WORKPLACE HEALTH AND SAFETY

Policy Statement

Alicaring Community acknowledges that all employees have a right to a workplace that is safe and without risk as far as is practicable. In the context of Support at Home Services, each client's home, or the setting they receive care in, is considered the employee's workspace and must be treated as such. While the management of Alicaring Community acknowledges their key role and responsibility in this area, all stakeholders have a shared responsibility in achieving a safe and healthy living and working environment.

Alicaring Community adopts a systematic risk management approach to Workplace Health and Safety to continuously improve health and safety with the work environment.

Alicaring Community maintains that a safe and healthy work environment is achieved through the:

- Effective consultation with employees, volunteers, residents and their representatives at all stages of the implementation and management of Workplace health and safety;
- Establishment and support of a Workplace Health & Safety Committee;
- Provision of appropriate education and training of all employees;
- Provision of adequate equipment;
- Implementation and evaluation of a hazard management system using risk management principles;
- Establishment and maintenance of a risk register;
- Effective management of all incidents, accidents and near misses;
- Effective management of claims and return to work of employees injured in the workplace;
- Commitment of management and employees to the continual review and improvement of healthy and safe work practice; and
- Establishment of service agreements with all external service providers that demonstrate their role and responsibility concerning Workplace Health & Safety.

Scope:

In this context, the following are defined as:

Hazard: Anything (including work practices or procedures) that has the potential to harm the health or safety of a person. (OH&S Regulation 2001)

Manual Tasks: Encompasses a wide range of activities that require a person to use their physical body (musculoskeletal system) to perform work. This includes work that involves the use of force for lifting, lowering, pushing, pulling, carrying, moving, holding or restraining any person, animal or item. Manual tasks at work include tasks that have repetitive actions, sustained postures and may involve concurrent exposure to vibration." (ASCC 2007)

Risk Management is the process of identifying and managing risks to avoid exposure to loss. (Risk Management at Work – Guide 2001)

Serious Incident: Any work-related incident that causes death, results in amputation or being placed on life support or any other incident that presents an immediate threat to life. (OH&S Regulation 2001, clause 344)

Confined Space - *An enclosed or partially enclosed space that:*
- *Is at atmospheric pressure during occupancy*
- *Is not intended or designed primarily as a place of work*
- *May (but need not) have restricted means for entry and exit; and*
- *May have an atmosphere that contains potentially harmful contaminants, an unsafe level of oxygen or stored substances that may cause engulfment. (OH&S Regulations 2001)*

Enclosed Space - *A space that is not classified as a confined space may contain secondary hazards such as slips, falls, or poor lighting. It does not also contain a hazardous atmosphere or the potential to contain the same. (OH&S Regulations 2001)*

Relevant Legislation

- Aged Care Act 2024
- Aged Care Quality Principles 2014 (Cth)
  - ➤ User Rights Principles 2014
  - ➤ Quality of Care Principles 2014
  - ➤ Accountability Principles 2014
  - ➤ Information Principles 2014
  - ➤ Records Principles 2014
- Work Health and Safety Act 2011 (QLD)
  - ➤ Work Health and Safety Regulation 2011 (QLD)
- Workers' Compensation and Rehabilitation Act 2003 (QLD)
- Fair Work Act 2009 (Cth)

Other Relevant Documents

- Aged Care Quality Standards
- Charter of Aged Care Rights
- Standards Australia 1991 - AS 1885.1 - *Measurement of Workplace Health & Safety Performance*
- Standards Australia 2006 - AS 1216 - *Classification and Class Labels for Dangerous Goods*
- Standards Australia 2006 - AS/NZS 4501.2 - *Workplace Protective Clothing – General Requirements*
- Standards Australia 1988 - AS 3581 - *Mechanical Aids for Patient Lifting and Moving - Safety Requirements*
- Standards Australia 2006 - AS 4024 - *Safe Guarding of Machinery - General Principles*
- Standards Australia 2010 – AS 3760 - *Inservice, Safety, Inspection and Testing of Electrical Equipment*
- Australian/New Zealand Standard 2009 – AS/NZS ISO 31000 - *Risk Management – Principles and Guidelines*
- Australian/New Zealand Standard 2001 – AS/NZS O4801 – *Workplace Health and Safety Management Systems*
- Australian Safety and Compensation Council 2007 – *National Code of Practice for the prevention of musculoskeletal disorders and performing manual tasks at work*
- Building Code of Australia 2010

Protocols

WORKPLACE HEALTH & SAFETY MANAGEMENT

1. All personnel involved with Alicaring Community will be accountable for, but not limited to, the responsibilities outlined in the *Responsibility Statement* (Attachment A). In addition, all personnel have a legislative obligation for the safety of themselves and others in the workplace.

2. A Workplace Health & Safety Committee will be convened and undertake the functions described in the committee's terms of reference. The committee shall:
   a. Have representation from both management and employees, with employee representation being at least 50% and comprising care and support staff; and
   b. Ensure employees elect employee representatives, and management representatives are appointed by management.
3. All Workplace Health & Safety Committee members will be supported by management to complete a QLD Government approved course. In addition, Workplace Health & Safety Committee members will receive an annual update on legislation and current issues in Workplace Health & Safety in aged care.
4. This Workplace Health & Safety policy will be developed jointly by management and employees and reviewed annually and following changes in legislation, standards and best practice guidelines.
5. Alicaring Community's Workplace Health & Safety policy statement will be available digitally to all Alicaring Community Employees, who must provide it to any stakeholder upon request.
6. All new employees, volunteers and agency personnel will participate in an induction/orientation program which includes training concerning:
   a. Risk management and hazard identification assessment;
   b. Manual handling;
   c. Infection control;
   d. Chemical safety;
   e. Use of personal protective equipment;
   f. First Aid management;
   g. Incident/accident reporting and post-injury management;
   h. Emergency management; and
   i. Aggression management.
7. Alicaring Community will maintain records of employee Workplace Health and Safety orientation training utilising an *Employee Orientation Checklist.*
8. All employees will be required to participate in Workplace Health & Safety training update each year as described in Attachment B – *Workplace Health and Safety Training Requirements.*
9. Alicaring Community will maintain employee ongoing Workplace Health and Safety training using an *Employee Education Training Record.*
10. All employees will be required to participate in selected skills assessments during orientation and annually as described in the S*kills Assessment Matrix.*
11. Alicaring Community will maintain records of employee skills assessments utilising the *Employee Skills Assessment Record* form.
12. Management will consult with either the Workplace Health & Safety Committee, individual committee members, employees or others:
    a. In the event of any proposed changes to work practices or processes which may have health and safety implications;
    b. In the development of new and the review of existing Workplace Health & Safety systems, policies and procedures;
    c. When conducting incident/accident investigations and implementing control strategies; and
    d. When conducting risk assessments and implementing control strategies.
13. In addition to the establishment of a Workplace Health & Safety Committee, Alicaring Community will communicate, inform and involve employees through:
    a. Fostering a team approach to health and safety in the workplace;
    b. Providing Workplace Health & Safety information sessions;
    c. Including Workplace Health & Safety matters on staff meeting agendas;
    d. Requesting staff feedback on workplace health and safety matters via the continuous improvement logs;

e. Referring to Workplace Health & Safety matters in the organisation's newsletter, as appropriate;
f. Dissemination of the Workplace Health & Safety Committee minutes;
g. Conducting employee surveys and employee exit questionnaires;
h. Issuing memos regarding hazards and Workplace Health & Safety activities; and
i. Including representatives of affected groups on all relevant working parties.

14. Work-related problems, concerns, or complaints related to Workplace Health & Safety will be managed following *Hazard Identification and Management* and with S6-HCP-002 - *Complaints Resolution* or S7-HCP-004 – *Grievance.*

15. In relation to Workplace Health & Safety, service agreements that detail the responsibilities will be established and maintained with all external service providers.

HAZARD IDENTIFICATION AND RISK MANAGEMENT

1. Employees, health professionals, and service providers are informed of the mechanism for hazard identification through:
    a. Handbooks
    b. Newsletters
    c. Forums (staff meetings)
2. Identified hazards will be reported through:
    a. The utilisation of the *Continuous Improvement Log;*
    b. Contacting the Support at Home Manager verbally or in writing;
    c. Responding to questionnaires and surveys; and
    d. Attending open forums.
3. On identification of a hazard, employees, health professionals, or service providers will:
    a. Where possible, take immediate action to eliminate or minimise the hazard(s);
    b. Report to the person in charge immediately where the action is beyond role limitations, and the hazard poses a high risk;
    c. Record in the *Continuous Improvement Log* for monitoring purposes all hazards and their subsequent management.
4. All identified hazards will be reviewed and managed following FC 9 - *Hazard Identification and Management.*
5. If an identified hazard or risk cannot be eliminated, management, in consultation with the Workplace Health & Safety Committee, will undertake activities to control the risk to health or safety to the lowest level reasonably practicable. These activities may include a combination of any or all of the following:
    a. Substitution for a lesser hazard or risk;
    b. Isolation of the hazard or risk;
    c. Adoption of alternative work practices;
    d. Modification of the work environment, with consent from the care recipient;
    e. Provision of additional education; and
    f. Use of personal protective equipment and other devices.
6. Risk control strategies will be communicated to all employees, health professionals and service providers, where applicable via:
    a. Plans of care;
    b. Work procedures;
    c. Forums;
    d. Memos and/or;
    e. Signage
7. The effectiveness of risk control strategies will be regularly evaluated according to FC 9 - *Hazard Identification and Management.*
8. In addition to adopting risk control strategies for identified hazards, the Workplace Health & Safety Committee will carry out a risk assessment and implement risk control strategies when:

a. A new job or task is designed;
b. There is a change in a job or task;
c. New equipment or substances are being introduced to the workplace;
d. Reviewing a procedure following an incident/accident; and
e. Reviewing tasks/procedures as part of continuous improvement.

EQUIPMENT AND BUILDING MANAGEMENT

- Equipment Management
    1. The potential impact on Workplace Health & Safety shall be considered before Alicaring Community purchases, hires or leases any equipment. In determining the potential impact, the Workplace Health & Safety Committee will consider relevant regulations and/or Australian Standards where a practicable on-site trial of goods will be facilitated.
    2. The new equipment will not be utilised until the operating procedure and training have been provided to relevant employees, who have demonstrated competence in its use.
    3. All purchased, hired or leased equipment will be assessed to determine routine inspection or maintenance requirements. A record of all inspections and maintenance will be kept per FC 21 – *Maintenance Services.*

EMPLOYEE HEALTH AND SAFETY MANAGEMENT

- Smoking
    1. Alicaring Community is a smoke-free workplace, and staff are not permitted to smoke whilst in Alicaring Community's premises, vehicles or with a client.
    2. Employees working at Alicaring Community have the right to choose not to supervise a client who is smoking.
- Personal Protective Equipment (PPE)
    1. Alicaring Community will provide all protective equipment used in the workplace except for standard uniforms.
    2. Employees will wear PPE per the PPE schedule (Attachment C).
    3. Employee representatives using specific PPE will be consulted during the selection and purchase of the PPE.
    4. Alicaring Community will select employee uniforms in consultation with the Workplace Health & Safety Committee and in accordance with guidelines described in S7-HCP-005 – *Employee Responsibilities.*
- Infection control
    1. Alicaring Community will maintain the highest standards in the maintenance of infection control per S4-HCP-001 - *Infection Control.*
- Security
    1. Alicaring Community will maintain the security of the client's living space, as appropriate and with the consent of the client.
- Aggression
    1. Alicaring Community will adopt a zero-tolerance approach to aggression in the workplace.
    2. Incidents of workplace aggression are managed as a significant workplace hazard.
    3. Alicaring Community supports management strategies directed towards preventing aggression involving residents per S3-HCP-002 - *Management of Behaviours of Concern.*
    4. All employees will be required to participate in annual aggression minimisation training.
- UV radiation

1. Employees and contractors will minimise UV exposure by scheduling work outside the highest risk time zone (10:00 am - 2:00 pm or 11.00 am and 3.00 pm during daylight saving) wherever possible.
2. Employees, while working outside, will wear UV rated long-sleeved shirts and knee-high or long trousers, a hat to shade the face and neck, closed in shoes and sunglasses. Employees will also be required to apply and reapply sunscreen to exposed skin following the manufacturer's instructions.

- Emergencies
    1. Alicaring Community will manage emergencies per S5-HCP-007 – *Incident Response Management.*
- Workplace stress
    1. Work allocations will be developed being mindful of the need to ensure that allocated activities are commensurate with employees' competence to minimise Workplace stress.
    2. In consultation with the Workplace Health & Safety Committee, management will determine the need and support for a workplace stress strategy.
    3. Alicaring Community will arrange and provide appropriate counselling to all those affected by the event following an emergency or critical incident.
- Chemicals
    1. Alicaring Community will maintain a manifest that details the location and amount of chemicals stored by employees within the organisation. A copy of this manifest will be stored digitally.
    2. Outdated and superseded stock will be returned to the chemical supplier for disposal or disposed of in accordance with regulatory requirements.
    3. Significant chemical spills will be managed according to the appropriate Material Safety Data Sheet (MSDS), and a *Continuous Improvement Log* will be completed.
    4. MSDS that have been developed or reviewed within the last five (5) years shall be readily available to all employees and held in the MSDS master file located digitally on Alicaring Community's private network.
    5. All chemicals not in immediate use will be stored in a locked storage area clearly labelled with a HAZCHEM notice
    6. All chemicals will be stored in the container they were purchased or in a designated container with the manufacturer's product label, which is not to be altered or defaced.
    7. Chemicals will not be stored above shoulder level.
    8. All chemical dilutions will be in accordance with the manufacturer's instructions, and no chemicals will be mixed.
    9. Employees are to wear PPE according to the MSDS's.
- Manual tasks
    1. Following the *National Code of Practice for the Prevention of Musculoskeletal Disorders and Performing Manual Tasks at Work,* 2007, Alicaring Community acknowledges that manual tasks that involve one or more of any of the following are considered hazardous manual tasks:
        i. Repetitive or sustained application of force;
        ii. Repetitive or sustained awkward movement;
        iii. Repetitive or sustained movement;
        iv. Application of high force including jerky or unexpected forces;
        v. Exposure to sustained vibration in combination with any of the above;
        vi. Handling of people or animals; or
        vii. Handling of loads that are unstable, unbalanced or difficult to grasp.
    2. All manual tasks will be identified and assessed for potential risk and appropriate manual handling techniques documented in plans of care and work procedure documents. All manual handling tasks will be in accordance with these documented instructions.

3. Risk assessment concerning manual tasks will be done in consultation with the employee(s) who will be required to perform the task. These assessments will be undertaken utilising a *Manual Task Risk Assessment Tool* which will take into consideration (where relevant) the following factors:
    i. Actions and movements;
    ii. Workplace and workstation layout;
    iii. Working posture and position;
    iv. Duration and frequency of the task to be performed;
    v. Location of the load and distances to be moved;
    vi. Weight, force and other characteristics of the load and/or equipment;
    vii. Work organisation;
    viii. Work environment;
    ix. Skills, experience, age and clothing are worn by the employee(s) required to perform the task; and
    x. Any other factors considered relevant.
4. All new employees will be provided with manual handling training relevant to their roles and responsibilities as assessed on the Position Specification and Description *Skills Demand Checklist* on commencement of their employment and reassessed annually.
5. Alicaring Community will facilitate appropriate training for manual handling instructors responsible for employee training and assessment.
6. Non-weight bearing clients will only be lifted and transferred with the use of mechanical or assistive lifting devices by adequately trained employees.
7. Clients requiring transfer from floor level will only be lifted using mechanical or assistive lifting devices by adequately trained employees.
8. Mechanical and assistive lifting devices will not be purchased prior to consultation with the Support at Home Manager. Any purchases will consider the relevant Australian Standard(s).
9. Lifting devices and client transport equipment (wheelchairs, commodes, shower chairs, etc.) will be maintained following the maintenance schedule.
10. Any audit findings attributed to manual handling practices will be addressed and appropriate strategies implemented.

- First Aid
    1. Alicaring Community will maintain First Aid Kit(s) B, which will be inspected quarterly and accessible to all employees.
    2. In conjunction with the Workplace Health & Safety Committee, management will determine the number and distribution of first aid kits.
    3. First aid will be delivered by the registered nurse on duty or by the nominated first aid person.

INCIDENT MANAGEMENT AND REPORTING

1. All incidents and accidents will be managed per FC 10 – *Workplace Incident/Accident.*
2. All employee, service provider and visitor incidents/accidents will be recorded utilising a *Record of Workplace Incident/Accident*.
3. Significant workplace incidents (IRIS Level 1) involving employees and service providers will be reported in accordance with the reporting structure associated with S8-HCP-001 – *Governance and Quality Management*, Attachment E – *Incident Rating Scale (IRS).*

POST-INJURY MANAGEMENT

1. Alicaring Community will maintain insurance to cover employee incidents/ accidents in the workplace.
2. Alicaring Community will nominate an accredited rehabilitation provider; however, it acknowledges the employee's right to nominate their own accredited rehabilitation provider.

3. Alicaring Community will designate a person to manage all claims for workers' compensation, workplace rehabilitation and return to work programs. This designated person will have completed a WorkCover accredited *Return to Work* training program.
4. Compensation claims will be reviewed monthly by Director/ Chief Executive Officer in conjunction with the Quality Coordinator.
5. Alicaring Community will display its Workplace Rehabilitation protocol on the staff noticeboard.
6. The Quality Coordinator shall maintain contact and communication with an injured employee during the period of incapacity and absence from work.
7. Workplace rehabilitation and return to work process will begin as soon as practicable after the injury and/or as soon as medical opinion agrees it is possible.
8. Suitable work will be made available where possible when an employee's injury does not allow an employee's return to immediate pre-injury duties. These duties shall be made available temporarily in line with the return to work program and comply with medical restrictions provided by the nominated treating doctor.
9. Where possible and appropriate, modifications will be made to equipment, work practices, and duties to assist the injured employee's return to work
10. In conjunction with the Quality Coordinator, the Director/ Chief Executive Officer will appoint the preferred external rehabilitation provider if deemed appropriate or necessary.
11. A *Workplace Injury - Return to Work Plan* will be developed jointly by the Quality Coordinator or representative from the selected rehabilitation provider, if applicable, the injured employee and the injured employee's supervisor. The injured employee's medical practitioner will approve this plan, and a copy will be forwarded to the insurer.
12. Return to work plans will be monitored and reviewed weekly and adjusted to reflect any changes in the injured employee's capacity to work.
13. The Quality Coordinator will maintain *Workplace Injury Management – File Notes* for each injured employee, and confidentiality of the injured employee's information and records will be maintained.
14. Alicaring Community will provide counselling and initiate disciplinary action with any injured employee who fails to participate in adherence to their return to work plan.

RECORD MANAGEMENT

1. Alicaring Community will generate and maintain and store copies of the following records:
    a. Relevant WH&S Acts and regulations that will be accessible to all employees;
    b. Relevant WorkCover documents that will be accessible to all employees;
    c. Related to the testing and maintenance of electrical equipment utilising an *Equipment Register;*
    d. Service and supply agreements that outline issues related to risk assessment and management;
    e. Risk Register (GM 11a);
    f. Risk assessments and risk management plans;
    g. MSDS for all chemicals/hazardous substances utilised in the organisation;
    h. An *Incident/Accident Register* related to the management of injured employees; and
    i. WH&S Committee meeting minutes
2. All records or documents will be initiated, authorised, disseminated, reviewed, stored and/or destroyed following FC 3 – *Document Control* and S8-HCP-001 – *Governance and Quality Management*.

Attachment A – Responsibility Statement

Position	Responsibilities
Director/ CEO	**The Alicaring Community Director/CEO is responsible for:** • Overseeing the establishment and maintenance of WH&S systems • Ensuring appropriate resourcing of the organisation to enable safe work practices • Authorising the WH&S Policy • Authorising the WH&S Responsibility Statement • Providing leadership and being actively committed to the management of WH&S
Quality Coordinator	**The Quality Coordinator is responsible for:** • Reviewing and modifying policy and protocols that promote personal safety and risk management according to current legislation, regulations and associated codes of practice and standards. • Providing adequate resources for education and training to facilitate personal safety and risk management. • Establishing and maintaining a system that, in consultation with employees, addresses hazard identification, risk assessment and control concerning work practices and the work environment. • Establishing and maintaining processes that facilitate consultation concerning the identification and resolution of Workplace health and safety issues. • Monitoring the analysing incident and hazard investigation data to identify trends and priority actions. • Developing and maintaining protocols for the early identification, treatment and management of injury and disease. • Monitoring, or delegating the monitoring of all external contractors and volunteers to ensure that they comply with Alicaring Community's risk management and hazard reporting systems and are provided with all necessary information, training, and equipment to protect their health and safety. • Developing and maintaining a Workplace Rehabilitation Protocol and designate a person to manage all Workers' Compensation, Workplace Rehabilitation and Return to Work programs. • Establishing and maintaining a contingency plan to address emergencies and other disasters. • Ensuring that employees are informed of health and safety issues in the workplace • Ensuring that relevant reports are completed • Developing and maintaining a coordinated and systematic approach to Workplace rehabilitation;

	• Notifying insurers of any work-related injury/illness within the required period of becoming aware of the injury;
	• Maintaining immediate and continual, reasonable and sensitive contact with employees who are off work to provide support and encouragement in the return to work;
	• Liaising with the injured worker's medical practitioner and all other professionals and stakeholders involved in the treatment of the injured worker;
	• Supporting employees in their Return to Work Plans and counsel management/supervisors and all other employees to achieve their cooperation in ensuring the effectiveness of the injured person's return to work;
	• Liaising with managers/supervisors and the WH&S Committee to take steps, as far as is practicable, to prevent recurrence or aggravation of the injury to the employee on the return to work; and
	• Ensuring an appropriate case file is maintained on all injured employees.
Supervisors	**Supervisors are responsible for:** • Acting as role models • Monitoring work practices of employees, volunteers and service providers, to the extent of their control over the workplace, for compliance with the organisation's WH&S policy and protocols • Instigating corrective measures to address identified hazards and unsafe work practices within role responsibilities
Workplace Health and Safety Committee	**The Workplace Health and Safety Committee is responsible for:** • Conducting regular and effective WH&S Committee meetings as per the requirements of S7-HCP-007 – *Workplace Health and Safety* • Reviewing and analysing safety and injury data regularly • Inspecting the workplace for hazards regularly • Contributing to the Workplace Health and Safety planning process • Actively pursuing and promoting WH&S issues on behalf of the staff • Representing the views of staff, ensuring good communication with management and following up on unresolved issues
Employees	**Employees are responsible for:** • Performing work activities and functions in a manner that promotes personal safety and risk management • Identifying hazards in the work area and reporting following relevant policy and protocol • Reporting of incidents per applicable policy and protocol

	• Following organisational guidelines for safe manual handling • Selecting and utilising appropriate equipment according to relevant policy and procedures • Applying Standard and Transmission based precautions according to relevant policy and procedures • Using and storing chemicals following relevant MSDSs • Attending compulsory WH&S training sessions • Participating in rehabilitation and return to programs • Participating in the WH&S consultative process
Service/Supply Contractors	**Accountable to Chief Executive Officer or Support at Home Manager** Responsibilities include, but are not limited to: • Performing work activities and functions in a manner that promotes personal safety and risk management • Identifying hazards in the work area and reporting under their agreement • Reporting of incidents per their agreement • Providing and utilising appropriate protective equipment and clothing • Using safety isolation procedures as required • Labelling, using and storing chemical and other hazardous substances according to the organisation's relevant policy and protocols • Disposing of waste materials according to applicable Standards and Codes of Practice • Maintaining procedures for ongoing risk assessment and management during the period of the contract
Care Recipients and their families	**Care Recipients and families are responsible for:** • Contributing their ideas and viewpoints on WH&S issues at client meetings and forums; • Becoming familiar and complying with the requirements of the service's Evacuation Plan and safety rules; • Appreciating that the service's policy and procedures are designed with the wellbeing of both employees and residents in mind while complying with legislative requirements; • Acknowledging that from time to time, some activities and routines may be reorganised to take into account the WH&S and rehabilitation needs of employees; and • Seeking advice from employees on the WH&S implications of the safety and design of clothing, appliances or other personal possessions before bringing such items into Alicaring Community.

Attachment B - WH&S Training Requirements

Occupation Titles	Training Requirements	Frequency of Training	Training Provided By	Training Details
All employees	WH&S Management Systems • Risk Management • Hazard Identification and Management • Incident/Accident Management First Aid Measures	During orientation period Annual update	OH&S Committee Chair Trainer/Educator	
All employees	Manual Handling	First day of orientation Annually	Manual Handling Coordinator	Skills Assessment No. SA 03
Nominated employees Member to conduct in-house training & competency assessment	Manual Handling	Initial	External Provider	WorkCover approved course
All employees	Infection Control – including use of PPE relevant to work role	First day of orientation Annually	Workplace Supervisor Trainer/Educator	Skills Assessment SA 02
All employees	Aggression Management	During orientation Annually	Registered Nurse	
All employees	Security & Emergency Preparedness	First Day of orientation Annually	External provider	
WH&S Committee Members WH&S Representatives	WH&S Consultation	Initial	External Provider	Accredited Course
Quality Coordinator	Return to Work Process Workers Compensation	Initial	External Provider	Accredited course
All employees working with hazardous substances	Handling & Storage of Chemicals	During orientation Annually	WH&S Committee Member Trainer/Educator	
All employees as required/relevant	Equipment/ Plant/Process /Procedure	Initial or as identified	Relevant supervisor Trainer/Educator	