NAME OF DOCUMENT	WHS Training Development
TYPE OF DOCUMENT	Procedure
DOCUMENT NUMBER	ISLHD CORP PROC 87
DATE OF PUBLICATION	September 2020
RISK RATING	Low
REVIEW DATE	September 2025
FORMER REFERENCE(S)	ISLHD OPS PROC 87
EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Executive Director Strategic Improvement Program
AUTHOR	Safety Coordinator
KEY TERMS	Training, Education, Competency, Assessment, Training Needs Analysis
FUNCTIONAL GROUP OR HUB	Work Health and Safety
NSQHS STANDARD	Standard one
SUMMARY	To provide ISLHD management with a process for identifying training needs for the purpose of improving safety compliance and role performance.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

Feedback about this document can be sent to: ISLHD-CorporateGovernance@health.nsw.gov.au

1. POLICY STATEMENT

In accordance with the Illawarra Shoalhaven Local Health District (ISLHD) Work Health and Safety Policy, ISLHD is committed to providing appropriate training to ensure workers, volunteers, and contractors have the skills and knowledge necessary to fulfil their WHS obligations.

While tasks are allocated to those who have met essential qualifications, skills or experience as outlined in the position description's roles and tasks, the nature of the work may change and this procedure outlines the process to bridge the skill gap so that work can be conducted safely.

2. BACKGROUND

The Workplace Health and Safety Act 2011 NSW requires that workers receive appropriate training, information, or instruction that is necessary to prevent injuries or risks to their health and safety which may arise at work.

The Work Health and Safety Regulation 2017 NSW requires that information, training and instruction provided to a worker is suitable and adequate having regards to:

- The nature of the work carried out by the worker.
- The nature of the risks associated with the work at the time the information, training or instruction is provided.
- The control measures required.

In addition, the information, training and instruction is to be provided in a way that is readily understandable by any person to whom it is provided.

3. RESPONSIBILITIES

3.1. Employees must:

- Ensure that they attend WHS training relevant to their work as directed by their Manager/Supervisor or any other relevant person/body.

3.2. Line Managers must:

- Identify training needs of workers and volunteers under their supervision and ensure that the training need is documented and is conducted, attended and implemented.
- Revise training needs when:
  o Inducting new workers and volunteers.
  o Evaluating workers and volunteer performance.
  o Equipment and/or work practices change

3.3. General Managers/Service Directors must:

- Attend relevant workplace training on WHS and risk management.
- Be responsible for ensuring that workers, volunteers and contractors:
  o Complete a local area WHS induction.
  o Attend WHS training determined by a training needs analysis.
  o Maintain up-to-date training records in accordance with ISLHD Records Management Policy.

3.4. Chief Executive must:

- Ensure there is a system for identifying and addressing training needs.

- Ensure ISLHD has a WHS training program that is reviewed and updated as required, annually at a minimum.
- Ensure adequate budgetary provision is made for WHS programs and initiatives, including WHS training.

4. PROCEDURE

4.1. Health and Safety Skills and Knowledge Base (Competencies)

The health and safety skills and knowledge base relates to the competencies required for each level of responsibility or role within ISLHD. Competencies are identified by taking into account the work activities of the position or role and any risk associated with the conduct of these activities. This is to ensure persons are competent to safely perform all activities.

WHS competencies can be categorised as:

- **Generic WHS Training** – generic competencies (mandatory) are those that are identified according to a position and responsibilities with regard to WHS. Refer to ISLHD Mandatory Training for New Employees and HETI NSW Health Mandatory Training Matrix .
- **Risk Specific WHS Training** – risk specific competencies are identified according to the nature of the work being conducted. Examples of these are:
  - o First aid.
  - o Radiation safety.
  - o Working with hazardous substances – such as cytotoxic substances.
  - o Infection control.
  - o Violence Prevention Management Training
  - o Emergency Wardens
- **Task Specific WHS Training** – task specific competencies are those competencies which an individual may require training in to be able to perform their work. Examples of these are:
  - o Safe work procedures.
  - o Use of personal protective equipment.
  - o Use of hazardous substances.
  - o Any activity or process that poses a risk to health and safety

4.2. Training Needs Analysis

WHS competencies can be identified by conducting a training needs analysis (TNA). A TNA is the process of identifying and assessing the training requirements of a work area, position or workers, volunteers, contractors.

A TNA generally determines:

- What is required to complete the work activity
- The existing skill levels of persons completing the work
- The training gap (if any).

At the local work area level, a person's training needs may be identified via the following means:

- Induction.
- Personal Effectiveness and Development (PED) process.
- Completion of an ims+ or risk assessment.
- Conducting a training needs survey.
- When purchasing new equipment
- When changing work processes

Newly identified generic and risk specific competencies should be documented, eg: by use of a matrix spreadsheet.

Task specific competencies are to be identified by the manager/supervisor, in consultation with workers, to ensure that workers (including volunteers, students) have the relevant training for the duties they perform.

Identified training needs are to be identified and then undertaken prior to the task being undertaken by workers, volunteers, or contractors.

4.3. Training Plan (Matrix)

A training plan is the process of consolidating the training needs identified for the work area, and should include the following to help formulate the plan:

- What is the priority of the training need? (e.g. high, medium or low priority)
- When is the training required?(e.g. induction, frequency of training - refreshers)
- How will the training be delivered? (e.g. online or face to face delivery)
- What other resources are required for the training to be delivered? (e.g. budget, personnel)
- Other notes or details.

4.4. Training Program:

Induction:

All employees are required to attend the District Orientation as soon as practicable after commencement. The Workforce Support Team will arrange the booking for the District Orientation.

Contractors are also required to undertake a District Induction when working at ISLHD. Further information on this process is outlined in the - Contractor Management Procedure.

All workers are to be inducted to the local area which is done using ISLHD Local Site Induction Checklist. Contractors are to be inducted to any site/service using the Contractor Induction Checklist.

Targeted induction is required for workers carrying out high risk tasks such as confined spaces work. These inductions outline the specific hazards, risks and control measures to work safely in these areas. Local areas are required to identify where risk-specific local induction is to be undertaken and implement accordingly.

Learning Methods:

For any type of training, learning methods may include, but are not limited to:

- Review of health and safety guidelines.
- Review of safe work procedures.
- Specialist instruction.
- Face-to-face or online learning.
- Computer-assisted learning.
- Toolbox talks.
- Demonstration.
- Supervision.
- Other resources or techniques essential to achieving skills and knowledge competency.

The person conducting the training will ask the participants if they have any special training needs regarding literacy, language, numeracy or any other learning requirements.

Accredited training is required to be delivered by appropriately qualified trainer's e.g. first aid training. Only those who have appropriate skills, qualifications and experience in the area shall deliver such training. This includes both internal and external training providers.

Assessment of Competency

In order to determine if the skill has been successfully attained, assessment of competency is to be undertaken upon training completion. If the training session has been designed for awareness, then a competency assessment is not required.

Any task specific activity with a relevant Safe Work Procedure/work instruction requires a person to be assessed as competent according to the local procedures.

Assessor's Level of Competency

For the purposes of task-specific training, an assessment of competency can be made by any person previously deemed competent or deemed to have sufficient experience in the task being conducted.

Record of Training and Competency

All WHS training documentation - including induction - shall be maintained as evidence of the training material, delivery and assessment of competence. These records are to be maintained either within My Health Learning or TRIM.

Refresher Training

Unless otherwise stated by legislation or vocational training requirements (e.g. First Aid, confined space, asbestos), the need for refresher training is determined based on individual needs, e.g. reintroduction to the workforce or task after a period of absence, changes to the workplace e.g. new processes, location, or equipment.

Review

Reviewing of the training needs for workers should be done if any of the following are identified:

- Reported hazards or injuries.
- Non-conforming systems.
- Health & Safety Committee concern.

During a review, the training should be evaluated to ensure that it is effective and meeting the needs of the worker and the work area.

Following the completion of any review, the training plan must be revised in order to correct any deficiencies. Any review should be done in consultation with staff.

5. DOCUMENTATION

- Training Needs Analysis
- Competency Assessment Record
- WHS Training Plan

6. AUDIT

This procedure and the implementation of this procedure will be audited 2 yearly as part of the Ministry of Health WHS Audit Tool

7. REFERENCES

WHS Act 2011 – NSW
WHS Regulations 2017 - NSW
Work Health Safety – Better Practice Procedures PD2018_13

8. REVISION & APPROVAL HISTORY

Date	Revision No.	Author and Approval / Date
September 2015	0	**Author:** Jared Lucas – Safety and Well-being Manager
		Approval / Date: Approved by Executive Management Committee April 2015
September 2020	1	**Author:** Safety Coordinator Review of Safety Management System **Approval/Date:** Corporate Policy Recommendation committee/ September 2020 **Approval/Date:** A/Executive Director Strategic Improvement Programs / September 2020