Modules 13-17

Self-evaluation checklist

CONGRATULATIONS! Best methods practised for the utilisation of emergency planning.

Promotion of emergency planning processes by:

removing or securing combustible materials underneath buildings ☐

requesting appropriate minor works/repairs as fire prevention strategies ☐

regularly inspecting exit routes and removing obstacles ☐

providing debriefing sessions to staff and students after emergencies ☐

developing a site plan in consultation with staff and emergency services ☐

developing a process for the identification and registration of visitors on site ☐

identifying potential workplace hazards that may result in emergency situations ☐

developing a list of hazardous substances, particularly flammable substances ☐

2 ACHIEVING COMPLIANCE

Ensuring resources relating to applicable emergency situations are available by:

ensuring the availability of firefighting and first aid equipment ☐

clearly signing preferred building exits and emergency equipment ☐

recording and displaying emergency contact numbers in appropriate areas ☐

ensuring easy staff access to appropriate emergency information ☐

ensuring *Department of Education Manual (DOEM)* policies and procedures are accessible to staff ☐

1 INITIATING COMPLIANCE

Is planning for possible emergency situations conducted?

NO (rectify situation) ☐

YES (commence ticking in Compliance Level 1) ☐

For example:
• A workplace/school site plan has been formulated.
• Emergency types and responses are defined.
• Emergency evacuation personnel are identified.
• *DOEM* policies and procedures are accessible.

0 NON-COMPLIANCE

START

Commitment to the emergency management and evacuation plan by:

incorporating emergency planning into the workplace's risk management approach to occupational health and safety ☐

increasing workplace evacuation efficiency by achieving the best time interval between the alarm's sounding and evacuation of people to assembly point ☐

regularly reviewing emergency management and evacuation plan through consultation, e.g. after each emergency situation or trial ☐

implementing procedures for reviewing changes to chemical storage, buildings, access ways etc. ☐

5 BEST PRACTICE

Developing a specific and comprehensive emergency management and evacuation plan by:

incorporating emergency procedures into staff induction programs ☐

providing for counselling or other specialist support, e.g. critical incident debriefing ☐

developing a process for confidential reporting of occupational violence ☐

circulating and discussing the time results of emergency evacuation trials ☐

consulting with workplace health and safety professionals, emergency services and representatives of management, staff and students ☐

identifying potential community hazards, e.g. spray drift ☐

gaining endorsement of emergency response plan from emergency services ☐

4 GOOD PRACTICE

Putting emergency planning procedures into operation by:

regularly maintaining electrical and emergency warning/detection/communication equipment, e.g. PA systems, alarms, firefighting devices, smoke detectors ☐

ensuring training records are maintained, e.g. training logbook signed by staff ☐

providing regular staff training and instruction on emergency procedures and the use of emergency equipment, e.g. firefighting devices ☐

developing recovery procedures for when emergency situation has ceased, e.g. reoccupation, dispersal ☐

developing process for escorting and accounting for visitors during emergency evacuation ☐

generating processes for providing first aid arrangements and welfare points ☐

formulating methods of securing buildings, property, records and books ☐

developing processes for obtaining resources during an emergency, e.g. drinking water, toilets ☐

determining appropriate alternatives for evacuation routes and assembly areas ☐

consulting with individuals in order to provide appropriately for staff and students who are sensory- or mobility-impaired in emergency response plans ☐

encompassing all possible types of emergency situations in emergency plans, e.g. natural disasters, fire, bomb threats, chemical spills, occupational violence ☐

conducting full emergency evacuations/fire drills at least once a term ☐

clearly displaying the site plan throughout the workplace ☐

3 COMPLIANCE

Emergency Planning

Statement

To meet its duty of care obligations under the *Workplace Health and Safety Act 1995*, Education Queensland is committed to maintaining the safety of staff, students and visitors during an emergency situation. By developing a range of emergency response procedures and preventive strategies, through a consultative and informed process, emergencies can be more effectively and efficiently managed to reduce the risk to people's health and safety.

Background information

What is an emergency situation?

An emergency is any event that arises internally or externally and has the potential to adversely affect the health or safety of persons at a workplace and requires immediate response by the occupants.

Types of emergency situations include:
• natural disasters, e.g. floods, storms, cyclones, bushfires, earthquakes, tidal waves;
• fires;
• bomb threats;
• sieges and armed intruders;
• chemical spills;
• toxic emissions;
• occupational violence.

Occupational violence refers to violence occurring between people in a particular workplace. It may include bullying, intimidation, abuse of power, isolation, alienation of employees, or poorly managed conflicts of opinion or personality.

Violence is the unjust or unwarranted use of force and power. Many people in their workplaces are the victims of occupational violence, including verbal abuse, threats, harassment, physical assault, serious bodily injury and death. Violence can occur in any occupation and has an impact on a wide range of industries. Violence and aggression can happen both inside and outside the workplace; they can involve staff, students, parents.

The experience of violence is subjective. An experience may be perceived as violent by one person, but may not be considered violent by another. People who witness violence directed towards another person or property may also be affected by the violence.

Violence at work entails a loss of control by a person with subsequent distress. The widely different types of violence make it difficult to develop generalised strategies for prevention, containment and harm minimisation.

The provision of information and resources ensures that each workplace can develop appropriate strategies.

What does emergency planning involve?

Emergency planning is a process in which all possible workplace emergency situations are identified and

procedures for safe management are developed. An emergency management and evacuation plan is a locally developed document, which provides the workplace with a workable set of arrangements for each emergency.

Such planned responses to emergency situations should include:
• sounding of the fire/evacuation alarm from the section of the building in which the emergency occurs;
• immediate notification to the appropriate emergency services from a central point, e.g. the principal's office;
• evacuation of the premises by everybody who does not have specific duties to perform;
• notification of the location of the emergency situation to a central point;
• stopping machines, attending to the safe storage of chemicals in use and isolating the power supply, where appropriate, when the emergency alarm sounds.

Why do we plan for emergency situations?

Preparation for possible emergency situations is essential to ensure that an emergency has the least possible effect on the workplace. This reduces the risk that an emergency presents to the health and safety of staff, students and visitors.

How do we plan for emergencies?

By recognising all potential emergency scenarios that may occur in the workplace, the impact on the health and safety of people at the workplace can be reduced. This can be achieved through consultation with health and safety professionals, emergency services, information resources and staff representatives. Emergency situations can arise from both inside and outside the workplace environment, e.g. a fire caused by a science experiment or a chemical spill from a tanker travelling along a nearby road. Higher-risk areas in and around the workplace should be identified and appropriately dealt with by the formulation of emergency prevention and response techniques, e.g. hazardous substance storage areas.

Consideration should be given to the severity of possible outcomes when developing appropriate

procedures that detail safe methods for responding to and preventing emergencies. The safety of students and staff is the most important concern in emergency situations and should be emphasised in the formulation of emergency procedures. Responsibilities for specific actions in response to emergency situations should be delegated to the most qualified and accessible members of staff. By actively involving representatives from all parties, the implementation of emergency response and prevention procedures will be more comprehensive and effective and better accepted.

Who is responsible for developing an emergency management and evacuation plan?

The **principal/officer-in-charge or their nominee** must develop an emergency management and evacuation plan that enables the workplace to prepare for, respond to and recover from emergency situations. The **officer-in-charge** could be a manager, supervisor, teacher-in-charge, etc. The plan must:

• clearly state its purpose and scope and identify the workplace to which it applies;
• define roles and responsibilities for staff and students;
• show the process for decision making and communication throughout the emergency;
• identify emergency equipment locations, evacuation routes and assembly areas;
• list arrangements for regular checking of warning systems, signs and notices concerning evacuation;
• list arrangements for reporting of emergencies;
• list arrangements for assisting (where necessary) mobility- and sensory-impaired persons;
• indicate methods of securing buildings, property and records;
• detail provisions for first aid and counselling services;
• detail training requirements and training records for staff and students;
• indicate how the plan will be reviewed;
• cater for out-of-class, e.g. playground or excursion, emergencies.

What are our responsibilities during an emergency situation?

In an emergency situation, **the principal/officer-in-charge (as chief warden) or their nominee** must:

• assess the emergency and the danger;
• signal an emergency if necessary;
• notify and liaise with emergency services personnel;
• make the decision to evacuate, partly evacuate or not evacuate the workplace;
• assemble staff, students and visitors after evacuation;
• account for all staff, students and visitors;
• supervise staff and students throughout the emergency;
• establish an emergency coordination centre;
• establish a reception/information centre for parents/media;
• provide situation reports to Education Queensland;
• inform parents;
• make provisions for first aid;
• identify and provide resources.

In an emergency situation, **teachers** must:

• supervise students at all times;
• assemble students before evacuation;
• evacuate students;
• assemble students after evacuation;
• account for all students using a rollcall;
• perform any additional responsibilities as allocated by the principal/officer-in-charge.

In an emergency situation, **non-teaching staff** must perform duties as allocated by the principal/officer-in-charge.

Other information

Alternative assembly areas

While evacuation assembly areas and alternative routes to those areas can be identified in the plan, it cannot be assumed that they will always be available or safe. Circumstances at the time may prevent access or render them unsafe.

The identification of safe areas will not always require people to move outdoors. In some circumstances, moving to an open area may increase the risk of exposure to danger.

Alternative strategies include having staff, students and others remain where they are; move elsewhere in the same building; move to another building; move to an open area near the workplace; or move to an area well away from the workplace.

Several locations should be selected as evacuation assembly areas around the workplace. This will ensure that alternatives are available if the emergency prevents one area being used or if access to an area is not possible.

One assembly area should be identified that is at least one kilometre from the workplace, such as a sports ground, public hall, neighbouring school or car park, in case of an emergency that prohibits access to workplace assembly areas, e.g. chemical spills, toxic emissions.

The use of corridors, stairways, exits and walkways during an emergency should be limited to those that ensure that movement to safe areas is away from danger at all times. Access routes to assembly areas should be varied according to the location of the emergency. Staff, students and others should become familiar with alternative ways of reaching assembly areas.

Emergency services manifests

Where large quantities of hazardous substances are kept at the workplace, legislative specifications for the development and maintenance of emergency services manifests may apply. If you feel this situation may apply to your workplace, contact should be made with the district office.

Fire extinguishers

Building requirements before 1976 were governed by local government specifications and the provision of fire extinguishers was rarely dealt with. All buildings constructed in or after 1976 are encompassed by the

Building Act and the *Building Code of Australia*, which require the provision of fire extinguishers. Those buildings that were built before 1976, but have undergone alterations that have required planning approval from the appropriate local authority, are also bound by this act. However, the Queensland Fire Service strongly recommends that fire extinguishers should be made available in work areas containing a heat source or quantities of flammable materials. The provision of fire extinguishers in the workplace is considered an appropriate damage control strategy by Education Queensland.

Further information

Legislation

Advisory Standard for First Aid 1999, Division of Workplace Health and Safety (DWHS).

Advisory Standard for Workplace Amenities, DWHS.

Building Code of Australia (Queensland Appendix) 1990.

Building fire safety regulations.

Fire Service Act and Regulations 1991.

Workplace Health and Safety Act 1995 Queensland.

Workplace Health and Safety (Miscellaneous) Regulation 1997.

Workplace Health and Safety Regulation 1997.

Education Queensland policies and guidelines

Accidents and Incidents — Reporting and Investigation (HS-08).

Disasters: Procedures for Reporting (CM-02).

Education Office Gazettes 87.11.2 and 86.21.4.

Information Statement No. 157 1991, *Bomb Threat Calls — Information Recording Procedures.*

Occupational Health and Safety Policy (HS-07).

Standards

Australian Standard 1851 — Maintenance of Fire Protection Equipment
— Part 1 (1989) Portable Fire Extinguishers
— Part 2 (1988) Fire Hose Reels
— Part 3 (1985) Automatic Fire Sprinkler Systems
— Part 4 (1988) Fire Hydrant Installations
— Part 8 (1987) Automatic Fire Detection and Alarm Systems
— Part 10 (1989) Emergency Warning and Intercommunication Systems.

Australian Standard 2220.1-1989, Emergency Warning and Intercommunication Systems in Buildings
— Part 1 Equipment Design and Manufacture
— Part 2 System Design, Installation and Commissioning.

Australian Standard 2444-1990, Portable Fire Extinguishers — Selection and Location.

Australian Standard 3745-1990, Emergency Control Organisation and Procedures for Buildings.

Books and brochures

DWHS 1993, *Violence At Work: A Workplace Health and Safety Guide.*

Natural Disasters Organisation 1992, *Emergency Disaster Planning for Principals*, Canberra ACT.

National Occupational Health and Safety Commission, *Guidance Note for Emergency Services Manifests.*

WorkCover Authority, NSW 1991, *People With Disabilities and Emergency Evacuation of Office Buildings Guidelines.*

Other resources

Australian Institute of Criminology and Queensland DWHS Seminar Papers 1993, *Occupational Violence: Were You Threatened at Work Today?*

Questions to answer

Suggested people to ask:

principals; registrars; representative members of staff

Suggested questions to ask:

What identified emergency situations have been planned for at your workplace (i.e. there is a planned response for them)?
_____
_____

Are you aware of emergency evacuation procedures for your workplace? ☐ YES ☐ NO

Are emergency management and evacuation procedures documented? ☐ YES ☐ NO

Were the appropriate emergency services consulted during the development of these procedures? ☐ YES ☐ NO

Do these procedures nominate certain personnel to fulfil specific duties during an emergency? ☐ YES ☐ NO

Where are these procedures kept? _____
_____
_____

How often are these procedures reviewed? _____
_____
_____

How often are you involved in emergency evacuation drills? _____
_____

Is everyone involved in these drills? ☐ YES ☐ NO

What feedback do you receive on the performance of these drills? _____
_____
_____

First Aid

Statement

Education Queensland is committed to providing appropriate and adequate first aid facilities and personnel for the effective management of injured or ill employees, students and others.

First aid means the provision of first aid facilities, services and personnel required for the initial treatment of those who suffer injury or illness at a workplace.

First aid facilities mean any first aid kit, room or equipment provided for the emergency management of those who suffer injury or illness at the workplace.

First aid services mean any procedure or method associated with the provision of first aid at the workplace.

First aid personnel means:
• a person holding a current qualification certificate issued by an organisation approved under the *Ambulance Service Act 1991*; or
• a practising nurse registered with the Nurses Registration Board of Queensland; or
• a medical practitioner registered with the Medical Board of Queensland.

First aid qualification means:
• a current Senior First Aid or Occupational First Aid Certificate issued by an organisation authorised under Queensland statutes, in particular the *Ambulance Service Act 1991*; or
• a qualification equivalent to the above.

Background information

Why is first aid important?

The provision of effective first aid to an injured person is essential for the alleviation of suffering, stabilisation of the injury and prevention of infection. In this way, the health and safety of employees, students and others at the workplace is being promoted.

Who is responsible for the provision of first aid?

The **principal** or **officer-in-charge** is responsible for the provision of trained personnel and first aid facilities at the workplace.

First aid personnel are responsible for:
• taking positive action to provide initial care of ill or injured employees, students and others by providing first aid treatment in accordance with their approved training and, where appropriate, recommending to principals/managers that additional medical advice is needed;
• ensuring adequate supervision of the injured person until no further treatment or assistance is required, or until the injured person is handed over to ambulance or medical personnel;
• ensuring that adequate and appropriate infection control procedures are adhered to in the performance of their duties;
• ensuring that first aid kits are checked, including 'use-by' dates, and that stocks are replenished at regular intervals;
• recording first aid treatment;
• reporting any hazard to the appropriate workplace health and safety committee, officer or representative;
• respecting the confidential nature of any information provided during the course of any first aid treatment.

How do we determine the adequacy of first aid facilities in our workplace?

First aid requirements may be identified, assessed and reviewed by conducting risk assessments at regular intervals to meet the first aid needs of the workplace. Reviews should occur at least annually, or more frequently where it is determined that changes at the workplace may affect first aid needs.

The requirements of each workplace may be different. A number of factors must be taken into account when determining adequate and appropriate first aid services for individual workplaces. These factors may include:
• the number and distribution of employees, students and regular visitors at the workplace;
• location of the workplace;
• size and layout of the workplace;
• number of sites;
• nature of the work conducted at each work area;
• types of incidents, illnesses and injuries to which employees, students and visitors may be exposed, determined by:
  — conducting walkthrough surveys;
  — reviewing incident, accident and injury/illness data;
  — evaluating work processes, other activities and product information;
  — consulting with employees;
• any particular circumstance or activity that would increase or decrease the risk of injury of individuals at the workplace, e.g. sporting events, school excursions.

The workplace health and safety committee or appropriate forum may provide advice to the principal/manager regarding the extent of first aid services required for the workplace.

How do we determine the adequacy of first aid services in our workplace?

You should ensure that there are sufficient first aid personnel for all school activities, e.g. playground, excursions. First aid personnel should not be responsible for continuing medical care.

The level of first aid training provided to administer first aid in each workplace should be consistent with the outcomes of the assessment made on appropriate first aid facilities.

In selecting personnel to perform first aid duties, you need to consider the following capabilities:
* ability to remain calm in an emergency;
* reliability;
* accessibility to the work area;
* possession of a first aid qualification;
* ability to use the knowledge and skills gained.

Further information

Legislation

Ambulance Service Act 1991.

Advisory Standard for First Aid 1999.

Workplace Health and Safety Act 1995 Queensland*.*

Workplace Health and Safety Regulations 1995, Regulation 86.

Education Queensland policies and guidelines

Accidents and Incidents — Reporting and Investigation (HS-08).

First Aid for Schools and Non-School Locations (HS-14).

Guidelines for Infection Control in State Schools: Policy Statement No. 25A 1990.

Occupational Health and Safety Policy (HS-07).

Books and brochures

Australian Red Cross Book 1994, Angus and Robertson.

St John Ambulance of Australia 1991, *Australian First Aid: An Authorised Manual of St John Ambulance of Australia* (Volume 1).

Questions to answer

Suggested people to ask:

first aid personnel; teachers of 'physical' subjects, such as manual arts, home economics, physical education

Suggested questions to ask:

Do you have a current first aid certificate? ☐ YES ☐ NO

Are you identified by the school as first aid personnel? ☐ YES ☐ NO

Are there documented first aid procedures for your workplace? ☐ YES ☐ NO

Do you have access to current information on first aid practices? ☐ YES ☐ NO

Information sources: _____

_____

Are you aware of where first aid kits are located in the workplace? ☐ YES ☐ NO

How frequently are first aid kits updated? _____

_____

Does your workplace have a first aid register? ☐ YES ☐ NO

Self-evaluation checklist

Date completed: __ /__ /__   Completed by:

CONGRATULATIONS! Best methods practised for the provision of first aid.

5 — BEST PRACTICE

Commitment to the provision of quality first aid in the workplace by:

- incorporating a risk management approach to determining first aid requirements as part of the workplace's occupational health and safety function ☐
- implementing procedures for reviewing changes to equipment, substances, practices and personnel at the workplace ☐
- implementing procedures detailing update of first aid facilities and services ☐
- maintaining awareness of current first aid practices and equipment ☐

4 — GOOD PRACTICE

Developing first aid procedures conducive to the health and safety of carers and sufferers by:

- providing counselling and other specialist services for those affected by traumatic incidents ☐
- developing a process for regular monitoring and evaluation of first aid facilities and services ☐
- conducting an assessment of first aid kit requirements at regular intervals ☐
- incorporating first aid procedures, accident reporting and investigation, and safe work procedures into induction programs ☐
- developing procedures on how to access first aid services and facilities ☐

3 — COMPLIANCE

Putting methods for the delivery of first aid resources into operation by:

- ensuring that first aid personnel complete refresher training courses every three years ☐
- providing an adequate number of trained first aid personnel, who are easily accessible ☐
- ensuring that first aid personnel are aware of the Education Queensland first aid policy ☐
- ensuring that first aid deliverers use safe work practices and appropriate personal protective equipment when treating injured persons ☐
- ensuring the safe disposal of waste from first aid/health rooms on a daily basis ☐
- developing a process for regular maintenance and update of first aid facilities ☐
- maintaining a register of all first aid given at the workplace ☐

2 — ACHIEVING COMPLIANCE

Promoting first aid services and facilities by:

- allocating first aid delivery responsibilities to appropriately trained staff ☐
- maintaining a staff training register ☐
- displaying rigid and appropriate information in or near the first aid room ☐
- designating an area as the first aid/health room ☐
- using appropriate signage and labelling of first aid kits in the workplace ☐
- providing first aid equipment and kits accessible to staff on and off site ☐
- identifying sources of workplace injury or illness and work sites at higher risk ☐

1 — INITIATING COMPLIANCE

Information available on the provision of first aid by:

- recognising the requirements of people with language backgrounds other than English in the provision of first aid information ☐
- ensuring up-to-date lists of emergency contact telephone numbers are clearly displayed near central telephone and radio communication systems ☐
- recognising and displaying names of personnel with first aid qualifications, their location and contact details ☐
- making information relating to first aid available ☐
- ensuring *DOEM* policies and procedures are accessible to staff ☐

0 — NON-COMPLIANCE

START

Are first aid resources available?

NO (rectify situation) ☐

YES (commence ticking in Compliance Level 1) ☐

For example:
- A first aid/health room is designated, first aid kits are available and first aid personnel are identified.
- *DOEM* policies and procedures are accessible.

Infection Control

Statement

Infection control is an issue of concern for the whole community. Schools have a particular role to play in ensuring that all members of the school community are informed of the most effective ways to minimise the risk of disease transmission. Schools can provide the ideal environment for spreading disease. At any time schools may contain infected persons who are in close contact with others and whose behaviour may promote transmission. The spread of infectious disease can be greatly reduced by applying simple infection control guidelines to deal with situations.

Infection control is a process essential in the maintenance of healthy and safe working environments and focuses on adequately managing biohazards at the workplace. Many people carry disease with few or no outward signs. It is more cost-effective and safer to apply a set of general rules to all situations. This lessens the chance of discrimination against those known to have diseases. Also, this practice will ensure that someone who is infected will not inadvertently become a source of transmission of infection.

Background information

What is a biohazard?

Biohazards are materials that have the potential to cause infection, including biological and contaminated inert materials. The National Health and Medical Research Council (NHMRC) recognises that definitions of infectious materials will vary, but recommends the inclusion of:
- waste associated with patients requiring communicable disease isolation;
- laboratory and associated waste generated by microbiological investigations from all clinical and related laboratory services.

Why is infection control an important occupational health and safety issue?

Infectious diseases such as chickenpox and the common cold have existed in the workplace for centuries. The recent emergence of incurable and potentially lethal infections, such as the Hepatitis B virus and HIV, has increased the importance of implementing an infection control process in the workplace. By doing so, employers and those in charge of the workplace are meeting their obligations under the *Workplace Health and Safety Act 1995*.

Who is responsible for infection control in the workplace?

The school is responsible for:
- ensuring that school personnel are informed of infection control policy and guidelines;
- establishing school infection control procedures in accordance with the infection control policy and guidelines;
- ensuring staff are adequately trained in infection control procedures;
- monitoring the implementation of the procedures;
- ensuring that materials and equipment to protect all members of the school community from contact with body fluids are readily available;

- ensuring that potential sources of infection, such as needles and syringes, are disposed of according to infection control guidelines;
- informing members of the school community of safe disposal methods for potentially infectious materials that may be found in school grounds, including syringes and needles, used condoms, bandages, plasters and bloodstained clothing;
- ensuring that, in instances where students may be in risk situations such as cleaning up the school grounds, correct infection control precautions are taken;
- educating parents/caregivers about their responsibility to protect their children from the spread of disease. Vaccination is recommended for diseases that are likely to spread at school.

How is infection, illness and disease controlled?

The process of infection control involves the identification of all possible biohazards encountered in the workplace. Transmission of biohazards can occur through inhalation, ingestion or absorption through the skin. Each workplace needs to recognise the routes of transmission for potential biohazards and develop appropriate safe work procedures and preventive strategies. It is important that workplaces implement a process for the regular training of staff on infection control principles, safe work procedures and correct use of infection control equipment, e.g. resuscitation masks. It may also be appropriate to provide instruction and relevant levels of information to others at the workplace, such as students.

Hygiene practices

Handwashing is an effective way to prevent the spread of disease because it dilutes and washes off organisms and contaminated matter. It is essential that hands are carefully washed with soap and water before preparing or serving food, before eating, before providing first aid and after using the toilet. Queensland Health recommends that soap, preferably from soap dispensers, is available at all washbasins. Germicidal

solutions are not necessary and may irritate some skin types. The type of soap does not matter, provided it does not irritate the skin. All home economics kitchen facilities, tuckshops and toilet facilities must be fitted with a handbasin, soap and towels.

Routine cleaning

Departmental workplaces require routine cleaning and schools require additional specific cleaning regimes, because certain articles are shared. It is recommended that in workplace cleaning programs, where applicable:

- Surfaces and items used for food preparation and items that come into contact with food, mouths or skin should be regularly cleaned with hot water and detergent. In general, the routine domestic cleaning of dishes, eating utensils and sheets is sufficient for these items.
- Regular cleaning of toilets and bathrooms with diluted household bleach or sodium hypochlorite, plus additional washes with water and detergent.
- Frequently used classroom and child care equipment, e.g. puzzles, blocks, should be cleaned at least once a semester and preferably once a term, using hot water and detergent or sodium hypochlorite. Other items, such as clothing that is used for drama, should be washed at least once a term and preferably once every two weeks. It will be necessary to launder these more frequently if they have been in contact with bodily fluids.
- Items such as pillows, cushions and other linen, such as that used in reading areas, need regular cleaning, according to needs and use. In instances where bedding is regularly used by students, such

as in pre-schools and in some special education facilities, linen must not be shared by students. Bedding such as mattresses and canvas stretchers should be cleaned at least once a semester. Bedding must be cleaned immediately if it has come in contact with body fluids. Pillows that can become contaminated with body fluids should be protected by a waterproof pillowslip.

- Sandpits and sand used as impact material should be raked daily and the area should be covered when not in use. Where there is evidence of contamination, the suggested method of cleansing is to use 400 grams of sodium hypochlorite to 20 litres of water for each 8 square metres of sand. If the contamination is thought to be serious, advice should be sought from district office personnel. This procedure should be performed annually (NHMRC guidelines).
- Mouthpieces of musical instruments should be cleaned before being issued to other students, according to the following:
  — Class sets of plastic recorders must be washed in warm water and detergent and cleaned inside with an appropriate brush.
  — Mouthpieces of woodwind and brass musical instruments must be washed in warm water and detergent and brushed internally.
  — Breath condensation fluid in brass instruments must be regularly drained into a *suitable* receptacle, not onto the floor.
  — Refer to district office personnel for disposal procedures.

Further information

Legislation

Ambulance Service Act 1991 Queensland.

Division of Workplace Health and Safety (DWHS) 1994, *Code of Practice for First Aid in the Workplace*, Queensland.

Workplace Health and Safety Act 1995 Queensland.

Workplace Health and Safety Regulations 1995 Queensland, Regulation 86.

Education Queensland policies and guidelines

Accidents and Incidents — Reporting and Investigation (HS-08).

Disposal of Nappies (HS-09).

Draft Infection Control Policy 1997.

First Aid for Schools and Non-School Locations (HS-14).

Guidelines for Infection Control in State Schools: Policy Statement No. 25A 1990.

HIV/AIDS Education (HS-06).

Infectious Diseases: Recommended Exclusion Periods (Education Office Gazette 88.11.08) 1988.

Occupational Health and Safety Policy (HS-07).

Sanitary Disposal Units (HS-02).

Books and brochures

Australian National Council on AIDS, Department of Community Services and Health 1990, *Infection Control Guidelines: AIDS and Related Conditions*, AGPS, Canberra.

Australian Red Cross Book 1994, Angus and Robertson, Melbourne.

National Occupational Health and Safety Commission 1993, *Human Immunodeficiency Virus and Hepatitis B and the Workplace: National Consensus Statements and Code of Practice*, AGPS, Canberra.

St John Ambulance of Australia 1991, *Australian First Aid: An Authorised Manual of St John Ambulance of Australia* (Volume 1).

Other resources

Communicable Disease Unit, Queensland Health.

Infection Control in Office Practice: Medical, Dental and Allied Health, Report of the joint NHMRC/ANCA Infection Control Review Group, Australian National Council on AIDS 1994, AGPS, Canberra.

Jacobs, J. 1994, 'Biohazards and Health Care Workers', *The Journal of Occupational Health and Safety — Australia and New Zealand* vol. 10, no. 4, pp. 363–7.

Questions to answer

Suggested people to ask:

first aid personnel; physical education teachers; manual arts teachers, preschool teachers, registrars

Suggested questions to ask:

Are you aware of infection control issues? ☐ YES ☐ NO

Are there documented infection control procedures for your workplace? ☐ YES ☐ NO

Do you have access to information on infection control strategies? ☐ YES ☐ NO

Have you been shown how to treat safely injuries/illnesses, with regard to infection control? ☐ YES ☐ NO

Do you have access to infection control equipment (e.g. CPR mouthpiece)? ☐ YES ☐ NO

Self-evaluation checklist

Date completed: __ /__ /__   Completed by: _____

CONGRATULATIONS! Best methods practised for infection control.

5 — BEST PRACTICE

Providing quality infection control by:

using a risk management approach to determine infection control strategies	☐
monitoring and reviewing procedures for managing biohazards	☐
updating infection control facilities and services	☐

4 — GOOD PRACTICE

Improving infection control processes and procedures by:

analysing workplace illness records to determine trends and prioritise controls	☐
providing counselling and other services for victims of infection	☐
facilitating access to vaccination, and maintain a vaccination register	☐
monitoring and reviewing infection control facilities and services	☐
incorporating infection control procedures into induction programs	☐

3 — COMPLIANCE

Developing and implementing infection control procedures and practices for:

purchasing cleaning materials/equipment as laid out in the infection control guidelines	☐
providing regular refresher training on infection control procedures/practices	☐
following Queensland Health's recommended exclusion periods for communicable diseases	☐
providing disposable gloves in appropriate areas	☐
ensuring staff are aware of first aid and infection control policies and safe work practices for managing biohazards	☐
disposing of biohazards in compliance with local authority legislation	☐
maintaining a workplace register of all illnesses and infections	☐
maintaining first aid equipment as laid out in the Advisory Standard for First Aid	☐

2 — ACHIEVING COMPLIANCE

Raising awareness of and ensuring basic infection control by:

educating staff, student and others on the spread and prevention of infection, and by maintaining a training register	☐
including personal hygiene information in the HRE program or its equivalent	☐
ensuring regular maintenance of ventilation/air condition systems and regular cleaning of shared linen, musical instruments, sandpits, work surfaces, food preparation equipment, classroom equipment and toilets	☐
appropriately labelling containers of biohazards at workplace	☐
providing adequate supplies of soap/soap products in washing facilities	☐
identifying potential sources of biohazards at workplace	☐

1 — INITIATING COMPLIANCE

Providing information about infection control by:

translating infection control information into all relevant languages	☐
disseminating information about managing biohazards	☐
ensuring *Department of Education Manual (DOEM)* procedures are accessible to staff	☐

0 — NON-COMPLIANCE

START

Is infection control recognised?

NO (rectify situation)	☐
YES (commence ticking in Compliance Level 1)	☐

For example:
• Information on infection control procedures and biohazards is available.
• Staff, students and others are educated about spread of infection.

Occupational Rehabilitation

Statement

Education Queensland believes that prevention of occupational injury and illness is the primary goal of any health and safety program. Where injury or illness occurs, the department supports the minimisation of absenteeism through occupational rehabilitation programs. The implementation of supportive rehabilitation systems in the workplace reduces the effects of injury and illness on employees and others in the workplace.

Background information

What is occupational rehabilitation?

Occupational rehabilitation is a managed process aimed at maintaining injured or ill employees in, or returning them to, suitable employment. It involves medical, allied health, educational and vocational measures to restore employees' full work function or to help them achieve the highest possible level of function following illness or injury.

Education Queensland is committed to the development of workplace rehabilitation programs and all employees who are ill or injured through work-related or non-work-related incidents or conditions have the same access to support and advice from the department.

Why is rehabilitation a workplace concern?

Long-term sick leave places pressure on both the workplace and on individual employees. Early and safe return to work through rehabilitation programs will minimise the period of absence from work and unnecessary disruption to departmental workplaces. Rehabilitation has a positive effect on the self-esteem of an employee by maintaining work skills, occupational fitness and the social interactions at work. Effective implementation and commitment to workplace rehabilitation further reduces the impact of injury or illness on the individual and others in the workplace.

How does rehabilitation affect your workplace?

Any injured or ill employee requiring extended time off work will be offered a rehabilitation program. These programs are individually developed in consultation with the injured/ill employee, their family, school rehabilitation coordinator, employer representatives, the employee's treating professionals, district office personnel (where applicable) and WorkCover. During the phased return to work, the employee being rehabilitated slowly increases the amount of time spent at work, e.g. two days a week, with another person completing the remainder of the time away. This coordinated approach to the safe return to work of injured/ill employees enables a number of benefits, such as:
- Disruption of school routine is minimised, ensuring that the optimal outcome for both the employee and employer is determined as quickly, efficiently and as safely as possible.

- Supervisors can be kept informed of the likely length of a claim, allowing more effective planning to account for a temporary loss of a staff member.
- The employee's skills can be utilised earlier by taking advantage of the WorkCover-sponsored graduated return-to-work programs.
- Workplace risks can be identified to the benefit of all staff.
- The employee remains capable of performing his or her job efficiently before returning to paid employment.
- The time off work caused by injury/illness is reduced so that the likelihood of workers returning to work increases.
- The psychological, social and physical impact is lessened.

Who is responsible for coordinating workplace rehabilitation programs?

WorkCover legislation requires all employers to take all reasonable steps to help an employee rehabilitate or provide an injured employee with rehabilitation while he or she is entitled to compensation. The *WorkCover Act 1996* requires that all departmental work sites, including schools, with 30 or more employees appoint an accredited workplace rehabilitation coordinator. Legislation also requires that Education Queensland should have an accredited policy and procedures for workplace rehabilitation in place. The department's *Occupational Rehabilitation Policy (HS-16)*, accredited by WorkCover, details the procedures and guidelines applicable to departmental work sites across the State.

Rehabilitation is a shared responsibility for the injured/ill employee, management, the employee's supervisor, co-workers, the rehabilitation coordinator, the treating medical practitioner and human resource management operations within the department.

Management is responsible for appointing an accredited workplace rehabilitation coordinator at its school/work site and for providing sufficient resources to undertake the role. Management also needs to ensure that all employees are provided with adequate information on occupational rehabilitation, including information on who to contact for help.

Supervisors and co-workers are responsible for providing supportive work environments.

The responsibility to ensure rehabilitation occurs is both a human resource management and workplace function. Employees returning to work after an illness or injury are entitled to return on a rehabilitation program. For effective rehabilitation management all responsible parties must:

- ensure a team approach is adopted to manage the rehabilitation process;
- ensure early intervention, consistent with medical advice;
- maintain regular contact with the injured employee;
- manage an integrated model of rehabilitation service;
- provide an effective and efficient system to monitor individual cases;
- monitor and investigate WorkCover claims trends;
- assist workers in an early, safe return to meaningful and productive work following injury or illness.

The ill/injured employee involved in a rehabilitation program must:

- provide medical certification covering the rehabilitation program;
- correctly complete the necessary reporting and claims forms;
- comply with the conditions agreed on in the rehabilitation program;
- cease any task that adversely affects their condition and report the problem immediately to their supervisor and rehabilitation coordinator;
- attend any medical examination arranged by the department for the purpose of assessing or reviewing their condition;
- submit WorkCover forms within ten days.

Employees gradually returning to work on a QSuper-assisted rehabilitation pension must comply with the QSuper guidelines for rehabilitation.

Further information

Legislation

WorkCover Act 1996 Queensland.

WorkCover Regulations 1997 Queensland.

Education Queensland guidelines and policies

Accidents and Incidents — Reporting and Investigation (HS-08).

Occupational Health and Safety Policy (HS-07).

Occupational Rehabilitation Policy (HS-16).

Occupational Rehabilitation Tool Kit.

Questions to answer

Suggested people to ask:

principal; nominated rehabilitation coordinator; registrar; representative members of staff; nominated district office personnel

Suggested questions to ask:

Are you aware of the forms you need to complete for a WorkCover claim? ☐ YES ☐ NO

Are you aware of the forms management needs to complete for a WorkCover claim? ☐ YES ☐ NO

How would you apply for WorkCover if you sustained a workplace injury or illness? _____

_____

Has anyone in your workplace participated in a rehabilitation program? ☐ YES ☐ NO

Have you received any information on workplace rehabilitation? ☐ YES ☐ NO

Are there documented procedures on the process of rehabilitation of an injured employee at your workplace? ☐ YES ☐ NO

Are you aware of the options available to those on unpaid sick leave/rehabilitation? ☐ YES ☐ NO

Self-evaluation checklist

Date completed: __ /__ /__   Completed by:

CONGRATULATIONS! Best methods practised for the identification and management of supportive rehabilitation programs.

5 — BEST PRACTICE

Commitment to provide a supportive and consultative rehabilitation program by:

- ensuring that rehabilitation practices and procedures have met both employee and departmental goals ☐
- regularly updating the rehabilitation objectives ☐
- allocating funds for rehabilitation training ☐
- checking and revising WorkCover legislation changes for new or revised standards ☐
- providing documentation for early identification ☐
- promoting a supportive environment with open communication channels clearly outlined ☐

4 — GOOD PRACTICE

Development of rehabilitation procedures for early identification by:

- evaluating causes of illness and injury at the workplace ☐
- evaluating the knowledge and interpersonal skills of all employees relating to rehabilitation practices ☐
- consulting with district office senior personnel officer/rehabilitation coordinator or employee adviser for program development ☐
- encouraging employee responsibility towards a safe workplace environment ☐
- ensuring management's awareness of health and safety issues within the workplace (e.g. risk management priority list) ☐

3 — COMPLIANCE

Deploying information and resources by:

- identifying potential rehabilitation support people ☐
- prioritising employee needs and entitlements ☐
- consulting with employees to identify rehabilitation limitations at the workplace ☐
- consulting with employees to identify suitable selected or alternative duties ☐
- providing facilities and guidelines for employees working in a replacement capacity ☐
- completing requirements outlined in the *Occupational Rehabilitation Tool Kit* ☐

2 — ACHIEVING COMPLIANCE

Promotion of rehabilitation training programs for all staff through:

- consultation that employs visual notification for staff (e.g. noticeboards, newsletters) ☐
- direct introduction to rehabilitation coordinator/responsible district office personnel ☐
- consultation with staff to verify methods for notification of training programs ☐
- establishing a method for distributing funding for rehabilitation ☐
- establishing a standard for procedures that identify training needs (refer to the *Department of Education Manual (DOEM)*, workplace health and safety Codes of Practice, manufacturers' guidelines, workplace health and safety literature on manual handling procedures, stress management guidelines etc.) ☐
- consultation with staff to assess in-service and external requirements ☐

1 — INITIATING COMPLIANCE

Policy and information available through:

- enabling easy access to school handbook for all new staff ☐
- including information from the *Occupational Rehabilitation Tool Kit* in induction programs ☐
- ensuring that ill or injured employees are aware of the claims procedures and the nominated rehabilitation personnel involved ☐

0 — NON-COMPLIANCE — START

Are rehabilitation processes established?

NO (rectify situation) ☐

YES (commence ticking in Compliance Level 1) ☐

For example:

- Procedures for recording workplace illness and injury exist.
- Illness and injury report paperwork exists.
- *DOEM* policies and procedures are accessible.

Workplace Stress

Statement

Stress is viewed as a continuous and interactive process, which takes place as people adjust to and cope with their environment. Some stress is a necessary part of our lives. We all need a certain level of stress to perform at our best. Therefore, the amount of stress we are under and how well we manage is determined by our ability to cope. However, too much stress can result in performance problems and significant physical and psychological disorders. Organisations have a responsibility to minimise and prevent unnecessary stress factors in the workplace. Management should aim at maximising staff morale to counteract negative stress.

Background information

What is workplace stress in an educational environment?

Stress occurs when there is a perceived imbalance between the demands made on an individual and the resources available (personal or organisational), or when an individual's needs and motivation are not met by the organisation.

During the last decade, stress factors have been identified within the educational environment. These include increased responsibility and accountability, community perceptions of education, the role of the media, changes to procedures, planning, assessment and technology, increased community and parent expectations, integration, participation in decision making, increased workload, salary claims, departmental policies, pupil behaviour and social changes.

When these factors interact with each other in potentially conflictual situations, the result can be an increase in stress-related claims for sick leave and WorkCover claims from school personnel.

Stress-related claims within Education Queensland can be classified into three distinct categories. Potential sources of stress can be linked to environmental, personal and workplace factors, such as:

Environmental factors
- poor seating;
- lighting;
- excessive noise;
- poor ventilation;
- overcrowding;
- vibration;
- uncomfortable temperatures;
- badly designed furniture;
- poor maintenance;
- open plan offices;
- toxic fumes and chemicals;
- inadequate resources and equipment;
- poor planning of school grounds and buildings;
- poor staffroom facilities;
- poor child care facilities;
- pollution from surrounding industry.

Personal factors
- attitudes/beliefs/values;
- hereditary characteristics;
- coping skills;
- lifestyle;
- physiological conditions;
- level of communication skills;
- vulnerable relationships;
- level of education/training/abilities;
- level of family/friends' support;
- learned behaviour;
- past experiences;
- cultural and religious influences.

Workplace factors
- social isolation;
- jobs not matched to individual skills;
- lack of recognition or scope for using initiative;
- job dissatisfaction;
- job design;
- job description;
- interpersonal conflicts and tensions;
- external life stresses;
- excessive overtime;
- meeting other people's deadlines;
- lack of direction and decision making;
- pace and flow of work;
- demotion;
- transfer;
- boring tasks;
- major changes in type of work;
- level of responsibility;
- quality of support;
- uncertainty of job expectations;
- job insecurity;
- lack of human resources;
- student behaviour.

Why is it important to be aware of stress in the workplace?

Identifying stress in the workplace is important because stress affects individuals, and may eventually affect all those associated with the workplace environment. Once workplace stress factors are identified, appropriate strategies should be developed in consultation with all employees. The aim should be to target adverse health effects.

Stress manifests itself through health and behavioural changes, such as:
- tiredness;
- insomnia;
- headaches;
- anger and aggression;
- fear;
- frustration and anxiety;
- depression;
- withdrawal;
- irrational behaviour/beliefs;
- mood swings;
- skin rashes;
- dyspepsia;
- high blood pressure;
- lack of motivation;
- increased muscle tension;
- tremors.

How does the work environment cause stress?

The interaction between personal, social and cultural expectations, and occupations, which influence stress responses within the work environment, is often unrecognised. Because education is a commitment with strong emotional ties, there is an expectation for high performance. Teachers generally work longer hours than expected, and are frequently not consulted in policy changes and departmental initiatives. Management styles, purpose and clarity within the work environment influence the stress levels of all employees.

Who is responsible for managing workplace stress?

Given the cost of stress to both the organisation and the employee, management and employees both need to accept responsibility and seek to reduce the effects of stress at work. Management needs to consider the human dimensions of providing healthier and safer workplaces for its employees.

The responsibility for setting the organisational atmosphere and climate at the workplace lies with the principal. Directives from principals should be clearly outlined and defined to promote understanding and commitment from employees.

How to manage the workplace to reduce stress

Effective management involves awareness of personal and organisational factors. Planning and consulting with the employees in the workplace creates and fosters avenues of communication that allow better understanding of workplace expectations. Management of workplace stress requires the identification of stress-related factors in classroom behaviour management, interpersonal conflicts, and attitudinal and organisational changes. Dealing with stress requires accurate assessment, and the development and implementation of practical strees management strategies, to improve employees' coping skills.

Coping skills can help to neutralise or manage stressors you encounter inside and outside the educational environment. Techniques to manage stress include training in the development of assertion skills, conflict resolution and behaviour management. Physical exercise, relaxation methods, correct diet, humour, socialising and appropriate support networks should be encouraged within the work environment. By nurturing physical and psychological wellbeing, adverse stress responses are minimised.

Further information

Education Queensland policies and guidelines

Managing Your Stress: A Support Booklet for Teachers 1995, Metropolitan East Region, Stress Management Working Party.

Books and brochures

Bernard, M.E. 1991, *Taking the Stress Out of Teaching*, Collins Dove, Melbourne.

Clarke, H., Cutbush, A. & O'Halloran, P. 1995, *Health and Wellbeing at Work. A Kit for Staff in Schools*, Directorate of School Education.

Edelmann, R.J. 1993, *Interpersonal Conflicts at Work*, British Psychological Society, London.

Toohey, J., Comcare Australia 1993, *An Overview of Comcare Australia's Stress Related Claims: Investigation* Model, Australian Government Publishing Service, Canberra.

Toohey, J., Comcare Australia 1993, *Quality of Working Life Strategy: Developing an Action Plan to Improve Health and Productivity*, Australian Government Publishing Service, Canberra.

Questions to answer

Suggested people to ask:
principals; registrars; other employees; employee adviser; rehabilitation coordinator

Suggested questions to ask:

Are you aware of anyone who has been on, or is on, stress-related leave? ☐ YES ☐ NO

What are some of the signs and symptoms of stress? _____

_____

What would you do if you became aware of a fellow employee suffering from stress symptoms? _____

_____

To whom would you refer this fellow employee? _____

_____

Do you have easy access to information on occupational/workplace stress? ☐ YES ☐ NO

Do you practise stress minimisation techniques? ☐ YES ☐ NO

Are you aware that the department has resources available to every workplace to measure workplace stress and morale? ☐ YES ☐ NO

Self-evaluation checklist

Date completed: ___ /___ /___   Completed by:

CONGRATULATIONS! Best methods practised in identifying and managing stress in the workplace.

5 — BEST PRACTICE

Commitment to nurturing physical and psychological wellbeing to minimise adverse stress responses through:

ensuring that behavioural and psychological stress responses are conducive to the employee and the working environment ☐

regularly updating action plans and procedures regarding new research, techniques and monitoring organisational change ☐

encouraging new stress initiatives using consultation practices ☐

4 — COMPLIANCE

Development of strategies to minimise the impact of stress through:

establishing a referral procedure ☐

establishing a procedure to identify stress-related symptoms in employees ☐

developing action plans to deal with specific workplace stresses ☐

evaluating the identified workplace stress factors ☐

encouraging employee responsibility toward self-management ☐

consulting with district office personnel on new health-related policies ☐

establishing procedures aimed at improving morale and climate ☐

3 — GOOD PRACTICE

Identifying stress factors through:

providing early intervention mechanisms to reduce the impact of stress on the workplace ☐

following up sick leave and providing rehabilitation programs ☐

establishing reporting mechanisms to identify stress factors ☐

consulting with employees to identify stress factors within the workplace ☐

allocating responsibility to appropriate personnel ☐

providing access to health management services e.g. dietician, counselling ☐

establishing support networks for all staff ☐

2 — ACHIEVING COMPLIANCE

Promotion of stress minimisation initiatives through:

reinforcing supportive mechanisms on pupil-free days ☐

ensuring that relevant information is distributed, e.g. to pigeonholes or in memos ☐

informal discussions among staff ☐

1 — INITIATING COMPLIANCE

Information on stress management available through:

providing appropriate skill training opportunities and funding ☐

including consultative procedures in in-service induction programs ☐

awareness of stress management resources ☐

providing information about the Employee Adviser Service ☐

0 — START — NON-COMPLIANCE

Are you aware of strategies to manage stress?

NO (rectify situation) ☐

YES (commence ticking in Compliance Level 1) ☐

For example:

• supportive school environment and open communication between staff

• consultative decision-making processes used