RPL Standard

### HLTWHS001 Participate in workplace health and safety

**How to complete this form**

Complete all areas in **blue** on the following pages by providing information on your previous skills and qualifications using the information below as a guide.

**Unit Description:**

This unit describes the skills and knowledge required for workers to participate in safe work practices to ensure their own health and safety, and that of others.

To gain RPL for this unit of competency the applicant must meet the following benchmarks along with providing evidence that their current level of knowledge and skills is

relevant to all performance criteria, knowledge and **performance evidence**. This unit applies to community services or health workers who have defined responsibilities to work independently with clients within broad but established guidelines.

**The applicant must provide evidence of the following to gain RPL for this unit:**

* There must be demonstrated evidence that the candidate has completed the following tasks at least once in line with state/territory WHS regulations, relevant codes of practice and workplace procedures:
* contributed to a WHS meeting or inspection in workplace
* conducted a workplace hazard identification and risk assessment and recorded the results
* consistently applied workplace safety procedures in the day-to-day work activities required by the job role
* Followed workplace procedures for a simulated emergency situation
* The applicant must demonstrate knowledge of all Performance Criteria, Essential Knowledge and Skills

**Example Evidence:**

* Relevant transcript & certificate

### Evidence of working with the industry through letters from employers outlining job role and duties

### Completion of ACFB e-learning quiz/oral questioning related to work within a fitness practice; If required this will be completed at a later stage.

**Evidence documents will include, but are not limited to:**

* Evacuation drills check list and emergency procedures
* Hazard identification, risk assessment and control
* Equipment and facility maintenance checks
* Workplace meeting minutes

### *Unit Evidence Description*

### 

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Name** |  |  |  |

### 

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SIS30315** | | Certificate III in Fitness | | | HLTWHS001 Participate in workplace health and safety | **Office Use only** | |
| **Type of Unit:** elective | | | **Prerequisite:** None | | **Sufficient** | **F.E.R.** |
| **Elements / Performance Criteria** | | | | **EVIDENCE** *(Applicant; Explain in detail how your evidence relates to the required knowledge listed)* | |  |  |
| **1.** **Follow safe work practices** | | | | | | | |
| 1.1 | Follow workplace policies and procedures for safe work practices | | |  | |  |  |
| 1.2 | Identify existing and potential hazards in the workplace, report them to designated persons, and record them according to workplace procedures | | |  |  |
| 1.3 | Follow workplace emergency procedures | | |  |  |
| **2.** **Implement safe work practices** | | | | | | | |
| 2.1 | Identify and implement WHS procedures and work instructions | | |  | |  |  |
| 2.2 | Identify and report incidents and injuries to designated persons according to workplace procedures | | |  |  |
| 2.3 | Take actions to maintain safe housekeeping practices in own work area | | |  |  |
| **3. Contribute to safe work practices in the workplace** | | | | | | | |
| 3.1 | Raise WHS issues with designated persons according to organisational procedures | | |  | |  |  |
| 3.2 | Participate in workplace safety meetings, inspections and consultative activities | | |  |  |
| 3.3 | Contribute to the development and implementation of safe workplace policies and procedures in own work area | | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4. Reflect on own safe work practices** | | | | |
| 4.1 | Identify ways to maintain currency of safe work practices in regards to workplace systems, equipment and processes in own work area |  |  |  |
| 4.2 | Reflect on own levels of stress and fatigue, and report to designated persons according to workplace procedures |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Knowledge Evidence** | **EVIDENCE** *(Applicant; Explain in detail how your evidence relates to the required knowledge listed)* | **Office Use Only** | |
|  | | **Sufficient** | **F.E.R.** |
| State/territory legislation and how it impacts on workplace regulations, codes of practice and  industry standards, including:   * State/territory WHS authorities * Rights and responsibilities of employers and workers, including duty of care * Hazardous manual tasks * Infection control |  |  |  |
| Safety signs and their meanings, including signs for:   * Dangerous goods classifications * Emergency equipment * Personal protective equipment (PPE) * Specific hazards such as sharps, radiation |  |  |  |
| Hazard identification, including:   * Definition of a hazard * Common workplace hazards relevant to the industry setting * Workplace procedures for hazard identification |  |  |  |
| Workplace emergency procedures |  |  |  |
| Workplace policies and procedures for WHS |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Performance Evidence** | **EVIDENCE**  *(This evidence will be collected via documents outlined on first page)* | **Office Use Only** | |
|  | | **Sufficient** | **F.E.R.** |
| Contributed to a WHS meeting or inspection in workplace | *This evidence will be collected via submission of documentation requested on the first & second page.* |  |  |
| Conducted a workplace risk assessment and recorded the results | *This evidence will be collected via submission of documentation requested on the first & second page.* |  |  |
| Consistently applied workplace safety procedures in the day-to-day work activities required by the job role | *This evidence will be collected via submission of documentation requested on the first & second page.* |  |  |
| Followed workplace procedures for reporting hazards | *This evidence will be collected via submission of documentation requested on the first & second page.* |  |  |
| Followed workplace procedures for a simulated emergency situation | *This evidence will be collected via submission of documentation requested on the first & second page.* |  |  |

**Office Use Only**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RPL Outcome** | | | | |
| **RPL Achieved** | Yes □ | No □ | |
| **Further Evidence Required** | Yes □ | No □ | |
| **Further Evidence *(list of required evidence)*** | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| *RPL Assessor Name:* | | | *Date:* | |

