NSW Health Mandatory Training Reform

Policy Directive Inclusions

Revised October 2017
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PD2011_042: Breastfeeding in NSW: Promotion, Protection and Support

PD2008_027: Maternity - Clinical Care and Resuscitation of the Newborn Infant

PD2009_003: Maternity - Clinical Risk Management Program

PD2010_064: Maternity - Prevention, Early Recognition & Management of Postpartum Haemorrhage (PPH)

PD2012_016: Blood - Management of Fresh Blood Components

PD2013_002: Designated Officer Policy and Procedures

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PD2013_006: Injury Management and Return to Work

PD2015_026: Recruitment and Selection of Staff to the NSW Health Service

PD2016_007: Clinical Care of People Who May Be Suicidal

PD2013_038: Sexual Safety – Responsibilities and Minimum Requirements for Mental Health Services
PD Education and Training References:

Page 7-8: For officers to demonstrate that they have been pro-active in ensuring that an Agency has done what is reasonably practicable to address a work health or safety matter, the following structures and systems should be in place:

- WHS education and training processes which identify needs and provide training and instruction to address the identified needs and which target all levels of the Agency, commensurate with responsibilities.

Page 13 (Section 4.5 Risk Management): Managers/supervisors must ensure that they: attend Agency training to develop an appropriate level of competence in risk assessment and risk management

Page 18 (Section 4.6 Information, Training, Instruction and Supervision):

4.6.1 Duty to provide information, training, instruction or supervision

Each agency has a duty under the WHS Act to ensure, so far as is reasonably practicable, the provision of any information, training, instruction or supervision that is necessary to protect all people from risks to their health and safety from work carried out by the agency.

The extent of information, training, instruction and supervision depends on the nature of the work being carried out, the nature of the associated risks at the time and implemented control measures. The existing skills, knowledge and experience of the workforce must also be considered.

By providing workers with effective training and adequate information, instruction and supervision, they will become aware of safety issues and should be better able to perform their work safely.

Page 19 - 4.6.3.1 Training to be provided to officers and managers

Officers should have access to training, as required, to:

- Assist them in ensuring appropriate systems and structures are developed and implemented, to fulfil their duty of care obligations
- Ensure they understand WHS legislation and their obligations
- Ensure they understand the hazards and risks arising from the nature of the work undertaken by the agency.

Managers/supervisors should have access to training, as required, to:

- Ensure they can provide adequate supervision to workers
- Ensure they have an appropriate level of competence in undertaking risk management.

Page 19 - 4.6.3.2 Training for workers

Training requirements of workers should be based on the nature of their work and their skills, knowledge and expertise. Generally this covers:

- How WHS is managed in the workplace
- How to report a hazard or other safety issues
- The health and safety procedures there are in place for tasks (such as safe work procedures)
Work Health and Safety: Better Practice Procedures

**Tier 1**

- What information is available to help them do their job safely eg operator manuals, safety data sheets
- Manual handling
- Violence prevention and management
- Duress response training (when member of a duress team)
- Complaint management processes
- Hand hygiene
- Safe handling of cytotoxic drugs for workers who handle cytotoxic drugs
- Safe use of glutaraldehyde for workers who come into contact with glutaraldehyde.

**Induction training**

Induction information should be provided when a worker first starts at the workplace. At a minimum, this should cover information and instruction on:

- Emergency procedures
- Use of duress alarms or procedures for summoning assistance
- How work health and safety is managed, including consultative arrangements
- Procedures for reporting incidents, injuries and hazards
- Amenity facilities e.g. safe entry and exit to and from the workplace; specific procedures for after hours work (eg able to be escorted to car by security); afterhours access control; toilets, drinking water, eating facilities

**Other legislated training requirements applicable to NSW Health**

In addition, there are specific training requirements under the WHS Regulation for:

- Health and safety representatives (HSR) – Specified as: 5 day training, plus one day of refresher training each year
- Working in confined spaces e.g. content of confined space entry permit, control measures, personal protective equipment, emergency procedures.

**Engagement of labour hire staff** - Where labour hire staff (eg nursing agency or security contractors) are engaged, the Agency must consult, co-operate and co-ordinate with the labour hire company and the labour hire staff to ensure that they are given appropriate instruction, training and supervision to undertake the contracted role safely.
PD2010_024: Fire Safety in Health Care Facilities

### Roles and Responsibilities

Health Facility managers are responsible for:

- Fire Safety education requirements for Fire Safety Officers and Fire Safety Managers are met (sections 7 and 8)
- Annual Fire Safety Education is provided for all employees (section 8) this includes evacuation exercises; use of fire fighting equipment; maintaining a safe working environment.

All employees have an obligation to familiarise themselves with all fire emergency equipment and facilities with their workplace and participate in the annual fire safety education program.

### Section 6.1 Employees

Employees have an obligation under the Occupational Health & Safety Act (changed to the WH&S Act 2011 – general duty of care but no specification for annual training requirements) to familiarise themselves with all fire emergency equipment and facilities within their workplace and participate in the annual fire safety education program.

### Section 6.4 Nationally recognised Training Standards

1. This document specifies that the fire safety education training should be aligned with the nationally recognised training standards. The intention of including these standards is to provide a framework to guide educators. Compliance with meeting the competencies or time frames is not required.
2. In relation to general employee education, the standards specified in Appendix 2 do not increase the content requirement of existing health care fire safety education. It is an alignment of the current content with the relevant Public Safety Training standards.

### Section 7 Fire Safety Education Requirements

To ensure an informed and standard approach to fire safety advice and training in NSW health care facilities, appointed Fire Safety Officers are to attend either a Fire Safety Officer (FSO) or Fire Safety Manager (FSM) training program provided by:

- Suitably qualified Fire Safety Manager (See Appendix 2)
- NSW Fire Brigades’ ComSafe Training Services.
- A private provider as outlined in Sect 7.5

### Section 8 Annual Fire Safety Education

Healthcare organisations management are responsible for the provision of a suitably qualified person to conduct fire safety education to all employees in line with the relevant components of the competencies as outlined in Section 7.5 and Appendix 2. This education falls into 3 general components: Theoretical, practical use of firefighting equipment and evacuation exercises. All new employees upon commencement and all employees, at least annually, shall participate in the theoretical and practical components. An evacuation exercise/drill shall be carried out in all departments of health care facilities annually.
Where it is not possible for 100% of staff to attend training, a healthcare organisation needs to demonstrate that reasonable efforts have been made to ensure that all staff receive training. There should be a policy for managing chronic non-participants in training and drills, with evidence of actions to follow-up.

**Healthcare facilities and/or buildings where this will apply shall be consistent with the Building Codes Australia (BCA) definition below:**

Health-care building means a building whose occupants or patients undergoing medical treatment generally need physical assistance to evacuate the building during an emergency and includes:

(a) a public or private hospital; or
(b) a nursing home or similar facility for sick or disabled persons needing fulltime care; or
(c) a clinic, day surgery or procedure unit where the effects of the predominant treatment administered involves patients becoming non-ambulatory and requiring supervised medical care on the premises for some time after the treatment.

**8.1 – Theoretical**

Fire and emergency prevention (maintaining a safe working environment), evacuation theory and installed sound systems for emergency purposes. Theoretical components of the education may be delivered in a number of ways, e.g. E-Learning, self-directed learning packages, face to face lectures, etc. Emphasis shall be on outcomes of knowledge assessments

**8.2 Practical Use of Fire Fighting Equipment**

A practical demonstration in the operation of the portable fire-fighting equipment. Hands on use should be encouraged where and when practical to do so. Practical instruction should include all equipment located within the employees’ area of work. Including fire extinguishers, fire blankets, fire hose reels, etc.

**8.3 Evacuation Exercises**

Evacuation exercises/drills shall, as a minimum, involve employees working through a stage 2 evacuation for patient/resident care area employees and full stage 3 evacuation for all other employees. The exercise/drill need not necessarily be on a large scale, although in larger establishments this is desirable. Irrespective of the size of the exercise/drill it should simulate a fire or other emergency situations in order to test the following:

- Action taken by employees
- Communication
- Existing emergency response procedures
- Installed fire protection systems

(2) The Private Hospitals Regulation 1996 and Day Procedure Centres Regulation 1996 currently require organisations covered under these regulations to have all employees undergo evacuation exercises once every 6 months. All other health care organisations should have all employees undergo an evacuation exercise at least annually.

(3) Managers shall ensure that new employees receive a departmental orientation specific to their workplace immediately on commencement of duty. Generic fire safety education provided by an FSO/FSM should be given to new employees as an integral part of their organisations orientation at the earliest possible opportunity. In small organisations these 2 components may be combined.
### PD2010_024: Fire Safety in Health Care Facilities

(4) All employees who may act in the role of Emergency Coordinator shall complete all components of fire safety education referred to in this section. In addition they shall undergo the additional Emergency Controller components specified in Appendix 2, annually.

**Page 21 – Section 14.1 Sample Fire Safety Officer Position Description**

Fire Safety Officer (EDUCATOR) who has attended FSO training would also:

- (vii) Conduct mandatory annual and orientation fire safety training of employees, in line with Section 6.3.2, where they meet the competencies outlined in Appendix 2.

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### PD2017_026: Clinical and Related Waste Management for Health Services

**PD Education and Training References:**

**Page 14 (Section 4 Training and Information):** All workers need to know how to handle waste safely and notify incidents, including casual staff, contractors and volunteers. It is the responsibility of each health service to identify all workers that require training and ensure that the training is undertaken to the standards required by this policy. This includes providing a waste management education module as part of the orientation for all new relevant staff.

The Health Education and Training Institute NSW (HETI) offers online learning and training modules on waste processes through My Health Learning. Specific training in all procedures associated with the implementation of the WMP (Waste Management Plan) should be provided to:

- waste generators
- handlers, collectors
- transporters
- key management staff.

Training programs by the health service should aim to prevent injury and disease by ensuring the health services include:

- infection control and hand hygiene procedures
- approved work practices, including specific waste handling and disposal, spill
- management, spill kit locations, etc.
- regulatory requirements and methods of compliance
- the provision and use of required PPE
- WHS and public health information relating to the equipment and chemicals/drugs used in the health service, e.g. SDSs for hazardous chemicals, handling of hazardous goods, hazardous manual tasks, operating manuals for clinical devices, sharps injury prevention, etc.
- first aid and treatment for needle stick and blood and body fluid (or body substance) exposure
- emergency response procedures and facilities (e.g. emergency showers, etc.)
- details of workplace vaccination program, post-incident counselling services with rights to privacy, etc.
### PD Education and Training References:

In this document the use of the word:

- **Must** indicates a mandatory practice required by law and/or by NSW Health policy directive;
- **Should** indicates a strongly recommended action or practice that is to be followed unless there are sound reasons for taking a different course of action.

**Page 15 & 16 (Section 2.5.5 – Education and Training)**

An ‘organisational learning’ model is recommended – where education contributes primarily to the professional development of staff and subsequently to organisational outcomes in terms of practice standards and cultural norms. This approach requires education to function via a partnership model in which relevant and appropriate (including mandatory) education is made accessible to HCWs. Accordingly, education will be conducted at frequent intervals to allow all relevant HCWs the opportunity to attend and managers will release HCWs from clinical duties to facilitate their attendance and participation.

To achieve the minimum standard of health and safety for workers, employers **must** ensure that all new staff members are provided with training and/or skills in accordance with *PD2005_187: Orientation Policy for NSW Health* (Obsoleted April 2014). In relation to sharps injury prevention the following elements **should** be provided:

- overview of the organisation’s sharps injury prevention program;
- standard precautions;
- safe handling and disposal of sharps;
- routine use of sharps disposal containers;
- reporting of sharps injuries and other blood and body fluid exposures;
- reporting of identified risks associated with sharps use and disposal;
- hierarchy of risk controls;
- the range of SESDs used throughout an organisation and how the specific safety feature/s operate;
- risks for acquisition of blood borne viruses;
- occupational vaccination and screening; and
- post exposure management processes.

This training **should also include:**

- data relevant to the incidence of sharps injuries within the organisation and the NSW public health system.

In regards to **contractors and agency staff**, organisations **should** require such staff to have a basic knowledge about the risks associated with sharps injuries and appropriate prevention strategies prior to service engagement. However, mechanisms should be in place where reasonably practicable, to ensure contractors and agency staff receive relevant education and information about work practices and sharps devices specific to the area to which they are deployed.
Clinicians who are relocating to a different work area within the organisation, either temporarily or permanently, **must** be provided with education or training in the use of sharps devices specific to that area with which they are unfamiliar.

An **annual program** of education incorporating sharps injury prevention (elements as per bullet points above) **should** be provided by each organisation to all staff exposed to the risk of sharps injury, including domestic workers such as cleaners, laundry and food service staff. This information can be integrated into existing, associated educational programs.

Education and training **should** also be implemented in response to specific incidents.

Active participation of HCWs can be optimised through the use of a variety of educational techniques. For example, ‘train-the-trainer’ programs that incorporate the skills and accessibility of front-line staff working in clinical settings should be utilised.

Education and training **should** be provided in a manner appropriate to the workplace and take into account any HCW disabilities, language barriers and varying levels of literacy.

De-identified local, aggregate clinical indicator data relating to sharps injuries **should** be made available to staff on a periodic basis (e.g. annually) to raise awareness of exposure trends.

Provision **should** be made for all staff that perform IV cannulation or phlebotomy procedures to undertake a clinical assessment process. (SEE TOOLS F & G).

Organisations may choose to take into account prior training and clinical assessment of staff when determining competence in relation to the procedures of phlebotomy and IV Cannulation.

Education and training **must** be provided when new devices are introduced or clinical practices are changed. A clinical assessment process for all relevant clinicians should be considered following the implementation of new SESDs.

Public health organisations **must** ensure staff, including managers, have appropriate access to training to ensure they have the necessary skills and knowledge to prevent and respond to violence.

Public health organisations have a legal obligation to ensure all staff receive sufficient training, instruction and supervision to enable them to work safely. All staff must know how to recognise, respond to and report incidents of aggressive, intimidating, threatening or violent behaviour.

NSW Health staff, including managers are expected to contribute to the achievement of a safe workplace by being aware of and acting in accordance with NSW Health policies and procedures regarding workplace violence, attending all necessary training, and participating in other relevant learning activities.

A training needs analysis must be undertaken, and documented, to determine the level of training required by staff.

**Page 2 - Chief Executives are required to:**

- Provide overall direction for the implementation of violence prevention training and ensure that violence prevention training is monitored and evaluated
- Direct adequate resources to training to ensure requirements for health and safety are met and that managers can meet their responsibilities
### PD2012_008: Violence Prevention & Management Training Framework for the NSW Public Health System

**Tier 1**

- Identify staff within their public health organisation who will:
  - Identify and assess education and training needs of staff in regard to violence prevention and management
  - Coordinate the delivery of comprehensive training programs and learning activities to meet individual and organisational needs consistent with the requirements of this policy
  - Identify training resources required to deliver timely and adequate training
  - Ensure that staff have opportunities to attend training, all staff are trained within three months of commencing employment, and all staff receive refresher training at least every two years
  - Arrange for the effectiveness of training to be evaluated.

**Page 2 – Violence Prevention Training**

Refresher training **should** occur to ensure that the skills of staff are maintained.

### PD2010_033: Children and Adolescents - Safety and Security in NSW Acute Health Facilities

**Tier 1**

**Page 3, Section 5.4 – Child Protection Issues**

Every facility providing care to children is responsible for mandatory child related screening of employees and for ensuring all staff receive education and training regarding the protection of children and young people. Staff **must** be aware of their roles and responsibilities with regard to child protection legislation.


**Tier 1**

**Page 2 – Mandatory Requirements**

Participate in **mandatory** and/or other child protection training for NSW Health workers.

**Page 4 – Section 2.7 Child Protection Training**

**Local Health Districts/Specialty Networks** are responsible for providing **mandatory** child protection training for Health workers. Most LHDs have child protection trainers who coordinate child protection training in their district.

**The Education Centre Against Violence (ECAV)** provides mainstream and specialist training, consultation and resource development to support workers to perform their tasks. Further information is available from the ECAV website: [http://www.ecav.health.nsw.gov.au](http://www.ecav.health.nsw.gov.au)

**Page 12, Section 4.6 Systems, Policies and Procedures to be Established by Health Services**

- **2: Mandatory** and other Child Protection Training for Health Workers

Local Health Districts / Specialty Networks are responsible for providing **mandatory** child protection training for Health workers. Many LHDs have child protection trainers and/or child protection co-ordinators who co-ordinate child wellbeing and Child protection training for their LHD.
Each Local Health District /Speciality Network should have an ongoing training strategy that:

- Supports all Health workers receiving training about child protection that is relevant to their position;
- Facilitates the release of workers to attend designated mandatory training sessions; and
- Supports follow-up information or training sessions to be conducted for all health workers if there are significant changes in the child protection system.

Two hours training is a core training requirement for all health workers and should be provided as part of induction processes for new Health workers.

Core training should cover:

- early identification and response to safety, welfare and wellbeing concerns;
- responsibilities and procedures for reporting children and young people who are suspected to be at risk of significant harm; and
- identification of systems and structures for additional information and support.

Health workers working directly with children and young people (including maternity, child and youth health and paediatric services), or with adults who have children in their care and whose parenting capacity may be in question (for example, mental health and drug and alcohol services) require more detailed information and guidance on responding to vulnerable children and young people and their families. These Health workers should attend a minimum of one day face-to-face training by the Local Health District / Speciality Network Child Protection Trainer or accredited child protection facilitator in accordance with a local training strategy. This training should occur at orientation or as soon as possible thereafter. Particular attention to the training needs of junior medical staff working in these services needs to be given.

Child Protection Facilitator training is provided by the Education Centre Against Violence (ECAV). As a minimum requirement, all Health staff who conduct child wellbeing and child protection training should attend this training. This training provides an accreditation process for experienced health workers to provide child protection training within Local Health Districts / Specialty Networks. More comprehensive training (knowledge and skills based) on child protection, sexual assault and domestic violence for workers in mainstream, specialist and Aboriginal roles is also available through ECAV. Further information is available from the ECAV website: http://www.ecav.health.nsw.gov.au/

Page 21, Section 5.1.7: Training for Health Workers


This includes Certificate IV in Aboriginal Family Health (Family Violence, Sexual Assault, Child Protection) and Advanced Diploma of Aboriginal Specialist Trauma Counselling.

Training for mainstream workers is available through Local Health District / Specialty Network Cultural Awareness training or the ‘Competent Responses to Aboriginal Sexual and Family Violence’ for non-Aboriginal workers through the Education Centre Against Violence. This course is a requirement for certain specific Health services, e.g. Sexual Assault Services.
**PD2014_004: Incident Management**

Page 10, Section 2.5: Step 5 – Investigation

All Health Services *should*:

C) provide access to training programs for the investigation of incidents

Page 1 NB: Policy states that **All Staff** are responsible for:

- Notifying all incidents identified using the Incident Information Management System (IIMS) - therefore all staff are required to be trained to use the IIMS system.

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**PD2012_061: Environmental Cleaning Policy**

**PD Education and Training References:**

Page 2: 1) Ensure cleaning staff have access to task specific training and education. 2) Ensure staff and contractors are competent in performing cleaning tasks.

Page 5: A healthcare facility or external contractor *must* provide staff that are trained in the requirements of cleaning a healthcare facility. Staff must be trained as soon as practical from commencement of employment. Content for training *must* include infection prevention and control principles, WH&S principles, correct procedures of cleaning tasks to be performed, safe use and purpose of chemicals. Education and training of staff that clean *must* be ongoing and site specific to the healthcare facility. Records of education and training *must* be held by the facility or external provider and made available on request.

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**PD2017_013: Infection Prevention and Control Policy**

**PD Education and Training References:**

*must*: indicates a mandatory practice required by law or by departmental directive. A departmental directive is only issued where it is considered necessary in the interests of patient and healthcare worker safety

*should*: indicates a strongly recommended practice

Page 1 (Implementation) The Health Education and Training Institute (HETI) – Provides educational resources to support the implementation and compliance with this policy.

Page 6 (Section 4.2 Provision of education)

Each Public Health Organisation (PHO) *must* ensure that all Health Workers (HWs) are provided with education, in line with their duties, on preventing and controlling the risk of transmitting microorganisms at minimum during induction and on an ongoing basis.

Online mandatory training is described in the NSW Health Education and Training Institute (HETI) Mandatory Training Matrix and is underpinned by the NSW Health Mandatory Training - Criteria for Approval as a NSW Health Requirement PD2016_048 for all HWs. Completion of this training *is required* to meet patient safety programs and **Standard 3 of the NSQHS Standards**. The PHO is responsible for ensuring such training is completed by all HWs.
**PD2017_013: Infection Prevention and Control Policy**

Page 6 (Section 4.2) – Public Health organisations **must** ensure that all HWs working in clinical areas have completed training in the correct use of Personal Protective Equipment (PPE). At a minimum, this **should** include how to remove PPE without self-contamination and cleaning of shared reusable PPE.

Page 9 (Section 6.2 Hand Hygiene) - PHOs **must** ensure an ongoing hand hygiene awareness program...for all HWs that is consistent with the National Hand Hygiene Initiative. CEC Hand Hygiene and Patient Safety Programs.

Page 12 (Section 6.3.5 Aseptic technique) - Each PHO **is to provide** its clinical workforce with, or access to, aseptic technique education.

Page 12 (6.3.8 Safe use and disposal of sharps) - A PHO **must** provide training to HWs on sharps handling and disposal.

Page 13 (Section 7 Reprocessing of Reusable Medical Devices (RMDs)) - Reprocessing of critical and semi-critical RMDs and maintenance of the reprocessing environment **should** be delegated to appropriately trained HWs.

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**PD2012_035: Aggression, Seclusion & Restraint in Mental Health Facilities in NSW**

Page 2, Implementation - Chief Executives **must**: Ensure that all staff are made aware of their obligations regarding this policy and procedure through staff education.

Page 7, Section 2: Preventing Disturbed Behaviours - To prevent disturbed behaviour, it is important for managers and staff to incorporate risk identification and management into routine and ongoing team communications. A variety of means may assist this process including (but not limited to):

- Ensuring staff have access to training consistent with the core education and training priorities of the National Mental Health Seclusion and Restraint Project (Appendix 5)

Page 8, Section 3: Minimising Disturbed Behaviour - Mental Health services will ensure all members of the mental health team are able to perform a range of interventions to minimise disturbed behaviour consistent with the core education and training priorities in Appendix 5.

Page 34, Appendix 3: Key Principles of Restraint and Seclusion - **Principle 3**: Right to highest attainable standards of care:
PD2012_035: Aggression, Seclusion & Restraint in Mental Health Facilities in NSW

- Staff involved in restraint or who are caring for consumers in seclusion must have undergone appropriate training and have a sound knowledge of relevant legislation and preventative consumer care interventions including de-escalation and/or conflict resolution.
- Education and training is provided to update the knowledge and practice skills of all staff who may potentially be involved in the use of restraint/seclusion, including risk assessment and alternative interventions.

Page 36, Appendix 4: Six Core Strategies

Strategy 2: education of staff on the interpretation and use of data as a quality improvement tool.

Strategy 3: development and delivery of intensive and ongoing staff training and education activities relating to the seclusion and restraint reduction strategies. To emphasise the importance of this strategy, training/education activities have been included under each of the six core strategies.

Page 49 & 52, Appendix 7 - NMHSRP Seclusion Practices Audit Tool

3.4 There is evidence of addressing restraint & seclusion practices that includes:
- training and education program in relation to restraint and seclusion
- education on post restraint and seclusion debriefing of consumers and carers

3.5 Mandatory training is provided to staff on restraint and seclusion reduction systems of care

PD2014_012: New South Wales Health Services Functional Area Supporting Plan (NSW HEALTHPLAN)

Page 18 - Education, Training and Exercises

314 Planning, preparation and training, together with exercises, underpin successful emergency management arrangements.

315 The Health Emergency Management Education Advisory Group is responsible for developing and endorsing a curriculum for health emergency management training to ensure that education is consistent across LHDs/Networks and is aligned to State and Commonwealth directions. The HEMU coordinates state-wide emergency management education opportunities and assists LHDs/Networks to meet their emergency management training obligations.

316 LHDs/Networks are responsible for implementing emergency management education programs that enhance the knowledge and skills of their staff, and to ensure that there are adequate numbers of trained personnel to respond to emergencies.

317 The LHDs/Networks should consult with the HEMU for support and identification of available resources in the development of coordinated training activities and exercises.

NSW Health Disaster Preparedness Education (GL2009_005) - Amendment

Page 3

The following areas have been identified as the priority for course benchmarking and curriculum development
- Emergency Procedures - for all health staff
- Incident Control System – in several formats for key position holders
### PD2014_012: New South Wales Health Services Functional Area Supporting Plan (NSW HEALTHPLAN)

**Tier 1**

- A new Health Emergency Management Preparedness course with advanced modules across the five health service components;
- Health Response Team training;
- Chemical, biological and radiological (CBR) training for ED health workers; and
- Liaison officer training for middle management who work in Health Disaster Control Centres/Emergency Operations Centres during a major incident or planned event.

### PD2012_067: Emergency Management Arrangements for NSW Health

**Tier 1**

**Page 2 – Mandatory Requirements**

- The HEMU must develop a health emergency management training curriculum to ensure that education is consistent across the LHDs/Networks and aligned to State and Commonwealth plans and priorities.
- LHDs/Networks should work with each other and HEMU to develop areas of training and exercise specialisation and to develop, in consultation with the HEMU, training and exercise schedules to meet their needs.
- In consultation with the HEMU, LHDs/Networks should cooperate in order to deliver education and exercise programs across LHDs/Networks.

**Page 10, Section 7 – Education, Training and Exercises**

The NSW Health Disaster Strategic Training Review identified the training requirements for different levels of staff. LHDs/Networks are responsible for implementing education programs that enhance knowledge and application of skills by their staff and for ensuring adequate numbers of trained personnel.

LHDs/Networks must ensure that staff expected to perform duties during emergencies have undertaken appropriate training as defined by the HEMU, Office of the State HSFAC. Such training needs to include MIMMS, Incident Control System (ICS), and liaison officer training.

To complement training LHDs/Networks must conduct a set number of exercises per year designed to test the LHD/Network HEALTHPLAN. Exercise requirements are provided by the HEMU, Office of the State HSFAC.
Tier 2 – National Safety and Quality Health Service Standards (NSQHSS)

Standard 1: Governance for Safety and Quality in Health Service Organisations

1.4: Implementing Training in the Assigned Safety and Quality Roles and Responsibilities

<table>
<thead>
<tr>
<th>Tier 2</th>
<th>1.4: Implementing Training in the Assigned Safety and Quality Roles and Responsibilities</th>
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<tbody>
<tr>
<td>Action 1.4.1:</td>
<td>Orientation and ongoing training programs provide the workforce with the skill and information needed to fulfil their safety and quality roles and responsibilities</td>
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<tr>
<td>Action 1.4.2:</td>
<td>Annual mandatory training programs to meet the requirements of these Standards</td>
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<td>Action 1.4.3:</td>
<td>Locum and agency workforce have the necessary information, training and orientation to the workplace to fulfil their safety and quality roles and responsibilities</td>
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<tr>
<td>Action 1.4.4:</td>
<td>Competency-based training is provided to the clinical workforce to improve safety and quality</td>
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</tbody>
</table>

Mandatory Education and Training References within the Standard:

Suggested Strategies

The governing body and senior managers overseeing the effectiveness of clinical governance systems should seek to satisfy themselves that organisational policies:

- define mandatory orientation, education and training requirements in relevant aspects of safety, quality, leadership and clinical risk for all members of the workforce

1.16: Implement an Open Disclosure Process Based on the National Open Disclosure Standard

<table>
<thead>
<tr>
<th>Tier 2</th>
<th>1.16: Implement an Open Disclosure Process Based on the National Open Disclosure Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action 1.16.2:</td>
<td>The clinical workforce are trained in open disclosure processes</td>
</tr>
</tbody>
</table>

Mandatory Education and Training References within the Standard:

Key Tasks:

- Review inclusion of Open Disclosure modules in the organisations orientation, education and training programs and confirm that all members of the Clinical workforce have sufficient opportunity to gain appropriate knowledge and skills
- Monitor and ensure participation be all members of the clinical workforce in open disclosure education and training
### Standard 3: Preventing and Controlling Healthcare Associated Infections

#### 3.9: Implementing Protocols for Invasive Device Procedures Regularly Performed within the Organisation

<table>
<thead>
<tr>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action 3.9.1:</strong> Education and competency-based training in invasive devices protocols and use is provided for the workforce who perform procedures with invasive devices.</td>
</tr>
</tbody>
</table>

**Mandatory Education and Training References within the Standard:**

**Key Tasks:**
- Prioritise education, competency-based education and assessment to address highest use and highest risk areas first.
- Extend education and competency-based training to all areas in the health service organisation where invasive devices are used.

**Explanatory notes:**
To minimise risk associated with the use of invasive devices, the health service organisation needs to consider how the workforce who perform procedures with invasive devices will be adequately educated and competent in the skills required for safe insertion, use and maintenance of the device. Education and competency-based training will be influenced by retention and attrition rates with the workforce.

Education materials used at orientation, planned education sessions or as part of competency assessment related to invasive device use include:
- evidence-based content
- cover all topic areas of the protocol
- competency-based training that is validated or working towards being validated
- an evaluation and review process is included.

**Outputs of improvement processes may include:**
- A plan for ongoing education and assessment of competence for the clinical workforce who perform procedures with invasive devices.

#### 3.10: Developing and Implementing Protocols for Aseptic Technique

<table>
<thead>
<tr>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action 3.10.1:</strong> The Clinical Workforce is trained in Aseptic Technique.</td>
</tr>
</tbody>
</table>

**Mandatory Education and Training References within the Standard:**

**Explanatory notes:**
The frequency of education and competency-based training will be influenced by workforce retention and attrition rates.

Training, education materials and learning packages related to aseptic technique to include the following features:
### 3.10: Developing and Implementing Protocols for Aseptic Technique

<table>
<thead>
<tr>
<th>Tier 2</th>
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</table>
| - evidence-based content  
- cover all topic areas of the protocol  
- if competency-based training is used it is validated or working towards being validated  
- an evaluation and review process. |

Materials used for hand hygiene technique assessment, appropriate use of personal protective equipment (PPE), and CLABSI project assessment tools would be utilised as part of the education content for aseptic technique. Monitoring of education or competency-based training would be guided by clinical workforce feedback or results of evaluation of education and assessment resources.

### 3.18: Ensuring workforce who decontaminate reusable medical devices undertake competency based training in these practices

<table>
<thead>
<tr>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action 3.18.1: Action is taken to maximise coverage of the relevant workforce trained in a competency based program to decontaminate reusable medical devices</td>
</tr>
</tbody>
</table>

**Mandatory Education and Training References within the Standard:**

**Suggested strategies:**
The workforce responsible for reprocessing reusable instruments and equipment will be able to demonstrate that they are appropriately trained to undertake and complete the required processes. Training includes:

- completion of **mandatory** education.

**Explanatory notes:**
In addition, when considering initiatives used to increase training a review would include:

- recognition of other materials utilised as part of the education program e.g. hand hygiene technique assessment, appropriate personal protective equipment (PPE) use.

**Outputs of improvement processes may include:**
Examples of education materials and learning packages related to decontamination of reusable medical devices, instrumentation or equipment. Features of these materials should include:

- evidence-based content  
- compliance with relevant national or international standards  
- cover all topic areas of the policy, procedures and/or protocols  
- competency-based training that is validated or working towards being validated  
- an evaluation, audit, feedback and review process is included.
## Standard 9: Recognising and Responding to Clinical Deterioration in Acute Health

### 9.6 Having a clinical Workforce that is able to respond appropriately when a patient’s condition is deteriorating

<table>
<thead>
<tr>
<th>Action 9.6.1</th>
<th>The clinical workforce is trained and proficient in basic life support</th>
</tr>
</thead>
</table>

**Mandatory Education and Training References within the Standard:**

**Key task:**
Develop, adapt or provide access to basic life support training for the clinical workforce, including mechanisms for monitoring participation and assessing competence

**Suggested strategies:**
You should ensure that all clinicians, including those who are casual, from an agency or locums, are capable of implementing basic life support measures while awaiting emergency assistance. Poor-quality resuscitation has been reported both in and out of hospital. If internal training is not available, use external training agencies who offer certification in basic life support skills.

Improving non-technical skills such as leadership, teamwork, task management and structured communication should help improve patient care and the performance of resuscitation providers. Simulation training can assist in improving both technical and non-technical skills, which may help to improve patient survival and reduce potential for error.

**Outputs of improvement processes may include:**

- orientation, education and training resources

### 9.9 Enabling patients, families and carers to initiate an escalation of care response

<table>
<thead>
<tr>
<th>Action 9.9.4</th>
<th>Action is taken to improve the system performance for family escalation of care</th>
</tr>
</thead>
</table>

**Mandatory Education and Training References within the Standard:**

**Suggested strategies:**
You should consider developing scripted information for orientation, training and education resources. These scripts describe how to introduce and explain the escalation system to a patient, family member or carer.

**Outputs of improvement processes may include:**

- Communication material or education and training resources developed for clinicians and/or patients and carers.
Tier 3 – Ministry of Health Directive Training

<table>
<thead>
<tr>
<th>PD2011_069: Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>PD Education and Training References:</td>
<td></td>
</tr>
<tr>
<td>Page 1 – Mandatory Requirements</td>
<td></td>
</tr>
<tr>
<td>Gaining an understanding of and respect for Aboriginal people will enable NSW Health staff to develop meaningful and respectful professional relationships, culminating in improved health care outcomes for Aboriginal people, their families and communities. NSW Health is committed to mandatory Aboriginal Cultural Training for all health staff.</td>
<td></td>
</tr>
<tr>
<td>Page 6 - Training Commitment</td>
<td></td>
</tr>
<tr>
<td>Gaining an understanding of and respect for Aboriginal people will enable NSW Health staff to develop meaningful and respectful professional relationships, culminating in improved healthcare outcomes. NSW Health is committed to the Aboriginal Cultural Training Framework, incorporating it into the mandatory training requirements for all health staff.</td>
<td></td>
</tr>
<tr>
<td>Page 7 - Training Delivery</td>
<td></td>
</tr>
<tr>
<td>The Framework outlines the nominal training requirements for all staff working in NSW Health. Locally, organisations may choose to provide more training than the nominal requirements.</td>
<td></td>
</tr>
<tr>
<td>There are three components to the delivery of ‘Respecting the Difference’ training:</td>
<td></td>
</tr>
<tr>
<td>• E-learning (online)</td>
<td></td>
</tr>
<tr>
<td>• Generic Subject Content (face-to-face)</td>
<td></td>
</tr>
<tr>
<td>• Local Content (face-to-face)</td>
<td></td>
</tr>
<tr>
<td>The e-learning program content will encompass a variety of activities and teaching methodologies to cater for differing learning styles.</td>
<td></td>
</tr>
<tr>
<td>Face-to-face generic subject components will support and complement the online program. The local content training component is specific to particular local Aboriginal communities and is provided by face-to-face workshops.</td>
<td></td>
</tr>
<tr>
<td>All components of the training are connected and ideally should be completed close together or within six months.</td>
<td></td>
</tr>
<tr>
<td>Should staff move locations, it is recommended that they undertake the local content training for the new area.</td>
<td></td>
</tr>
<tr>
<td>Local Health Districts and other NSW Health organisations will determine their individual Aboriginal Cultural Training Programs (ACTP) with consideration of the information provided in this framework</td>
<td></td>
</tr>
<tr>
<td>Page 8 - Training Outcomes</td>
<td></td>
</tr>
<tr>
<td>eLearning – 2 hours</td>
<td></td>
</tr>
<tr>
<td>Generic Subject Content - Nominal 2 hours face-to-face</td>
<td></td>
</tr>
<tr>
<td>Local Content - Nominal 4 hours face-to-face</td>
<td></td>
</tr>
</tbody>
</table>
**PD Education and Training References:**

**Section 6.1.2 – Staff Training**

Staff awareness of privacy issues **should** be promoted in a routine and ongoing way. Methods of doing this will vary, depending on the type of information and other characteristics of the local environment.

All staff **should** be provided with the NSW Health Privacy Information Leaflet for Staff, see Appendix 6.

Staff **should** undertake privacy training in order to understand their obligations in relation to privacy principles and requirements. It is the responsibility of health services to provide and promote such training. Face-to-face training can be arranged by contacting the local Privacy Contact Officer or Learning and Development Unit.

Two privacy online training modules are also available via the NSW Health Education and Training Institute (HETI) website: [www.heti.nsw.gov.au/courses/](http://www.heti.nsw.gov.au/courses/)

**Section 6.2.3 – Mandatory Training**

All NSW Health staff are required to complete one of the two privacy online training modules as part of their mandatory training requirements. The mandatory training module is entitled ‘Privacy module 1 – Know your boundaries’ available at: [www.heti.nsw.gov.au/programs/mandatory-training](http://www.heti.nsw.gov.au/programs/mandatory-training)

The expected duration to undertake this training module is approximately 20 minutes.

Staff should undertake this training as part of orientation within 1 month of commencement as a NSW public health system employee.

There is no requirement to repeat the privacy mandatory training module, unless otherwise required as part of a remedial process, or as a result of updates made to the mandatory training module following any changes to policy.

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**PD2013_049: Recognition and Management of Patients who are Clinically Deteriorating**

**PD Education and Training References:**

**Page 1 Mandatory Requirements:**

All Public Health Organisations **must:**

Ensure that all clinicians providing direct patient care **must** complete both Tier 1 and Tier 2 of the BTF (Between the Flags) education curriculum

**Page 4: Hospital/Facility Managers are to:**

- Ensure that all staff complete Tier 1 ‘awareness’ training of the BTF education curriculum and that a record is kept of those who have completed training
- Ensure that all clinical staff complete Tier 2 training of the BTF education curriculum and that a record is kept of those who have completed training
- Ensure that all staff who are members of Rapid Response Teams (RRTs) have the skills in advanced life support as defined in local CERS protocols with a record kept of any relevant training undertaken
**PD2013_049: Recognition and Management of Patients who are Clinically Deteriorating**

### Tier 3

- Implement a Clinical Emergency Response System (CERS) including training, rostering and staffing. Ensure that local CERS protocols are available and understood by staff.

**Page 15-17 Section 5 – Education**

All facilities **must** have an education program in place, based on the *Between the Flags* Education Strategy and Curriculum, which supports their staff to recognise and appropriately manage patients who are clinically deteriorating.

*Between the Flags* provides a tiered approach to education which includes an introduction to the NSW BTF system and the Standard Observation Charts, a structured approach to clinical assessment of the patient, the local CERS escalation protocol and appropriate care to provide while waiting for assistance.

All staff **must** have an awareness of the NSW BTF system and know how to activate their local Clinical Emergency Response System.

All clinicians providing direct patient care **must** complete both Tier 1 and Tier 2 of the BTF education curriculum.

The BTF Education Strategy contains a “Guidance for Prioritisation of Clinical Staff to attend Tier 2 face-to-face workshops” to assist LHDs/Specialty Networks to identify staff that should be prioritised to attend Tier 2 training.

Some clinical staff may have completed courses/specialty training whose core curriculum exceeds the requirements of the Tier 2 face-to-face workshop. The BTF Education Strategy document contains information to assist LHDs/Specialty Networks to identify those staff to which ‘Recognition of Prior Learning’ can be granted for the Tier 2 face-to-face workshop.

All Public Health facilities **must** establish systems to ensure regular educational updates for existing staff and the training of new staff.

The three tiers of the BTF education are:

**Tier 1 - Awareness Training**

All clinical staff and students **must** be aware of the BTF Program. They should also be able to recognise a patient who is clinically deteriorating, identify the key features of the Standard Observation Charts and explain how to apply the principles of the Clinical Emergency Response System.

The Tier 1 ‘awareness’ training is available online at [http://nswhealth.moodle.com.au](http://nswhealth.moodle.com.au)

**Tier 2 – DETECT / DETECT Junior**

These programs are aimed at enhancing clinical assessment and management skills for the early intervention for patients who are clinically deteriorating. **All clinicians providing direct patient care** should develop the theoretical and practical knowledge to recognise and provide appropriate care for patients who are clinically deteriorating and incorporate appropriate communication, escalation and handover processes into their practice.

As a prerequisite for Tier 2 training and to align with action 9.6.1 of the National Safety and Quality Health Service Standards the **clinical workforce must** be trained and proficient in basic life support.

The Tier 2 education resources include:

- Online e-learning modules
- DETECT and DETECT Junior manuals
- A face-to-face practical session.
The Fetal welfare assessment, Obstetric emergencies and Neonatal resuscitation Training (FONT) Program has been developed by the NSW Pregnancy and newborn Services Network (PSN) and is mandatory for all NSW Health maternity clinicians including Obstetricians, General Practitioner Obstetricians, Trainees in Obstetric Medicine, Registered Midwives and Midwifery Students. The principles of BTF have been incorporated into FONT education.

NOTE: Clinicians working solely in maternity services, who complete all aspects of the FONT program, will not be required to attend the BTF Tier 2 education program (DETECT). Those clinicians who work across both general and maternity will be required to attend both FONT and the DETECT education program.

Tier 3 - Advanced clinical and resuscitation skills

Members of the RRT are required to have advanced clinical and resuscitation skills, for example Advanced Life Support. The Clinical Excellence Commission is developing learning objectives for BTF Tier 3 education.

Information about the use of interpreters will be easily available to Sexual Assault Service staff and all staff will receive training in the use of interpreters.

Sexual Assault Services will provide training and development of health professionals who come in contact with adults who have experienced sexual assault, e.g. ward staff, Emergency Department staff, community health, mental health and drug and alcohol staff.

Coordinators will liaise with Area Health Services’ management to identify training strategies which ensure that relevant Area Health staff are targeted to attend training.

Coordinators will also facilitate the provision of specialist training in the Area Health Services from various training bodies such as the Education Centre Against Violence.

Training will include information about service intake and referral policies and procedures to ensure appropriate interagency collaboration.

The Area Health Service will ensure that all staff involved with adults who have a history of sexual assault attend appropriate orientation programs and continuing professional development and education, to ensure client access to skilled, competent, nonjudgmental services. This includes Sexual Assault Service staff, counsellors, doctors, sessional/on-call staff, nurses, allied health staff and relevant clerical/intake staff.

Sexual Assault Services will ensure that a comprehensive orientation program, including principles and practices, is available to all staff connected with the service.
The Area Health Service is to designate a person who will ensure that orientation for workers filling sole counsellor positions is organised. This orientation is to include contact with other Sexual Assault Services in the Area or neighbouring Area Health Services.

7.4 Specialist Sexual Assault Training Procedure

All counsellors and Coordinators employed in Sexual Assault Services will attend the Sexual Assault Service specialist induction training conducted by the Education Centre Against Violence. This program prepares sexual assault counsellors for their role in the provision of specialist services to people who have been sexually assaulted. The counsellor/coordinator should attend the first available course after commencing at the service. Full time medical officers should be offered the opportunity to participate in the course where appropriate. Area Health Services will ensure that adequate resources are made available to ensure access to this training.

7.5 Coordinators Training Procedure

Area Health Services will encourage the ongoing development of management skills for Coordinators. This includes training in the areas of supervision, planning, service management, staff selection, information management and media contact.

7.6 Continuing Education Procedure

The service will systematically identify the continuing education needs of staff of the Area Health Service. Access to specialist sexual assault training programs and other relevant training will be ensured. The relevance of any programs will be assessed as they relate to the service aims and objectives.

7.7 Training for Court Appearances Procedure

Sexual Assault Services will ensure that counselling and medical staff are provided with training to assist them in their roles as witnesses in court cases. A copy of the training video, “Caught Out”, available through the Education Centre Against Violence, will be available at all services.

Page 51 Section 8.4 Senior Medical Officer Procedure

Sexual Assault Services which provide a medical response will have a senior medical officer with designated responsibility for the organisation and delivery of medical services and the quality of medical care provided by the Sexual Assault Service. This includes ensuring appropriate training of medical officers. This responsibility extends to services provided by General Practitioners, Career Medical Officers and Visiting Medical Officers working on sexual assault on-call rosters. This will be achieved in consultation with the Sexual Assault Service Coordinator. Procedures will ensure that the Senior Medical Officer or their nominee will be available for consultation 24 hours a day.

Page 55 Section 8.13 Area Health Service Protocols Procedure

Area Health Services will ensure that a protocol is established for health services, i.e. hospitals, community health services, regarding the referral of people who have been sexually assaulted and their non-offending family members to the designated Sexual Assault Service in their Area. Protocols will include information on emergency telephone contacts and urgent medical treatment. Training programs for health workers will be provided by the Sexual Assault Service to ensure understanding of these protocols.
Mandatory requirements are outlined in Section 3 of the procedures manual. Mandatory requirements include the provision of support, promotion and protection of breastfeeding across the following Priority Areas:

2. Health professionals’ education and training

Page 4 Section 2.2.1 - Australian National Breastfeeding Strategy 2010-2015

A national Implementation Plan has been developed to support the National Strategy. The Implementation Plan identifies 10 action areas to be progressed by governments both independently and nationally, with ongoing leadership from the Commonwealth. The action areas are:

2. Health professionals’ education and training;
10. Education and awareness, including antenatal education.

Page 5 - Education and awareness, including antenatal education

Education and support is crucial to improving breastfeeding practices. Support in any form has been identified as a key factor in ensuring good breastfeeding outcomes. Health professionals play a key role in providing education and support spanning the complete perinatal period.

The NSW Department of Health supports exploration of the availability of antenatal and postnatal breastfeeding educational materials. The sharing of existing materials on a national basis is recommended in order to enhance consistency between jurisdictions.

Page 8 - Priority Area 2: Health professionals’ education and training

NSW Health will promote a consistent approach to workforce education and training across the state, based on the WHO/UNICEF BFHI training package and other relevant education packages and in conjunction with other professional development and training opportunities. Priority Areas 3 (Breastfeeding friendly environments) and 4 (Support for breastfeeding in health care settings) also seek to improve education and awareness.

Action 2.3 Enhance the knowledge, attitude and skills of the workforce caring for pregnant and breastfeeding women to promote, protect and support breastfeeding through:

2.3.1 The provision of education based upon the BFHI criterion for staff in health services with a maternity unit or that provide antenatal and/or postnatal care (in all 3 groups identified in BFHI).
2.3.2 The provision of education based upon the BFHI criterion for staff in Community Health Services, including Child and Family Health (in all 3 groups identified in BFHI).
2.3.3 The promotion and education of staff in non maternity health services about the NSW Health Breastfeeding Policy and the facility’s local breastfeeding policy.
2.3.4 Support for external professional development opportunities.
2.3.5 The provision of in-service training programs.
### PD2008_027: Maternity - Clinical Care and Resuscitation of the Newborn Infant

**PD Education and Training References:**

**Page 2, Section 2**

Newborn Resuscitation training is **mandatory** for all clinical staff in services providing maternity care to ensure all staff, who may be called upon to provide birthing services, possess the necessary knowledge and skills to initiate basic newborn resuscitation which includes manual ventilation using bag and mask and cardiac compressions.

**Page 4, Section 4**

A staff education and training program is **mandatory** and **must** include provision of training:

- in orientation programs for all new staff providing birthing services and working with newborns;
- annual continuing education and staff development programs;
- that includes theoretical and practical components;
- that includes mechanisms for an annual assessment of competence in resuscitation of the newly born infant;

Attendance at the Fetal welfare Obstetric emergency Neonatal resuscitation Training (FONT) Maternity Emergency and Neonatal Resuscitation one day Training is **mandatory** for all clinicians privileged or appointed to practice Obstetrics, Registered Midwives and Student Midwives under the supervision of a Registered Midwife, once every three years. This one day of education is acceptable as part of the annual accreditation.

### PD2009_003: Maternity - Clinical Risk Management Program

**PD Education and Training References:**

**Page 16 Standard 5: Induction, training and competence**

There are management systems in place to ensure the competence and appropriate training of all professional staff.

5.1 All clinical staff attend a specific induction appropriate to the department in which they are working.

5.2 The maternity service complies with Department of Health requirements that all professional staff are to be competent and receive training in maternal and neonatal resuscitation.

5.3 As a minimum, all relevant obstetric and midwifery staff should have education/training sessions on CTG interpretation every three years.

5.4 There is a system in place to ensure that all relevant staff participate in skills drills and education for maternity emergencies every three years.

### PD2010_064: Maternity - Prevention, Early Recognition & Management of Postpartum Haemorrhage (PPH)

**PD Education and Training References:**
**PD2010_064: Maternity - Prevention, Early Recognition & Management of Postpartum Haemorrhage (PPH)**

**Page 1 – Mandatory Requirement**

Health services and hospitals should comply with the educational program components as outlined in IB2008_002 *Fetal Welfare, Obstetric Emergency, Neonatal Resuscitation Training* (FONT). In particular, maternity emergencies education days **must** include PPH and maternal collapse/resuscitation in the program content. All clinicians working in maternity units are expected to complete the various components of the FONT program.

Staff in other areas of a hospital may need to respond to a woman with an established PPH. Emergency departments may be first to respond to a PPH in a woman transported to hospital after a birth in the community, (intended or unintended) or a woman who returns to the hospital after discharge from hospital. Theatre/Recovery staff are often involved in the management of women with severe PPH. Staff in these areas, and any other areas where postpartum women may be cared for, must receive appropriate education and training regarding PPH, and this training **must** be attended **every three years**. Specific education packages for such staff in such areas **must** be locally developed and implemented.

**PD2012_016: Blood - Management of Fresh Blood Components**

**PD Education and Training References:**

**Page 1 (Point 2) – Mandatory requirements**

Each health facility in NSW that provides transfusion therapy **must** have effective systems and procedures in place to enable compliance with this Policy Directive. In particular, the facility must have a process for the review of transfusion issues. This may be through an existing committee or through the establishment of a specific hospital transfusion committee. The process **must** include monitoring, quality improvement in the care of blood and transfusion practices and **staff education**. As a minimum requirement, all staff who are involved in transfusion-related activities **must** have completed the BloodSafe e-Learning program. ([www.BloodSafelearning.org.au](http://www.BloodSafelearning.org.au))

**Page 1 – Implementation**

Chief Executives **must** ensure that:

- all staff receive appropriate training to enable them to carry out their obligations in relation to this Policy Directive.

**Page 5, Section 3.2: Role of the Local Health Districts**

The Local Health District **must** ensure that each of its health care facilities has appropriate arrangements in place to enable the development of local transfusion therapy policies that are consistent with state-wide policies and which address any problems that have been identified. Specific matters to be addressed include the following:

- promoting the effective implementation of the policy through the education and training of clinicians and blood bank staff involved in the transfusion process.

**PD2013_002: Designated Officer Policy and Procedures**

**PD Education and Training References:**
## PD2013_002: Designated Officer Policy and Procedures

### PD 2013_002 Section 2.2, Page 5: Training Requirements

All Designated Officers must successfully complete the NSW Health online Designated Officer training course, in order to be eligible for appointment or reappointment after 30 June 2013. Thereafter, to remain eligible for appointment Designated Officers are required to successfully complete the online training every two years, or when notified by email that relevant modules must be reviewed, for example following legislative amendment. Successful completion of requires a pass mark of 80% of all modules in the training course.

## PD2012_042: Aboriginal and Torres Strait Islander Origin - Recording of Information of Patients and Clients

### PD Education and Training References:

**Page 2 Mandatory Requirement**

7. Training in the correct and consistent recording of whether a client is Aboriginal and/or Torres Strait Islander must be delivered to all staff. See Section 5 in the Procedures document.

**Page 10 Section 5 Staff Training**

5.1 Training in the correct and consistent collection of information on whether clients are Aboriginal and/or Torres Strait Islander must be delivered to all staff.

5.2 This training may be delivered as part of a training that focuses on overall data collection and data quality.

5.3 While it is recommended that all staff receive training in cultural safety for Aboriginal and/or Torres Strait Islander clients, such training should not be considered a pre-requisite for the collection of information on whether a client is an Aboriginal and/or Torres Strait Islander person using the standard question.

5.4 All staff must complete training requirements as outlined in the *Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health* (PD 2011_069).

5.5 All persons responsible for collecting, recording and validating information on whether clients are Aboriginal and/or Torres Strait Islander should be able to demonstrate the following competencies:

- a. An ability to ask the standard questions *Are you of Aboriginal or Torres Strait islander origin?* correctly, and to correctly record responses on paper forms and/or computer systems
- b. An ability to clearly explain to clients the reason for collecting this information
- c. An understanding of why it is important to collect and record information on whether all clients are Aboriginal and/or Torres Strait Islander.
- d. An understanding of why it is important to collect this information correctly and consistently, using the standard question
- e. An understanding of the voluntary nature of self-reporting a client’s Aboriginality, and of a client’s right to decline to answer this question or to change the information recorded.
- f. Knowledge of available information and services for Aboriginal and Torres Strait Islander clients, and ability to convey this to clients as required.
- g. Knowledge of and ability to conduct follow-up procedures for obtaining missing information, including whether a client is Aboriginal and/or Torres Strait Islander.
PD2015_030: Smoking Cessation Brief Intervention at the Chairside: Role of Public Oral Health/Dental Services

PD Education and Training References:

Health Education and Training Institute (HETI).
- Develop and host statewide smoking cessation brief intervention E-Learning training module for dental practitioners via My Health Learning.

NSW Ministry of Health (Centre for Oral Health Strategy NSW)
- Provide support and expert advice to HETI on the development of training module.

Local Health District Oral Health Clinical Directors / Managers
- Support, monitor and manage dental practitioners completion of smoking cessation brief intervention education and training

Local Health District Dental Practitioners
- Complete smoking cessation brief intervention training via My Health Learning on orientation and thereafter every three years

One of the actions within the NSW Tobacco Strategy 2012-2017 is to provide training in best practice smoking cessation (particularly brief interventions) to a range of health professionals and health workers, including oral health professionals. The smoking cessation brief intervention at the chairside policy was introduced as a mandatory requirement for public oral health professionals in 2009. A face-to-face training program was developed and has been delivered across the states. An evaluation of the training and policy implementation was conducted in 2012-2013. Building on the recommendations of this evaluation, an online training package was developed through HETI in 2014. This policy revises the original policy to accommodate the new online training program. The content of this policy should be read by all oral health service staff providing care to patients.

The Health Education and Training Institute has developed an online E-Learning package in Smoking Cessation Brief Intervention at the Chairside for oral health clinical staff. This training is available through the My Health Learning system.

All dental practitioners must complete this online training on orientation and thereafter every three years. It is strongly recommended that other oral health staff, particularly Dental Assistants, also complete the online training. Dental Assistants may play a valuable role in supporting practitioners in the provision of smoking cessation advice, however the clinician is ultimately responsible ensuring smoking cessation brief interventions are provided in accordance with the training and policy.

It is also recommended that dental practitioners support the smoking cessation training, and their provision of smoking cessation advice, by undertaking further training in motivational interviewing, Aboriginal cultural awareness through ‘Respecting the Difference’ training, and educating themselves about the role of nicotine replacement therapies in supporting smoking cessation attempts. The correct use of nicotine replacement therapies, such as gum, lozenge, patch, sublingual tablet or inhaler, doubles the chance of successfully quitting smoking.

Local Health District (LHD) Oral Health Clinical Directors are responsible for monitoring and managing the completion of the E-learning package by all dental practitioners, including reporting to the Ministry of Health on completion rates.
Public dental practitioners must be supported in the provision of smoking cessation brief interventions to patients. LHD Oral Health Clinical Directors and Oral Health Directors / Managers must promote the policy, and support their staff in undertaking the training and implementing the policy requirements. This includes ensuring that the appropriate supporting resources, including Smoking and Your Oral Health brochures, Smoking Cessation Advice Given stickers, and Quitline Referrals, are available and accessible to dental practitioners.

Health Service Chief Executives are responsible for:
All new clinical staff must be educated in and supplied with the staff Reference Manual: ‘Care Coordination: Planning from Admission to Transfer of Care in NSW Public Hospitals Reference Manual’, and the principles detailed in this document will be a fundamental part of each facility’s clinical staff orientation program.

Convenors of selection panels are required to:
- Ensure they have completed recruitment and selection training.

The composition of the panel will vary depending on the scope and nature of the position to be filled. However, unless otherwise specified in any additional Module, the following minimum requirements must be met:
The convenor must have completed recruitment and selection training or refresher training in the last 3 years to ensure an understanding of NSW Health policy, and completed the Respecting the Difference training.

Convenors and panel members should have undertaken the available Respecting the Difference Aboriginal Cultural Training Program and have a functional knowledge of:

- Culturally safe work spaces
- Culturally safe client care
- Social and Cultural Determinants of Health
- Culturally safe service delivery
- Local Aboriginal community engagement
- Cultural competence
- The NSW Health Code of Conduct
- The NSW Health CORE values
- Closing the Gap and patient care outcomes
- Closing the Gap and Aboriginal employment and economic development outcomes.

Local Health District, Specialty Network Chief Executives, Health Service Executives need to ensure mental health clinicians undertake training in suicide risk assessment and management.

Mental Health Services have an obligation to ensure mental health clinicians regardless of setting undertake training in suicide risk assessment and management.

The Mental Health and Drug and Alcohol Office (MHDAO) has responsibility for
ensuring that: BY JUNE 2015
• A training framework is developed and implemented, in consultation with LHDs, to support mental health staff to implement this Policy Directive.

Section 4.9
Mental health service staff are provided with training and education to enable them to:
  a. Effectively promote strategies to support sexual safety and prevent sexual assault and harassment; and
  b. Respond appropriately and sensitively to sexual safety issues involving mental health consumers, both within the service environment and within the community; and
  c. Integrate trauma-informed care principles into all aspects of treatment.

Section 5.1.2.4
Mental health services in all settings must:
Organise for relevant frontline staff and managers, and consumer workers and representatives involved with the service, to undertake training to enable them to effectively prevent and respond to sexual safety incidents, and increase the confidence of staff to discuss sexual health and safety issues with consumers.
Such training must include:
• How to assess a consumer’s vulnerability and take a sexual assault history
• Consider gender sensitive and trauma informed care principles
• Be undertaken as part of an orientation process where practicable, with refresher training considered annually or biannually.