

Modules 5-8

5. Health and Safety Consultation

6. Risk Management

7. Manual Tasks

8. Hazardous Substances

Health and Safety Consultation

Statement

Consultation promotes health and safety awareness between management, employees, experts and unions. It enables management to have a greater understanding of the work environment in their use of the risk management process. The method established for health and safety consultation will depend on the size, resources and location of the school.

Background information

What is health and safety consultation?

Consultation is the act of conferring with others to gain information and allows for a more accurate evaluation of work practices and greater cooperation in the workplace. Occupational health and safety consultation is a process that should include the workplace health and safety committee, workplace health and safety officers (WHSOs) and workplace health and safety representatives (WHSRs). Processes that involve the cooperation of employees work more effectively. However, the level of consultative methods practised will depend on the complexities of the workplace.

Who is responsible for consultation?

Ultimately, school management is responsible for **initiating** health and safety consultative practices. Employees have an obligation to comply with workplace health and safety instructions, and should cooperate with management's consultative arrangements to ensure safe work practices are implemented and maintained.

Cooperation and consultation can be developed through the deployment of:

- workplace health and safety committees/forums;
- WHSRs;
- WHSOs;
- district office personnel;
- district networks;
- external consultants;
- Division of Workplace Health and Safety (DWHS);
- industry sector standing committees;
- unions.

Workplace consultative arrangements may be established by ensuring the existence of:

- a workplace health and safety committee;
- a WHSO;
- WHSR(s).

Workplace health and safety committees

The primary function of a committee is to facilitate cooperation between employer and employee in developing and carrying out measures to ensure workplace health and safety at a workplace. The department's occupational health and safety policy

declares that each school must form a committee or appropriate forum for reviewing and resolving health and safety issues at their workplace. The size and structure of the committee will depend on the size, resources and location of the school (for example, in large schools there can be a separate OH&S committee, and in small schools (one teacher), the Parents and Citizens' committee (P&C) incorporates an OH&S agenda or provides a forum for dealing with such issues).

Refer to part 7, sections 86–90 of the *Workplace Health and Safety Act 1995* for requirements for a workplace health and safety committee.

WHSO

The *Workplace Health and Safety Act 1995* requires a workplace employing thirty or more employees to have a WHSO. The role of the WHSO is to advise management on the health and safety aspects at the school. Refer to part 8 of the Act for requirements for WHSOs, and refer to section 96 for the specific functions of WHSOs.

WHSR

The *Workplace Health and Safety Act 1995* entitles employees at any workplace to elect a WHSR. The WHSR is an employee representative who is entitled to inspect and report on unsafe and unhealthy situations in the workplace or the WHSR's representative area. Refer to part 7 of the Act for the requirements for WHSRs, and refer to section 81 for the specific entitlements of WHSRs.

Why is it important to consult with others on health and safety matters?

Consultation with relevant individuals allows for prompt and efficient access to accurate information, such as first-hand knowledge of workplace activities, tools and equipment; statistical data; and identification of equipment hazards before purchase.

Regular WH&S meetings (e.g. workplace health and safety committee meetings, P&C meetings) should ensure prioritised actions are implemented, followed up and reviewed.

Further, the *Workplace Health and Safety Act 1995* requires a consultative approach to workplace health

and safety, which involves cooperation between management and employees.

Queensland workplace health and safety legislation emphasises a more self-regulated and less prescriptive approach to health and safety. A variety of workplace health and safety resources such as Advisory Standards (previously called Codes of Practice) and Industry Codes of Practice are provided to help industry to self-regulate workplace health and safety.

- ideas are formulated;
- communication channels are opened;
- financial concerns are minimised;
- site-specific policies and procedures are established;
- hazards and risks are effectively identified, evaluated and controlled;
- people have input and feel valued.

How do we benefit from consultative practices?

Increased awareness aids the identification of hazards, establishes priorities and evaluates the effectiveness of workplace health and safety programs.

By establishing consultative methods:

Further information

Legislation

Various Advisory Standards (previously called Codes of Practice) and Industry Codes of Practice, Queensland.

Workplace Health and Safety Act 1995 Queensland.

Workplace Health and Safety (Miscellaneous) Regulation 1995 Queensland.

Workplace Health and Safety Regulation 1997 Queensland.

Education Queensland policies and guidelines

Occupational Health and Safety Policy (HS-07).

Various other health and safety policies and guidelines in the *Department of Education Manual* and *Education Office Gazettes*.

Other resources

DWHS offices throughout Queensland.

Resources from the DWHS, including its Internet site at www.detir.qld.gov.au

Questions to answer

Suggested people to ask:

principal; registrar; representative staff members (WHSO, WHSRs etc.)

Suggested questions to ask:

How many employees are there at this workplace?

more than 30?

less than 30?

If there are more than thirty employees, do you have an accredited WHSO?

YES

NO

Do you have a workplace health and safety committee or other forums to address health and safety issues?

YES

NO

If so, does it meet at least every three months?

YES

NO

Are there any employees who have health and safety responsibility at this workplace?

YES

NO

Who are they, and what training do they have? _____

How would you raise a workplace health and safety concern at your workplace? _____

Have you ever been consulted about health and safety issues at your workplace?

YES

NO

Have you received any response to issues you have raised?

YES

NO

Are you satisfied with the level of consultation? _____

Self-evaluation checklist

Date completed: ___ / ___ / ___

Completed by: _____

CONGRATULATIONS! Best methods practised for consultation practices.

<p style="font-size: 48pt; color: #ccc; text-align: center;">5</p> <p style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold;">BEST PRACTICE</p>	<p>Commitment to consultative practices by:</p> <p>regular consulting with workplace health and safety personnel <input type="checkbox"/></p> <p>prioritising and monitoring risks <input type="checkbox"/></p> <p>reviewing recommendations <input type="checkbox"/></p> <p>implementing documented recommendations <input type="checkbox"/></p> <p>circulating minutes to all employees and committee members <input type="checkbox"/></p>
<p style="font-size: 48pt; color: #ccc; text-align: center;">4</p> <p style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold;">GOOD PRACTICE</p>	<p>Responsibilities apportioned for consultative practices by:</p> <p>documenting consultative expectations in policies and procedures <input type="checkbox"/></p> <p>initiating programs in consultation with the district office <input type="checkbox"/></p> <p>appointing a WHSO/WHSR <input type="checkbox"/></p>
<p style="font-size: 48pt; color: #ccc; text-align: center;">3</p> <p style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold;">COMPLIANCE</p>	<p>Putting consultative practices into operation by:</p> <p>allocating funds for training of workplace health and safety personnel appropriate to the workplace needs <input type="checkbox"/></p> <p>having an accredited WHSO if the workplace has more than thirty workers <input type="checkbox"/></p> <p>formulating procedural guidelines for committee operation, and documenting and displaying workplace health and safety committee meeting minutes <input type="checkbox"/></p> <p>providing time for workplace health and safety personnel to conduct training and information sessions <input type="checkbox"/></p> <p>providing access to the workplace health and safety committee members for all employees <input type="checkbox"/></p> <p>establishing a workplace health and safety committee, and meeting at least every three months <input type="checkbox"/></p> <p>having an appropriate selection of WHSRs, and involving other staff in identifying and prioritising risks <input type="checkbox"/></p>
<p style="font-size: 48pt; color: #ccc; text-align: center;">2</p> <p style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold;">ACHIEVING COMPLIANCE</p>	<p>Promotion of consultative processes by:</p> <p>encouraging input of all staff into agenda items <input type="checkbox"/></p> <p>inviting a representative sample of employees to be involved in workplace health and safety committee meetings <input type="checkbox"/></p> <p>consultation with parents and students as well as staff <input type="checkbox"/></p> <p>encouraging awareness of workplace health and safety matters to all staff <input type="checkbox"/></p> <p>discussing workplace health and safety issues with outside people, e.g. consultants <input type="checkbox"/></p>
<p style="font-size: 48pt; color: #ccc; text-align: center;">1</p> <p style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold;">INITIATING COMPLIANCE</p>	<p>Ensuring consultation is available by:</p> <p>utilising departmental health and safety consultative guidelines <input type="checkbox"/></p> <p>ensuring avenues exist for employees and management to discuss workplace health and safety issues <input type="checkbox"/></p> <p>holding informal discussions on workplace health and safety within staff structures <input type="checkbox"/></p> <p>ensuring <i>DOEM</i> is accessible to all staff <input type="checkbox"/></p>
<p style="font-size: 48pt; color: #ccc; text-align: center;">0</p> <p style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold;">NON-COMPLIANCE</p>	<p>Are strategies/facilities for consultation available?</p> <p>NO (rectify situation) <input type="checkbox"/></p> <p>YES (commence ticking in Compliance Level 1) <input type="checkbox"/></p> <p>For example:</p> <ul style="list-style-type: none"> District office contact identified. Workplace health and safety committee set up. General health and safety information available.

START

Risk Management

Statement

There are many specific risks to health and safety that must be controlled at the workplace. Each workplace has its inherent hazards and risks. The *Department of Education Manual (DOEM)* decrees that management must have systems in place to prevent or minimise risks to health and safety.

If there is an unacceptable risk, and effective procedures are not established at the workplace, then there is a contravention of the *Workplace Health and Safety Act 1995*. To ensure these risks **are** controlled at the workplace, the process of risk management must:

- **identify** the work process and practices that pose hazards to both the workplace and the external environment;
- **assess** the degree of risk created by the identified hazards;
- **formulate** appropriate control strategies for reducing the risk to health and safety;
- **monitor** the performance of these control methods.

Background information

What does the risk management process involve?

Section 22 of the *Workplace Health and Safety Act 1995* describes the risk management process as:

- identifying potential hazards;
- assessing risks that could result from the hazards;
- deciding on control measures to prevent or minimise risks;
- implementing control measures;
- monitoring and reviewing the effectiveness of the measures.

Each of the above steps should be reported and recorded.

Why is it important to manage risks in the work environment?

It is essential to have an effective process in place for the management of workplace risks because those risks can result in injury or illness, and there could be severe repercussions.

Such repercussions on the workplace could include:

- legal liability;
- loss of employee work time;
- interrupted work flow;
- the need to spend money;
- dissatisfied parents;
- student unrest;
- increased levels of stress;
- an increase in WorkCover claims;
- a damaged public image;
- a reduction in enrolment figures.

How does a workplace benefit from risk management?

The health and safety of staff, students and others associated with the workplace will benefit from a risk management process, because the risks of injury or illness will be monitored, and kept to an acceptable level.

Who is responsible for managing workplace risks?

Management is responsible for managing risks involved in the workplace, workplace activities and various plant and equipment used at the workplace. Therefore, management should ensure that:

- Consultation occurs between management and employee representatives on workplace hazards and risks.
- Priorities are listed after conducting risk assessments of each hazard.
- Appropriate methods are used to assess the identified hazards.
- Purchased products are specific to the use and function of the working environment and the people using them.
- Furniture and equipment meet relevant standards.
- Staff are trained to recognise hazardous situations in their work areas.
- Nominated staff are trained to assess the risks associated with identified hazards.
- Duties are delegated to those responsible, for example, heads of department coordinate the management of risks within their department.
- Procedures on risk management are documented so that defined avenues exist for the identification, assessment and control of risks.

Further information

Legislation

Various Advisory Standards and Industry Codes of Practice, Queensland.

Workplace Health and Safety Act 1995 Queensland.

Workplace Health and Safety (Miscellaneous) Regulation 1995 Queensland.

Workplace Health and Safety Regulation 1997 Queensland.

Education Queensland policies and guidelines

Occupational Health and Safety Policy (HS-07).

Various health and safety policies and guidelines in the *DOEM* and *Education Office Gazettes*.

Workplace Health and Safety — Curriculum (HS-10).

Books and brochures

Grantham, D.L. 1992, *Occupational Health and Hygiene Guidebook for the WHSO*, Brisbane.

Other resources

Division of Workplace Health and Safety (DWHS) offices throughout Queensland.

Resources from the DWHS, including the Division's Internet site at www.detir.qld.gov.au

Questions to answer

Suggested people to ask:

principal; registrar; representative members of staff

Suggested questions to ask:

How would you raise a concern about hazards in your workplace? _____

What happens when hazards are identified? _____

Have you been made aware of the hazards associated with your work and work area?

YES

NO

Have you been shown how to work safely with the hazards associated with your work?

YES

NO

Is there a process to assess the risks related to hazards identified in the workplace?

YES

NO

How are hazards prioritised and control measures determined? _____

Self-evaluation checklist

Date completed: ___ / ___ / ___

Completed by:

CONGRATULATIONS! Best methods practised to identify and control hazards.

5

BEST PRACTICE

Commitment to systems that control hazards by:

ensuring procedures for controlling hazards are updated, reviewed and maintained

ensuring procedures established for hazard control are clearly recognised by all

implementing compliance procedures

4

GOOD PRACTICE

Developing procedures to ensure control measures are effective by:

reviewing employee feedback information

implementing procedures that monitor prioritised hazards

consulting with inside and outside experts

developing maintenance programs

attending in-service health and safety courses (e.g. risk management)

3

COMPLIANCE

Putting processes for hazards management into operation by:

evaluating control mechanisms and procedures with employees

considering the most appropriate control option

establishing guidelines for emergency procedures

managing funds to control high-risk areas

reviewing workplace accident/incident/illness statistics

prioritising health and safety issues based on risk levels

assessing the risk associated with workplace hazards using consultation

applying HS-10 to curriculum areas

2

ACHIEVING COMPLIANCE

Promotion of risk management strategies by:

passing on hazard information to appropriate personnel

maintaining a record of hazards identified, using, for example, a hazard register

providing the opportunity for staff to report hazardous situations

providing up-to-date health and safety information, e.g. material safety data sheets (MSDSs) to appropriate personnel

1

INITIATING COMPLIANCE

Access to information on hazard controls by:

ensuring product information is easily accessible, e.g. MSDSs, personal protective equipment

instructing new employees on hazard management

signs indicating the nature of hazards in specific work areas

informal discussions relating to risk and hazard concerns

0

NON-COMPLIANCE

Is hazard management information available?

NO (rectify situation)

YES (commence ticking in Compliance Level 1)

For example:

- On-site signage is available to indicate the presence of hazards.
- OH&S literature is available.
- *DOEM* policies and procedures are accessible.

START

Manual Tasks

Statement

Injuries associated with manual tasks represent a significant proportion of workplace injuries. Manual task injuries frequently cause pain and suffering to the individual, as well as disruption to working, social and family life. They are also a major contributor to the workers' compensation costs incurred by the department.

By identifying the risks associated with manual tasks, measures can be taken to prevent those risks eventuating or minimise their impact on the worker. Preventing or minimising the risk of injury is the purpose of the various Advisory Standards providing guidance on manual tasks. These standards are listed at the end of this section under the heading of 'Further information'.

When completing this module you should take into account the information you have gathered in relation to all potential risks in manual tasks. The Manual Tasks Advisory Standard defines ten main risk elements associated with the performance of manual tasks. A summary of these ten risk elements is provided in this module.

Background information

What are manual tasks in the workplace?

Manual tasks in the workplace are any activities requiring the use of force by a person to lift, lower, push, pull, carry or otherwise move, hold or restrain any object. 'Force' means any action that maintains or alters the position of any object.

Why is it important to acknowledge the components of manual tasks?

Manual tasks with their broad variety of associated potentials for risk, such as repetition and duration **combined with** awkward working postures, are responsible for a great number of injuries and long-term health problems among Australia's workforce. Some of these include:

- abdominal injuries, e.g. hernias;
- aggravation of circulatory and respiratory disease;
- back injuries — acute and chronic;
- fatigue leading to other accidents;
- injuries occurring during sudden exertion.

Who is responsible for monitoring manual tasks in the workplace?

Management is responsible for ensuring that the risks associated with manual tasks are identified, assessed, controlled and reviewed. Therefore, management should ensure that:

- There is consultation between management, workplace health and safety officers (WHSOs) and workplace health and safety representatives (WHSRs), and other employees about manual tasks.
- Written procedures for manual tasks are developed to record the risks, record the controls, and facilitate structured training for new and existing employees.
- Staff are trained in safe handling techniques.
- Staff are trained to identify hazards and assess risks associated with specific manual tasks.

- Appropriate methods are used to identify and assess all manual tasks and risks.
- Priorities for action are listed after determining risks associated with manual tasks.
- Duties, e.g. storage of materials, clearance of access ways, are delegated to those responsible.
- The workplace is laid out so as to allow safe handling techniques.
- Equipment appropriate to preventing or minimising the risks associated with manual tasks is purchased, with consideration of both the work environment and individual needs.
- Equipment meets relevant standards.

How do we assess the potential for risk associated with manual tasks?

In order to **assess** risk in manual tasks we need firstly to **identify** the potential risks by:

- analysing accident and injury records;
- consulting with staff;
- observing work practices;
- accessing Division of Workplace Health and Safety (DWHS) legislation and information;
- reading health and safety literature;
- completing manual tasks checklists.

After isolating the potentials for risk associated with each manual task, prioritise the risks, and determine appropriate control methods. The **interaction** of **all** the potentials for risk should be taken into account.

Typical potentials for risk associated with manual tasks, as detailed in the Advisory Standard for Manual Tasks, include:

- 1. Forceful exertions.** The exertion of force is associated with most musculoskeletal disorders. Tasks that require forceful muscular exertions place higher loads on the muscles, tendons, joints and discs.
- 2. Working postures** influence how long workers can do their jobs without fatigue or adverse health

effects. Poor body postures are a major cause of musculoskeletal disorders.

3. **Repetition and duration** are extremely important because of their effects on other potentials for risk. Generally, it is the repetition of tasks, and the duration of exposure that determine if there is a likelihood of an injury developing.
4. **Vibration.** A worker in contact with a vibrating machine receives vibrational energy, which is transmitted to the body through the feet, buttocks or hands. Vibrations can injure muscles, joints and nerves, and affect blood circulation particularly in body areas close to the point of transmission, where the most of the vibrational energy is dampened.
5. **Workstation design.** Poor layout and design of workstations can increase the risk of injury by causing workers to work in awkward postures affecting the back, neck, shoulders and wrists.
6. **Tools.** Poor design and excessive use of hand tools are associated with an increased incidence of chronic disorders of the hand, wrist and forearm, such as carpal tunnel syndrome and wrist tendonitis.
7. **Characteristics of loads** can create a risk because they can increase the potential for overexertion and fatigue because of the muscular effort needed to handle them. Important factors include the size and shape of load, difficulty in gripping loads, and unstable or unwieldy loads.
8. **Manual handling** of heavy materials is a major cause of low-back disorders. Factors that increase the risk of injury include awkward postures, a static load, asymmetric lifting, constricted space for work, and unstable loads.
9. **Work organisation** factors can intensify the potential for physical risk of musculoskeletal disorders by increasing both the **duration** of exposure and **frequency** with which tasks are performed, as well as by reducing recovery time. Detrimental factors include working too fast, bonus schemes, monotonous work, and inadequate rest breaks.
10. **Individual capability.** Factors related to individual workers that can influence their susceptibility to musculoskeletal injury include:
 - skills and experience;
 - physical characteristics such as age, disability, recent injury and pregnancy etc.;
 - whether the body is accustomed to the manual tasks;
 - whether the person is able to influence planning of their manual tasks;
 - personal protective equipment, which can interfere with manual dexterity, and thus contribute to increased muscular effort and fatigue.

Further information

Legislation

Advisory Standard for Manual Tasks 1999 Queensland.

Advisory Standard (Code of Practice) *Manual Handling — the Handling of People* 1992 Queensland.

Advisory Standard (Code of Practice) *Manual Handling in the Building Industry* 1991 Queensland.

Books and brochures

DWHS booklets: *Handle with care, Back pain.*

Grandjean, E. 1985, *Fitting the Task to the Man: An Ergonomic Approach*, Taylor and Francis, London.

Mathews, J. 1990, *Health and Safety at Work.*

Pheasant, S. 1991, *Ergonomics, Work and Health*, The MacMillan Press, London.

Other resources

An Easy Guide to Manual Handling: Avoiding Back Strains and Pains, Workplace Video Productions 1990.

Questions to answer

Suggested people to ask:

janitor/groundspersons; teacher aides; health care workers; physical education teachers, cleaners

Suggested questions to ask:

Have you been trained in how to safely perform manual tasks? with objects YES NO
with people YES NO

Are there written safe work procedures for manual tasks at your workplace? YES NO

Do you have access to information on manual tasks (e.g. Advisory Standard for Manual Tasks)? YES NO

Is usability in the workplace considered before equipment and furniture are bought? YES NO

What changes to procedures for manual tasks (e.g. introduction of mechanical aids) have occurred in the work environment or work practices?

Self-evaluation checklist

Date completed: ___ / ___ / ___

Completed by: _____

CONGRATULATIONS! Best methods practised for manual tasks.

5	BEST PRACTICE	Commitment to manual task practices by:	
		implementation of OH&S manual tasks performance to ensure departmental standards and requirements are met	<input type="checkbox"/>
		work practices for manual tasks regularly reviewed	<input type="checkbox"/>
		regular updating of procedures	<input type="checkbox"/>
		adapting manual tasks practices to the workplace through consultation	<input type="checkbox"/>
		ensuring recommendations meet Advisory Standards	<input type="checkbox"/>
4	GOOD PRACTICE	Developing strategies to foster best practice procedures by:	
		specifying allocated time for training in manual tasks	<input type="checkbox"/>
		consulting with experts, e.g. ergonomists, occupational therapists etc.	<input type="checkbox"/>
		implementing procedures to ensure work performance is maintained	<input type="checkbox"/>
3	COMPLIANCE	Putting safe procedures for manual tasks into operation by:	
		conducting risk assessments for manual tasks	<input type="checkbox"/>
		training staff to assess risks associated with manual tasks and correct manual task techniques	<input type="checkbox"/>
		allocating funding for training programs	<input type="checkbox"/>
		seeking advice from district office and external sources	<input type="checkbox"/>
		ensuring manual tasks are designed so as to foster good practices	<input type="checkbox"/>
		regular consulting with staff, e.g. staff meetings	<input type="checkbox"/>
2	ACHIEVING COMPLIANCE	Promotion of applied manual tasks strategies and standards by:	
		disseminating manual tasks information through newsletters/display boards	<input type="checkbox"/>
		prioritising identified potential risks associated with manual tasks	<input type="checkbox"/>
		prioritising potentials for risk, and implementing control measures	<input type="checkbox"/>
		procedures for manual tasks being relayed through general induction training	<input type="checkbox"/>
		procedures for manual tasks being documented	<input type="checkbox"/>
1	INITIATING COMPLIANCE	Information available defining manual tasks practices by:	
		consultation with staff in identifying manual tasks concerns	<input type="checkbox"/>
		informal discussions	<input type="checkbox"/>
		easy access to manual tasks procedures	<input type="checkbox"/>
		easy access to <i>Department of Education Manual (DOEM)</i> policies and procedures	<input type="checkbox"/>
0	NON-COMPLIANCE	Are manual tasks procedures recognised?	
		NO (rectify situation)	<input type="checkbox"/>
		YES (commence ticking in Compliance Level 1)	<input type="checkbox"/>
		For example:	
		<ul style="list-style-type: none"> • <i>DOEM</i> policies and procedures on manual tasks are accessible. • General OH&S manual tasks literature available. • Information on dealing with the risks and hazards associated with manual tasks is available. 	

START

Hazardous Substances

Statement

A **hazardous substance** is defined simply as a substance that has the potential to harm the health and safety of persons in the workplace.

The *Workplace Health and Safety Act 1995* requires employers and employees to know exactly what their current workplace practices and procedures are for hazardous substances in their workplace. Not all information and guidance in terms of compliance with legislation will be available from a material safety data sheet (MSDS) or a label for those using a substance.

It should be considered that:

- most health hazards cannot be seen;
- many substances have no adequate warning smell;
- exposures generally do not produce an immediate health response, so hazards are often ignored.

Background information

How do we monitor hazardous substances?

- Consider how the hazardous substance fits into the work process, for example, how is the hazardous substance used, where should it be kept, is a worker adversely affected by exposure to hazardous substance?
- Determine the potential risk.
- Consider necessary steps to control the risks.
- Review the process.
- Train employees.
- Ensure any hazardous substance records kept are clear and easily understood.
- Use consultative practices (internal and external).

Why is importance placed on assessing the dangers associated with hazardous substances?

Although they should meet the mandatory requirements for the management of hazardous substances in the workplace set out in existing legislation, suppliers cannot reasonably predict **all** possible applications of a product. However, they should ensure that the user is aware of any potential risks. The user needs to be aware of the outcomes involved such as:

- the effects of exposures (what are the side effects, and are there short- or long-term health effects?);
- the probability of an exposure (depends on the substance; where and how it is used);
- the likelihood and possible severity of the consequences to the region of contact, e.g. skin, inhalation, eyes, ingestion.

How do we identify hazardous substances in the workplace?

Hazardous substances are loosely defined as any substance with the potential to result in adverse health effects through exposure. Hazardous substances should be labelled and accompanied by a MSDS.

Labels should have basic information such as:

- product name;
- directions for use (where appropriate);
- details of manufacturer/supplier;
- package size.

Labels should clearly identify the dangers involved with the substance's use and should include signal words, risk phrases, first aid and emergency procedures. Some examples are words such as:

- explosive;
- gaseous;
- flammable;
- oxidising;
- poisonous/infectious;
- toxic/harmful;
- radioactive;
- corrosive.

MSDSs should include:

- company details;
- an emergency telephone number;
- dangerous goods class, poisons schedule and HAZCHEM code;
- substance identity, e.g. physical and chemical properties, substance uses;
- health hazard information, e.g. health effects, first aid advice;
- precautions for use;
- safe handling practices;
- other information, e.g. date of issue.

Who is responsible for establishing control mechanisms for use and monitoring of hazardous substances in the workplace?

- Legislation requires the maintenance of a register that details the storage and signage requirements for hazardous substances used at the workplace.
- Legal responsibility lies with those who manufacture and supply hazardous substances to provide appropriate and up-to-date information about the safe use of those substances in the workplace.

- Responsibility lies with those who purchase and manage the use of hazardous substances to ensure that manufacturer's instructions are followed.
- Inappropriate use is notifiable by law.

Other information

Placarding

Where large quantities of hazardous substances are kept at the workplace, legislative specifications for placarding of hazardous substance storage areas apply. If you feel this situation applies to your workplace, advice can be sought from your district office.

Further information

Legislation

Advisory Standard for Hazardous Substances 1995.

Code of Practice for the Selection, Provision and Use of PPE 1991.

Code of Practice for the Storage and Use of Chemicals at Rural Workplaces 1994.

Workplace Health and Safety Act 1995 Queensland.

Workplace Health and Safety (Miscellaneous) Regulation 1995 Part 17 — Specified Dangerous Goods.

Workplace Health and Safety Regulation 1997 Part 13 — Hazardous Substances & Part 14 — Lead.

Books and brochures

Division of Workplace Health and Safety, *Elements of Laboratory Health and Safety Management System*.

Other resources

Exposure Standards for Atmospheric Contaminants in the Occupational Environment 1990, Worksafe Australia (NOHSC).

Poisons Information Centre.

Questions to answer

Suggested people to ask:

janitor/groundspersons; science teachers; arts teachers; manual arts teachers

Suggested questions to ask:

Are you aware of hazardous substances in your workplace?

YES

NO

Please list: _____

Have you been shown how to work safely with these hazardous substances?

YES

NO

Have you been shown how to store these substances safely?

YES

NO

Do you have access to the MSDSs for these substances?

YES

NO

Do you use these MSDSs?

YES

NO

Are there documented procedures for safely working with these substances?

YES

NO

Are risk assessments performed for hazardous substances at your workplace?

YES

NO

Are you aware of the requirements of 'Part 13 — Hazardous Substances' of the Workplace Health and Safety Regulation 1997?

YES

NO

Self-evaluation checklist

Date completed: ___ / ___ / ___

Completed by: _____

CONGRATULATIONS! Best methods practised for identifying hazards.

<div style="text-align: center; font-size: 48px; color: #ccc;">5</div> <div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold;">BEST PRACTICE</div>	<p>Commitment to a risk management approach to hazardous substances by:</p> <p>eliminating hazardous substances or substituting by less hazardous products <input type="checkbox"/></p> <p>attaining safe practice procedures for control of hazardous substances, ensuring that departmental standards are met <input type="checkbox"/></p> <p>establishing procedures detailing update and review processes <input type="checkbox"/></p> <p>establishing procedures to ensure all employees and visitors are aware of the risks concerned with the storage of hazardous substances at the workplace <input type="checkbox"/></p> <p>establishing mechanisms for regular consultation about hazardous substance information and risk assessment <input type="checkbox"/></p> <p>allocating roles to those responsible for assessing the risks involved <input type="checkbox"/></p>
<div style="text-align: center; font-size: 48px; color: #ccc;">4</div> <div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold;">GOOD PRACTICE</div>	<p>Developing procedures to minimise the use of hazardous substances and develop control measures by:</p> <p>tailoring hazard controls to the specific workplace <input type="checkbox"/></p> <p>allocating responsibilities for the control of hazardous substances <input type="checkbox"/></p> <p>ensuring a cost-effective process to monitor the uses of hazardous substances (e.g. pool chemicals: calcium hydrochloride v. sodium hydrochloride) <input type="checkbox"/></p>
<div style="text-align: center; font-size: 48px; color: #ccc;">3</div> <div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold;">COMPLIANCE</div>	<p>Putting methods identifying the risks associated with the use of hazardous substances into operation by:</p> <p>complying with 'Part 13 — Hazardous Substances' of the 1997 regulation <input type="checkbox"/></p> <p>consulting with manufacturers/suppliers and external consultants <input type="checkbox"/></p> <p>determining consequences when there is misuse of hazardous substances <input type="checkbox"/></p> <p>implementing in-service training programs for management <input type="checkbox"/></p> <p>including the expectations of employees in the induction training program <input type="checkbox"/></p> <p>instructing new employees on first aid and emergency procedures relating to hazardous substances at the workplace <input type="checkbox"/></p> <p>ensuring safe work procedures are identified and documented <input type="checkbox"/></p> <p>ensuring storage facilities are well ventilated and secured <input type="checkbox"/></p>
<div style="text-align: center; font-size: 48px; color: #ccc;">2</div> <div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold;">ACHIEVING COMPLIANCE</div>	<p>Promotion of hazardous substance information by:</p> <p>ensuring all containers are clearly labelled <input type="checkbox"/></p> <p>displaying hazards signs where applicable <input type="checkbox"/></p> <p>contacting district office when necessary <input type="checkbox"/></p> <p>ensuring instructions on MSDSs are followed and continue to be <input type="checkbox"/></p> <p>providing accessible and easy-to-find literature for all employees <input type="checkbox"/></p> <p>accessing manufacturers'/suppliers' recommendations and instructions <input type="checkbox"/></p> <p>providing and maintaining suggested personal protective equipment <input type="checkbox"/></p>
<div style="text-align: center; font-size: 48px; color: #ccc;">1</div> <div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold;">INITIATING COMPLIANCE</div>	<p>Information available about hazardous substances by:</p> <p>having an informal method of consultation processes (checking with suppliers) <input type="checkbox"/></p> <p>in-service induction procedures for emergency procedures <input type="checkbox"/></p> <p>identifying the location of storage facilities for hazardous substances <input type="checkbox"/></p> <p>informal discussions <input type="checkbox"/></p> <p>easy access for all employees to <i>Department of Education Manual (DOEM)</i> policy and procedures <input type="checkbox"/></p>
<div style="text-align: center; font-size: 48px; color: #ccc;">0</div> <div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold;">NON-COMPLIANCE</div>	<p>Are hazardous substances clarified or identified?</p> <p>NO (rectify situation) <input type="checkbox"/></p> <p>YES (commence ticking in Compliance Level 1) <input type="checkbox"/></p> <p>For example:</p> <ul style="list-style-type: none"> • OH&S literature including <i>DOEM</i> available to staff and visitors. • Procedures on safe use and storage of hazardous substances clearly defined.

START