	Talk Together- an educational and support program for parents of children with a	\$2,000	\$2,000	Group program for parents of children with hearing loss (may be delivered on-line if meeting restrictions continue)

ITEM 1 (continued)

ATTACHMENT 1

			hearing loss in Ryde.			
10	22	Community Migrant Resource Centre	Online artist development project.	\$2,000	\$2,000	Upskilling of CALD artists recently arrived in Australia, so they can use online platforms to promote and distribute their art. Response to COVID-19 restrictions in the arts sector.
11	28	Young Life Ryde	Youth Lead and Connect.	\$1,930	\$1,930	Aims to socially connect young people post COVID-19 by supporting Year 12 school leavers to promote and run events for teens in Ryde.

(b) That the recommended applications totaling \$21,166 are funded from the Community Grants budget for Round 1 of the 2020 Small Grants. \$10,000 is available within this budget. That additional funding from the Community Grants Reserve budget be used to cover the remaining amount.

(c) That Council does not endorse the following applications.

	Ref	Organisation	Project	Amount Requested	Description
1	3	Australian Association of Cancer Care Incorporated	Continuation of cancer care and nursing home entertainment. One hour monthly concert at Sydney nursing homes.	\$2,000	Not eligible as nursing homes receive Commonwealth funding for entertainment for residents.
2	19	GCM One Pty. Ltd.	2020 second quarter marketing campaign.	\$2,000	Not eligible, as for profit business.
3	25	Easy Care Gardening	Purchase of gardening tools for volunteers.	\$2,000	Purchase of equipment is not eligible in this category. (The applicant has been contacted and will apply for a grant under the Facilities and Equipment category)
4	26	Cerebral Palsy Alliance	Purchase of devices for people living in group homes.	\$1,875	Purchase of equipment is not eligible in this category. (The applicant has been contacted and will apply for a grant under the Facilities and Equipment category)
5	23	Riverside Business Chamber	Boost business online presence by purchase of equipment, apps and engagement of consultants.	\$2,000	Purchase of equipment and items which contribute to the day to day operational expenses e.g. IT licences not eligible in this category. (The applicant has been contacted and will apply for a grant under the Facilities and Equipment category)

(d) That the successful and unsuccessful grant applicants be informed in writing of the outcomes of the grant applications.

(e) That future grant applications to be advertised in all media channels ie; all local newspapers, rate notices, Council's website and social media.

ITEM 1 (continued)

ATTACHMENT 1

- (f) That a report come back including costings regarding future grant applications to be advertised in Cultural Newspapers.

Record of Voting:

For the Motion: Unanimous

Note: This matter will be dealt with at the Council Meeting to be held on **23 JUNE 2020** as substantive changes were made to the published recommendation and it is outside the Committee's delegations.

4 CITY OF RYDE RECONCILIATION ACTION PLAN

RECOMMENDATION: (Moved by Councillors Pedersen and Purcell)

- (a) That Council endorse the City of Ryde Reflect Reconciliation Action Plan.
- (b) That the City of Ryde Reflect RAP be forwarded to Reconciliation Australia for final endorsement.
- (c) That Council adopt the Terms of Reference for the Reconciliation Action Working Group noting the following:
- i. That all interested Councillors be invited to join the group noting that no less than half of the delegates on the Working Group be Indigenous delegates.
 - ii. That the Chairperson, be an Indigenous Delegate to be nominated by the Working Group.
- (d) That the General Manager calls for nominations to join the Reconciliation Action Working Group from surrounding and local Indigenous and non-Indigenous groups and individuals.

Record of Voting:

For the Motion: Councillors Clifton, Gordon, Maggio, Pedersen, and Purcell

Against the Motion: Councillor Kim

Note: This matter will be dealt with at the Council Meeting to be held on **23 JUNE 2020** as dissenting votes were recorded and substantive changes were made to the published recommendation.

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ADJOURNMENT

The Chair, Councillor Pedersen requested that the Committee consider adjourning the online audio visual Meeting to enable a workshop presentation to be provided to Councillors, the time being 7.19pm.

RESOLUTION: (Moved by Councillors Pedersen and Purcell)

That the Meeting be adjourned and reconvene at the conclusion of the workshop presentation.

Record of Voting:

For the Motion: Unanimous

The Committee Meeting was therefore adjourned to:-

Tuesday, 9 June 2020 to reconvene at the conclusion of the workshop presentation.

Councillors Present: Councillors Pedersen (Chairperson), Clifton, Gordon, Kim, Maggio and Purcell.

Apologies: Nil.

Absent: Councillor Zhou.

Staff Present: General Manager, Director – Customer and Community Services, Director – Corporate Services, Acting Director – City Planning and Environment, Director – City Works, Manager – Community and Ranger Services, Manager – Parks, Senior Network Engineer, Civic Services Manager and Civic Support Officer.

MEETING RECONVENED

The Chair, Councillor Pedersen reconvened the online audio visual Committee Meeting at 8.06pm on Tuesday, 9 June 2020.

Councillors Present: Councillors Pedersen (Chairperson), Clifton, Gordon, Kim, Maggio and Purcell.

Apologies: Nil.

Absent: Councillor Zhou.

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Staff Present: General Manager, Director – Customer and Community Services, Director – Corporate Services, Director – City Works, Manager – Communications and Engagement, Manager – Community and Ranger Services, Manager – Parks, Civic Services Manager and Civic Support Officer.

5 WAIVER OF FEES - SWIM SCHOOLS AND CARNIVALS, SPORTSGROUNDS AND PARKS, LIBRARY FINES AND NOTICE PERIOD FOR VENUES

Note: Councillor Kim left the meeting at 8.07pm and was not present for consideration or voting on this Item.

RECOMMENDATION: (Moved by Councillors Purcell and Gordon)

- (a) That Council adopts the resolution to waive the cancellation fee specified in Council's adopted "Fees and Charges" for swim schools and swimming carnivals for the period 01 April to 30 June 2020 inclusive; and
- (b) That Council adopts the resolution to waive the cancellation fee specified in Council's adopted "Fees and Charges" for sporting fields or parks for the period 01 March to 30 June 2020; and
- (c) That Council adopts the resolution to waive the notice period required under Council's Venue Hire Application, for cancellations for the period 01 April to 30 June 2020 inclusive; and
- (d) That Council adopts the resolution to waive the following library fines associated with the late return or loss of items for the period 1 April to 30 June 2020, as outlined in Council's *Fees and Charges 2019-2020*.
 - (a) Daily overdue charge.
 - (b) "Fast Reads" overdue charge.
 - (c) Replacement processing charge.

Record of Voting:

For the Motion: Councillors Clifton, Gordon, Pedersen and Purcell

Against the Motion: Councillor Maggio

Note: This matter will be dealt with at the Council Meeting to be held on **23 JUNE 2020** as dissenting votes were recorded.

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6 INDOOR SPORTS FACILITIES REVIEW

Note: Councillor Kim returned to the meeting at 8.12pm.

RECOMMENDATION: (Moved by Councillors Purcell and Gordon)

- (a) That, the Future Facilities Direction detailed in the report be adopted as Council's planning framework for the future detailed planning of indoor sports courts within the City.
 - (i) Not only ensure that all future indoor sport's facilities meet regulation accessibility but to consult widely with all abilities sports organisers, on what features might encourage an increased uptake of these sports in Ryde.
 - (ii) That the identified design features be adopted into future works.
- (b) That Council note funding for these projects is identified within Council's Section 7.11 Plan and delivery of any works be identified in future draft Four Year Delivery Plans.

Record of Voting:

For the Motion: Councillors Pedersen, Clifton, Gordon, and Purcell

Against the Motion: Councillors Kim and Maggio

Note: This matter will be dealt with at the Council Meeting to be held on **23 JUNE 2020** as dissenting votes were recorded and substantive changes were made to the published recommendation.

7 TRAFFIC AND PARKING MATTERS APPROVED BY THE RYDE TRAFFIC COMMITTEE MEETING

RESOLUTION: (Moved by Councillors Purcell and Gordon)

That Council endorses the following Ryde Traffic Committee recommendations:

A. VARIOUS STREETS IN NORTH RYDE, MARSFIELD & GLADESVILLE – Parking Restrictions - Conversion of Temporary Resident Parking Schemes to Permanent Resident Parking Schemes

- 1. That the temporary resident parking schemes be made permanent in the following streets, with the scheme to be in operation on one side of the street only. The streets in question being – Collins Street, Marshal Place and Truscott Street - all of which are located in North Ryde, with Karalee Close and Katoa Place both of which are located in Marsfield.

ITEM 1 (continued)

ATTACHMENT 1

2. That Lyndhurst Street, Gladesville be made a permanent resident parking scheme, with the scheme to be in operation on both sides of the road.
3. Signposting of the resident parking schemes as 2P 8am-6pm Mon–Fri Permit Holders Excepted in both instances.

Record of Voting:

For the Motion: Unanimous

Note: This is now a resolution of Council in accordance with the Committee's delegated powers.

8 AFFECTS DUE TO COVID 19 - ASSISTING SPORTING CLUBS AND ASSOCIATIONS

RECOMMENDATION: (Moved by Councillors Purcell and Gordon)

- (a) That Council continues to apply the fees for use of sportsgrounds and associated infrastructure as outlined in its current and draft 2020/21, Fees and Charges schedule.
- (b) That Council provide 100 lux to all sports grounds that have the increased lux capacity to cater for weekday night games, where permissible, to assist the interrupted winter season to be completed due to COVID-19.
- (c) That the General Manager be authorised to negotiate with any clubs, who formally identify that they have difficulty in paying any fees, in arranging deferrals or other hardship measures as appropriate.

Record of Voting:

For the Motion: Councillors Clifton, Gordon, Pedersen and Purcell

Against the Motion: Councillors Kim and Maggio

Note: This matter will be dealt with at the Council Meeting to be held on **23 JUNE 2020** as dissenting votes were recorded and substantive changes were made to the published recommendation.

The meeting closed at 8.22pm.

CONFIRMED THIS 11TH DAY OF AUGUST 2020.

Chairperson

2 ITEMS PUT WITHOUT DEBATE

Report prepared by: Civic Services Manager**File No.:** CLM/20/1/2/2 - BP20/552

REPORT SUMMARY

In accordance with Council's Code of Meeting Practice, the Committee can determine those matters on the Agenda that can be adopted without the need for any discussion.

RECOMMENDATION:

That the Committee determine the Items on the Agenda that will be adopted without any debate.

OR

That the Committee determine all Items on the Agenda.

3 CITY OF RYDE SPORTSGROUND DEFIBRILLATORS

Report prepared by: Sportsground Liaison Officer, Sportsgrounds and Recreation
File No.: GRP/20/20 - BP20/367

REPORT SUMMARY

At its meeting held on 25 February 2020, Council resolved to conduct an investigation on the current supply of defibrillators at City of Ryde sportsgrounds. The resolution asked that the report include an indication of whether the units are operational, whether additional units are required and details on their cost to install. It also asked that the report identify fees and charges, which minimise or eliminate costs for sporting users.

Also known as an AED (automated external defibrillator) or 'defib', a defibrillator is a life-saving device that uses an electric shock to restore the heart to a normal beating rhythm should an individual suffer a sudden cardiac arrest or cardiac event. An individual AED unit including the AED, signage and wall mounted bracket costs approximately \$3,000 to initially purchase. Currently Council owns defibrillators located at all libraries, the Ryde Aquatic and Leisure Centre, Ryde Community Sports Centre, Civic Hall, Council Chambers, North Ryde Office and Operation Centre buildings. The units are secured and easily accessible for Council staff should any emergency situation arise.

Currently, of the 57 sporting fields across 26 different parks under Council's management, community user groups have funded and received Council approval to install AED units at 14 locations which service 35 sports fields. At each location, the ongoing maintenance and management of the AED units is the responsibility of the owner of the equipment (community clubs), and as the hirer is responsible for the activity, it forms part of meeting the duty of care they have for the participants. Weekly inspections are required to ensure the units continue to be operational with faults automatically identifiable. This was the practice adopted following a report on the matter to Council in April 2015.

There are 9 further sportsground locations identified where there is a regular seasonal user group with access to an appropriate secured area. For each of these locations Council staff can assist the existing clubs in the purchase of an AED unit by supporting applications for suitable grant funding programs. These include the Local Sport Defibrillator Program and Stronger Communities Grant Program which will allow for ownership of these units to remain with the sporting user group. It is then the user groups responsibility to ensure the availability of the equipment for the activities conducted on Council's sporting fields for which they are responsible for.

ITEM 3 (continued)

As requested in the resolution, feedback on the matter was sought from the City of Ryde Sport and Recreation and Wheeled Sports Advisory Committee (SRWSAC). Of the three responses received from committee members, two indicated a preference for ownership and responsibility for maintenance of AED units to fall to Council, with costs on-charged to sporting user groups. The third response noted a preference for the ownership and responsibility for maintenance of AED units to remain with the sporting user groups with Council facilitating opportunities for first aid training.

Consistent to the existing Council position, this report does not recommend that Council take on the ownership and responsibility of installing and maintaining units at its sporting fields. There is no legal requirement for Council to provide AED units in its park or within its community facilities. If it did so Council may be legally exposed and liable for damages should the unit not function correctly. These facilities are provided to groups under a hire agreement where the risks associated with the activity or event are transferred to the user group. It is therefore the responsibility of the user group to ensure it has adequate practices in place to manage any emergency situations that arise and meet its duty of care obligations for its members and/or participants of the activity it is conducting. This includes managing the provision of suitable first aid equipment and support.

Through the preparation of this report, Council staff met with and received a proposal from the Michael Hughes Foundation who wish to partner with the City of Ryde to address four key objectives related to the use and management of AED units including: -

1. Identification and Mapping of existing defibrillator network – no cost to Council
2. Maintenance review of existing defibrillators – no Cost to Council
3. Education and Accredited First Aid Training – charged on a user pay basis
4. Support the Creation of a ‘HeartSafe Community’ – facilitated by Council with no direct cost

Giving consideration to this proposal and the issues identified through investigating the matter, this report recommends, that staff continue to support community user groups in obtaining grant funding for the purchase of AED units. This will be for units to be installed at the sportsgrounds locations identified in the body of this report. Additionally, it is also recommended that Council partner with the Michael Hughes Foundation to undertake a full audit of the existing defibrillator network across the City of Ryde giving consideration to AED unit location, accessibility and maintenance requirements. Through establishing this partnership, Council will be able to facilitate and support community user groups in meeting their requirements for the ongoing management, maintenance and training associated with defibrillators.

ITEM 3 (continued)

Information will be provided to the Julie Hughes Foundation in relation to the City of Ryde's Community Grants Program, encouraging the organisation to apply for funding to support the provision of Education and First Aid Training to the City of Ryde community groups.

RECOMMENDATION:

- (a) That Council continue to support community user groups in the purchase of AED units by identifying and supporting applications for suitable grant funding programs.
- (b) That Council enter into a partnership with the Micheal Hughes Foundation to complete mapping, identification, and a maintenance audit of existing AED units in community facilities across the City of Ryde
- (c) That Council engage with sporting and community user groups that utilise Council facilities to ascertain interest in the formation of a HeartSafe Community reference group.
- (d) That Councillors be provided with an update following staff receiving feedback from the community groups on establishment of this reference group.

ATTACHMENTS

- 1 Michael Hughes Foundation Submission for AED Unit Review

Report Prepared By:

Stephen Alderton
Sportsground Liaison Officer

Report Approved By:

Simon James
Manager - Parks

Wayne Rylands
Director - City Works

ITEM 3 (continued)**Background**

At its Council meeting held on 25 February 2020 Council resolved:–

- (a) *That Council report back on findings of the investigation regarding defibrillators across the City of Ryde grounds at the April Council meeting by consulting all users and the Sports Advisory Committee providing their feedback.*

- (b) *The report is to include –*
 - i. *Conducting an annual audit to ensure the defibrillators are operational that are used across the City of Ryde grounds.*
 - ii. *Providing information where other defibrillators are required in the City of Ryde grounds and provide costs to install*
 - iii. *Identification of fees and charges and to minimize or eliminate costs for sports users*
 - iv. *Nomination of an appropriate funding source if required.*

About Automated External Defibrillators (AED)

An Automated External Defibrillator (AED) or ‘defib’ is a life-saving device that when placed onto an individual in an emergency situation will analyse the hearts rhythm and recognise any abnormalities before determining whether an electric shock is required to be administered. Electric shocks may be administered to either prevent or correct an arrhythmia, a heartbeat that is uneven, too slow or too fast or can restore the hearts beating should an individual suffer a sudden cardiac arrest.

Defibrillation is the process of attempting to restore the hearts normal rhythm and is crucial in the first minutes following a sudden cardiac arrest to maximise the chances of survival. For every minute that passes, the chance of survival from a cardiac arrest is reduced by approximately 10%. An administration of an AED can significantly increase the survival rate.

Costs and Maintenance Requirements

An individual AED unit including the AED, signage and wall mounted bracket costs approximately \$3,000 to initially purchase. All AED’s perform self-maintenance checks on daily, weekly and monthly basis to ensure that they are ready for use. In the event the machine notes a fault when conducting a self-maintenance test, the unit will beep for a period of time to alert the facility user that there is a potential fault with the machine. Additionally, it is recommended that facility users conduct weekly visual inspections to confirm that the unit has not failed a self-check with these inspections taking only 1-2 minutes to complete.

ITEM 3 (continued)

Each AED unit has two primary consumables which require replacement either following the use of the device or after a set period of time. For the shock pads used to administer the electric shock, this period is approximately every two years with a replacement cost of approximately \$150. For the AED battery, this component requires replacement every four years with a replacement cost of approximately \$300. Therefore, for new devices it is anticipated that following the expiration of the warranty period the annual cost of maintenance will equate to approximately \$150 per year per unit.

First Aid Training

Although each AED unit assess the status of the heart and has failsafe measures to ensure that an individual with a normal heart rhythm cannot be administered with an electric shock, it is still recommended that people who may be required to utilise an AED undergo appropriate training so that they have confidence in using the device if required. Training on use of these devices is incorporated into many first aid courses and forms part of the annual resuscitation update training conducted by all accredited first aid training providers.

Discussion

Currently Council owns defibrillators located at all libraries, the Ryde Aquatic and Leisure Centre, Ryde Community Sports Centre, Civic Hall, Council Chambers, North Ryde Office and Operation Centre buildings. In these locations, the equipment is located in an area that is easily accessible for Council staff and can be easily accessible in an emergency situation that involves either Council staff or patrons of those facilities. At these locations the relevant staff undergo training that is organised by Council and is refreshed on an annual basis to ensure confidence in use of the device if it is required. For these existing devices, Council's Buildings Maintenance Team is responsible for conducting regular audits and scheduling the ongoing maintenance including the ordering of replacement batteries and shock pads.

Council has 207 parks and reserves under its control and management including 57 sporting fields which are available for use by sporting user groups on either a seasonal or casual basis. When Council provides a community or sporting user group use of a sportsground on either a casual or seasonal basis, it is the responsibility of that group to ensure that any particular needs relation to use of the at facility is met by the group. This includes the responsibility of the user group to ensure it has adequate practices and equipment in place to manage emergency situations and meet its duty of care obligations for its members and/or participants in the activities it intends to conduct on Council land. This is outlined through the application process through which all user groups must apply to use Council facilities which results in Council transferring its risk for use of these facilities under a hire agreement, lease or licence. It is also noted that for any user group to be granted a hire agreement, lease or licence they must first provide Council with an applicable Certificate of Currency

ITEM 3 (continued)

confirming they have a current Public Liability Policy to undertake the proposed activities on Council land.

In addition, under the Work Health and Safety Act, 2011 the activity organisers also have a duty of care towards those persons attending their activity or event to ensure they are not exposed to risks from a public liability perspective. This would extend to ensuring there is suitable and appropriate first aid facilities in place to meet the needs of the participants involved in the activity.

Currently, of the 57 sporting fields located at 26 different parks under Council's management, community user groups have received Council approval to install AED units at 14 locations which directly service 35 fields.

Park	AED unit location	Responsible User Group
Bremner	Amenities Building	Putney Rangers FC
Christie	Amenities Building	North West Sydney Football Association
Dunbar	Amenities Building	Ryde Athletics Club
Eastwood	Amenities Building	Eastwood St Andrews FC
ELS Hall	Ryde Community Sports Centre – Field 2 Changerooms	ELS Hall Park User Groups
Marsfield	Amenities Building	Macquarie Dragons FC
Meadowbank	Eastern Amenities Building	West Ryde Rovers FC
Meadowbank	Central Amenities Building	Eastwood Ryde Netball Association
Morrison Bay	Amenities Building	Morrison Bay Park User Groups
North Ryde	Amenities Building	North Ryde Soccer Club
Peel	Amenities Building	Gladesville Ravens FC
Pioneer	Amenities Building	Macquarie Saints Baseball Club
Ryde	Amenities Building	Ryde Rugby Club
Waterloo	Amenities Building	Macquarie Dragons FC

Where Council proceeds with the installation of AED units at its facilities, it is not considered appropriate to install units in unsecured publically accessible location. Should a unit not function when required for use, Council may be liable for any damages that occur as a result of the non-function of the unit.

The risks posed to Council from placing defibrillators in publically accessible areas are:

- Vandalism or lack of maintenance that may not be apparent until the AED is required in an emergency situation leading to an unsuccessful attempt to save a life. For any unit placed in a public space this is considered a major risk.
- An increase to Council's risk/legal exposure as a result of the above.
- Financial cost of maintenance and inspection at numerous locations.

ITEM 3 (continued)

- Lack of trained staff or public at the nominated locations
- All of the above matters provide a reputational risk to Council.

Due to the issues raised above, most notably the concerns regarding vandalism, it is not recommended to consider the installation of units in unsecured areas. Therefore, it is recommended that AED units should only be considered in locations where they can be suitably secured such as within sportsground amenities buildings where a user group/s has an ongoing or seasonal hire agreement with Council for the facility.

Locations which currently do not currently have an AED unit which may be suitable for the installation of a device are –

Park	Possible AED unit location
Bill Mitchell	Amenities Building
Brush Farm	Amenities Building
Fontenoy	Amenities Building
Gannan	Amenities Building
Monash	Monash Park Grandstand
Pidding	Amenities Building
Santa Rosa	Bridge Road Amenities Building
Tuckwell	Amenities Building
Westminster	Amenities Building

At each of these locations Council staff can support the existing seasonal sporting user group in the purchase of an AED units by identifying and supporting applications for suitable grant funding programs such as the Local Sport Defibrillator Program and Stronger Communities Grant Program. This approach has proven successful in the past with City of Ryde supporting no less than four (4) grant applications by sporting user groups since 2017.

Partnership Opportunities

The Michael Hughes Foundation is a not-for-profit enterprise who assist in procurement, maintenance and education of first aid equipment related to cardiac arrest and medical emergencies. In 2015, Council facilitated discussions between Ryde's sporting user groups and the Michael Hughes Foundation (then referred to as '*Remember Mike and Save a Life* Committee') which resulted in the successful donation of five (5) AED units to sporting user groups with the City of Ryde to service the Ryde community.

ITEM 3 (continued)

During the preparation of this report, Council staff met with Julie Hughes of the Michael Hughes Foundation to discuss City of Ryde's requirements as they related to AED units and were able to identify four key areas in which the Michael Hughes Foundation could assist the Ryde community if a partnership arrangement was formed with Council.

1. Identification and Mapping of existing defibrillator network
2. Maintenance review of existing defibrillators
3. Education and Accredited First Aid Training
4. Support the Creation of a 'HeartSafe Community'

Identification and mapping of AED network

Through a partnership, the Michael Hughes foundation can complete a review of AED units within the City of Ryde which will consider, location and ownership of all AED units for all organisations (including sporting user groups) in the community.

The mapping of the defibrillators can be completed via both Google Maps (with a potential link on Council website) and through the Good Sam App. The Good Sam has both a mapping system for defibrillators plus a registration for community first responders (to alert and respond to actual events). The key benefit of this technology is it can be linked to the 000-Call Centre for NSW Ambulance

The Michael Hughes Foundation has offered to complete this service at no cost to the City of Ryde.

Maintenance review

Through a partnership arrangement, the Michael Hughes Foundation has also offered to complete a maintenance review of all AED units with the City of Ryde and provide a condition report of each unit considering if any pads or batteries require replacement. Additionally, this maintenance review would also look to provide feedback on the signage, accessibility and security of the AED unit to ensure its location and storage best meets the needs of the facility users.

The Michael Hughes Foundation has offered to complete this maintenance review at no cost to the City of Ryde. Where replacement equipment is required, the Michael Hughes Foundation can also provide a quote for service to the owner of the equipment and if required, assist with grant submissions for funding.

ITEM 3 (continued)*Education and First Aid Training*

The Michael Hughes Foundation has offered to deliver four (4) First Responder Information Sessions within a 12-month period with each session designed to improve awareness on all aspect of cardiac arrest including the chain of survival, CPR, use of AED units, maintenance of AED units and debriefing following a cardiac arrest event.

To deliver these sessions the Michael Hughes Foundation has requested Council support in supplying a suitable venue within Ryde and quoted a fee of \$500 per session. Rather than Council directly covering costs for this session, it would be most appropriate for the Michael Hughes Foundation to submit an application to City of Ryde's Community Grants Program requesting funding to deliver these sessions for community user groups with the City of Ryde. As a result, Council staff have provided the Michael Hughes Foundation with details of the program and have encouraged an application from the foundation for consideration for funding.

Creation of a HeartSafe Community

HeartSafe Community is a program designed to promote survival from sudden cardiac events through achieving a set minimum criteria within either a geographical location or organisation which include but are not limited to availability, training and awareness of cardiac arrest first aid response and treatment.

The Micheal Hughes Foundation has proposed to support the City of Ryde in achieving this status through the establishment of a committee or task force which can develop a strategy specific to the Ryde community for how to achieve the criteria for recognition. To ascertain interest in forming such a committee, it is proposed that Council staff engage with sporting and community user groups that utilise Council facilities to assess if such a committee is feasible and if so, facilitate the formation of a Heart Safe Community committee.

Sport and Recreation and Wheeled Sports Advisory Committee Feedback

Through the preparation of this report Council sought direct feedback from the City of Ryde Sport and Recreation and Wheeled Sports Advisory Committee (SRWSAC) regarding the maintenance and management of AED units across sporting grounds within Ryde.

Three (3) responses were received from SRWSAC committee members with two (2) committee members providing preference for ownership and responsibility for maintenance of AED units falling to Council with costs on-charged to sporting user groups. The final response indicated a preference for the ownership and responsibility for maintenance of AED units remaining with the sporting user groups with Council encouraged to facilitate opportunities for first aid training.

ITEM 3 (continued)

However, as previously detailed in this report, it is not considered appropriate for Council to manage individual AED units at Council's sportsgrounds as Council may be liable for any damages that occur as a result of the non-function of the unit. There is no legal requirement for Council to provide AED units in its park or within its community facilities. Council's sportsground facilities are hired or licence to external organisations that, as the activity organiser, have a duty of care towards those persons who attend their activity or event to ensure that they are not exposed to risks from a public liability perspective. This extends to the provision of suitable and appropriate first aid equipment such as AED units.

Financial Implications

Adoption of the recommendation will have no financial impact to Council. As the report is recommending a partnership with the Michael Hughes Foundation where there is no cost to Council and any benefit is to the community groups who own the AED's, no procurement issues are identified.

ITEM 3 (continued)

ATTACHMENT 1



23 June 2020

Mr Simon James
Manager Parks
City of Ryde Council
Riverview Business Park
Building 0, Level 1, 2 Richardson Place,
NORTH RYDE NSW 2113

Dear Simon,

MICHAEL HUGHES FOUNDATION – PARTNERSHIP WITH CITY OF RYDE

Thank you for your time to host recent meetings to review and understand Council's requirements for the placement, maintenance and support for your defibrillator network across the Council LGA.

The Michael Hughes Foundation (MHF) provides this submission for Council approval for the establishment of a dedicated partnership to develop Ryde as a Heartsafe Community.

We hope we have addressed all of the areas of discussion and please let me know if you have any questions or require any further information.

Kind regards,

Julie Hughes
Executive Director
Michael Hughes Foundation
0432 696 510
julie@mhf.life

ITEM 3 (continued)

ATTACHMENT 1



CITY OF RYDE COUNCIL

Background

MHF is a not for profit/social enterprise which has a core mission to **Turn Bystanders into First Responders** in cardiac arrest and medical emergencies. MHF was established in 2015 as a legacy for Michael who died from cardiac arrest, aged 38 years of age.

Over the past 5 years, MHF has grown to be a leading organisation in tackling this health issue in New South Wales. In addition to supporting communities in our State with the selection and purchase of leading first aid equipment and education programs, we have been:

1. Selected as a contributor to the NSW Health Expert Panel focussed on cardiac arrest – community intervention
2. Approved as a Provider for NSW Office of Sport Local Defibrillator Grant program
3. Appointed Training Partner for Westmead Applied Research Centre (WRAC) #First CPR study – a NHMRC Collaboration Grant.

Based in Parramatta, MHF has previously supported City of Ryde with donations of defibrillator packages across the LGA. Below is a list of locations where defibrillators have been placed in the Ryde community (*please note: all defibrillators have been supported by training and maintenance services*):

Year	Location	Organisation	Funding
2015	Meadowbank Park	ERNA	Donation – Remember Mike & Save a Life – Supported by Defib for Life
2015	Morrison Bay	Gladesville Sharks & Putney Rangers	Donation – Remember Mike & Save a Life – Supported by Defib for Life
2015	Ryde Park	Ryde Rugby	Donation – Remember Mike & Save a Life – Supported by Defib for Life
2015	ELS Hall	Ryde Panthers	Donation – Remember Mike & Save a Life – Supported by Defib for Life
2015	Christie Park	GHFA	Donation – Remember Mike & Save a Life – Supported by Defib for Life
2015	Waterloo Park	Macquarie Saints	Donation – Remember Mike & Save a Life – Supported by Defib for Life
2016	Peel Park	Gladesville Ravens	Donation from Putney Progress Association
2016	Holy Spirit Church	Holy Spirit Church	Donation from Leo and Bernadette Driessen – Macquarie Park Rotary
2016		West Ryde Anglican Church	Community Building Partnership 2016
2016	Eastwood Park	Eastwood St Andrews FC	Community Building Partnership 2016
2016		St Johns North Ryde Anglican	Community Building Partnership 2016
2016		The Northern Centre	Community Building Partnership 2016
2016		Christian Community Aid	Community Building Partnership 2016

ITEM 3 (continued)

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2016		North Ryde Community Aid	Community Building Partnership 2016
2017	Top Ryde Early Learning Centre	Stellar Learning	Purchase
2017		Dunmore Lang College	Donation by Macquarie Park Rotary
2018		Holy Spirit North Ryde	Purchase
2019	Meadowbank Park	West Ryde Rovers	Donation by Payce.
2019	5 x Mobile Team Units	West Ryde Rovers	NSW Office of Sport
2019	Marsfield Park	Macquarie Combined Sports	NSW Office of Sport
2019	Pioneer Park	Macquarie Saints Baseball	NSW Office of Sport
2019		Ermington Public School	Donation by Payce.
2019		Ryde Parramatta Golf Club	Purchase 2 x defibrillators – Pro Shop & Fairway Amenities Block
2019		National Centre for Childhood Grief	Purchase

Current Requirements of Council

During recent conversations with Councillor Roy Maggio and the Parks Management Team, the below areas have been identified as priorities for City of Ryde:

1. Coverage of defibrillator across the City of Ryde area – with a primary focus on up to 8 sports fields that have been identified as not having a defibrillator unit on site
2. Provide support to Council for placement, maintenance, and overall care of the defibrillator network
3. Provide access to accredited and non-accredited first aid training programs in the Ryde community
4. Support City of Ryde to become a HeartSafe Community – the development of a responsive community to cardiac arrest events.

ITEM 3 (continued)

ATTACHMENT 1



MICHAEL HUGHES FOUNDATION SUBMISSION

Review City of Ryde Defibrillator Network

Identification and Mapping

MHF can work with City of Ryde to identify and map defibrillators across the LGA. A review can be completed on where they are located, who owns the equipment and overall maintenance. A priority can be placed on all sporting facilities, but this work can be completed for all organisations in the community.

Mapping of the defibrillators can be done via both Google Maps (with a potential link on Council website) and through the Good Sam App. Good Sam has both a mapping system for defibrillators plus a registration for community first responders (to alert and respond to actual events). The key benefit of this technology is it can be linked to the 000-Call Centre for NSW Ambulance – similar to that as implement for Victorian Ambulance.

Please visit our website for more details on this technology: <https://mhf.life/technology/>

This service is offered complementary by MHF and there are no costs associated with the use of Good Sam. We would request support from City of Ryde for the creation and distribution of marketing and communication across the LGA through social and print media plus overall engagement with all required organisations.

Maintenance Review

MHF is a defibrillator brokerage and if pads or batteries of identified equipment require replacement, we can support local community organisations keep their units in good working order. MHF can provide support to update all models of defibrillators on the market.

MHF can further provide support for the following areas related to maintenance:

1. Increase signage & communication of the location of defibrillators
2. Provide quotations for AIVIA outdoor defibrillator cabinets for improvement of current units to be accessible 24/7 (if required)
3. Help increase the security and accessibility of units
4. Provide individualised support for specific location needs

This service is offered complimentary by MHF. Costs for replacement equipment (including pads, batteries, signage, cabinets, etc) will be quoted/charged to the owner of the equipment. Further, MHF can partner with Council for grant submissions for required funding.

Please visit our website for full details on our range of defibrillator accessories and replacement parts: <https://mhf.life/products-services/>

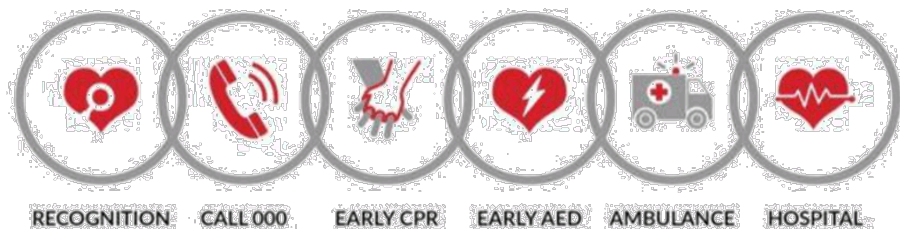
ITEM 3 (continued)

ATTACHMENT 1



Education and Accredited First Aid Training

A core framework that MHF focusses its attention on is the **Cardiac Chain of Survival**. The below six steps, if actioned in a cardiac arrest event, can increase the chance of survival from less than 9% to more than 60%.



The most important part of this framework is **RECOGNITION** – followed by **CALL, PUSH, SHOCK** for community bystanders. Ensuring everyone knows how to recognise a cardiac arrest is the first step to initiate care for the victim and increases the effectiveness of both paramedics and hospital personnel.

MHF can support City of Ryde by hosting both awareness sessions and accredited first aid training within the local community. There are various options for our training which we have listed below:

Course	Description	Time	Cost
MHF First Responder Information Session	F2F non-accredited awareness session focussed on all aspects of cardiac arrest including chain of survival, CPR, defibrillation, maintenance, debriefing, etc. It is not a requirement for participants to do CPR.	1-1.5 hours	
HLTAID001 - Cardiopulmonary Resuscitation (CPR)	F2F accredited course – provides training in CPR and the use of defibrillators	2.5 hours	
HLTAID003 – Provide First Aid	F2F accredited course – provides training in CPR, use of defibrillators along with other first aid skills including burns, broken bones, bites, asthma, and anaphylaxis. There is no pre-online learning for this course.	7.5 hours	
HLTAID004 – Provide First Aid in Education and Childcare Setting	F2F accredited course designed for those working with children – provides training in CPR, use of defibrillators along with other first aid including burns, broken bones, bites, asthma, and anaphylaxis. There is pre-online learning required for this course.	8 hours	

ITEM 3 (continued)

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MHF is currently in the process of upgrading our online training and will share this with Council once launched.

MHF would like to host regular training sessions within the City of Ryde, and suggest the following schedule:

MHF First Responder Information Sessions – 4 times per year
Accredited First Aid (001, 003 & 004) – 1 session per month

MHF would request from City of Ryde:

1. **To supply a suitable and accessible first aid training venue for between 10 and 20 participants**
2. **Market and promote the sessions to the local community – we can do a mix of weekday and weekend courses each session**
3. **Cover the costs for the venue hire and First Responder Information Sessions – to be free for community members.**

For accredited first aid courses, individual participants will pay for their course fees (as outlined above). For each course, we can accommodate for a mix of the HLTAID001, HLTAID003 or the extension of the HLTAID004 course. Each participant will be sent their Statement of Attainment once the paperwork is processed through our Registered Training Organisation (RTO). CPR certification is valid for 12 months and the Provide First Aid and Provide First Aid in Childcare are both valid of 3 years.

HeartSafe Community

MHF is looking to develop a strong partnership with City of Ryde to enhance and improve the defibrillator network in the LGA. The above assessments of location and mapping of defibrillators, maintenance and community training are the core functions of a **HeartSafe Community**.



MHF, in addition to our focus on the Cardiac Chain of Survival, places attention on the HeartSafe Community model, which is about developing a responsive community to tackle this health issue. A community that is HeartSafe can be a small sports association, a workplace or as large as an LGA or State.

MHF would like to provide support to City of Ryde to develop this strategy, specific to your community. The further criteria for a HeartSafe Community include, but limited to, the following:

1. Creation of a **lead organisation** or task force to oversee and coordinate the HeartSafe efforts
2. A plan for the **collection and analysis of cardiac arrest data** (ie alignment to NSW Health, NSW Ambulance data and City of Ryde's Health District)
3. A plan to **train 15% of the community in CPR**, and a continued focus of capturing all training each year
4. Recognition to **formally recognise community members** who do CPR in real life events (Council can develop their own program, or you can align with others – eg Victor Chang Institute)
5. Community strategies to **increase education and awareness** of cardiac arrest
6. Increase in **telephone CPR support** and guidance (NSW Ambulance 000 Call Centre)
7. Creation and engagement for **effective emergency response plans** for cardiac arrest for schools, municipal buildings, and other community organisations

ITEM 3 (continued)

ATTACHMENT 1



8. **Increase public access defibrillators** in public and private areas – and/or make current defibrillators more visible and accessible.
9. **Defibrillator registry** linked to 000 call centre (ie Good Sam)
10. **Engagement with local first responder agencies** – ambulance, fire, police, etc
11. Promotion and improvement of **high-quality CPR techniques**
12. **Review of quality processes** and local tracking of effectiveness of the program – including topics such as debriefing with community first responders
13. Creation of **secondary health measures** such as preventative health (reduction in rates of smoking and diabetes, increase exercise, promote healthy diets, genetics, etc).

The two initial requirements to establish this for City of Ryde is:

1. A commitment to increase survivability of cardiac arrest and
2. The establishment of a lead committee or task force.

MHF can be a committee member and guide the frameworks to get this established. Additionally, we can be a facilitator of information, networking and ensuring we can bring all these elements together. Further, investment will be in the form of individuals time, communication strategies, marketing, etc. MHF can work with Council for how this can be established and further how it can be funded for long term benefits.

ITEM 3 (continued)

ATTACHMENT 1

MICHAEL HUGHES FOUNDATION

GIVE A BEAT

Turning bystanders into first responders

Across Australia each year, approximately 30,000 individuals experience an out of hospital cardiac arrest. 7,500 occur in New South Wales alone.

- 09** Survival from out of hospital cardiac arrest is less than 9%
- 10** For every minute that passes, the individual's chance of surviving decreases by 10%
- 04** Without any response of CPR, brain damage can start to occur within 4 minutes
- 08** With no CPR or defibrillation, there is little chance of surviving cardiac arrest past 8-10 minutes
- 10** Average response times of Ambulance in Metro Sydney is approximately 10 minutes

The number of people it takes to make a difference

ITEM 3 (continued)

ATTACHMENT 1

HOST PARTNER LEARN BUY GIVE

The Michael Hughes Foundation (MHF) is an Australian charity focussed on increasing community action, in response to cardiac arrest, and being an active advocate for increasing survival rates of this health issue

BUY You can buy high quality first aid products and equipment including defibrillators and first aid kits. All products are supported with training, maintenance and re-stocking services

GIVE Become a regular donor of MHF. 100% of donations from our regular giving program are used to donate defibrillators and training services to communities across New South Wales

LEARN Get 10 or more people together for an accredited first aid course! Courses are tailored with no pre-online learning, are hosted on site and delivered by our experienced MHF Team/Paramedics. All training is delivered under the auspices of Healthcorp Pty Ltd RTO 91222

HOST Host a fundraising event to support MHF. We can partner with you for any number of fundraising activities including golf days, gala dinners, sports challenges, Guinness Records and in-house corporate events

PARTNER Organisations of all sizes can partner with MHF for the creation of Heartsafe Communities within their businesses and across their community. This partnership strengthens the Cardiac Chain of Survival and increases both the necessary equipment along with community confidence and strategies to act quickly with core skills of CPR and using a defibrillator

*Be the one
to give a beat
enquire now
mhf.life*




ITEM 3 (continued)

ATTACHMENT 1

FACT SHEET


WHAT IS CARDIAC ARREST




**CARDIAC
ARREST IS
DIFFERENT
TO A HEART
ATTACK**


Cardiac arrest is an *electrical problem* and is the term given to the sudden loss of heart function. The heart is no longer pumping blood and oxygen around to the vital organs of the body. Signs of a cardiac arrest are present when a person is unconscious, unresponsive, no pulse and has absent or abnormal breathing.

There are generally no warning signs or symptoms. The person is considered clinically dead. CPR and defibrillation are critical to survival.



A heart attack is a *plumbing problem* where there are one or more blockages preventing blood flow and the heart muscle dies. Symptoms can include chest pain, dizziness, nausea, vomiting, etc. The person is conscious. The person suffering a heart attack requires immediate medical attention. A severe heart attack may lead to a cardiac arrest.





WHAT CAUSES CARDIAC ARREST?

Heart Conditions:
Heart Disease
Severe Heart Attack
Genetic Heart Condition (Family History)

Accidents/Incidents:
Drownings
Drug Overdoses
Trauma

Respiratory:
Severe Asthma
Severe Anaphylaxis

ITEM 3 (continued)

ATTACHMENT 1

NATIONAL STATISTICS:

Across Australia each year, approximately 30,000 individuals experience an out of hospital cardiac arrest. Approximately 7,500 occur in New South Wales alone.

09 Survival from out of hospital cardiac arrest is less than 9%

10 For every minute that passes, the individual's chance of surviving decreases by 10%

04 Without any response of CPR, brain damage can start to occur within 4 minutes

08 With no CPR or defibrillation, there is little chance of surviving cardiac arrest past 8-10 minutes

10 Average response times of Ambulance in Metro Sydney is approximately 10 minutes

ACTIONS TO SURVIVE A CARDIAC ARREST:

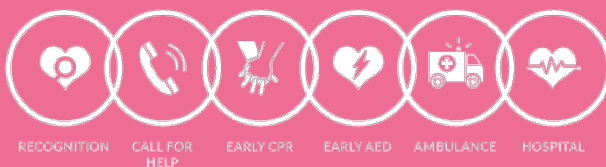
The three critical actions that are required to attempt to save a person who experiences a cardiac arrest are call 000, followed by effective cardiopulmonary resuscitation (CPR) and the use of an Automated External Defibrillator (AED).

CPR is used to replicate the heart function to circulate blood and oxygen to vital organs. CPR attempts to keep the person alive prior to the Ambulance arrival & buys additional time.

The AED is used to provide a shock to the person's heart in an attempt to restart it. It must be used in conjunction with CPR!

If the heart restarts, the person will start to show signs of consciousness and breath on their own.

Depending on the cause of the cardiac arrest and the general health of the person, not everyone will survive a cardiac arrest. Any attempt to save a life



The Cardiac Chain of Survival is recognised Internationally as a set of actions that are required to increase a person's chance of surviving a cardiac arrest. If the links in the chain align and are done quickly, the person's chance of survival can increase from less than 9% to more than 60%.

DRSABCD is taught in basic first aid in Australia and are steps that should be followed in every first aid emergency. It is also how to diagnose a person who is in cardiac arrest. If a person is *UNCONSCIOUS AND NOT BREATHING NORMALLY*, you need to call 000, commence chest compressions (CPR) and use a defibrillator (AED) if one is available.

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ATTACHMENT 1

FACT SHEET



PREPARING FOR CARDIAC ARREST

What to do when a Cardiac Arrest happens

Cardiac arrest occurs suddenly and without warning. We are unable to prepare you for when it will occur and who will be present to help. This guide is for any cardiac arrest whether in the home, at a workplace or in a public area.



CALL FOR HELP (000)



START CPR

Continue CPR until Ambulance arrives. Rotate person doing CPR every 2 mins, if possible



ACCESS DEFIBRILLATOR (AED) If one is available



ALLOCATE TASKS

if more than one person present



DEFIBRILLATOR (AED) MAINTENANCE

Replace pads & check battery



DEBRIEF!

Seek support for yourself and those present. Cardiac arrest is a very distressing experience



If you have more than one person present, attempt to delegate the following tasks:

- Commence CPR
- Call Ambulance (000 – Triple Zero)
- Access and deliver AED to rescuer
- Operate AED
- Rotate person doing CPR every 2mins
- Meet/guide Ambulance to person in cardiac arrest
- Record events
- Management of event including keeping crowds and bystanders back from scene.
- Support bystanders/family members, if in distress



If you are on your own:

- Call Ambulance (000 – Triple Zero)
- Unlock front door (if at home)
- Commence CPR

In all instances, the 000 Operator will send an Ambulance, remain on the phone with you and provide support on what to do including how to do effective CPR and operate the defibrillator (AED).

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ITEM 3 (continued)

ATTACHMENT 1

For workplaces and all community venues, it is vital your premises consider the possibility and response to a medical and cardiac arrest emergency! This can be done through various methods including Risk Assessment and Medical Emergency Planning. Through Management as well as consultation with First Aid Officers & staff, please ensure you consider the following table:



RECOGNITION OF CARDIAC ARREST

DRSABCD & determine:

- Unconscious?**
- Unresponsive?**
- Absent or abnormal breathing?**

If yes to all above,
commence CPR & call 000



USING A DEFIBRILLATOR (AED)

Access closest AED and turn on/open:

- listen to voice instructions
- Remove person's upper clothes to expose chest area including bra & jewellery*
- Dry patient if wet or excessively sweating*
- If excessive hair, shave hair top right of their chest*
- Apply pads as per instructions (paediatric pads for 1-8 yrs)
- Continue to listen to voice prompts
- If shock is advised: **STAND BACK & DO NOT TOUCH PATIENT**
- Commence 2-min rounds of CPR with AED metronome
- AED will reanalyse person's heart every 2 minutes and will advise if shock is required and continuation of CPR.
- Continue CPR & AED analysis until Ambulance arrives
- If person starts to breathe, place in recovery position & monitor condition (breathing and pulse)
- **LEAVE PADS ON THE PATIENT. ONLY REMOVE ON ADVICE OF AMBULANCE.**

**All AEDs have rescue kit with razor, face shield, wipes, gloves, etc.*



**GET HELP!
Call 000 (Triple Zero) for Ambulance**

- Know your address & phone number
- Know your cross streets
- Provide information to 000 Operator on incident
- Have someone meet/direct Ambulance to person
- Operator will remain on the phone with you!



COMMENCE CPR

Cardiopulmonary Resuscitation (CPR) ensures circulation of blood & oxygen to vital organs including the brain.

Adults:

- 30 Compressions : 2 Breaths
OR Hands Only CPR
- Compression depth 1/3 chest
- 100-120 Compressions per minute
- Complete recoil of the chest
- Rotate rescuers every 2mins, if possible to reduce fatigue and deliver effective CPR

CPR rates are the same for adults, children and babies.



DEBRIEF/POST INCIDENT SUPPORT:

It is important to provide post incident liaison for all involved. Discuss, comfort and support those who witnessed and responded. Seek counselling or support services for you, your colleagues, friends or family, when required.



AED MAINTENANCE:

Notify AED provider that unit has been used. Organise for replacement pads and rescue kit and check battery of unit. Download AED data for manufacturer, Ambulance, Cardiologists or family.

ITEM 3 (continued)

ATTACHMENT 1

FACT SHEET


**MICHAEL HUGHES
FOUNDATION**

IMPLEMENTING A DEFIBRILLATOR (AED) PROGRAM

If you are **considering purchasing** an Automated External Defibrillator (AED) for your premises and to enhance your first aid response, it is important that you consider the various elements to ensure a successful and responsive program.

Do you need an AED? Currently in Australia, AED's are not mandatory. This means that there are no laws that enforce you must have an AED on your premise. AEDs form part of the DRSABCD to administering first aid to a person in need. Your organisation can opt to purchase an AED to enhance your first aid response and for the benefit of your staff, volunteers, members, and all visitors.



HOW TO CHOOSE AN AED?

There are various brands and models of AEDs to choose from. Things to consider when selecting:

- **Budget:** packages range from approx. \$2,000-3,000 (single unit)
- **Training** must be included
- **Accessories** e.g. storage cabinet, paediatric pads (1-8 years)
- **Therapeutic Goods Administration (TGA)**
- **IP Rating** Dust & Water resistance
- **Fully Automatic** (machine delivers the shock) Vs **Semi-Automatic** (rescuer press button for shock)
- **CPR Feedback**
- **Maintenance:** Cost and timeframes for replacement pads and batteries



LOCATION

You may consider placing the AED at a designated first aid station, near a reception desk, entrance hallway, etc. If your organisation has multiple premises, consider choosing a consistent location for ease of access.

If you require an **AED to be available 24/7** and by all users in and around your premises, you can investigate enhanced security cabinets to house your AED. For **sporting and community venues**, consider speaking to your local Council and other user groups for support for the AED to be retained at the venue all year round (shared asset).

DEFIBRILLATOR PLACEMENT:

- 01 **VISIBILITY:** The unit must be displayed visible to all users & visitors of the venue including signage
- 02 **SECURITY:** The unit should be secure and safe from theft & vandalism
- 03 **ACCESSIBILITY:** The unit must be accessed quickly and easily in the event of cardiac arrest

ITEM 3 (continued)

ATTACHMENT 1



COMMUNICATION

It is important that you communicate that your venue has an AED! You must consider communicating the availability of the unit to all individuals who use your premises (staff, volunteers, user groups, etc) and to neighbouring venues (eg businesses, homes, sporting fields, etc). Ensure you communicate the days and times it is available as this varies from premises to premises.



POLICY & PROCEDURES

It is vital that the AED becomes part of the operations of any venue. Ensure that the AED is incorporated to your Policy & Procedures including:

*First Aid Policies // Fire Evacuation Plans take the AED to any assembly point
Risk Assessments // Staff & Volunteer Induction Programs // Training*



SIGNAGE

Signage inside and outside the premises is vital to communicate where the machine is. Most AED packages come with signage but consider purchasing additional signage depending on the size and vicinity of your venue. (eg directional signage, stickers on windows, etc). You can also liaise with Council for directional signage in Parks, public spaces, etc.

Ensure you use the Internationally Recognised Green AED Signage!



TRAINING

AEDs are designed to be used by the general public and can not be misused. Training is important to provide confidence in using the equipment.

AED training can be accessed:

- As part of your AED purchase
- On request through various providers
- HLTAID001: Cardiopulmonary Resuscitation
- HLTAID003: Provide First Aid

The Australian Resuscitation Council recommends HLTAID001 be completed every 12months and HLTAID003 every 3yrs.

MAINTENANCE

It is critical that your AED is always ready to use! Please ensure: You **set up & maintain** the unit to the manufacturer's requirements. **The battery is ALWAYS inserted** – AEDs have their own power source without the need for installation or hardwiring. **Electrode Pads** are ALWAYS inserted.

AED Indicator shows that the machine is working.

(Check machine & contact provider if indicator turns to red flashing light or red X)

All AEDs do regular **self-checks** and will let you know of any errors. Develop a maintenance program to do regular recorded checks that the machine is operational. If you use the AED, ensure you **REPLACE** the electrode pads on the machine. They are **ONE (1)** use only.

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ATTACHMENT 1

FACT SHEET

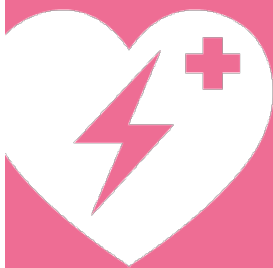


AEDs are currently not mandatory in Australia, although they are an important aid in lifesaving first aid and DRSABCD.

AUTOMATED EXTERNAL DEFIBRILLATOR & CPR

WHAT IS AN AUTOMATIC EXTERNAL DEFIBRILLATOR (AED)

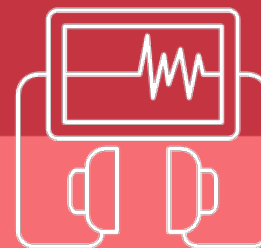
An AED is a piece of equipment that, in cardiac arrest events, is attached to a person's chest and the technology analyses the heart to determine if a shock is required to attempt to restart it.



The AED looks to see if the person is in a shockable rhythm, primarily VF (ventricular fibrillation - cardiac arrest). If this heart rhythm is detected, the machine will provide a shock to the person's heart.

The shock will momentarily stop the heart in the hope it will kick back in to a normal rhythm. If a person is not in a shockable rhythm, the machine will not provide a shock. The machine cannot be misused.

The AED has a rescue kit with items that are required to use the machine. These include a razor (to minimise chest hair on males), gloves, CPR face mask and scissors (to cut clothing).



The **AED is to be used in conjunction with CPR** and does not replace a person doing CPR. AEDs are fully mobile with their own battery and electrode pads. Both the battery and pads **MUST** be connected at all times.

The AED provides voice instructions on how to operate the unit and includes additional support for the rescuer/s to do CPR.

The machine will advise you when the pads and battery need replacement and if there are any systems issues.

When purchasing a defibrillator, training is normally included in the package you purchase. The machine additionally is provided with operating manuals and manufacturers guidelines.

An AED provides support for CPR including:

a metronome to keep CPR rate // a timer for 2 minute cycles of CPR // quality of CPR compressions (not all models) // re-analyses heart every 2min, in line with cycles of CPR

ITEM 3 (continued)

ATTACHMENT 1

**WHAT IS
EFFECTIVE CPR?**

Early and effective CPR is vital in a person's ability to survive a cardiac arrest! It assists with the flow of oxygen to vital organs and buys valuable time before the Ambulance arrives. CPR is considered more important in comparison to the AED.

01

30 compressions : 2 Rescue Breaths OR Hands Only CPR

02

Compressions 1/3 depth of the chest (all ages)

03

100-120 compressions per minute

04

CPR is physically tiring – rotate person doing CPR every 2mins

Above CPR rates are applicable for adults, children and babies.

All accredited first aid courses include a component of CPR and the use of an AED. It is important for everyone to keep their skills up to date. The Australian Resuscitation Council recommends:

- **HLTAID001:** Cardiopulmonary Resuscitation *Update every 12mths*
- **HLTAID003:** Provide First Aid *Update every 3yrs*

*Be the one
to give a beat
enquire now
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**THE GOOD
SAMARITAN ACT**

It is important to know that any individual administering first aid in Australia is covered by the Civil Liabilities Act 2002, or more commonly referred to as the Good Samaritan Act. This includes the use of an AED.



Civil Liability Act 2002 No 22
Current version 1 July 2015

Part 8 Section 56

56 Who is a good samaritan

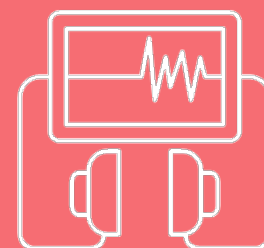
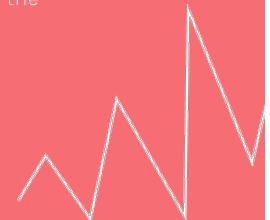
A good samaritan is a person who, in good faith and without expectation of payment or other reward, comes to the assistance of a person who is apparently injured or at risk of being injured

Part 8 Section 57

57 Protection of good samaritans

(1) A good samaritan does not incur any personal civil liability in respect of any act or omission done or made by the good samaritan in an emergency when assisting a person who is apparently injured or at risk of being injured.

(2) This section does not affect the vicarious liability of any other person for the acts or omissions of the good samaritan.



ITEM 3 (continued)

ATTACHMENT 1

FACT SHEET

COMMON REACTIONS TO TRAUMA

When you experience a traumatic or frightening event it is normal to have strong physical and emotional reactions that remain after the traumatic event is over. These reactions may last for a few days, weeks or even longer.

How you react will depend on a number of factors including: the severity and circumstances of the traumatic event, your personality, other stressors in your life and the supports available to you. Listed below are common reactions that people experience following a traumatic event. You may relate to some or many of these examples:

PHYSICAL REACTIONS

- Fatigue/exhaustion
- Disturbed sleep
- Nausea
- Nightmares
- Restlessness
- Headaches
- Excessive alertness and being easily startled

EMOTIONAL REACTIONS

- Fear
- Numbness/detachment
- Avoidance
- Depression
- Guilt
- Over-sensitivity
- Anxiety/panic
- Withdrawal/tearfulness

MENTAL REACTIONS

- Intrusive thoughts
- Confusion
- Reduced concentration and memory
- Flashbacks or replaying parts of the event
- Disorientation
- Inability to stop focussing on it
- A sense of losing time

BEHAVIOURAL REACTIONS

- Avoiding reminders of the event
- Getting immersed in work for recovery
- Losing touch with normal routines
- Changed appetite, such as eating more or less
- Difficulty doing anything except familiar routines.

If you are finding these symptoms distressing or they persist after 3 weeks, we encourage you to seek help from the following people:
Your doctor // Your local community health centre // Counsellor
Psychologist // Lifeline 13 11 14

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MICHAEL HUGHES FOUNDATION

ITEM 3 (continued)

ATTACHMENT 1

RECOVERING FROM TRAUMA

Recognise that you have been through a distressing or frightening experience and that you will have a reaction to it.

Accept that you will not feel your normal self for a period of time, but that it will also eventually pass.

Remind yourself daily that you are managing – try not to get angry or frustrated with yourself if you are not able to do things as well or efficiently as normal.

Don't over use alcohol or drugs to help you cope.

Avoid making major decisions or big life changes until you feel better.

Gradually confront what has happened – don't try to block it out.

Try to keep to your normal routine and stay busy.

Don't bottle up your feelings – **talk to someone** who can support and understand you.

Don't go out of your way to avoid certain places or activities.

Don't let the trauma confine your life, take your time to get back to normal.

When you feel exhausted, make sure you set aside time to rest.

Make time for regular exercise, it helps release physical and psychological tension.

Help your family and friends to help you by telling them what you need, such as time out or someone to talk to.

Relax. Use relaxation techniques such as yoga, breathing or meditation, or do things you enjoy, such as listening to music or gardening.

Express your feelings as they arise – talk to someone about your feelings or write them down.


When the trauma brings up memories or feelings, try to confront them. Think about them, then put them aside. If it brings up other past memories, try to keep them separate from the current problem and deal with them separately.



THIS FACT SHEET HAS BEEN WRITTEN BY LIDIJA BALAZ FROM PSYCH PERCEPTIONS.
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ITEM 3 (continued)

ATTACHMENT 1



**GIVE
A
BEAT**

**DEFIBRILLATOR
FAMILIARISATION**

MICHAEL HUGHES
FOUNDATION

COURSE SUMMARY:

The Michael Hughes Foundation has created a comprehensive information session dedicated to the subject of cardiac arrest. The course aims to increase awareness about what is cardiac arrest and provide education on how to respond effectively in real life situations with two crucial skills - CPR and the use of a defibrillator.

We want to increase confidence to ensure that individuals become active first responders in all first aid situations. The knowledge and skills you will gain will help save lives! This course can be delivered to interested individuals and tailored for workplaces, sporting and community groups, strata complexes, etc.

This course is included with every defibrillator distributed by the Foundation.

ITEM 3 (continued)

ATTACHMENT 1

TOPICS COVERED

Or book online
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- What is Cardiac Arrest?
- Basic Life Support (DRSABCD)
- Cardiac Chain of Survival
- Calling for an Ambulance (000)
- Cardiopulmonary Resuscitation
- Use and Maintenance of a Defibrillator
- Defibrillator Implementation Planning
- The Good Samaritan Act
- Post Event Debriefing

Kevin McSweeney
Director & First Aid Trainer
kevin@mhf.life
0414 498 027

The information session includes content of real life experiences of cardiac arrest to help demonstrate the value of the Cardiac Chain of Survival and highlight the importance of community action in all instances.

FEEES

\$ per session (unlimited participants)
Session can be hosted face-to-face or online

CONTACT



RECOGNITION CALL FOR HELP EARLY CPR EARLY AED AMBULANCE HOSPITAL

MICHAEL HUGHES
FOUNDATION



ITEM 3 (continued)

ATTACHMENT 1



**MICHAEL HUGHES
FOUNDATION**

GIVE A BEAT

HLTAID001 PROVIDE CARDIOPULMONARY RESUSCITATION

COURSE SUMMARY:

The Provide Cardiopulmonary Resuscitation course provides the skills and knowledge required to perform CPR in line with the Australian Resuscitation Council (ARC) Guidelines.

CERTIFICATE VALIDITY:

The HLTAID001 certificate is valid for 12 months. Australian Resuscitation Council recommends that cardiopulmonary resuscitation skills are refreshed annually.

COURSE PREREQUISITES

There are no pre-requisites for this CPR course. Students must be at least 14 years of age at the time of attendance and have a valid Unique Student Identifier (USI).

Important note: In order to issue an accredited certificate CPR must be performed on the floor with no exemptions. Learn more about the Australian Government's competency and assessment requirements for this course [online](#).

FEES \$ per person
(min. 10 participants for private bookings)

ITEM 3 (continued)

ATTACHMENT 1

LEARNING OBJECTIVES

The CPR course provides appropriate training for staff who may require CPR training as recommended by the Australian Resuscitation Council (ARC) Guidelines. The comprehensive course training comprises of practical assessments plus face-to-face training. The candidate must show evidence of the ability to complete tasks outlined in elements and performance criteria of this unit, manage tasks and manage contingencies in the context of the job role. There must be evidence that the candidate has completed the following tasks in line with state/territory regulations, first aid codes of practice, Australian Resuscitation Council (ARC) guidelines and workplace procedures: Followed DRSABCD in line with ARC guidelines, including:

Performed at least 2mins of uninterrupted single rescuer CPR

Responded appropriately in the event of regurgitation or vomiting

Managed the unconscious breathing casualty

Followed single rescue procedure, including the demonstration of a rotation of operators with minimal interruptions to compressions

COURSE DETAILS:

The face to face training is 2.5hrs and covers both theory and practical aspects of CPR Training. Students are required to arrive at least 10mins prior to the course commencement or will be refused entry. There is a short multiple choice quiz at the end of the training covering the course theory learnt that day. Students will also be assessed on practical skills as a requirement to pass the course. Once completed, all students will receive a CPR Quick Guide.

Practitioners Members (RACGP) – The CPR course has been approved by the RACGP Quality Improvement & Continuing Professional Development Program.

Total Points – 5 (Category 2)Activity Number 4883

The training is delivered under the auspices of Healthcorp Pty Ltd RTO 91222. Healthcorp is the RTO issuing the qualifications.



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Kevin McSweeney
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CONTACT



ITEM 3 (continued)

ATTACHMENT 1



The poster features a photograph of three people in a first aid training session. A woman in a blue shirt is demonstrating a technique on a person lying down, while another woman looks on. The text 'MICHAEL HUGHES FOUNDATION' is at the top left, with a heart icon containing a pulse line. The large text 'GIVE A BEAT' is centered, with a pulse line graphic extending from the 'A' and 'T'. To the right, a red heart with a pulse line is above the text 'Turning bystanders into first responders'. The bottom half of the poster is a solid red background with white text for course details.

GIVE A BEAT

Turning bystanders into first responders

HLTAID003 PROVIDE FIRST AID

COURSE SUMMARY:

Provide First Aid course (HLTAID003) will give you the skills and knowledge required to provide a First Aid response, life support, management of casualty(s), the incident and other first aiders, in a range of situations, including in the home, workplace or within the community prior to the arrival of medical or other assistance. The course covers extensive knowledge in a face-to-face environment.

CERTIFICATE VALIDITY:

The HLTAID003 certificate is valid for three (3) years from the completion date. The Australian Resuscitation Council recommends that Cardiopulmonary Resuscitation skills be refreshed annually.

COURSE PREREQUISITES

Students must be at least 14 years of age at the time of attendance and have a valid Unique Student Identifier (USI) number. There are no prerequisites for the Provide First Aid course.

FEES \$ /person (min. 10 per booking)

ITEM 3 (continued)

ATTACHMENT 1

LEARNING OBJECTIVES

There must be evidence that the candidate has completed the following tasks in line with state/territory regulations, first aid codes of practice, Australian Resuscitation Council (ARC) guidelines and workplace procedures:

Followed DRSABCD in line with ARC guidelines, including:

Performed 2 minutes of uninterrupted single rescuer cardiopulmonary resuscitation (CPR) on an adult & infant resuscitation manikin placed on the floor

Responded to at least two simulated first aid scenarios contextualised to the candidate's workplace/community setting, including:

Conducted a visual and verbal assessment of the casualty
Demonstrated safe manual handling techniques
Post-incident debrief and evaluation
Provided an accurate verbal or written report of the incident

THEORY ASSESSEMENT

Multiple choice questions - 100 % correct
15 for CPR component
25 for First Aid component

COURSE DETAILS:

The face to face training is 7.5 hours and covers both theory and practical assessments of first aid. There is no pre-online learning for this course. Students are required to arrive at least 10 minutes prior to the course. There is a morning tea and lunch break (food/drinks not provided) Each participant will be provided with a first aid manual.

The training is delivered under the auspices of Healthcorp Pty Ltd RTO 91222. Healthcorp is the RTO issuing the qualifications.



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CONTACT

MICHAEL HUGHES
FOUNDATION



ITEM 3 (continued)

ATTACHMENT 1



MICHAEL HUGHES
FOUNDATION

HLTAID004

PROVIDE AN EMERGENCY
FIRST AID RESPONSE IN AN
EDUCATION AND CARE SETTING



COURSE SUMMARY:

The Education and Care Setting First Aid Course (HLTAID004) is part of the fully accredited first aid training that gives you the knowledge, skills and confidence to respond in an emergency situation. This course is relevant for all staff employed in the childcare and education sector and provides the necessary skills required to provide a first aid response to infants, children as well as adults. This course includes CPR, Provide First Aid and Asthma and Anaphylaxis training for students as required for compliance under the Education and Care Services National Law, and the Education and Care Services National Regulation (2011). The course comprises pre-course learning, practical assessments and face-to-face training hours.

CERTIFICATE VALIDITY:

The HLTAID004 certificate is valid for 3yrs from the completion date. The Australian Resuscitation Council recommends that Cardiopulmonary Resuscitation skills be refreshed annually.

COURSE PREREQUISITES

There are no pre-requisites for this Education and Care Setting First Aid course. Students must be working in a childcare facility, school or an organisation who provides youth programs. Students must have a valid Unique Student Identifier (USI). **An online workbook must be completed prior to course commencement.** This is a mandatory requirement for HLTAID004 and the online workbook link and log in details are emailed to students once enrolment is received. The pre-learning takes approx. 2hrs to complete and consists of a course manual to assist students with answering a series of multiple choice questions. Answers can be saved and finished any time prior to the course commencement and students are required to pass the workbook before attending the course. Learn more about the Australian Government's competency and assessment requirements for this course [online](#).

FEES \$ per person (min. 10 participants for private bookings)

ITEM 3 (continued)

ATTACHMENT 1

LEARNING OBJECTIVES

The candidate must show evidence of the ability to complete tasks outlined in elements and performance criteria of this unit, manage tasks and manage contingencies in the context of the job role. There must be evidence that the candidate has completed the following tasks in line with state/territory regulations, first aid codes of practice, Australian Resuscitation Council (ARC) guidelines and workplace procedures. Followed DRSABCD in line with ARC guidelines, including:

Performed at least 2min of uninterrupted single rescuer CPR on an adult, child & infant resuscitation manikin on the floor.

Respond appropriately in the event of regurgitation or vomiting

Managed the unconscious breathing casualty

Followed single rescue procedure, including the demonstration of a rotation of operators with minimal interruptions to compressions

Followed the prompts of an AED

Responded to at least three simulated first aid scenarios contextualised to the candidate's workplace/community setting, and involving infants and children of varying ages

COURSE DETAILS:

The face to face training is 8 hours and covers both theory and practical aspects of the Provide an Emergency First Aid Response in an Education and Care course. Students are required to arrive at least 10min prior to the course commencement or will be refused entry. There is a short break at 11am and lunch is at 1pm. Lunch is not provided at the course. There is a short multiple choice quiz at the end of the training, covering the theory learnt that day. Students will also be assessed on practical skills as a requirement to pass the course. Once completed, all students will receive a First Aid manual.

The training is delivered under the auspices of Healthcorp Pty Ltd RTO 91222. Healthcorp is the RTO issuing the qualifications.



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MICHAEL HUGHES
FOUNDATION



4 ADOPTION OF THE BLENHEIM PARK MASTERPLAN

Report prepared by: Open Space Planner

File No.: GRP/20/20 - BP20/308

REPORT SUMMARY

Blenheim Park ('the Park') is identified by Council in its Integrated Open Space Plan (IOSP) as a level 1 park in the Ryde LGA. It provides the residents of North Ryde and more broadly the City of Ryde, with local open space facilities for active and passive uses.

The community value and role of this Park is increasing due to the projected population growth in the City and particularly the high-density residential developments occurring to the immediate north of the Park in the North Ryde Station precinct. Following the acquisition of 3 adjoining residential properties, the Masterplan, provided in **ATTACHMENT 1 – CIRCULATED UNDER SEPARATE COVER**, identifies how Blenheim Park will be upgraded to better meet the community's future open space needs.

The Masterplan sets out the vision for how this park will be embellished over the next 20 years, to ensure sustainable and efficient use and that the Park meet the needs of the community and groups utilizing the space. The Masterplan proposes a range of active recreation and passive uses for Blenheim Park.

The Masterplan has a range of park improvements identified, including a new active recreation area that includes 2 x multi-courts, skate park area, table tennis, hit up wall; 2 x open greens for unstructured play; major upgrade to the regional playground; update to amenities building; relocated dog park; relocated radio control car track; new fitness equipment stations; general park improvements to path network, park access, parking and lighting; and environmental improvements including biodiversity corridor. Council is committed to optimising the recreational values of the Park whilst ensuring sustainable and environmental management of the Park in to the future.

The Masterplan has been developed giving consideration to feedback received during community consultation. This included:

- Stage 1 community consultation on 20 February – 17 March 2019. Feedback is detailed in Stage 1 Community Consultation Report, provided in **ATTACHMENT 6 – CIRCULATED UNDER SEPARATE COVER**.
- Stage 2 community consultation on 5 February – 1 March 2020. The draft Masterplan, provided in **ATTACHMENT 4 – CIRCULATED UNDER SEPARATE COVER**, was presented for community feedback. Feedback is detailed in the Stage 2 Community Consultation Report, provided in **ATTACHMENT 3 – CIRCULATED UNDER SEPARATE COVER**.

ITEM 4 (continued)

Further details on the consultation undertaken are outlined in the body of this report. The community consultation reports were used to inform the final Masterplan.

The Masterplan seeks to increase the availability of public open space for by:

- Integration of the previously acquired properties (86 Blenheim Road, 12 Epping Rd and 14A Epping Rd) into Blenheim Park;
- Recommendation of this report to close of the northern section of the Blenheim Road road reserve (immediately adjacent to Blenheim Park) and integrate into Blenheim Park.

The recommendation to close the road allows for the Master Plan to increase the availability of public open space for community use and allow greater flexibility in the future development of the space for recreation purposes. The road closure will maximise the areas where additional recreation or sporting opportunities can be realised, identified in the Masterplan for the relocated Radio Car Control Club Operations. It will also provide for the opportunity to use the area for more efficiently for the function of car parking.

Funding to commence delivery of the Masterplan has been identified in Council's Four Year Delivery Plan and Section 7.11 Plan with delivery commencing in 2020/21. Additional funding to implement the full Masterplan over its 20 year life is required and will be sought through applications for grant funding opportunities, future s7.11 Plan updates and Council's annual business planning cycle.

RECOMMENDATION:

- (a) That Council endorses the Blenheim Park Masterplan and its vision for future park improvements, prepared by NewScape Design, dated July 2020 – **ATTACHMENT 1**.
- (b) That Council approves the closure of the northern section of the Blenheim Road road reserve (adjacent to Blenheim Park as shown in **ATTACHMENT 7**) including:
 - (i) delegating authority to the General Manager to do all things necessary to effect this closure, including executing all necessary documentation; and
 - (ii) for this parcel of land to be classified as Community Land and categorised as Park.
- (d) That Council write to thank all participants in the development of the Masterplan and inform them of this resolution.

ITEM 4 (continued)**ATTACHMENTS – CIRCULATED UNDER SEPARATE COVER**

- 1 Blenheim Park Final Masterplan Report for Council adoption - July 2020
- 2 Blenheim Park Masterplan - Consultation Feedback and Response summary - Stage 2 - April 2020
- 3 Blenheim Park Masterplan - Consultation Report - Stage 2 - March 2020
- 4 Blenheim Park Draft Masterplan for Stage 2 Community Consultation - February 2020
- 5 Blenheim Park Masterplan - Consultation Feedback and Response Summary - Stage 1 - April 2019
- 6 Blenheim Park Masterplan - Consultation Report - Stage 1 - March 2019
- 7 Blenheim Park Masterplan - Recommended Road Closure

Report Prepared By:

Meredith Gray
Open Space Planner

Report Approved By:

Michael Longworth
Senior Coordinator - Park Planning

Simon James
Manager - Parks

Wayne Rylands
Director - City Works

ITEM 4 (continued)

History

Blenheim Park came into being following a bulk land transfer to the Council of the Municipality of Ryde in 1949. Over the year's various parcels of adjoining land added to and excised from the Park.

The Park itself remained relatively undeveloped for many years. However, over the past 40 years, the Park has featured a former BMX track (1980/90's), a former golf practice range and a current radio control car track.

A previous masterplan/concept plan for Blenheim Park was adopted by Council in 1999. This provided the direction for progressive park improvements to be undertaken which has ultimately resulted in the evolution of the park to become the Park as it is known today.

Other more recent park upgrades have included installation of a fenced dog off leash area in 2005 and minor playground upgrade in 2012.

Recently, Council resolved to increase Blenheim Park via the acquisition of 3 residential properties on the north-eastern boundary of the park (corner of Epping and Blenheim Roads). In 2019, Council rezoned these land parcels to RE1 for public recreation purposes.



Images 1 - 3: 1943, 1956 and 1961 aerial images of Blenheim Park area



Images 4 - 6: 1981, 2001 and 2012 aerial images of Blenheim Park

ITEM 4 (continued)

Local Context



Image 7: Site Location – Blenheim Park



Image 8: Site Location - Blenheim Park (including 3 x acquired properties on north-eastern side of the park)

ITEM 4 (continued)

The Park is now 3.58 hectares following the recent addition of 3 x acquired properties (86 Blenheim Road, 12A and 14 Epping Road) into the Park boundary.

Strategic Context

The Masterplan for Blenheim Park - **ATTACHMENT 1 – CIRCULATED UNDER SEPARATE COVER**, has been prepared in response to and with consideration to a number of City of Ryde's strategic planning documents, including:

- Great Sydney Commission – North District Plan (2018)
- Integrated Open Space Plan (2012)
- Sport and Recreation Strategy (2016-2026)
- Local Strategic Planning Statement
- Children's Play Implementation Plan (2019)
- NSW Everyone Can Play Guidelines
- Biodiversity Plan (2016)

The City of Ryde is incorporated in the Greater Sydney Commission's North District Plan. The Park is located to the south-east of Macquarie Park and North Ryde priority precincts. The number of residents that call North Ryde/East Ryde/Chatswood West (within City of Ryde) will grow to 16,763 by 2036. Nearby in Macquarie Park the number of resident will grow to 27,350. Macquarie Park is Sydney's second largest business district. It has witnessed the fastest growth in stand-alone employment of all major centres in Sydney over the last 20 years. This growth is expected to continue, with the worker population to grow to 79,000 by 2036. These factors will result in increasing community demand on the Park, recreation facilities and active transport linkages.

Council's Integrated Open Space Plan identifies Blenheim Park as a Level 1 open space which provides a variety of active and passive recreation opportunities for the residents of the City of Ryde and visitors to the City.

The preparation of a Masterplan for Blenheim Park is identified in Council's adopted Sport and Recreation Strategy 2016-2026 as a medium priority. This strategic focus is to:

“review layouts of all major open spaces to identify areas where additional recreation or sporting opportunities can be realised.”

The adopted Children's Play Implementation Plan identifies the existing playgrounds to be consolidated into a single, regional all abilities playground incorporating NSW Everyone Can Play Guidelines.

ITEM 4 (continued)

Expansion of the Parkland

Council previously resolved to acquire 3 x residential properties at 86 Blenheim Road, 12A Epping Road and 14 Epping Road with the objective of increasing the footprint of Blenheim Park. This strategic direction was in response to the projected population growth in the surrounding area, especially the urban activation precinct around North Ryde station (eg. Lachlan's Line development), and the community's increasing open space and recreation needs. Through the masterplanning process, these parcels of land have been successfully integrated into the Park for community use.

In the development of the Masterplan, the community provided positive feedback during Stage 1 and Stage 2 community consultations in relation to the expansion of the Park and increasing the amount of availability of public open space.

Masterplan – Consultation and Design Development

Council undertook a two stage consultation process to inform the development of the Masterplan.

Stage 1 community consultation was held on 20 February – 17 March 2019. The purpose of the first stage of consultation was to allow residents and users of the park an opportunity to provide their feedback on the existing design of the parks and what their thoughts were for the future of the site. This consultation was promoted via flyer, letterbox drop (750m radius of park), park signage, local newspaper advertisement (38,000 print readership), stakeholder eNewsletter (45 emails distributed), Have Your Say webpage (254 page views) and Council eNewsletters (combined distribution total 5,522). The consultation included 2 onsite drop in sessions (approximately 42 attendees providing 219 comments), online survey (102 responses completed) and 3 written submissions.



Images 9 & 10: Stage 1 community consultation drop in session.

ITEM 4 (continued)

The Stage 1 community consultation report is provided in **ATTACHMENT 6 – CIRCULATED UNDER SEPARATE COVER** and a summary of the feedback received and how it informed the development of the draft Masterplan is provided in **ATTACHMENT 5 – CIRCULATED UNDER SEPARATE COVER**.

Stage 2 community consultation was held on 5 February – 1 March 2020. This stage of consultation allowed the community to review and provide feedback on the draft Masterplan. This consultation was promoted via flyer, letterbox drop (750m radius of park), park signage, local newspaper advertisements (54,000 print readership), stakeholder eNewsletter (93 emails distributed), Facebook (reach of 14,228), Have Your Say webpage (1,214 page views) and Council eNewsletters (combined distribution 5,682). The consultation included 2 onsite drop in sessions (approximately 50 attendees providing 192 comments), online interactive maps comments (111 respondents providing 165 comments) and 6 written submissions.



Image 11: Draft Masterplan present to community during Stage 2 Community Consultation, provided in **ATTACHMENT 4**

ITEM 4 (continued)



Images 12 & 13: Stage 2 community consultation drop in session.

The Stage 2 community consultation report is provided in **ATTACHMENT 3 – CIRCULATED UNDER SEPARATE COVER**. A summary of how the Masterplan was updated following the Stage 2 community consultation is provided in **ATTACHMENT 2 – CIRCULATED UNDER SEPARATE COVER**.

During Stage 2 community consultation a supportive written submission was received from:

- Connect Macquarie Park & North Ryde (not-for-profit organisation representing local businesses Macquarie Park & North Ryde on matters relating to transport, travel and access).

Masterplan - Final Design

The Final Masterplan, provided in **ATTACHMENT 1 – CIRCULATED UNDER SEPARATE COVER**, and recommended in this report seeks to increase the City of Ryde's open space provision, increase the capacity within Blenheim Park by providing the community with a diverse and inclusive range of active and passive recreation opportunities, enhance active transport connectivity with the surrounding area and provide environmental improvements.

ITEM 4 (continued)



Image 14: Final Masterplan – Design present to Council for adoption, provided in **ATTACHMENT 1**.

In summary, key features of the Final Masterplan and recommended for adoption includes:

- New Active Recreation area: 2 x multi-use courts, small skate park, table tennis and social spaces (inclusive design).
- Major upgrade to Regional Playground: water play, sand play, age appropriate play areas, nature play, slides, flying fox and other play equipment (inclusive design).
- New Fenced Dog Off Leash area: agility equipment, shade shelter, seating, hardstand and paths, dog bowl, waste facilities, multiple double gated entry points and landscaping works.
- New Radio Control Car Track: track, drivers stand, spectator area, pit area (with services), storage area and equipment drop off bay (inclusive design).
- Pages Green and Hilltop Green: green open spaces for unstructured activities, picnics or kick about space.
- Picnic areas: picnic shelters and BBQs.
- New fitness equipment stations.
- Upgraded Amenity Building: improvements to toilets (inclusive design).
- Parking improvements: onsite parking (inclusive design) and Blenheim Road.
- New park access, pathway and lighting improvements.
- Environmental improvements: biodiversity corridor and bioswale.

ITEM 4 (continued)

Blenheim Road

Currently, the northern end of Blenheim Road is a no-through road and does not connect to Epping Road. Access to 86 Blenheim Road will soon be redundant following the demolition this property and integration to park. There are a number of unrestricted on-street parking spaces adjacent to Blenheim Park which are heavily used by commuters and workers in the nearby business park.

The Masterplan seeks to increase the availability of public open space for community use and maximise the areas where additional recreation or sporting opportunities can be realised.

A recommendation of this report is for the closure of the northern section of Blenheim Road road reserve (immediately adjacent to Blenheim Park and as indicated in **ATTACHMENT 7 – CIRCULATED UNDER SEPARATE COVER**).

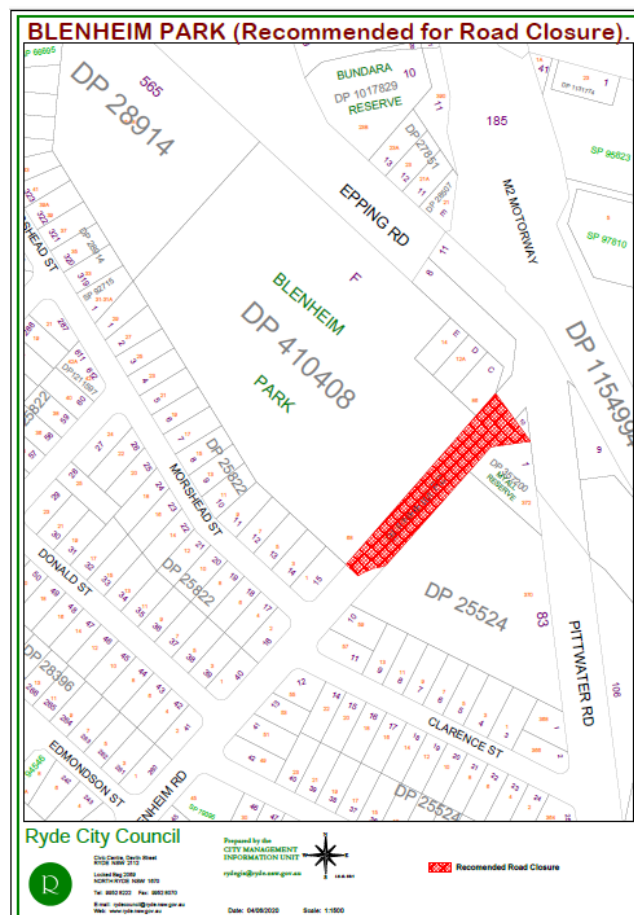


Image 15: Northern section of Blenheim Road recommended for closure, provided in ATTACHMENT 7.

ITEM 4 (continued)

Accordingly, a Council resolution is required for the closure the section of Blenheim Road (adjacent to Blenheim Park) on the following basis:

1. The successful completion of the relevant Statutory Road Closing process in line with the NSW Department of Primary Industries - Lands guidelines (Including amongst other things):
 - I. Public notification/advertising (for a period 28 days) the proposal to closure of that section of Blenheim Road (adjacent to Blenheim Park), North Ryde.
 - II. Satisfactory resolution of any submissions received objecting to the proposed Road Closure.
 - III. Submission of Road Closure application to the NSW Department of Primary Industries-Lands for consideration and approval.

This newly created lot is to be integrated into Blenheim Park once the necessary planning and road closure processes have been successfully completed.

The Masterplan design and revised parking configuration for Blenheim Road was viewed favorably by the community during the Stage 2 community consultation. The Masterplan recommends:

- Formal closure of the northern section of Blenheim Road.
- Removal of the existing turning circle and installation of a new radio control car track on this site.
- Installation of a new roundabout positioned immediately adjacent to the entry to the onsite car park.
- Improved parking via conversion of the parallel parking to perpendicular. Perpendicular parking is only permitted within car park and not roads.

Council engaged with NSW Transport State Transit Authority in the preparation of the Masterplan. It was established that the bus area is for bus lay overs and is timed restricted (6am – 9am Mon – Fri). It is not an active bus stop for pick up/set down of passengers. It is used a bus layover for very short periods by a very small number of morning bus routes between their departure from the Ryde Bus Depot and prior to the commencement of their school bus routes nearby. An alternate location can be provided for a bus layover area at North Ryde Park on Pittwater Road and will work with NSW Transport State Transit Authority to facilitate this relocation following the adoption of the Masterplan. The relocation is supported by Council's Traffic team as a viable location.

ITEM 4 (continued)

Blenheim Park Land Classification and Categorisation

Following the integration of the acquired properties (86 Blenheim Road, 12A Epping Road and 14 Epping Road), recommendation of this report includes the closure of the northern section of Blenheim Road and for this land to be classified as Community Land and categorised as Park.

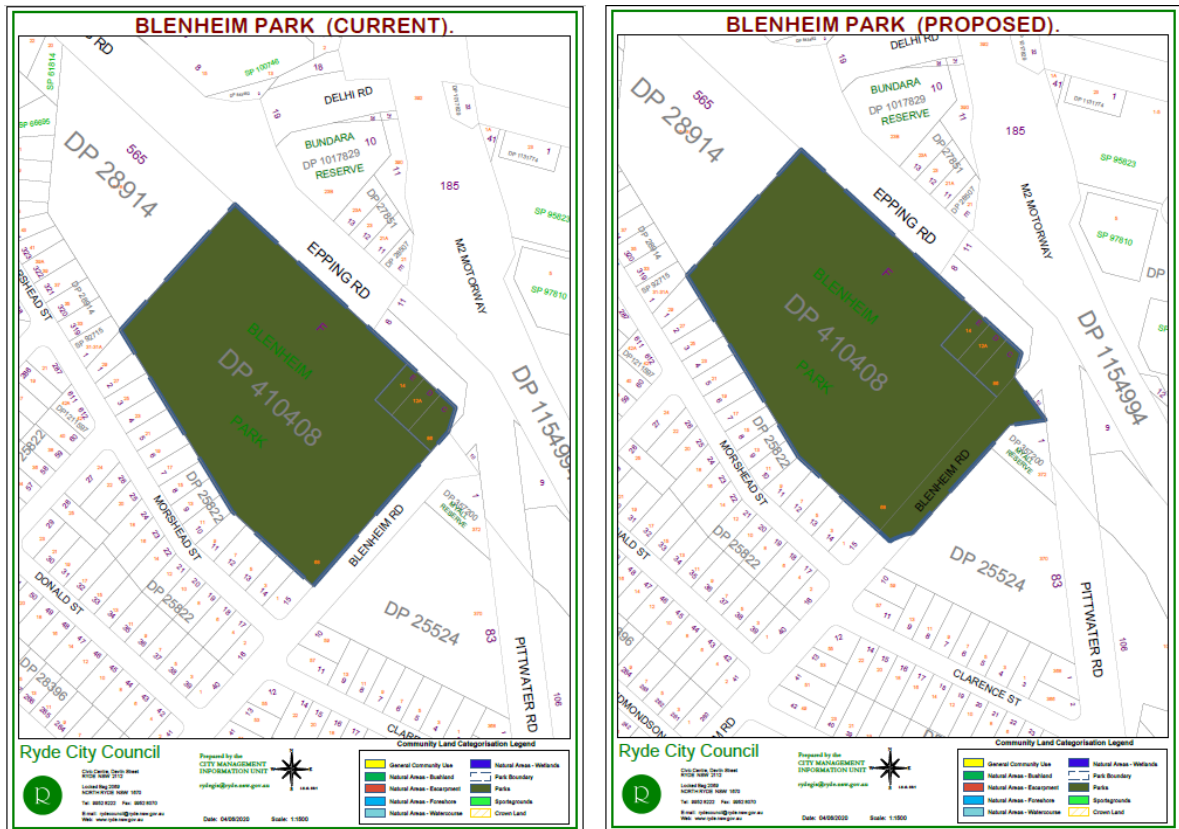


Image 16 & 17: Blenheim Park – Existing Land Categorisation and Recommended Land Categorisation.

Environmental Considerations

The Masterplan supports the intent of the Ryde Biodiversity Plan (adopted 2016). The proposed design includes strengthened biodiversity corridors along the park perimeter, features native vegetation and canopy trees. This will provide native habitat, further strengthen corridor connection linking Bundara Reserve, Blenheim Park, Myall Reserve and the Lane Cove National Park as provide shade for park users and nature play opportunities.

ITEM 4 (continued)

In terms of water management, the Masterplan includes a vegetated swale at the base of the southern embankment aims to better manage the overland stormwater flow following heavy rain events and improve the water quality into Pages Creek and Lane Cove River. It is noted that the Masterplan design permits potential scope for other more substantial stormwater management strategies to be incorporated into the site should this be deemed as a priority project by Council in the future.

The Masterplan does not propose any significant change to the natural area contained within Myall Reserve.

Financial Considerations

An opinion of probable costs has been prepared giving consideration to the staging of works included in the Masterplan Report. The staged delivery of the Masterplan aims to minimise the loss of recreation opportunities and minimise the impact on the community during Masterplan delivery.

Funding for Stages 1, 2, 3 (in majority part) and 4 of Masterplan implementation (short term priorities) has been identified funding in Council's Four Year Delivery Plan and Section 7.11 Plan. Additional funding may also be sought from grant funding opportunities.

The unfunded components of Masterplan implementation will be incorporated into the future iteration of the Section 7.11 Plan, grant funding opportunities, considered during Council's business planning cycle and adjustments will be made as appropriate through Council's annual business planning cycle.

External grant funding opportunities will be investigated and may include NSW Government Community Building Partnership program, NSW Office of Sport, Metropolitan Greenspace grants, Australian Government Stronger Community grants, environment/water grants and potential grants/contributions from sporting user groups or special interest groups.

Conclusion

For the reasons outlined in this report, it is recommended to Council to adopt the Blenheim Park Masterplan, provided in **ATTACHMENT 1 – CIRCULATED UNDER SEPARATE COVER**. The Masterplan and the recommended closure of the northern section of Blenheim Road will increase the availability of public open space. The implementation of this Masterplan will commence in 2020/21 with the demolition of the 3 x of acquired properties and the integration of these land parcels into park for community use. It is anticipated that the following stages of the Masterplan will be progressively implemented during the coming 10 - 20 years, subject to funding availability.