

# Health, safety and wellbeing planning guideline

## Human Resources Guideline (QH-GDL-401-1)

### 1 Statement

This document provides guidance on the *Health, safety, and wellbeing planning standard* and may be used to enable each **accountability area** to plan to provide safe workplaces and safe systems of work.

### 2 Application

This guideline supports implementation of the *Health, safety and wellbeing planning standard* within each Queensland Health accountability area, meaning the Department of Health (the department) and hospital and health services (HHSs).

Reference to requirements are to those set out in the *Health, safety and wellbeing planning standard* or in **safety legislation**.

Conformance with this guideline is not mandatory, but sound reasoning must exist for departing from the recommended principles within this guideline.

### 3 Acknowledgement

A decision maker has an obligation under the *Human Rights Act 2019* to act and make decisions in a way that is compatible with human rights. When making a decision under this guideline, the delegate is to give proper consideration to human rights.

Queensland Health is committed to supporting a reframed relationship with Aboriginal peoples and Torres Strait Islander peoples in accordance with Chapter 1 Part 3 of the *Public Sector Act 2022*.

Aboriginal and Torres Strait Islander workers have the right to a culturally safe workplace, free of racism and inequity, ensuring they are valued, respected and empowered in the delivery of world-class health services, each working to the top of their scope of practice.

The purpose of these principles will be achieved by ensuring active steps are taken to -

- recognise the importance to Aboriginal peoples and Torres Strait Islander peoples of the right to self-determination and promote the perspectives of Aboriginal and Torres Strait islander peoples; and
- foster a culturally capable workforce and a culturally safe workplace by developing cultural capability at all levels, to every day embed cultural practices across the health system in Queensland.

All delegates and employees have a responsibility to apply these principles when implementing the ***Health, safety and wellbeing management system framework***.

### 3.1 Diversity and inclusion considerations

When planning for health, safety and wellbeing (HSW), consideration should be given to the specific needs and requirements of different diversity groups, taking into consideration factors including neurodiversity, gender identity, sexual identity, age and individual health factors; Aboriginal and Torres Strait Islander cultural safety and cultural and linguistic requirements of the workforce.

Diversity groups should also be included in worker consultation mechanisms, including consultation mechanisms encompassing shared duties obligations, which may also involve consulting and cooperating with workers external to Queensland Health. Inclusion of diversity group consultation to inform training and development content, planning for risk management of physical and psychosocial hazards and planning for emergency preparedness and response, will enable the different needs of different diversity groups to be met.

The cultural requirements of Aboriginal and Torres Strait Islander workers, accessibility requirements of people with disability and the cultural and linguistic requirements of workers from culturally and linguistically diverse (CALD) backgrounds, are all important to consider in the HSW planning, training and development process. Consideration must also be given to ensuring that all HSW planning and training and development materials, resources and documentation use inclusive language, such as gender-neutral terms and avoidance of gendered language, to ensure LGBTIQ+ worker inclusion. Cultural knowledge needs to be recognised in any training content or communications on death or dying, including if Aboriginal and Torres Strait Islander workers are involved in emergency response situations or liaison with families of deceased persons. Queensland Health's *sad news sorry business guide* provides insights, knowledge, and tools in providing culturally safe and accessible communications, interactions, and care for Aboriginal and Torres Strait Island people.

## 4 Requirements

### The Plan-Do-Check- Act cycle

Queensland Health applies the continual improvement cycle in Figure 1 to the health, safety and wellbeing (HSW) management system, including HSW planning. This guideline focusses on the *plan* stage of the cycle.

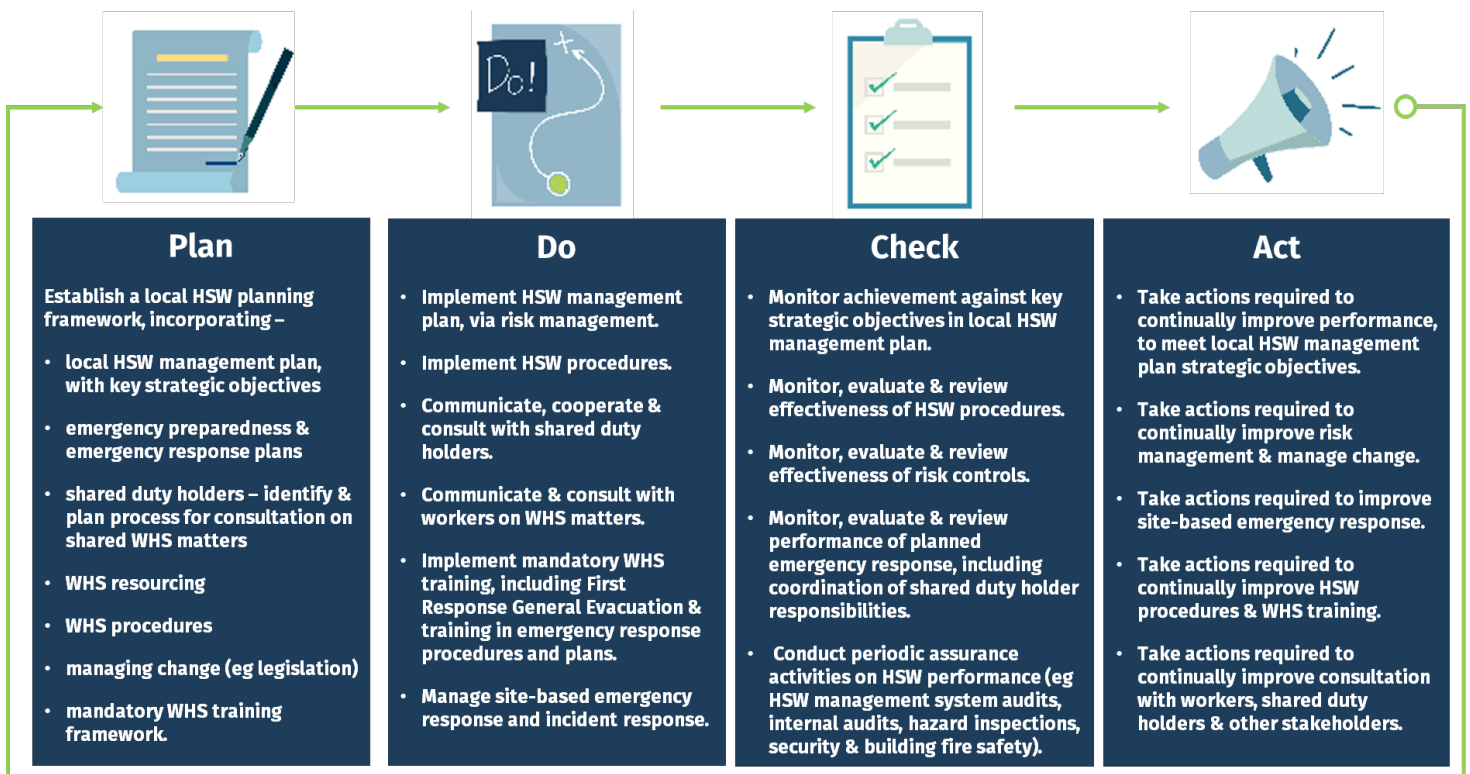
### Focus of this guideline

This guideline focuses on:

- the HSW planning framework (section 4.1)
- shared duties (section 4.2) and
- the work health and safety (WHS) training and development framework (section 4.3)

Figure 1 outlines the continuous improvement cycle for the planning components set out in this guideline.

**Figure 1: Plan-Do-Check-Act cycle for Health, safety and wellbeing planning**



#### 4.1 Overview of health, safety and wellbeing planning

Queensland Health’s HSW planning requirements are summarised in Figure 2.

Each accountability area is required to:

- align their local HSW planning cycle with the requirements of this document
- consult with **workers** and **shared duty holders**, where required, and in accordance with any specific requirements under **safety legislation**, when undertaking HSW planning (refer to the *Health, safety and wellbeing consultation standard*).

A summary of sections 5.1 to 5.7 of the *Health, safety and wellbeing planning standard* is shown in Figure 2.

The summaries in Figures 1 and 2 and the content below is supported by further explanation of emergency preparedness and response requirements, shared duties, and a WHS training and development framework (WHS training framework) which are requirements of sections 5.4, 5.5 and 5.7 of the *Health, safety, and wellbeing planning standard* respectively.

##### 4.1.1 Key areas of the HSW planning framework

Each accountability area must establish a HSW planning framework that considers, and plans for the following core components in consultation with stakeholders:

- HSW objectives and strategies, to be documented in a HSW management plan
- developing and maintaining emergency preparedness and response inclusive of consultation (refer to the *Health, safety and wellbeing consultation standard*), roles and responsibilities, communication and training, implementation, monitoring and review

(refer to section 5.4 of the *Health, safety, and wellbeing planning standard* and section 4.1.3 of this guideline)

- managing WHS risks arising from work-related physical and psychosocial hazards, as per the *Health, safety and wellbeing risk management standard*
- managing changes to legislation and other compliance requirements (refer to section 4.3.1 of this guideline)
- managing organisational change in accordance with agreed change management processes, required consultative arrangements and the requirements of industrial instruments, as outlined in the *Queensland Health Organisational Change Management Guidelines* (refer to section 4.3.2 of this guideline)
- managing changes that impact HSW performance, arising from new / changed products, equipment, technology, services, staffing and processes affecting work practices, working conditions or workplace environment (refer to section 4.3.3 of this guideline)
- designing and implementing training and instructions via a WHS training framework (refer to section 5.7 of the *Health, safety, and wellbeing planning standard* and section 4.4 of this guideline)
- planning for appropriate resourcing and allocation of accountabilities for monitoring HSW performance and SMS effectiveness, in accordance with the *Health safety and wellbeing monitoring evaluation and performance review standard* and with local Health, safety and wellbeing (HSW) management plan strategic objectives.

#### **4.1.2 Secondary HSW planning focus areas**

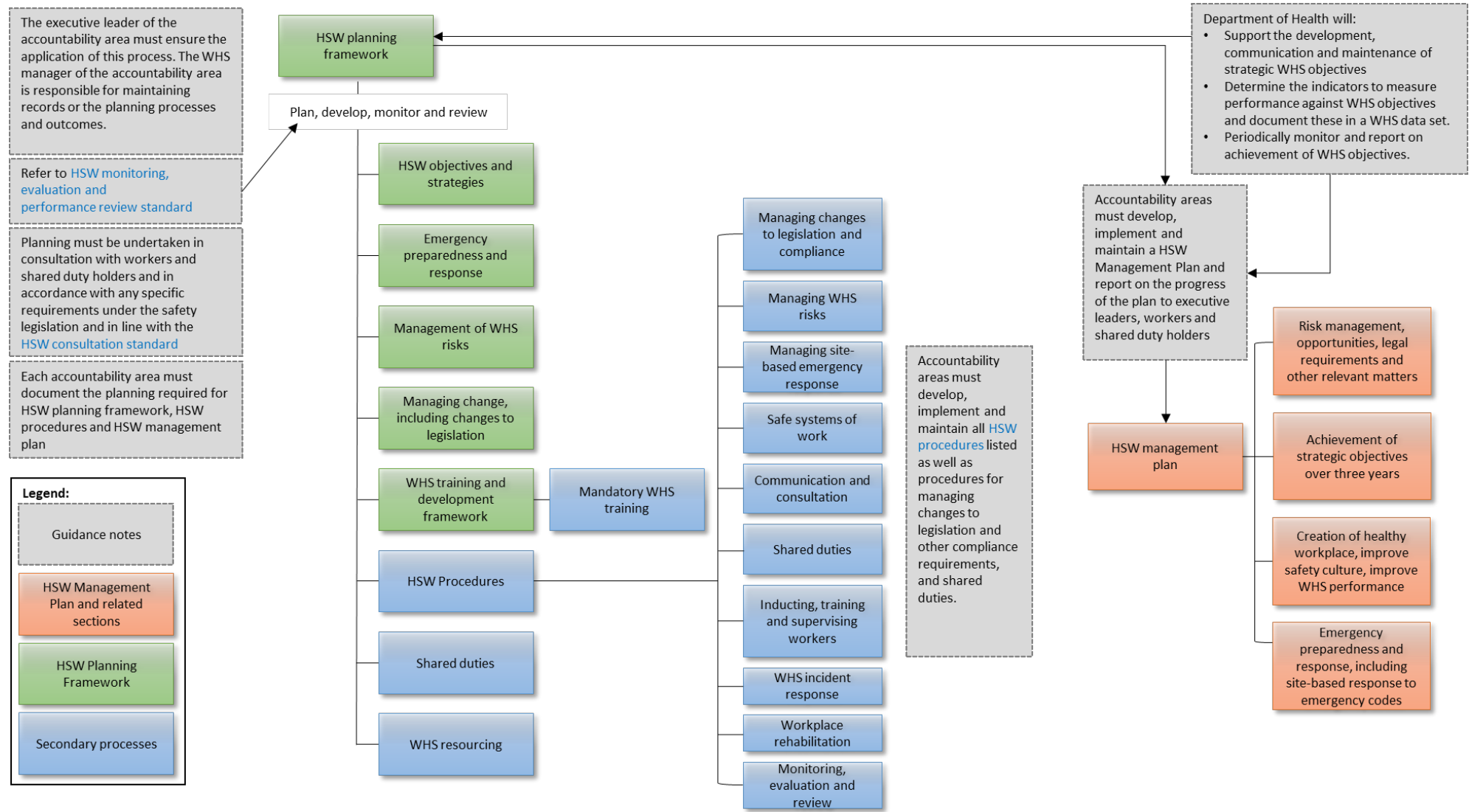
In addition to the core components of the HSW planning framework mentioned above, accountability areas must develop secondary processes inclusive of:

- **HSW management plans** (refer to Figure 2)
  - The accountability area HSW management plan shall establish local strategic objectives over a three-year period.
  - Accountability areas may consider aligning local HSW management plans to include one or more of the following top five healthcare hazards identified for Queensland Health, as relevant to the local risk profile:
    - Occupational violence
    - Hazardous manual tasks
    - Fatigue, including shift work
    - Psychosocial hazards
    - Biological hazards managed by respiratory protection programs.
  - The HSW management plan will set out how the accountability area:
    - manages risks, opportunities and legal requirements and other matters relevant to the accountability area
    - achieves key strategic objectives within their accountability area over a three-year period, with accountability for objectives against the identified top healthcare hazard areas assigned to local executive leaders to ensure and oversight and, where appropriate, with support and coordination from subject matter experts

- identifies, assesses and actions opportunities to create healthy workplaces, improve safety culture and improve HSW performance in the accountability area
- will prepare and respond to emergency situations, including referencing local procedures and existing frameworks for managing site-based emergency response to **emergency codes** and accountability area-wide disaster and emergency incident management arrangements, irrespective of operational lead controller.
- The strategic objectives must serve to enable continual improvement of HSW performance and support the achievement of broader organisational, state and national WHS objectives.
- The Department of Health, in its role as system leader, will also determine and communicate to all accountability areas certain key performance indicators (KPIs) to be used to gauge performance against strategic priorities and objectives and document these in a WHS data set in accordance with the *Health safety and wellbeing monitoring evaluation and performance review standard*.
- **HSW procedures** (refer to Figure 2)
  - Each accountability area must develop, implement and maintain local processes and procedures that operationalise the requirements of the Health, safety and wellbeing standards, in order to fully establish, implement and maintain a fit-for-purpose safety management system in consideration of the accountability area’s local context and risk profile, to effectively manage WHS risk at its source.
  - Each accountability area’s local procedures are documented information required by the **safety management system** (SMS) and are subject to document control standards outlined in *Queensland Government General Retention and Disposal Schedule (Administrative records)*.
    - When creating and updating documented information in the SMS, accountability areas shall ensure appropriate –
      - identification and description (e.g. title, date, author or reference number)
      - formal (language, software version, graphics) and media (paper, electronic)
      - review and approval for suitability
        - Documented information in the SMS shall be controlled to ensure:
          - it is available and suitable for use
          - it is adequately protected
        - The following activities shall be addressed in order to control documented information in the SMS –
          - distribution, access, retrieval and use
          - storage, retention and disposal in accordance with the *Queensland Government General Retention and Disposal Schedule (Administrative records)*.
          - control of document changes (version control)
- **Shared WHS duties** (refer to section 4.2 of this guideline)
- **WHS resourcing** adequate to establish, implement, maintain and the continual improvement of the accountability area’s

- Formal reviews of WHS resourcing on a planned basis will assist to ensure consideration of the suitability of physical, technological and people resources.
- WHS resource planning is to include requirements for regulatory identified physical health monitoring and psychosocial health monitoring, based on the accountability area's business and risk profile, and should also reference any existing clinical safety monitoring provisions in place – e.g. radiation safety.
- **Mandatory WHS training** (refer to section 4.4 of this guideline and the *Queensland Health Mandatory training HR Policy G6*).

**Figure 2: Overview of health, safety and wellbeing planning**



### 4.1.3 Emergency preparedness and response

This section provides guidance for meeting the requirements of sections 5.1 to 5.5 of the *Health, safety, and wellbeing planning standard*.

Emergency preparedness and response is a key process to be planned for, designed, developed, implemented, monitored, and reviewed by accountability areas. Key emergency response considerations have been mapped against the *Plan-Do-Check-Act* cycle in Figure 3. Each action in Figure 3 must be considered and planned for in the planning phase.

Each accountability area must develop, implement and maintain local procedures for preparing and responding to potential emergency situations as required in safety legislation, including referencing local procedures and existing frameworks for managing site-based emergency response to emergency codes and accountability area-wide disaster and emergency incident management arrangements, irrespective of operational lead controller.

Local procedures for preparing and responding to emergency situations are to include:

- establishing a planned response to emergency situations, including first aid, medical treatment and assistance
- providing training for the planned response, including evacuation
- periodically testing the planned response for effectiveness, including the frequency of testing
- evaluating and revising, as necessary, the performance of the planned response after planned testing and in-particular after an emergency
- communicating and providing relevant information and instruction to all workers on their duties and responsibilities in relation to implementing the emergency procedures
- communicating relevant information to shared duty holders and others, including external stakeholders such as emergency services, government authorities and, where appropriate, the local community
- taking in to account the needs and capabilities of the of all relevant interested parties and ensuring their involvement, as required, in the development of planned emergency situations.

#### 4.1.3.1 Hazardous chemicals emergency planning

##### Manifest quantity workplaces

Accountability areas that use, store or handle hazardous chemicals in quantities exceeding the prescribed manifest quantity in column 5 of schedule 11 of the *Work Health and Safety Regulation 2011* are required to provide a copy of the emergency plan prepared for the workplace to the Queensland Fire Department.

This is in addition to the requirements for manifest quantity workplaces to:

- provide an emergency services manifest and site plan at the workplace
- notify the WHS Regulator via the prescribed form.



## Major hazard facilities

Accountability areas licensed as Major Hazard Facilities (i.e. locations that store above threshold quantities of Schedule 15 hazardous chemicals) are required to have specific emergency planning in place in accordance with the national Guide for Major Hazard Facilities and in consultation with the Queensland Fire Department.

Consultation with emergency services and an Emergency Plan that provides for testing of emergency procedures, including the frequency of testing, are part of the conditions of applying to the WHS Regulator for a licence for the major hazard facility.

### 4.1.3.2 Shared duty holder responsibilities for emergency preparedness and response

Shared duties requirements and responsibilities for fire and emergency preparedness and response must be identified by each accountability area.

Shared duty holders must discuss and co-ordinate emergency and fire preparedness and response, including building fire safety responsibilities, to ensure there is clarity on those responsibilities and all components of emergency and fire preparedness and response (refer to Figure 3) are implemented.

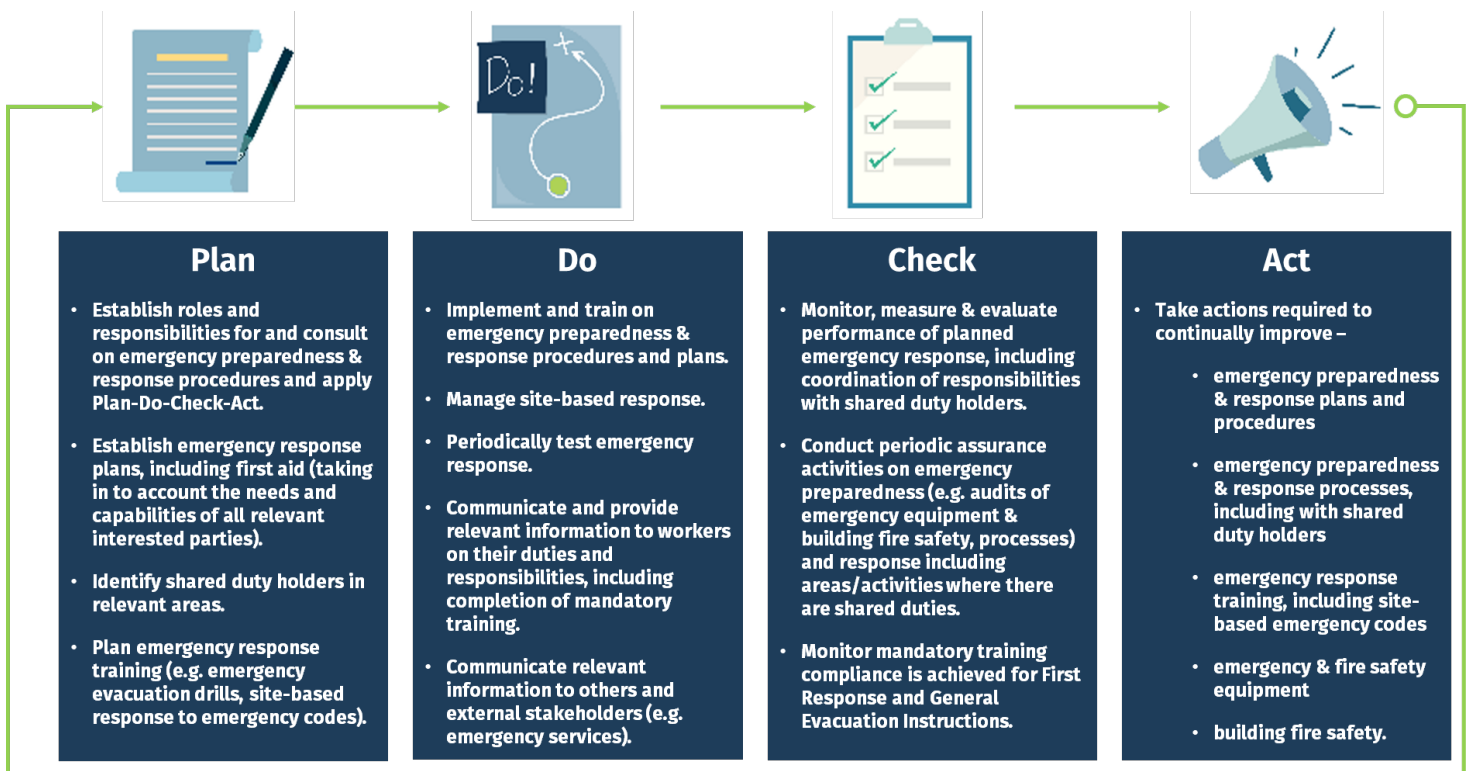
- The Building Fire Safety Regulation 2008 includes a requirement that a building owner, or a business or a person, occupying or managing a building in Queensland, has a legal obligation to ensure the safety of any person in that building in the event of a fire or other emergency.
- All scenarios apply to accountability areas (e.g. an accountability area may be a building owner, occupier or manager) which means there are multiple duty holders with responsibilities for site-based emergency preparedness and response for building fire safety.

A coordinated response to emergency and fire preparedness and response in each accountability area will enable the range of roles, functional leads, departments, and external entities who hold responsibilities to work together to fulfil compliance with safety legislation.

Arrangements for emergency and fire preparedness and response between shared duty holders must be documented within each accountability area's HSW procedures/emergency management documents and as applicable, in contractual arrangements and service agreements.

For further guidance refer to the Building Fire Safety Regulation 2008 and the *Health, safety and wellbeing governance guideline*.

**Figure 3: Plan-Do-Check-Act cycle for emergency preparedness and response**



## 4.2 Shared duties

This section provides guidance for the requirements of section 5.5 of the *Health, safety, and wellbeing planning standard* and section 5.2 of the *Health, safety and wellbeing governance standard*.

Consultation, cooperation and coordination between **shared duty holders** is required as detailed in the *Work health and safety consultation, cooperation and coordination Code of Practice 2021* and the *Health, safety and wellbeing planning standard* and *Health, safety and wellbeing consultation standard*.

Shared duties refers to the situation where more than one person has a duty for the same matter in relation to health and safety (refer to sections 16 and 46 of the *Work Health and Safety Act 2011*). In this case each person retains responsibility for their duty and undertakes their duty to the extent to which the person can influence and control the matter. Also each person with the duty must, so far as is reasonably practicable, consult, cooperate and coordinate activities with all other persons who have a duty in relation to the same matter.

### 4.2.1 Identify shared duty holders at Queensland Health

Each accountability area must develop, implement and maintain local processes for managing scenarios where more than one person has the same duty concurrently and where more than one party has influence or direction over the work being performed or shares the same work environment.

Examples of shared duty holders include owners, occupiers, secondary occupiers and concurrent duty holders.

A shared duty holder within the Queensland Health context may include the following but is not limited to:

- where an accountability area's worker undertakes work for another accountability area or an external entity
- where an external worker undertakes work for an accountability area on their premises but is not directly employed by the accountability area.

The areas listed below provide examples of where shared WHS duties may occur, although additional areas for shared duties may also be present within an accountability area and must be identified through local planning processes.

### **Examples of shared duties holders at Queensland Health**

All accountability areas are to establish a process to identify their shared duty holders together with the controls to enable the WHS duties to be fulfilled. Examples of shared duty holders may include:

- contracted services (for example, maintenance and building, information technology, security, nursing agency staff) undertaking services within a HHS or department facility
- Department of Energy and Public Works (when undertaking maintenance or construction operations)
- Department of Health (when undertaking new builds of facilities on behalf of HHSs)
- contracted transport or delivery services (including waste management and collection contractors, document destruction contractors) undertaking transport or delivery processes to an HHS or Department of Health facility
- visiting medical officers (VMOs), locum doctors, providing health services within a HHS or Department of Health facility
- aeromedical retrieval and surgical services
- university students and their facilitators (including work experience students)
- volunteers
- Queensland Ambulance Service
- Department of Health finance, payroll, supply chain and linen services staff working in HHSs
- retail outlets operating on HHS premises.

#### **4.2.2 Consultation, cooperation and coordination of shared WHS activities**

Each shared duty holder must ensure, so far as is reasonably practicable, the elimination or minimisation of risks to health and safety arising from the work being carried out.

Accountability areas must ensure these requirements are met even if others may also have a duty for the same matter. Accountability areas may ensure the outcomes by not necessarily taking the required action themselves but by making sure that another **person conducting a business or undertaking** (PCBU) is doing so.

Accountability areas must coordinate with all other shared duty holders to ensure compliance.

- Regular communication and consultation must be formally arranged between shared duty holders to achieve cooperation and coordination on the management of WHS, including consultation with workers, WHS training and supervision, WHS risk management and emergency preparedness and response (Refer also to section 4.1.3.2 and section 4.2.3 of this Guideline).
- Arrangements for communication and consultation between shared duty holders must be documented within each accountability area's HSW procedures and as applicable, in contractual arrangements.
  - Documentation and records pertaining to shared duties must be retained in accordance with the *General Retention and Disposal Schedule*.

The *Plan-Do-Check-Act* cycle must be applied to shared WHS duties to provide confidence shared duties are implemented effectively.

For further guidance refer to:

- *Work health and safety consultation, cooperation and coordination code of practice 2021*
- *Health, safety and wellbeing planning standard*
- *Health, safety and wellbeing consultation standard*
- *Health, safety and wellbeing consultation guideline*.

#### **4.2.3 WHS induction, training, and supervision arrangements**

Each accountability area is to ensure responsibilities for WHS induction, training and supervision by shared duty holders are identified, allocated and carried out.

Shared duty holders must discuss and coordinate responsibilities to ensure there is clarity on those responsibilities and all workers receive an appropriate induction, including both site and work area-relevant WHS inductions, are assessed as competent to undertake the work and receive adequate supervision and instruction.

Arrangements for WHS inductions, training and supervision between shared duty holders must be documented within each accountability area's HSW procedures and as applicable, in contractual arrangements.

The objectives of conducting the WHS induction and training for workers of a shared duty holder include the sharing of information relating to:

- the information needed by another duty holder for health and safety purposes
- WHS hazards and risks at the work site/area/department or associated with their activity
- whether the activities of **others** may introduce or increase hazards or risks.

For further guidance refer to:

- Queensland Health *Mandatory training HR Policy G6*
- Work health and safety contractor induction and compliance handbook
- Preparing for your clinical placement Queensland Health webpage <https://www.health.qld.gov.au/employment/clinical-placement/students/australian/prepare>.

#### **4.2.4 WHS statutory notifications and WHS Regulator enforcement action**

Accountability areas are to document notifiable incident and dangerous occurrence reporting requirements and processes for **WHS Regulator** enforcement actions and processes for WHS issue dispute resolution between shared duty holders, within their HSW procedures and if applicable contractual arrangements.

An accountability area's processes and procedures for WHS statutory notifications and WHS Regulator enforcement actions must be shared with other duty holders and all responses and activities in relation to this area must be coordinated between shared duty holders.

For further guidance refer to the *Health, safety and wellbeing incident response standard* and the *Health, safety and wellbeing incident response guideline*.

#### **4.3 Managing change that impacts WHS performance**

The process of managing change in the workplace follows a Plan-Do-Check-Act cycle to ensure a systematic approach to the planning, implementation and monitoring of change impacts and outcomes.

Change that impacts WHS performance can include:

- changes to legislation and other compliance requirements
- organisational change
- changes arising from new / changed products, equipment, technology, services and processes affecting work practices, working conditions or workplace environment.

Accountability areas shall have processes in place to manage change impacting WHS performance, including a procedure for implementing changes to legislation and compliance.

##### **4.3.1 Legislation change**

Accountability areas shall have a procedure for the implementation and control of planned changes to legislation and other compliance requirements, including WHS legal requirements.

WHS legislation changes that directly impact working conditions, environment and/or the way work is undertaken shall be captured in updates to relevant operational procedures, following consultation with affected workers and using a risk management approach.

##### **4.3.2 Managing organisational change**

Change in the workplace is necessary to ensure health services are responsive to user's needs and sustainable into the future. Organisational change may arise from the need to review and change the service delivery/model of care in response to changes in government policy or variations to the way services are funded.

Organisational change shall be managed in accordance with agreed change management processes, required consultative arrangements and the requirements of industrial instruments, as outlined in the *Queensland Health Organisational Change Management Guidelines*

Consultation with directly affected employees and their relevant unions must be consistent with the relevant industrial instruments regardless of whether the proposed change is 'significant' or not.

Any proposed change that is likely to have 'significant effects' on employees requires the provision of a business case.

If a review or trial of the proposed change is required, it is often helpful to discuss with management, colleagues, other Health Services and unions who may have faced similar issues. If a review or trial is being considered, consultation with directly affected employees and their relevant unions must occur from the outset.

All proposed organisational change needs to demonstrate clear benefits such as enhanced service delivery to the community, improved efficiency and effectiveness and is subject to consultation with employees and their unions. Affected workers are also to be supported during change.

For further guidance refer to the *Queensland Health Organisational Change Management Guideline*.

#### **4.3.3 Managing change that impacts WHS performance**

Change that impacts WHS performance can arise from new / changed products, equipment, technology, services, staffing and processes affecting work practices, working conditions or workplace environment.

Changes in the workplace may be planned or unplanned. The need to manage change can also be an outcome of planning.

The objective of a management of change process is to enhance health, safety and wellbeing at work, by minimising the introduction of new hazards and work health and safety risks into the work environment as changes occur.

Managing work health and safety risks is an ongoing process that is triggered when any changes affect work practices, working conditions or the work environment.

Risk Management should be undertaken when:

- changing work practices, procedures or the work environment
- changing equipment, technology or using new substances
- new information about workplace risks becomes available
- responding to concerns raised by workers, health and safety representatives or others at the workplace.

For further guidance refer to the Health, safety and wellbeing risk management standard and the Health, safety and wellbeing risk management guideline.

#### **4.4 Work health and safety training framework**

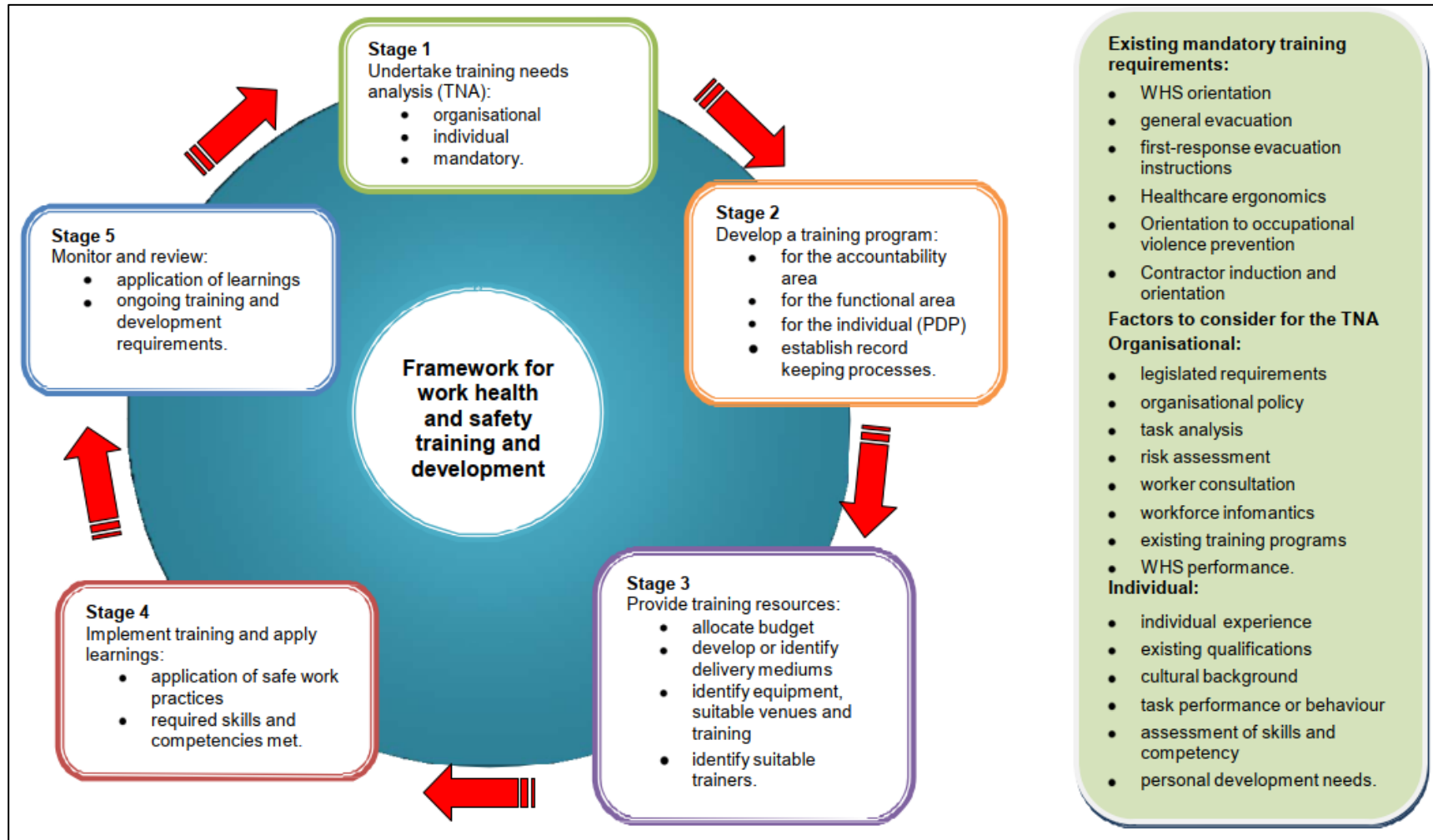
Accountability areas shall develop, implement, and maintain a local WHS training framework or procedure to meet the requirements of section 4.7 of the *Health, safety, and wellbeing planning standard*. This framework must address:

- the mandatory training requirements outlined in the Queensland Health *Mandatory training HR Policy G6*

- the mandatory training requirements and prescribed training entitlements of elected Health and Safety Representatives (HSRs)
- inductions, training skills, competencies, licences, authorisations, and other attributes required by all workers
- additional training for workers having regard to the nature and location of their role
- how and when mandatory and optional training will be provided to workers
- how a worker's competency to perform their role safely will be assessed and determined, both prior to and during their performance of the role maintaining records of worker training and inductions.

An example of a process for developing the framework is outlined in Figure 4.

**Figure 4: WHS training framework development process**





Components to be considered to follow the WHS training framework process in Figure 4 -

**Table 1: WHS training framework components**

WHS training framework component	Guidance
<p><b>Training needs analysis (TNA)</b></p>	<p>Developing a TNA involves identifying mandatory and optional WHS training needs of the organisation and individuals. Consider the following:</p> <ul style="list-style-type: none"> <li>• accountability area’s operational requirements and risks</li> <li>• the ongoing development needs of individual workers</li> <li>• mandatory legislated and organisational policy requirements that apply</li> <li>• WHS performance</li> <li>• periodic refresher training sessions.</li> </ul> <p><b>Mandatory WHS training requirements</b></p> <p>Mandatory WHS training must be identified and will apply to all workers, including students and volunteers. Consider the following:</p> <ul style="list-style-type: none"> <li>• training and induction requirements for workers, contractors, students, volunteers, etc</li> <li>• frequency of refresher training required based on the context of the worker and risk of activities</li> <li>• legislated requirements: Training specified by WHS or other relevant legislation must be provided where the organisational WHS TNA identifies particular relevant activities are being carried out. Mandatory training specified by legislation may be: <ul style="list-style-type: none"> <li>○ training required as a control for a WHS risk</li> <li>○ specific task-based training for prescribed high-risk work (e.g. forklifts)</li> <li>○ training required to fulfil specific workplace roles (e.g. for the provision of first aid or health and safety representative). <ul style="list-style-type: none"> <li>– the mandatory training requirements of elected health and safety representatives (HSRs), inclusive of the following legislative requirements:</li> <li>– HSRs are entitled to attend the HSR training provider of their choice and, during the period of training, are entitled to receive payment of the usual remuneration they would have received if they had been at work instead of at training.</li> <li>– Accountability areas are to ensure prescribed timeframes for initial and refresher HSR training completion are met, save for any circumstances where training is not available in the prescribed period, or where there is some pressing necessity at the business or undertaking which renders it impractical for the HSR to attend the training in that period.</li> </ul> </li> </ul> </li> <li>• organisational policy— the requirements of the Queensland Health <i>Mandatory training HR Policy G6</i> must be adhered to.</li> </ul> <p>Also refer to:</p> <ul style="list-style-type: none"> <li>• Work health and safety contractor induction handbook guide</li> <li>• Preparing for your clinical placement Queensland Health webpage (<a href="https://www.health.qld.gov.au/employment/clinical-placement/students/australian/prepare">https://www.health.qld.gov.au/employment/clinical-placement/students/australian/prepare</a>)</li> </ul>

WHS training framework component	Guidance
<p><b>WHS training program development</b></p>	<p>Based on the requirements identified in the TNA one or more training and development programs may be developed for the accountability area. The programs should consider:</p> <ul style="list-style-type: none"> <li>• maintenance of all WHS training records including assessment records <ul style="list-style-type: none"> <li>○ where an electronic learning management system is available, this shall be the preferred option for managing HSW training records</li> </ul> </li> <li>• the records should identify the following as a minimum: <ul style="list-style-type: none"> <li>○ the name of the training program</li> <li>○ the name of the person completing the training</li> <li>○ the person's work area</li> <li>○ the date the program was completed</li> <li>○ the trainer (if applicable)</li> <li>○ the name and position of the person signing off on the completed training.</li> </ul> </li> <li>• training records to be kept in accordance with the Queensland Government <i>General Retention and Disposal Schedule (Administrative records)</i>.</li> </ul> <p>The mandatory (induction and refresher) and varying task or risk based WHS training requirements of the job roles under each occupational stream may be captured in a WHS training matrix that aligns with legislated requirements, Queensland Health <i>Mandatory training HR Policy G6</i> requirements and operational requirements and risks.</p>
<p><b>Provision of training resources</b></p>	<p>Accountability and functional areas must consider WHS training needs when allocating budget and other resources for training and development activities. The resources and delivery methods may vary but should consider:</p> <ul style="list-style-type: none"> <li>• the learning needs of the worker</li> <li>• timeframes and impacts on the workplace</li> <li>• qualifications and competency of the trainer or external training provider (where one is used)</li> <li>• the nature of the training to be provided and suitability of venue and training aids.</li> </ul> <p>Training and development programs may range from formal course work with competency assessment to less formal instruction and information sessions such as team meetings.</p> <p>Training delivery mediums may include such things as videos, face-to-face, eLearning, and mentor programs. Where WHS training is being to be provided face-to-face, it should be delivered by a person with knowledge and/or skills that are relevant to the WHS element being taught.</p>

WHS training framework component	Guidance
<b>Implementation of WHS training and apply learnings</b>	<p>The aim of successful implementation of the WHS training is to ensure that workers are made aware of WHS risks and understand the measures implemented to control them, how to safely perform their tasks and duties and the actions to take in the event of an incident.</p> <p>Where it has been identified the nature of the hazard or risk requires a worker achieve a certain level of competency to ensure protection of the worker and others, ensure the assessment is relevant and that competency is achieved. Assessments may be theoretical or practical.</p> <p>Workers shall undertake all necessary refresher or re-certification training as directed unless the requirements are no longer applicable to the nature of the work being undertaken.</p>
<b>Monitor and review the effectiveness and relevance of the training</b>	<p>Following the completion of training, the worker should be supervised to ensure application of learnings and safe work procedures.</p> <p>Where any deficiencies are identified, feedback shall be provided to the worker and further training or instruction should be provided. This should be linked into the performance development process.</p> <p>Refresher training or re-certification requirements should be monitored, and workers provided notification as applicable.</p> <p>All WHS training and development programs and requirements shall be reviewed as follows:</p> <ul style="list-style-type: none"> <li>• if prompted by a legislative change</li> <li>• when there are changes in work practices</li> <li>• at intervals determined as part of the organisation's safety management system monitoring and review schedule.</li> </ul>

## 5 Legislation

- Anti-Discrimination Act 1991
- Building Fire Safety Regulation 2008
- Electrical Safety Act 2002
- Electrical Safety Regulation 2013
- Fire and Emergency Services Act 1990
- Hospital and Health Boards Act 2011
- Human Rights Act 2019
- Industrial Relations Act 2016
- Public Sector Act 2022
- Work health and safety consultation, co-operation and co-ordination code of practice 2021
- Work Health and Safety Act 2011
- Work Health and Safety Regulation 2011
- Workers' Compensation and Rehabilitation Act 2003
- Workers' Compensation and Rehabilitation Regulation 2014

## 6 Supporting documents

- AS/NZS ISO45001: 2018 Occupational health and safety management systems – Requirements with guidance for use
- AS/NZS ISO45003: 2021 Occupational health and safety management – Psychological health and safety at work – Guidelines for managing psychosocial risks
- Department of Health Work health and safety contractor induction handbook guide
- General Retention and Disposal Schedule (Administrative Records)
- Health, safety and wellbeing planning standard (QH-IMP-401-1)
- Health, safety and wellbeing consultation standard (QH-IMP-401-2)
- Health, safety and wellbeing risk management standard (QH-IMP-401-3)
- Health, safety and wellbeing monitoring, evaluation and performance review standard (QH-IMP-401-4)
- Health, safety and wellbeing governance standard (QH-IMP-401-6)
- Mandatory training HR Policy G6 (QH-POL-183)
- Queensland Health information page - Preparing for your clinical placement
- Queensland Health Organisational Change Management guidelines
- Queensland Health Work health and safety contractor induction and compliance handbook
- Sad news sorry business – guidelines for caring for Aboriginal and Torres Strait Islander people through death and dying
- Safe Work Australia Guide for Major Hazard Facilities – Emergency Plans
- Work health and safety incident response standard (QH-IMP-401-7)
- Workplace rehabilitation standard (QH-IMP-401-5)

## Definitions

Term	Definition
Accountability area	Department of Health divisions and each hospital and health service (HHS) are accountability areas within Queensland Health.
Department of Health	Department of Health divisions (the department) is the health system manager. The Department of Health’s systematic role involves oversight and monitoring and does not descend to operational matters.

Term	Definition
Duty holder	<p>Refers to any person who holds a health and safety duty under the <i>Work Health and Safety Act 2011</i>. PCBUs, officers and workers are all duty holders for work health and safety.</p> <p>A person can also have more than one duty by virtue of being in more than one class of duty holder.</p> <p>More than one person can concurrently have the same duty and where more than one person has a duty for the same matter, each duty holder must comply with that duty to the standard required by the <i>Work Health and Safety Act 2011</i>, even if another duty holder has the same duty.</p>
Executive leader	<p>Is the most senior person of each accountability area and can include persons reporting to that position.</p>
Emergency codes	<p>The emergency codes in Queensland Health are colour codes used in specific emergency situations to notify other staff and the ECO of the emergency event type and to trigger a specific emergency response to the event that is occurring.</p> <p>The Colour Codes used for specific emergency situations are as follows:</p> <ul style="list-style-type: none"> <li>• Red – fire/smoke</li> <li>• Black – personal threat (e.g. occupational violence)</li> <li>• Blue – medical emergency (e.g. cardiac arrest)</li> <li>• Purple – bomb/arson threat</li> <li>• Orange – evacuation</li> <li>• Yellow – internal emergency</li> <li>• Brown – external emergency</li> </ul>
Health and Safety Representative	<p>Is a worker who has been elected by a work group, of which the worker is a member, to represent them on health and safety issues.</p>
Health, safety and wellbeing management system framework	<p>Also known as the SMS framework. This centralised framework consists of Queensland Health <i>Health, safety and wellbeing policy</i> (QH-POL-401), implementation standards and guidance materials.</p> <p>Each accountability area is required to prepare procedures and other documentation to operationalise the SMS Framework and to enable the effective local implementation of the Queensland Health safety management system (SMS).</p>
Hospital and health service (HHS)	<p>Hospital and health service established under the <i>Hospital and Health Boards Act 2011</i>. A statutory body established under the <i>Hospital and Health Boards Act 2011</i> responsible for the provision of public sector health services for a geographical area, which includes one or more health facilities.</p>

Term	Definition
Others	<p>Other persons as referenced in the <i>Work Health and Safety Act 2011</i>.</p> <p>Others are people who are not workers but whose health and safety may be impacted by one or more accountability areas. Patients and visitors are examples of others.</p>
Person conducting a business or undertaking (PCBU)	<p>Means a person conducting a business or undertaking. A PCBU can be a sole trader, a partnership, company, unincorporated association or government department of public authority. The PCBU holds a primary duty of care under the <i>Work Health and Safety Act 2011</i>.</p> <p>The Department of Health and each of the HHSs are considered to be PCBUs. A HHS is a statutory body and its legal status is that of a body corporate (refer section 18 of the Hospital and Health Boards Act). HHSs engage in a business or undertaking, being the principal providers of public health services, and are direct employers of certain workers.</p>
Psychosocial hazard	<p>Definition as per section 55A of the WHS Regulation, that is:</p> <p>A psychosocial hazard is a hazard that—</p> <ul style="list-style-type: none"> <li>(a) arises from, or relates to— <ul style="list-style-type: none"> <li>(i) the design or management of work; or</li> <li>(ii) a work environment; or</li> <li>(iii) plant at a workplace; or</li> <li>(iv) workplace interactions or behaviours; and</li> </ul> </li> </ul> <p>may cause psychological harm, whether or not the hazard may also cause physical harm.</p>
Psychosocial risk	<p>Definition as per section 55B of the WHS Regulation, that is:</p> <p>A psychosocial risk is a risk to the health or safety of a worker or other person from a psychosocial hazard.</p> <p>(A person conducting a business or undertaking must manage psychosocial risk in accordance with WHS risk management principles, including the hierarchy of control measures, to eliminate or minimise psychosocial risks so far as is reasonably practicable).</p>
Queensland Health	<p>Means the Department of Health (the department) and all hospital and health services responsible for the provision of public sector health services. Queensland Health operates as a federated, networked system, with the Department of Health and each HHS being legally recognised as a PCBU in accordance with the <i>Work Health and Safety Act 2011</i>, under shared duties arrangements.</p>
Safety legislation	<p>The <i>Work Health and Safety Act 2011</i>, the <i>Electrical Safety Act 2002</i>, the <i>Building Fire Safety Regulation 2008</i>, the <i>Workers' Compensation and Rehabilitation Act 2003</i>, the <i>Hospital and Health Boards Act 2011</i> and any associated regulations or WHS codes of practice, as amended from time to time.</p>

Term	Definition
Safety management system (SMS)	<p>Queensland Health’s Health, safety and wellbeing management system (SMS), comprising a centralised framework of policy, standards, guidelines and other supporting documents that set out the requirements to systematically manage work health, safety and wellbeing in Queensland Health. The SMS applies to workers and others whose health and safety may be impacted when at Queensland Health workplaces, including patients, visitors, contractors, volunteers and work-integrated-learning placement students.</p> <p>Each accountability area is required to prepare procedures and other documentation to operationalise the SMS Framework and to enable the effective local implementation of the Queensland Health SMS. The SMS aligns to AS/NZS ISO 45001: 2018 Occupational health and safety management systems and AS / NZS ISO 45003: 2021 Occupational health and safety management – Psychological health and safety at work – Guidelines for managing psychosocial risks.</p>
Shared duty holders	<p>Persons who have a duty under the <i>Work Health and Safety Act 2011</i> in relation to the same matter as another person, as referenced at section 16 and section 46 of the Act. Each person with the duty must, so far as is reasonably practicable, consult, cooperate and coordinate activities with all other persons who have a duty in relation to the same matter. Examples include owners, occupiers, secondary occupiers and concurrent duty holders. Examples of concurrent duty holders in Queensland Health include the Department of Health and a HHS, for example, where the Department of Health has workers located at the HHS.</p>
WHS manager	<p>The workplace health and safety manager or director or equivalent functional lead at the relevant accountability area, or their delegate.</p>
WHS Regulator	<p>Workplace Health and Safety Queensland and the Electrical Safety Office</p>

Term	Definition
Worker	<p>Definition as per Section 7 of the <i>Work Health and Safety Act 2011</i>, that is:</p> <p>A person is a <i>worker</i> if the person carries out work in any capacity for a person conducting a business or undertaking, including work as—</p> <ul style="list-style-type: none"> <li>(a) an employee; or</li> <li>(b) a contractor or subcontractor; or</li> <li>(c) an employee of a contractor or subcontractor; or</li> <li>(d) an employee of a labour hire company who has been assigned to work in the person’s business or undertaking; or</li> <li>(e) an outworker; or</li> <li>(f) an apprentice or trainee; or</li> <li>(g) a student gaining work experience; or</li> <li>(h) a volunteer; or</li> <li>(i) a person of a prescribed class.</li> </ul> <p>The person conducting the business or undertaking is also a <i>worker</i> if the person is an individual who carries out work in that business or undertaking.</p> <p>As per section 11(1) of the <i>Workers’ Compensation and Rehabilitation Act 2003</i> (as amended 2013), a person who works under a contract and in relation to the work, is an employee for the purpose of assessment for PAYG withholding under the <i>Taxation Administration Act 1953 (Cwlth)</i>, who has sustained a work-related personal injury or illness. (Note - this definition is used by WorkCover Queensland when determining liability/eligibility for workers’ compensation entitlements).</p>
Workplace	<p>Definition adapted from the <i>Work, health and safety consultation, cooperation and coordination code of practice 2021</i>, that is:</p> <p>Any place where work is carried out for a business or undertaking and includes any place where a worker goes, or is likely to be, while at work. In a Queensland Health context, this may include hospital and health facilities, offices, warehouses, construction sites, vehicles, aircraft or other mobile structures, staff accommodation.</p>



## History

Date	Change
22 October 2024	<p>Guideline review prompted by legislative and other amendments:</p> <ul style="list-style-type: none"> <li>• amendment of <i>Work Health and Safety Act 2011</i>, as outlined in <i>Work Health and Safety and Other Legislation Amendment Act 2024</i></li> <li>• amendment of <i>Work Health and Safety Regulation 2011</i>, as outlined in <i>Work Health and Safety and Other Legislation Amendment Regulation 2024</i></li> <li>• amendment of <i>Work Health and Safety Act 2011</i>, as outlined in <i>Electrical Safety and Other Legislation Amendment Act 2024</i></li> <li>• amendment of <i>Work Health and Safety Regulation 2011</i>, as outlined in <i>Work Health and Safety (Psychosocial risks) Amendment Regulation 2022</i></li> <li>• introduction of <i>Managing the risk of psychosocial hazards at work Code of Practice 2022</i></li> <li>• amendment of <i>Work Health and Safety Consultation Cooperation and Coordination Code of Practice 2021</i></li> <li>• recognition of relevant Enterprise Bargaining EB11 WHS commitments</li> <li>• alignment to AS / NZS ISO 45001 criteria for planning</li> <li>• alignment to AS / NZS ISO 45003 criteria for planning</li> <li>• standard reformatted as part of the HR Policy review</li> <li>• amended to update references and naming conventions</li> </ul>
15 July 2021	Version 1 – New Guideline