

# The Health & Safety Handbook

**For OSSTF/FEÉSO Reps**



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## INTRODUCTION

Every worker has a right to a safe workplace. Health and safety issues routinely surface at our workplaces. New legislation and changes to existing legislation have elevated the need for member awareness of the issues and techniques to deal with these issues. At the 2004 Annual Meeting of the Provincial Assembly, the delegates overwhelmingly supported OSSTF's determination to highlight these issues to our members.

OSSTF is proud to participate with our coalition partners (Canadian Labour Congress, Ontario Federation of Labour, Ontario Teachers' Federation) in lobbying for adequate legislation and enforcement for our schools and workplaces. Changes to legislation do not occur in a vacuum. Change occurs through consistent pressure from our union and our coalition partners and through our OSSTF members on joint health and safety committees who remain vigilant in retaining our rights afforded under the legislation.

## AN OVERVIEW OF RELEVANT LEGISLATION

### FEDERAL LEGISLATION

#### ***HAZARDOUS PRODUCTS ACT***

The Government of Canada, Department of Health, administers the *Hazardous Products Act*. This act provides rules for suppliers on labeling and Material Safety Data Sheet (MSDS) requirements.

#### ***BILL C-45 CRIMINAL LIABILITY OF ORGANIZATIONS***

In November 2003, the Criminal Code of Canada was amended to make organizations and "senior officers" of organizations criminally liable for negligence-based claims. Those people who have responsibility for directing the work of others now have an explicit legal duty to take reasonable steps to prevent bodily harm arising from such work.

Under this law, "organization" means not only a public body, body corporate, society, company or municipality, but also a firm, partnership or trade union. School boards, universities, and indeed all employers of OSSTF members fall under this definition. New sections of the Criminal Code now allow for special sentencing of organizations and individuals.

#### ***ENVIRONMENT PROTECTION ACT***

In 1980, the *Environment Protection Act* became law with the intent that stricter controls on waste disposal would assist in the protection of our land, air and water. In 1986, Regulation 347 mandated that employers must evaluate all wastes. If wastes are found to be hazardous or liquid industrial waste as defined by the regulation then those wastes must be registered with the Ministry of Environment. In order to monitor the disposal of

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these wastes, employers must now have registration numbers from the Ministry of Environment and utilize an approved disposal company.

## **PROVINCIAL LEGISLATION**

### ***EDUCATION ACT***

Section 301 of the *Education Act* provides the framework for the provincial Code of Conduct that is intended to promote the safety of people in schools.

Section 265.1(j) outlines a principal's duty to "give assiduous attention to the health and comfort of the pupils, to the cleanliness, temperature and ventilation of the school, to the care of all teaching materials and other school property, and to the condition and appearance of the school buildings and grounds."

Teachers have the duty under this act to ensure that all reasonable safety procedures are carried out in courses and activities for which the teacher is responsible.

### ***SAFE SCHOOLS ACT***

In 2000, the provincial government enacted legislation that amended both the *Education Act* and the *Teaching Profession Act*. In essence, the act directed school boards to create board policies that aligned with the mandated repercussions for students who engaged in prohibited activities. The act also gave teachers the right to suspend students (306.(3)) for a period of one day, but OSSTF recommends that teachers direct their concerns to the principal.

The following student infractions require suspension by law (Sec. 306.(1)):

It is mandatory that a pupil be suspended from his or her school and from engaging in all school-related activities if the pupil commits any of the following infractions while he or she is at school or is engaged in a school-related activity:

1. Uttering a threat to inflict serious bodily harm on another person.
2. Possessing alcohol or illegal drugs.
3. Being under the influence of alcohol.
4. Swearing at a teacher or at another person in a position of authority.
5. Committing an act of vandalism that causes extensive damage to school property at the pupil's school or to property located on the premises of the pupil's school.
6. Engaging in another activity that, under a policy of the board, is one for which a suspension is mandatory.

The following infractions require expulsion by law (Sec. 309.(1)):

It is mandatory that a pupil be expelled if the pupil commits any of the following infractions while he or she is at school or is engaged in a school-related activity:

1. Possessing a weapon, including possessing a firearm.
2. Using a weapon to cause or to threaten bodily harm to another person.
3. Committing physical assault on another person that causes bodily harm requiring treatment by a medical practitioner.

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4. Committing sexual assault.
  5. Trafficking in weapons or in illegal drugs.
  6. Committing robbery.
  7. Giving alcohol to a minor.
  8. Engaging in another activity that, under a policy of the board, is one for which expulsion is mandatory.

### ***THE OCCUPATIONAL HEALTH AND SAFETY ACT (OHSA)***

By far the most powerful act available to workers in this province, many OSSTF members are unaware of their rights and responsibilities and the employer's responsibilities under the OHSA. The OHSA guarantees the three basic rights of workers: the right to know, the right to participate and the right to refuse unsafe work. The OHSA also provides:

- legislative authority for the establishment of Joint Health and Safety Committees (JHSCs);
- enforcement powers to the Ministry of Labour for offences and penalties for violations of the OHSA;
- definitions of the duties of employers, workers, supervisors and joint health and safety committee members;
- protection for workers against reprisals.

More detailed information is available in Section One of this manual.

There are many regulations under the *Occupational Health and Safety Act* that are prescriptive in nature and are also enforced by the Ministry of Labour. Some examples relevant to OSSTF members are listed below:

#### **REGULATION 851 — INDUSTRIAL ESTABLISHMENTS**

This regulation outlines rules on issues such as machine guarding, material handling, temperature, noise, lifting devices, lighting and housekeeping and building safety.

#### **REGULATION 857 — TEACHERS**

Prior to 1984, teachers were not included in the *Occupational Health and Safety Act*. This regulation brought teachers under the provisions of the OHSA, with some specific restrictions on the right to refuse unsafe work. Principals and vice-principals are deemed to be supervisors under this Act. OSSTF has been very successful in determining that department heads are not supervisors under this regulation as they have no managerial functions, e.g., they do not hire, dismiss, demote or discipline other workers.

#### **REGULATION 834 — CRITICAL INJURY**

This regulation defines what sorts of injuries are deemed to be critical, e.g.:

- places life in jeopardy;
- produces unconsciousness;



THE WORKPLACE HAZARDOUS MATERIAL INFORMATION SYSTEM (WHMIS) ENSURES THAT ONTARIO WORKPLACES COMPLY WITH FEDERAL LEGISLATION (*HAZARDOUS PRODUCTS ACT*). IT DETAILS THE RULES FOR THE STORAGE, USE AND HANDLING OF CONTROLLED PRODUCTS BY WAY OF A STANDARD LABELLING SYSTEM, WORKER EDUCATION AND SPECIFIC DETAILS REGARDING MATERIAL SAFETY DATA SHEETS (MSDS). THE PHOTO TO THE LEFT DOES NOT COMPLY WITH THE REGULATION. NOTICE THAT THE CANS ARE NOT LABELLED AND PROBABLY CONTAIN CHEMICALS THAT SHOULD NOT BE STORED IN THE SAME PLACE

- results in substantial loss of blood;
- involves the fracture of a leg or arm but not a finger or a toe;
- involves the amputation of a leg or arm but not a finger or a toe;
- consists of burns to a major portion of the body; or
- causes the loss of sight in an eye.

#### REGULATION 860 — WORKPLACE HAZARDOUS MATERIAL INFORMATION SYSTEM (WHMIS)

This regulation ensures that Ontario workplaces comply with federal legislation (*Hazardous Products Act*). It details the rules for the storage, use and handling of controlled products by way of a standard labelling system, worker education and specific details regarding Material Safety Data Sheets (MSDS).

#### REGULATIONS 837/838 - DESIGNATED SUBSTANCE/ASBESTOS ON CONSTRUCTION PROJECTS AND IN BUILDINGS AND REPAIR OPERATIONS

These regulations designate asbestos as a designated substance and outline the responsibilities of employers to train workers in safe work practices while working in proximity to asbestos and to identify and inform workers of the presence of friable mate-

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rial. The OHSA also identifies the types of abatement procedures and remedial actions to be taken when asbestos is being removed.

### ***THE WORKPLACE SAFETY AND INSURANCE ACT (WSIA)***

This act provides for an employer-funded system of compensation for workers who suffer wage loss due to a workplace injury or illness. It also establishes safety associations for workplaces including the Workers Health and Safety Centre (WHSC), Education Safety Association of Ontario (ESAO), and the Industrial Accident Prevention Association (IAPA). Please note that it is the policy of OSSTF that the WHSC is OSSTF's preferred safety association.

The OHSA also outlines the duties and responsibilities of all stakeholders and will be addressed in more detail in Section Seventeen of this manual.

There are also regulations under the WSIA that are enforced by the Ministry of Labour.

### **REGULATION 1101 – FIRST AID**

All employers covered by the WSIA are required to have first aid equipment, facilities and trained personnel in all workplaces. The regulation prescribes what should be included in every first aid box and requires that Form 82, a large poster entitled “In Case of Injury at Work” must be posted in every workplace in a location visible to all workers. It also requires that the certificates of all certified first aiders be posted.

### ***THE CORONERS ACT***

*The Coroners Act* defines when an inquest into a fatality is held. Inquests are mandatory when deaths occur in the construction sector or the mining sector or if someone dies while in the custody of the police or a corrections facility. Other inquests may be held at the discretion of the Coroner when it is deemed that the public would benefit from knowing more about the fatality and that recommendations will arise out of this knowledge. Prior to an inquest being held, all criminal charges and appeals must be heard.

OSSTF members who work in correctional facilities may be called as witnesses in an inquest where there was a fatality.

### **THE ONTARIO FIRE CODE**

This code sets standards for fire safety in buildings and requires that exit routes are not blocked, evacuation procedures in case of fire or fire drills be in place and the occupancy limits for specific areas are enforced. Local fire marshals establish specific criteria for workplaces.

### **THE ONTARIO BUILDING CODE**

This code sets minimum safety provisions for buildings. Municipalities have jurisdiction in the enforcement of this code.

## SECTION ONE

### HIGHLIGHTS OF THE *OCCUPATIONAL HEALTH AND SAFETY ACT*

#### THE RIGHTS OF WORKERS

Under the *Occupational Health and Safety Act*, employees are guaranteed three basic rights:

- the right to know;
- the right to participate; and
- the right to refuse unsafe work.

#### THE RIGHT TO KNOW

Under Section 27 of the OHSA, employers have a duty to inform a worker of any actual or potential hazard that exists in the workplace. Workers have the right under the WHMIS Regulation to be provided with information about a controlled substance with which they are working by way of Material Safety Data Sheets. Workers also have the right to know via a regulated labelling system what sort of materials they are dealing with and training on controlled products that they handle or are likely to handle.

#### THE RIGHT TO PARTICIPATE

Workers have the right to participate in their workplace health and safety activities under Section 9 of the OHSA.

Worker members of a Joint Health and Safety Committee:

- carry out workplace inspections;
- meet once at least every three months;
- make recommendations for programs and procedures respecting health and safety;
- identify hazards;
- make recommendations to address hazards;
- have the right to be consulted about health and safety testing;
- have the right to receive certification training if they are designated to be the worker certified member.

All workers have the right to report unsafe conditions or health and safety concerns and are entitled to see the minutes of Joint Health and Safety Committee meetings as well as having access to a copy of the OHSA that is to be posted in a designated location for health and safety information.

#### THE RIGHT TO REFUSE UNSAFE WORK

This right is probably the least utilized amongst OSSTF members but provides the most protection for workers. Section 43 of the OHSA details the process for refusing unsafe work.



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Workers have the right to refuse work if they believe that:

- the equipment, machine, device or thing they are using is likely to endanger them or another worker;
- the physical condition of the workplace is likely to endanger them; or
- there is a contravention of one of the above elements of the OHSA that is likely to endanger them or another worker.

Students are not deemed to be a “thing” that is likely to endanger a worker but the lack of procedures to deal with a certain student could very well be deemed to be likely to endanger a worker.

Teacher members should ensure that the lives, health or safety of their students is safeguarded before initializing a work refusal.

OSSTF Right to Refuse wallet cards that outline the work refusal process are available through OSSTF Provincial Office.

## **DUTIES AND RESPONSIBILITIES**

### **THE DUTIES OF AN EMPLOYER**

Under the OHSA there are specific groups that have duties and responsibilities: employers, supervisors, workers, joint committees, Ministry of Labour, certified workers, district school boards, universities and other employers.

An employer must:

- provide information, instruction and supervision for the protection of workers (Sec. 25.2(a));
- take all reasonable precautions for the protection of workers (Sec. 25.2(h));
- ensure that all equipment required by the OHSA or Regulations is provided, maintained in good condition and used properly by workers (Sec. 25.1);
- develop and review annually a written health and safety policy, post it in the workplace and maintain a program for its implementation (Sec. 25.2(j)(k)).

### **THE DUTIES OF SUPERVISORS**

Supervisors are persons who have the right to hire, dismiss, demote or discipline.

A supervisor must:

- ensure that workers comply with the OHSA and Regulations (Sec. 27.1(a));
- ensure that workers wear or use required protective equipment, and follow all required measures and procedures (Sec. 27.1(b));
- advise workers of all existing and potential hazards (Sec. 27.2(a));
- provide written instruction on measures and procedures to be taken where required (Sec. 27.2(b));
- take all precautions reasonable in the circumstance for the protection of workers (Sec. 27.2(c)).

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## THE DUTIES OF A WORKER

For the most part, all OSSTF members are workers under the OHSA. As a worker you are required to:

- work in compliance with the OHSA (Sec. 28.1(a));
- use or wear any equipment, protective device or clothing and follow all procedures that the employer requires (Sec. 28.1(a));
- report all safety defects in equipment or missing protective devices or workplace hazard to the supervisor (Sec. 28.1(c)(d));
- report any known violation of the OHSA and regulations to the supervisor (Sec. 28.1(d));
- report injuries to one's supervisor;
- not remove or make ineffective any required protective devices required by the employer (Sec. 28.2(a));
- not use dangerous equipment or work in such a way that would endanger others (Sec. 28.2(b)(c)).

## DUTIES OF A JOINT HEALTH AND SAFETY COMMITTEE

Each trade union has the right to have a separate Joint Health and Safety Committee unless ordered differently by the Minister of Labour.

- The JHSC must meet at least once every three months (Sec. 9.33).
- Members of the JHSC are entitled to one (1) hour of paid time for preparation for the meeting (Sec. 9.34(a)).
- Members of the JHSC are also paid for time spent in carrying out their duties regarding inspections, testing, training and other matters. The rate of pay is the regular rate, or, where applicable, their premium rate of pay (Sec. 9.34).
- The JHSC must keep a record of its meetings and make these available to a Ministry of Labour inspector if requested (Sec. 9.22).

## DUTIES AND RESPONSIBILITIES OF THE MINISTRY OF LABOUR

The Ministry of Labour is responsible for enforcing the OHSA.

## THE ROLE OF JOINT HEALTH AND SAFETY COMMITTEES

The employer, in consultation with the Joint Health and Safety Committee, must develop and implement a comprehensive program to protect all employees from violence associated with special needs students.

The purpose of this section is to provide a resource to assist OSSTF Health and Safety Representatives on JHSCs in the development of policies and procedures specifically in the area of a violence prevention program as defined by the Ministry of Labour. This program must take into consideration any special circumstances in which the worker is required to work. The Violence Prevention Program will take into consideration (but is not limited to) the following elements:

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## **WORKER TRAINING**

Training should include recognition of aggression, de-escalation techniques, physical intervention techniques and post incident recovery strategies. This training should be provided to the team involved in the delivery of service to a student. The Ministry of Labour will write orders against the employer where there are not policies and procedures with respect to special needs students.

Ideally, the Joint Health and Safety Committee should play a role in determining the appropriate type and delivery of that training.

## **PRE-PLACEMENT AND ONGOING STUDENT EVALUATIONS**

The need to identify possible risks is vital in protecting the worker. This may be accomplished through the Individual Program Review Committee (IPRC), Individual Education Plan (IEP), and Case Conference procedures. All workers must be appropriately trained prior to assignment where a risk has been identified.

All workers supporting a student with special needs must be made aware of any student history of violent incidents to enable the team to develop safe work practices.

## **STAFFING LEVELS**

Evaluation of safe levels of staffing and defining what specific qualifications or formal instructions are needed to provide adequate supervision and support must be determined. Regular program reviews are necessary to ensure that the program continues to support a safe working environment.

Workers should be given an opportunity to express their concerns regarding their work with a particular student without the fear of negative consequences.

## **MEDICATION**

Workers who work directly with a student who is taking medication should be made aware of the dosage, frequency, any special equipment required and any special instructions for handling and storage of the medication. Any changes in dosage or type of medication should be communicated to the appropriate team members.

A worker who may come into contact with a student who is taking medication should be made aware of any adverse effects the medication may cause. The worker should be provided with the appropriate strategies or procedures to deal with this situation.

Training in appropriate procedures for the administration of medication should be provided by the appropriate health care professional.

## **PROFESSIONAL ASSESSMENT AND SUPPORT SERVICES**

The results of all professional assessments should be obtained and shared with all workers who will have direct contact with the student. It may be necessary for the employer to initiate an assessment of a student in order to ensure the safety of workers.

The appropriate support services must be allocated. This may include psychological counselling, speech pathology, occupational therapy and other services as may be determined.

### SPECIAL TRAINING

Where a specialized level of training is deemed necessary, it must be provided by the employer, at the employer's expense, and during regular working hours.

Examples of specialized training may include, but are not limited to, sign language, safe lifting procedures, toileting, or any procedures that do not contravene PPM 81. A chart outlining the designated health support services responsibilities from PPM 81 is provided below.

MODEL FOR PROVISION OF SCHOOL HEALTH SUPPORT SERVICES				POLICY/PROGRAM No. 81
SUPPORT SERVICE	ADMINISTERED BY	PROVIDED BY	TRAINING AND DIRECTION	CONSULTATION
I. ORAL MEDICATION	PUPIL AS AUTHORIZED OR	PUPIL	ATTENDING PHYSICIAN	LOCAL BOARD OF HEALTH
	PARENT AS AUTHORIZED OR	PARENT	ATTENDING PHYSICIAN	LOCAL BOARD OF HEALTH
	AIDE OR OTHER PERSONNEL	SCHOOL BOARD	SCHOOL BOARD /PHYSICIAN	LOCAL BOARD OF HEALTH
II. INJECTION OF MEDICATION	PUPIL AS AUTHORIZED	PUPIL	ATTENDING PHYSICIAN	LOCAL BOARD OF HEALTH
	PARENT AS AUTHORIZED	PARENT	ATTENDING PHYSICIAN	LOCAL BOARD OF HEALTH
	HEALTH PROFESSIONAL	MINISTRY OF HEALTH	MINISTRY OF HEALTH	SCHOOL BOARD
III. • CATHETERI- ZATION • MANUAL EXPRESSION OF BLADDER / STOMA • POSTURAL DRAINAGE / SUCTIONING	HEALTH PROFESSIONAL	MINISTRY OF HEALTH	MINISTRY OF HEALTH	SCHOOL BOARD

<b>CONT'D. SUPPORT SERVICE</b>	<b>ADMINISTERED BY</b>	<b>PROVIDED BY</b>	<b>TRAINING AND DIRECTION</b>	<b>CONSULTATION</b>
IV. • LIFTING AND POSITIONING • ASSISTANCE WITH MOBILITY • FEEDING • TOILETTING	AIDE OR OTHER PERSONNEL	SCHOOL BOARD	SCHOOL BOARD AND MINISTRY OF HEALTH	MINISTRY OF HEALTH
V. THERAPIES: A. PHYSIO/OCCUPATIONAL:				
• INTENSIVE CLINICAL (TREATMENT)	QUALIFIED THERAPIST	MINISTRY OF HEALTH	MINISTRY OF HEALTH	MINISTRY OF HEALTH
• GENERAL MAINTENANCE EXERCISES	AIDE	SCHOOL BOARD	MINISTRY OF HEALTH	MINISTRY OF HEALTH
B. SPEECH: • SPEECH PATHOLOGY (TREATMENT)	SPEECH THERAPISTS/ PATHOLOGISTS	MINISTRY OF HEALTH	MINISTRY OF HEALTH	MINISTRY OF HEALTH
• SPEECH CORRECTION & REMIEDIATION	SPEECH AND LANGUAGE TEACHERS	SCHOOL BOARD	SCHOOL BOARD	MINISTRY OF HEALTH
VI. ALL SERVICES IN CHILDREN'S RESIDENTIAL CARE / TREATMENT FACILITIES	AIDES/HEALTH PROFESSIONALS	MINISTRY OF COMMUNITY AND SOCIAL SERVICES	MINISTRY OF COMMUNITY AND SOCIAL SERVICES	MINISTRY OF HEALTH

No worker should be asked to perform duties that fall outside the purview of their classification according to this chart.

Where training is provided outside of regular working hours, overtime must be paid.

## SECTION TWO

### ASBESTOS

Many buildings utilized by the education sector were constructed using vast amounts of asbestos material as this was seen to be key in limiting damage from fire. In many buildings, asbestos can be found in building materials such as floor tiles, wallboard, pipe elbows, ceiling tiles, science laboratory tables, Bunsen burner pads, etc. Workers have a right to know where the location of all asbestos is within their workplace and employers should have a plan for abating (getting rid of) asbestos within workplaces.

Under previous governments, an asbestos management program was mandated. This involved a plan that outlined the removal of asbestos materials by employers. Many employers now only remove asbestos that is damaged (friable) as a regular course of action. Materials containing asbestos should not be disturbed and any friable asbestos should be reported immediately to a supervisor and a union Health and Safety Representative.

Employers must:

- keep an up-to-date record of all locations of friable materials;
- inspect all locations of friable materials at regular intervals;
- take action on material that is deteriorating;
- inform workers in proximity to this material of its location.

There are specific rules associated by law with the removal of asbestos and there are three classifications for the removal or abatement:

Asbestos is one of many designated substances. Other designated substances include acrylonitrile, arsenic, benzene, coke oven emissions, ethylene oxide, isocyanates, lead,

TYPE	DESCRIPTION	PRECAUTIONS
TYPE 1	NON-FRIABLE ASBESTOS	<ul style="list-style-type: none"> <li>• DAMP WIPING</li> <li>• LABELLED WASTE</li> <li>• WORKER WASH-UP FACILITIES</li> </ul>
TYPE 2	FRIABLE ASBESTOS (LOW LEVEL OF AIRBORNE ASBESTOS) SHORT TERM	<ul style="list-style-type: none"> <li>• GLOVE AND BAG METHOD OR REMOVAL</li> <li>• WARNINGS POSTED</li> <li>• PERSONAL PROTECTIVE EQUIPMENT FOR WORKERS</li> <li>• VENTILATION DUCTS SEALED</li> </ul>
TYPE 3	FRIABLE ASBESTOS (HIGH LEVEL OF AIRBORNE ASBESTOS) LONG TERM	<ul style="list-style-type: none"> <li>• MAJOR REMOVAL</li> <li>• MINISTRY OF LABOUR INFORMED</li> <li>• ENCLOSED AND TENTED ABATEMENT WITH HEPA VACUUM SYSTEM</li> <li>• RESPIRATORS REQUIRED</li> </ul>

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**DISEASES ATTRIBUTED TO EXPOSURE  
TO ASBESTOS HAVE A LATENCY  
PERIOD OF 20 TO 30 YEARS**

mercury, silica and vinyl chloride.

Asbestos is particularly dangerous when friable and exposure to it could have potentially dangerous repercussions for workers. Occupational diseases specifically attributed to exposure to asbestos have a latency period of 20 to 30 years so there are relatively few immediate indications of health related incidences after having been exposed. Asbestosis and mesothelioma can only be contracted after significant exposure to asbestos and are death sentences for workers who are diagnosed. To date there is no cure or treatment that will eradicate these diseases.

**DEFINITIONS:**

**ASBESTOSIS:**

- a devastating lung disease found in people who are chronically exposed to asbestos.

**MESOTHELIOMA:**

- cancer of the lining of the lung or the pleura and can only be contracted by exposure to asbestos.

**PLEURAL PLAQUES:**

- calcification
- indicates exposure to asbestos
- demonstrated scarring in the lining of the lungs due to asbestos exposure
- a potential precursor to other asbestos related diseases.

**ASBESTOS REGISTRY**

Workers who have been exposed to more than 1,000 hours of friable asbestos have the right to have their names placed on the Ontario government's asbestos registry. This registry will generate correspondence between the Ministry of Labour, the worker's doctor and the worker regarding the type of testing that physicians should initiate annually because of the asbestos exposure. For more information, please contact OSSTF Provincial Office, Protective Services Department.

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## SECTION THREE

### COMBATING INFECTIOUS DISEASE

Workers in the education sector are exposed to infectious diseases that are caused by pathogens or tiny micro-organisms such as bacteria and viruses. Knowing how diseases are transmitted enables the proper safety precautions to be established.

The most common way for infectious diseases to enter the body is through:

- lungs — inhalation
- skin — absorption/injection
- digestive tract — ingestion.

When an infected person exhales, sneezes or coughs, droplets of mucous that contain pathogens are released. These may come into contact with the eyes, nose or mouth of another person resulting in infection. As the droplets evaporate the pathogens may remain suspended in the air for long periods of time and could be inhaled.

Examples of bacterial diseases include tuberculosis, pneumonia, salmonella, and tetanus. These can be transmitted where there is contact with infected people and inhalation of airborne droplets in crowded conditions, poor hygiene and sanitation, or food that has been improperly prepared and cooked.

Examples of viral diseases include HIV, Hepatitis A, B and C, influenza, rubella and cytomegalovirus. Antibiotics have little effect on viral infections and immunization is recommended.

**OSSTF strongly recommends that women of childbearing age who are contemplating becoming pregnant discuss job duties and their level of immunity with their health care provider prior to becoming pregnant.**

#### UNIVERSAL PRECAUTIONS / BODY SUBSTANCE PRECAUTIONS

Education workers may come into contact with infected blood or bodily fluids either through direct contact with an individual or through accidental contact with a contaminated object such as a needle or sharp object. Education workers must treat all blood and bodily fluids as potentially infectious and practice infection control procedures to prevent the spread of infectious disease.

Universal Precautions are guidelines for the control of infectious disease when contact with blood or certain bodily fluids is anticipated. Body Substance Precautions recommends that precautions be taken with blood and all bodily fluids. Bodily fluids include blood, any fluid containing blood, semen, vaginal secretions, feces, urine, vomitus, and nasal secretions.

The hands are considered to be the most common method of transmitting infectious disease in the workplace. Once the hands come into contact with an infectious agent it may be spread to other workers or to an object where it can gain access to the body and cause harm.



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It is essential that education workers wash their hands frequently and properly and that they are trained in the correct use and disposal of personal protective equipment such as gloves, gowns and masks.

Pregnant workers or those who are contemplating becoming pregnant should be completely familiar with and particularly careful to observe all precautions to minimize the transmission of communicable diseases.

The employer, in conjunction with the JHSC must have written policies and procedures for the control of infection that provides maximum protection for the worker.

All education workers must be educated about potential hazards and the employer's policy and procedures to reduce exposure of all workers to infectious diseases in the workplace. This policy should identify all potential hazards and provide written procedures for controlling the hazard.

Effective policies and procedures will include the following:

- anticipates hazards and devises methods of control that provide maximum protection for the worker;
- supplies appropriate disposable gloves, gowns and possibly eye protection must be provided where it is likely that the worker will come in contact with blood or bodily fluids, or whenever the worker feels it is necessary;
- identifies good hygiene practices such as frequent and thorough hand washing with soap and water before and after all procedures;
- where the need is anticipated, disposable ventilation devices should be made available;
- sharps such as Epipens should be disposed of in puncture-resistant containers and workers should never reach into these containers;
- materials that have come into contact with blood and bodily fluids should be placed in impervious bags and labeled;
- all potentially contaminated surfaces should be cleaned with a solution of 1:10 household bleach or other approved germicide;
- education regarding hazards and training in the use of protective equipment;
- require all workers who may come into contact with blood or bodily fluids to practice precautions.

## **EFFECTIVE HAND WASHING**

The most effective way of preventing the spread of diseases such as the common cold, influenza and Hepatitis A is to use proper hand washing techniques. Use the following steps:

- remove all jewelry;
- use warm water;
- use regular soap and lather well (it is not recommended to use anti-bacterial soap);
- scrub your hands, fingers, wrists and forearms paying particular attention to the nails;
- rinse thoroughly;
- dry hands with single use towels or hot air dryer.

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## INFECTION CONTROL

Increasing evidence shows that some viruses (i.e., Hepatitis B, HIV, etc.) can be spread to workers through tiny breaks in the skin and mucous membranes (eyes, nose, and mouth). This could occur through exposure to blood or bodily fluids of an unsuspected carrier of the virus.

**OSSTF members should treat all blood and bodily fluids as potentially infectious.**

To ensure that the risk of infection is minimized, all staff should practice infection control procedures known as Universal Precautions and the Body Substance Precaution System. The employer should require the practice of Universal Precautions and provide training.

This system includes:

- the provision of personal protective equipment such as gloves, gowns, and other necessary equipment for the protection of the member and guidelines for their use;
- hand washing guidelines;
- procedures for discarding contaminated trash;
- specific procedures for cleaning up spills of blood and bodily fluids using an approved disinfectant.

It is the supervisor and worker's responsibility to anticipate, provide and use protective measures. When deciding what protective measures are appropriate it is important to ask yourself if the student's behaviour will increase the risk of exposure to bodily fluids and obtain help if required.

**Pregnant members, or those who may become pregnant, should be completely familiar with and particularly careful to observe all precautions to minimize the transmission of communicable diseases (e.g., TORCH infections such as rubella or herpes virus which may cause malformations).**

## LICE AND SCABIES

Frequently, OSSTF members will come into contact with scabies and/or lice. Infestation may cause anger, embarrassment and misunderstanding. Lice and scabies do not spread disease, are not a hazard to your health, and are not a reflection of personal hygiene. Anyone can get them. The first sign of an infestation is usually itching. The following sections are designed to help members recognize what scabies and lice are and what treatment is available.

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## LICE

Lice (pediculosis) are barely visible wingless insects that are approximately the size of a sesame seed. The adult louse is hard to see because it can crawl and hide in the hair. What are readily apparent are the nits, which are shiny, grayish white teardrop shaped globules, roughly the size of the head of a pin, firmly attached to the hair shaft, usually at the base. Nits tend to be concentrated in the “halo” area of the head (hairline, behind the ears, nape of the neck).

The most common treatment for lice is a pediculicide shampoo, lotion or cream, which can be purchased over the counter or by prescription. These can be harmful if used incorrectly. It is important to discuss their use with your health care provider or pharmacist, read the instructions for use very carefully, and use only as directed. Remember that these are chemicals and you do not wish to leave them on longer than is necessary. A second treatment is required seven to 10 days later to kill any newly hatched lice.

If you are pregnant, breast feeding, or have very young children, it is recommended that you contact your health care provider prior to treatment. Pediculicides should never be applied to broken skin.



IF YOU ARE PREGNANT, BREAST FEEDING, OR HAVE VERY YOUNG CHILDREN, IT IS RECOMMENDED THAT YOU CONTACT YOUR HEALTH CARE PROVIDER PRIOR TO USING PEDICULICIDE SHAMPOO, LOTION OR CREAM

## SCABIES

Scabies is caused by the itch mite *sarcoptes scabiei*, which spreads easily from person to person on physical contact. For this reason it may be necessary to treat more than one member of a household.

Young mites hatch a few days after the female deposits them under the topmost layer of the host's skin. Mite burrows are very thin lines up to half an inch long, sometimes with a tiny bump at one end. Common sites for these burrows are between fingers and toes, wrists, ankles, buttocks, and the genitals.

Infestation with scabies can cause intense itching, probably due to an allergic reaction to the mites, which is usually worse at night. The burrows may become inflamed due to scratching. Scabies do not carry disease, however scratching, which can cause breaks in the skin, may lead to a more serious infection caused by other germs.

People with a weakened immune system may develop a severe infestation that can produce large areas of thickened, crusted skin.

Your health care provider can provide a diagnosis and will prescribe a cream that will cure the infestation. In severe infestations or for people with a weakened immune system, oral medication may be prescribed.

## SECTION FOUR

### CARCINOGENS

Carcinogens are defined as substances that cause cancer. They cause damage to DNA that ultimately causes the formation of new cells that are abnormal. There is no safe level of exposure though not everyone who is exposed to a carcinogen will develop cancer.

#### LIMITING EXPOSURE

There are four ways to limit the exposure: substitution, isolation, local ventilation or through the use of personal protective equipment.

Substitution is the preferred method of control as non-carcinogenic substances are substituted for the harmful substances and thus the hazard is eliminated.

Isolation involves the use of enclosure systems that can reduce the exposure limits but this method is not always practical in an educational setting.

Local ventilation involves the use of local exhaust systems that effectively reduce the levels of exposure.

Personal protective equipment can reduce the levels of exposure but do not completely protect the worker.

#### KNOWN CARCINOGENS AND THEIR EFFECTS

There are several identified carcinogens to which OSSTF members have exposure:

SUBSTANCE	EXPOSURE	CANCER TYPE
ASBESTOS	PIPE INSULATION, CEILING TILES, FLOOR TILES, INSULATION	LUNG MESOTHELIOMA ASBESTOSIS
BENZENE	PAINT STRIPPERS, ADHESIVES	LEUKEMIA
BENZIDINE	HAIR DYE	BLADDER URINARY TRACT
CHROMIUM	PAINTS AND INKS, PHOTOGRAPHY CHEMICALS	LUNG NOSE GASTROINTESTINAL TRACT
MINERAL OILS	METAL, MACHINING LUBRICATION	SKIN
WOOD DUSTS	CABINET MAKING, CARPENTRY	NASAL/SINUSES BLADDER LUNG



**TOBACCO SMOKE HAS BEEN IDENTIFIED AS A SOURCE OF DOZENS OF CARCINOGENS, INCLUDING BENZOPYRENE, TOBACCO-SPECIFIC NITROSAMINES SUCH AS NITROSONORNICOTINE (NNN), AND REACTIVE ALDEHYDES SUCH AS FORMALDEHYDE**

Many changes have already been made in the workplace to reduce the exposure to carcinogenic substances. Unfortunately there is a latency period of sometimes up to 20 or 30 years. This means that there may be no cancer that develops immediately after exposure. If you have been exposed, it is important to document the exposure and to inform your medical practitioner, your supervisor and your Joint Health and Safety Committee representative.

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## SECTION FIVE

### INDOOR AIR QUALITY

Indoor air quality refers to the total indoor quality of the air we breathe at work.

Common symptoms arising from poor indoor air quality include:

- dry throat;
- headache;
- skin irritation;
- itchy eyes;
- dizziness;
- bleeding nose;
- fatigue;
- sinus congestion;
- flu-like symptoms.

Joint Health and Safety Committee representatives should monitor indoor air contaminants and ensure that there is adequate ventilation.

NB: If you develop any of the symptoms noted above report the problems in writing to your Health and Safety Representative and your supervisor.

#### COMMON CAUSES OF POOR AIR QUALITY

- mould, fungi, plant substances that are airborne
- vapours, fumes, gases from photocopiers, printers, etc.
- emissions from new carpets, paints, varnishes
- tobacco smoke, carbon dioxide in exhaled air, perfumes, etc.
- outside air contaminants entering the building

#### VENTILATION

There are two types of ventilation:

##### DILUTION VENTILATION (E.G., HVAC SYSTEM)

- brings in outside air and exhausts contaminated air;
- usually used when the contaminant is relatively non-toxic or there are a large number of sources (body odour, perfume, etc.).

##### LOCAL VENTILATION

- a good example of this type of ventilation would be a fume hood or an exhaust fan in a technical area;
- exhausts contaminants before they reach the general air;
- usually used when direct worker exposure is possible.

Members who work in portable classroom settings are particularly at risk for indoor

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air quality problems as portable classrooms often have inadequate ventilation and high relative humidity that encourages mould and mildew growth. This growth may not be outwardly visible and may hide behind walls or ceiling tiles. Contact your Health and Safety Representative if you have concerns. The most common way to eliminate mould growth is to use a 10 percent solution of household bleach to disinfect the area but this should only be done by those who are trained to use it safely using the appropriate personal protective equipment (chemical resistant gloves, splash goggles and respirator).

## SECTION SIX

### ERGONOMICS

Repetitive strain injuries occur when workers repeat the same motion and work in the same position for long periods. These static body positions can cause muscle tension and reduce the blood flow to muscles. These injuries often occur when workstations or work environments are not properly suited to the worker. Common symptoms include pain, burning, aching, tingling, numbness, loss of grip and tenderness.

Members who suspect that their symptoms are work-related should see their physician immediately and report the symptoms to their Health and Safety Representative as well as their supervisor.



THE INCREASED USE OF COMPUTER TECHNOLOGY HAS INCREASED THE NUMBER OF WORK-RELATED REPETITIVE STRAIN INJURIES SUCH AS CARPAL TUNNEL SYNDROME

#### USING ERGONOMICS TO PREVENT INJURIES

Ergonomics is the science of fitting the worker to the work.

Often, outdated or unsuitable furniture contributes to workplace injuries. The increased use of computer technology has increased the number of work-related repetitive strain injuries such as carpal tunnel syndrome. The key to preventing these injuries is to work smart by:

- varying tasks to change body positions;
- developing good work/rest schedules;
- using proper lifting techniques;
- properly positioning lights and desks;
- using the proper technique for keyboarding (wrist relaxed, not bent or hyper-extended);
- keeping the head aligned with the spine while sitting;
- not slouching;
- not sitting for more than 50 minutes at a time;
- not working at a desk/table that is too high;
- sitting so that your body is properly positioned.

If you believe that your workstation/work environment is not suitable contact your Health and Safety Representative and your supervisor.





## SECTION SEVEN

### PERSONAL PROTECTIVE EQUIPMENT

Many jobs in the education sector require OSSTF members to wear equipment to protect them while they perform their work. These include the use of safety glasses, hearing protection, respirators, gloves, safety boots, hard hats, arm guards, shin guards and face shields, etc.

The OHSA requires that employers supply and maintain the necessary personal protective equipment. The law also requires that workers use or wear the equipment as prescribed by the employer.

#### TIPS FOR THE USE OF PERSONAL PROTECTIVE EQUIPMENT

- do not modify any equipment provided by the employer;
- ensure that safety equipment fits properly;
- report any equipment deficiencies to the supervisor;
- inspect equipment before and after each use.



MANY JOBS IN THE EDUCATION SECTOR REQUIRE OSSTF MEMBERS TO WEAR EQUIPMENT TO PROTECT THEM WHILE THEY PERFORM THEIR WORK



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## SECTION EIGHT

### CONFINED SPACE

Many OSSTF members regularly perform work that involves working in a confined space. Confined space is defined under Regulation 851 as:

- Industrial establishments — a space which because of its construction, location, contents, or work activity therein, the accumulation of a hazardous gas, vapour, dust or fume or the creation of an oxygen-deficient atmosphere may occur.

Employers must have a confined space entry procedure that conforms with the specifications set out in the Regulation. At the time of printing it is widely expected that this Regulation will be amended in the near future, however, the current wording outlines that procedures should provide for:

- the supply of proper safety equipment (access to self-contained breathing apparatus such as a Scott Air Pack is required as well as a five-point safety harness tie-off);
- training for equipment use;
- the use of a buddy system and the requisite training provided on this system;
- rescue training for the “fallen buddy;”
- testing for explosive or toxic gases and particulate;
- resealing of the confined space or vessel.

It is good practice to use brass tools in a confined space as these tools are less likely to spark. For the same reason air tools are also preferable to electric tools.

IT IS GOOD PRACTICE TO USE BRASS  
TOOLS IN A CONFINED SPACE AS THESE  
TOOLS ARE LESS LIKELY TO SPARK



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## SECTION NINE

### CONTRACTORS

The Occupational Health and Safety Act applies to all workers within an educational worksite. Outside contractors are often employed to do such work as painting, plumbing, electrical work, construction or building repair. Employers must ensure that the work being done is completed in a manner that is consistent with the OHSA as well as being in accordance with the employer's own policies and procedures.

If an OSSTF worker believes that there are contraventions by an outside contractor, the worker should inform the supervisor and contact the union Health and Safety Representative for further clarification.





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## SECTION TEN

### LOCK-OUT PROCEDURES

Occasionally it may be necessary to “lock-out” machinery or equipment so that other workers or students do not endanger themselves. This could be when a piece of equipment has been deemed to be unsafe as in a faulty electrical cord or venting mechanism. Employers should develop procedures that reflect the reality of this workplace situation. Written procedures should include but are not limited to:

- under what conditions a piece of equipment or area should be locked-out;
- who has the authority to lock-out?
- who has the authority to revoke the lock-out?
- who is to be informed when a lock-out has been applied?
- who is responsible for the repair of the equipment and the procedure for ensuring that the equipment or area is deemed safe?
- the penalty for using a piece of equipment that has been locked-out.



WHEN A PIECE OF EQUIPMENT HAS BEEN DEEMED TO BE UNSAFE, EMPLOYERS SHOULD DEVELOP PROCEDURES TO “LOCK-OUT” MACHINERY OR EQUIPMENT SO THAT OTHER WORKERS OR STUDENTS DO NOT ENDANGER THEMSELVES





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## SECTION ELEVEN

### OCCUPATIONAL DISEASES

Occupational diseases such as silicosis, mesothelioma, asbestosis or occupational asthma are not common in the education sector, however, exposures to chemicals and other substances in our workplaces may indeed result in an occupational disease. If you suspect that your medical diagnosis is in any way related to the work that you currently do or have done in the past including other jobs or occupations, inform your health care provider and contact OSSTF Provincial Office for further assistance.

For example, technological teachers who may have worked in the past with isocyanates may have an increased risk of lung damage due to the inhalation of those substances. It is assumed that these substances are no longer used in Ontario classrooms as most school boards have not installed the required controls. Other prior workplaces, however, may not have been as stringent in the application of controls as required for designated substances such as isocyanates. A complete work history should be taken when occupational disease is suspected.

OSSTF has an excellent track record in working with other trade unions to facilitate the gathering of information for WSIB claims for exposures in prior occupations. Please contact the Protective Services Department for more information.

OSSTF HAS AN EXCELLENT  
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## SECTION TWELVE

### NOISE INDUCED HEARING LOSS

Any OSSTF member who is regularly exposed to decibels exceeding 14 decibels over a sustained period is at risk for noise induced hearing loss. Proper hearing protection must be provided by the employer. This protective equipment must be fitted for the wearer and be appropriate for the type of noise exposure. This could include earplugs or earmuffs that would reduce the exposure to harmful noise levels. Paper tissues or cotton balls do not provide adequate protection. If you suspect that your hearing is being affected by your work, contact your health provider to arrange for appropriate hearing testing.



**IF YOU SUSPECT THAT YOUR HEARING IS BEING AFFECTED BY  
YOUR WORK, CONTACT YOUR HEALTH PROVIDER TO ARRANGE  
FOR APPROPRIATE HEARING TESTING**



## SECTION THIRTEEN

### MACHINE GUARDING

Many OSSTF members work with equipment that must be guarded. Lathes, table saws, paper cutters, and metal presses all require safeguards to protect both the worker and the students that may be working with the same equipment. Members are prohibited from altering or disabling these guards (OHSA Sec. 28.(2)) and may suffer discipline from the employer if they do so.



IT IS INCUMBENT UPON OSSTF MEMBERS TO ENSURE THAT GUARDS ARE NOT DISABLED AND THAT ANY MALFUNCTION OR PROBLEM WITH RESPECT TO THESE GUARDS IS REPORTED TO THE SUPERVISOR IN A TIMELY FASHION

Recently, the Ontario Ministry of Labour considered imposing specific codes of practice for machine guarding but was persuaded by significant pressure from the labour sector that these codes of practice were unnecessary. It is incumbent upon OSSTF members to ensure that guards are not disabled and that any malfunction or problem with respect to these guards is reported to the supervisor in a timely fashion. Any repairs to these guards must be done under the supervision of the appropriate school board personnel as per the required manufacturer's specifications for that machine.

**Machines should not be utilized without the proper guarding.**



## SECTION FOURTEEN

### WORKPLACE VIOLENCE

Workplace violence is an occupational health and safety hazard that is frequently under reported. In many cases, workers believe that incidents are minor or are inherent to the work they do, or they are as a result of their own inattention, so it is difficult to judge the level of increase in workplace incidents.

Workers in the education sector have been recognized as being particularly vulnerable to violent incidents due to the nature of their jobs. Inadequate staffing, lack of training and poor workplace design are all factors that have contributed to the recent increase in workplace violence.

Unlike British Columbia or Saskatchewan, Ontario currently has no provisions in the *Occupational Health and Safety Act* that deal specifically with violence, but several sections of the Act can be applied. Other legislation such as the *Safe Schools Act*, the *Criminal Code of Canada*, the *Ontario Human Rights Code*, the *Workplace Safety and Insurance Act*, the *Education Act* and the *Compensation for Victims of Crime Act* are all relevant however, The *Occupational Health and Safety Act* provides the most protection for OSSTF members.

The *Occupational Health and Safety Act* requires that workers report any hazard to the employer (Sec. 28). Employers must provide a healthy and safe workplace for all workers covered by the Act. They must also take every precaution reasonable in the circumstances for the protection of the worker (Sec. 25.(2)(h)).

What does all this mean for those who work with students in situations that are potentially hazardous? Under the Act, (Sec. 43) if a member believes that a physical condition (machine, article, device or thing) of the workplace, or part thereof, is likely to endanger them, they can refuse work. Because the Act contains no definition of “thing,” members should be prudent in explaining that they are refusing the work because they are not adequately trained, or there are no policies and procedures in place to deal with the student, or the required personal protective equipment has not been provided.

If members exercise their right to refuse unsafe work, they should first inform their principal (supervisor) of the hazard while remaining in a safe place. For teacher members only, the *Education Act* requires that you must ensure the safety of students in your care first. The supervisor will investigate in the presence of the member and the member’s representative. If the member still feels there are reasonable grounds to refuse, a Ministry of Labour inspector will be called to investigate. No other worker can be assigned pending the inspector’s decision unless they are advised of the refusal and the reason for it in the presence of the worker’s representative.

For example:



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**SITUATION:**

An educational assistant is assigned to work with a student who exhibits aggressive behaviour. The educational assistant has received no training in dealing with students who exhibit this type of behaviour and is afraid that she/he is not adequately prepared to deal with the student should an aggressive incident occur. The lack of training in this case would likely endanger her/him.

**WHAT TO DO:**

- inform supervisor about the hazard as per the OHSA (Sec. 28.1(d));
- if the hazard still exists after reporting to the principal, the member may exercise the right to refuse unsafe work as outlined above (Sec. 43).

Local Joint Health and Safety Committees can play a pivotal role in controlling hazards and develop an overall strategy for preventing workplace violence. The committees should focus on prevention by assessing situations and making recommendations to the employer for appropriate controls.

Employers should adopt a written policy indicating that they do not expect workers to put themselves at risk from violence while working. There should be written procedures for handling aggressive people and reporting incidents. An incident report should be completed by the worker and these reports should be monitored by the Joint Health and Safety Committee. A Workplace Violence Prevention Program should be developed in consultation with the JHSC. A guide for the creation of this program is provided in Section Sixteen.

Pro-active intervention strategies and good workplace design are areas of purview for the joint committees to examine and make recommendations. Too often, members do not inform their Health and Safety Representative and this very important issue is not discussed with the people who can make the necessary changes to ensure a healthy and safe workplace design.

**VIOLENCE AFFECTING WORKERS IN SCHOOLS**

The Ministry of Labour has recognized the increase in the number and severity of violent incidents involving student aggression toward those workers employed in the education sector.

OSSTF recognizes that violence takes many forms. This document is specifically directed to assist JHSC representatives in the development of a violence prevention program.

With very few exceptions, Bill 86 required the integration of special needs students into elementary and secondary schools. There have been challenges with respect to handling anticipated and actual workplace violence issues.

Although violence is a criminal matter, the responsibility for the development of policies and procedures and their implementation rests with the employer (OHSA Sec 25.(2)(h)). In many cases it will be necessary to involve the police in investigations but

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as workers, we have the right to work without fear.

The creation of a locally produced Workplace Violence Prevention Program is seen to be crucial in the protection of workers. Although the *Safe Schools Act* was created with a view to protecting workers in the education sector, there has been a significant amount of confusion regarding its application to special needs students.

Section 25.(2)(h) of the *Occupational Health and Safety Act* states that the employer shall take every precaution reasonable under the circumstances for the protection of the worker. This includes protection from violence or the potential for violence from special needs students.

The safety of workers falls under the jurisdiction of the Ministry of Labour who enforce the *Occupational Health and Safety Act*. To ensure compliance, the Ministry of Labour will write orders against the employer where there are not policies and procedures with respect to special needs students.

A Violence Prevention Program starts with a Violence Policy Statement and then the program is developed, implemented, maintained, and communicated.

The employer, in consultation with the JHSC, must develop and implement a comprehensive program to protect all employees from violence.

The violence prevention program should include providing for the protection of all workers in an educational setting. This also includes all workers who are contracted to provide service to the board.

## EMERGENCY PREPAREDNESS

Employers have a duty to have specific plans that deal with procedures for emergencies such as tornadoes, fires, intruders, bomb threats, etc. Good plans include but are not limited to:

- how the workplace will be secured
- how workers will be notified of an impending emergency
- outlining key roles for specific individuals
- clear guidelines for the procedure
- who will contact emergency services
- mechanisms for practice
- a system to account for all employees — no man down
- procedures for communication
- maps.

Please check the OSSTF website [www.osstf.on.ca](http://www.osstf.on.ca) for more concise information.

## EMERGENCY RESPONSE PROCEDURES

Emergency response procedures must take into account all potential physical areas of the workplace, e.g. washrooms, libraries, snooze rooms etc. and provide procedures for evacuation and/or safe removal of students within an emergency preparedness framework. This means that all potential disasters such as fires, tornadoes, intruders, bomb

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threats, and blackouts must have procedures that are written and well communicated. Training and the regular opportunity for practice must be provided.

Employers must work with local authorities to develop, train and communicate appropriate procedures. This will mean that there may be a variance in procedures from District to District.

#### **BACKUP ASSISTANCE AND COMMUNICATION DEVICES**

It is always preferable that workers do not work alone. The reality is that sometimes this is unavoidable. If a worker is required to work alone, the employer must make provisions to ensure that back-up assistance can be obtained. This may take the form of communication devices such as walkie-talkies, pagers, alarms, or cell phones. Work situations should be examined to analyze the appropriateness of a device. In all cases, there must be someone available to monitor and respond to the situation.

For example: worker A is required to patrol the hallways of the building. Worker A should be provided with a communication device to facilitate receiving assistance if necessary.

#### **ACCIDENT/INCIDENT REPORTING**

Violence is an identified workplace hazard. As such, all accidents, incidences and near misses involving violence must be reported using the regular reporting procedure for your employer. This may necessitate the need for the development of an incident form but in all cases all incidents must be reported promptly to the supervisor (manager, principal, etc.). Workers who are injured should seek medical attention immediately so as to protect their rights under WSIB.

#### **PHYSICAL DESIGN OF THE WORKPLACE**

Many times violent or aggressive special needs students act out or throw things. The physical design of the workplace may require redesign to enable the worker to work safely. This may mean securing equipment, retrofitting washrooms/change tables, purchasing lifting devices and other devices as deemed necessary. As a general rule of thumb, the workplace design should not place a worker in a dangerous circumstance. Specific measures must be taken to prevent injury from occurring. Examples of specific design and layout changes are doors with clear windows and ensuring adequate lighting.

Monitoring, evaluation and training must be ongoing. This program must encompass any activity outside of the normal routine such as field trips, co-operative education programs and sports activities off site.

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## SECTION FIFTEEN

### NATIONAL DAY OF MOURNING — APRIL 28

In 1984, the Canadian Labour Congress endorsed the first Day of Mourning to recognize workers killed and injured on the job. The date was chosen as a day of remembrance as this was the day that the first comprehensive *Workers' Compensation Act* (Ontario 1914) received third reading.

In 1991 the Canadian Parliament officially recognized the day with the *Workers' Mourning Day Act*. Since then, the Day of Mourning is observed in nearly 100 countries worldwide.

The statistics regarding Canadian worker deaths and work-related injuries or diseases are extremely alarming. On average, one Canadian worker out of 13 is injured at work and an average of one million occupational injuries are reported each year by Provincial Workers' Compensation Boards.



ON AVERAGE, ONE CANADIAN WORKER OUT OF 13 IS INJURED AT WORK AND AN AVERAGE OF ONE MILLION OCCUPATIONAL INJURIES ARE REPORTED EACH YEAR BY PROVINCIAL WORKERS' COMPENSATION BOARDS



## SECTION SIXTEEN

### WORKPLACE INJURY AND FATALITY STATISTICS

The Ontario Federation of Labour (OFL) often prepares statistic comparisons with respect to workplace injuries and fatalities in Ontario. The following information was compiled by Vern Edwards, Director of Occupational Health and Safety for the OFL.

	2002	2003
REGISTERED INJURIES	359,353	365,469
ALLOWED LOST TIME	92,982	98,557
LOST TIME CLAIMS PENDING	1,896	90
CLAIMS ALLOWED — NO LOST TIME	184,093	186,043
CLAIMS STILL PENDING DECISION (NO LOST TIME)	337	3,837
FATALITY CLAIMS ALLOWED	315	351
FATALITY CLAIMS PENDING DECISION	122	96

In the first month of 2004 there were 45 fatality claims registered with the Workplace Safety and Insurance Board. Of those 45 claims, 35 are for occupational diseases such as asbestosis, mesothelioma, etc.

OSSTF members are not exempt from risks and injuries. Many of our members are injured while dealing with student aggression and with the advent of technology, repetitive strain injuries are prevalent amongst our members. Pro-active health and safety remains our only chance to prevent injuries.

#### GUIDE TO CREATING A VIOLENCE PREVENTION PROGRAM

##### RISK ASSESSMENTS

In order to best determine areas for concentration in the creation of a Workplace Violence Prevention Program there should be a three-tiered process of assessment:

- building risk assessment;
- employee risk assessment; and
- training needs assessment and plan.

##### BUILDING RISK ASSESSMENT

Building risk assessment should be accomplished in consultation with the JHSC via

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visual inspections. Specific areas to include are the parking lot, the perimeter of the buildings, entrances, stairwells, washrooms, elevators, classrooms, offices, auditorium/gymnasiums, cafeterias, storage rooms, and any other rooms.

What to look for:

- entrances/exits;
- communication systems;
- security alarms/video monitoring;
- obstructed views;
- escape route;
- lighting;
- public access restriction;
- emergency codes posted;
- portables/porta-pacs;
- visitor tags or security badges;
- work design;
- playgrounds;
- protocols for off-site activities.

The purpose of this inspection is to evaluate the physical surroundings to ensure that there are no risks imposed by the actual physical layout of the building.

Procedures and protocols such as administrative and work practices should be evaluated to include a procedure for communicating where a worker is working. For example, the supervisor should be aware and have procedures to deal with situations whereby a staff member may be required to work alone, or when staff are working in situations where their safety could be in jeopardy because of poor room allocation. Recently, because of space issues, parent-teacher interviews are oftentimes held in classrooms and the parents may become agitated. Development of procedures and protocols to deal with this issue are key to avoiding potential risks.

It is OSSTF's position that the building assessment should be done by qualified JHSC inspectors who have some knowledge of workplace violence prevention.

## **EMPLOYEE RISK ASSESSMENT**

All workers should have the opportunity to indicate their specific concerns with respect to preventing workplace violence. As workers know their own workplaces best, a common questionnaire that allows for data collection and comments should be developed and distributed. Questionnaires need not identify the worker, but the workplace location and job title may be important facts in helping to determine where deficits in training or workplace design exist.

Small discussion groups comprised of workers in the same workplace or job classification could generate more ideas. Workers should be encouraged to participate in many different ways.

The Joint Health and Safety Committee should examine incident reports, first aid

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records and Health and Safety Committee reports to assist with determining factors that may have contributed to injuries or near misses. Verbal abuse, and physically threatening behaviour should be reported but often isn't reported in any official capacity. Questionnaires should include questions regarding the frequency and reporting of these instances.

### TRAINING NEEDS ASSESSMENT

Employers have the obligation to provide training for workers in order to provide them with the tools to identify and avoid workplace violence. The employer, in consultation with the Joint Health and Safety Committee should determine a process for the collection of data to identify training needs. Following the analysis of the risk assessments, the parties should then set out a training schedule to provide both initial training, opportunities for practice and updates. The type of training, the target audience, length of time, and number of sessions should all be determined in consultation with the Joint Health and Safety Committee.

Training should be specific to the needs of the workplace or to the needs of a specific employee group and may cover the following topics:

- self-defense training;
- non-crisis intervention strategies;
- conflict resolution;
- warning signs that may precede a violent incident;
- behaviour management;
- mediation;
- stress management techniques.

Workers should be made aware through training of the correct procedure for the reporting, investigation and documentation of violent incidents and the support services or follow-up that is available to them in the event of a violent incident. All procedures and policies that are developed should be well communicated and posted in a location that is accessible to all workers.

Reporting mechanisms should include but are not limited to:

- information about the victim;
- information about the aggressor;
- a description of the work activity at the time of the incident;
- location where the incident occurred;
- information about any witnesses;
- recommended remedial actions.

Investigation mechanisms should answer the questions:

- what happened?
- who was there?
- where did it happened?
- when did it happened?



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- how did it happen?
  - was there medical attention sought ?
  - was there a criminal act committed?
  - what action was taken?

Documentation mechanisms should include:

- a specific form that facilitates answering the above questions;
- information regarding which parties receive the documentation;
- timelines for response;
- procedures for follow-up.

## **PREPARING FOR MEETINGS — SAFETY AND SECURITY**

OSSTF members are often in situations where they must meet with parents or members of the public in somewhat private circumstances. These meetings are potentially dangerous because our members may be placed in situations that may evoke strong emotions by the meeting participants. While it is important to maintain confidentiality, members should not be placed in situations whereby their safety or security may be compromised. In preparing for these meetings members should:

- notify administration of the time, date and place of the meeting;
- establish a meeting area that is somewhat neutral;
- choose a time to meet when other co-workers are present in the building;
- review the physical design of the meeting area to determine barriers that would prohibit easy egress from the meeting area (furniture, exits, etc.);
- ensure that there is proper lighting in the room for co-workers to maintain visual contact;
- arrange to have another staff member at the meeting where possible;
- arrange for a co-worker to interrupt at a pre-arranged time to affirm that all is going well;
- establish a signal to alert other workers that the situation is getting out of control;
- remove sharp objects or objects that could be thrown;
- meet in an area that could facilitate a co-worker “peeking in” — this could mean meeting in an office or classroom that has a window in the door;
- ensure that there is an established protocol for getting assistance should it be warranted;
- establish a firm time to conclude the meeting.

At the completion of the meeting, members should not immediately leave the meeting area or the building so as not to continue the meeting in the corridor or parking lot. It is prudent to wait for a while to ensure that the meeting participants do not identify the vehicle you drive or have the opportunity to follow you home.

## **HARASSMENT**

Employers are required to have a written procedure for dealing with harassment. Harassment can take many forms and most employers have a procedure for reporting

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harassing behaviour from co-workers, managers, other employees or contractors, parents, students or the general public who often have access to our workplaces. Harassment can be verbal, written, via e-mail or physical, but in all instances should be taken seriously. If a member believes they are being harassed they should follow the procedures outlined in the employer's policies. Generally, members should:

- inform the harasser that their behaviour is not welcome and ask them to stop;
- document all incidences of the harassing behaviour including keeping copies of all notes, e-mails, faxes, etc. noting dates, times and locations where possible;
- report the harassment to the person identified in the employer's policy if the harassing behaviour does not stop after having indicated that it is not welcome;
- contact police if they believe their lives or safety is in immediate jeopardy (all threats should be taken seriously).

If members believe that they are being harassed by their supervisors they should immediately contact their bargaining unit president for assistance. OSSTF collective agreements contain language that protects against abuse of management rights and these clauses may be of assistance to members in safeguarding against retaliation.

Harassment or bullying by students should be taken seriously and reported to the supervisor immediately. Some cases may warrant involving the police, specifically if there is vandalism or telephone harassment taking place at the member's place of residence. Be careful to document all incidences including times and dates where possible.

## SECURITY IN THE WORKPLACE

Good workplace design can aid in ensuring that our workplaces are the safest that they can be. The Joint Health and Safety Committees can play an integral role in recommending good practices. These practices could include but are not limited to:

- requiring that all visitors to the building sign in and receive an identification badge;
- securing furniture and fixtures to the floor;
- installing convex or ball mirrors to improve the line of sight around corners;
- ensuring that all doors have shatterproof glass windows;
- ensuring that hallways and parking areas are well-lit;
- ensuring that shrubs and bushes do not obscure the view of the public to the workplace or the view of the worker to potential hazards;
- using video surveillance cameras that are regularly monitored;
- installing panic buttons in areas that are easily accessible to employees but are not in traditional locations such as under desks;
- providing workers with personnel alarms that are monitored;
- ensuring that work areas are not cluttered with excess furniture;
- ensuring that all work areas have access to communication as in a public address system or telephone.



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## SECTION SEVENTEEN

### WORKPLACE SAFETY AND INSURANCE BOARD (WSIB) CLAIMS

#### WHAT IS WSIB?

The Workplace Safety and Insurance Board is an employer-funded system of compensation benefits available to workers who are injured on the job or become ill because of the job. Under the system employees do not have the right to sue employers but can be compensated by the WSIB if they sustain “a personal injury by accident arising out of and in the course of employment.”

#### WHAT TO DO IF YOU HAVE SUSTAINED A WORK-RELATED INJURY OR ILLNESS?

1. Immediately report the injury/illness to the supervisor or principal, in writing where possible, indicating date, time, nature of accident, body parts affected and witnesses.
2. Seek medical attention right away. If your family doctor is not available, go to the emergency department. You must inform the physician that it is a work-related injury/illness. The doctor will fill in a Form 8 (Physician's First Report) and forward it to the WSIB.
3. You should request that your employer complete a Form 7 (Employer's Report of Disease) and that you receive a copy.
4. You may be requested to complete a Form 6 (Worker's Report of Injury/Disease) or a Worker's Progress Report. Complete these forms in detail and return them to the WSIB immediately.
5. Contact your bargaining unit immediately so that they may assist you. Provide them with copies of any documentation that has been forwarded to the WSIB.

#### PAYMENT

The WSIB pays 85 percent of your net average earnings while you are off. Many OSSTF collective agreements have “top-up” provisions to ensure that there is no interruption of income. Check with your bargaining unit to verify that your payments are being calculated correctly.

#### EARLY AND SAFE RETURN TO WORK

Any time the WSIB feels that an employee's medical condition has changed from totally disabled to partially disabled, the WSIB will expect that the employee will return to work that is modified to reflect the medical restrictions.

You must co-operate in the return to work process or the WSIB may discontinue benefits.

#### WHAT IS A FUNCTIONAL ABILITIES FORM?

This is a WSIB form that is used to try to determine what an employee is physically

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capable of doing and what limitations/restrictions are required to return to work.

The Functional Abilities Form (FAF) should not provide the employer with a diagnosis but rather a list of limitations or restrictions that would assist an employer in modifying work.

If an employee's physician believes that he or she is temporarily totally disabled, the physician should not list any restrictions on the FAF and should clearly indicate on the form that the employee is not ready to do any type of work at all.

#### **DUTIES OF AN EMPLOYEE**

Employees are required to co-operate at all times with the WSIB and the employer during the early and safe return to work by:

- reporting the injury/illness to the employer as soon as possible after the injury and continue to communicate with the employer throughout the recovery period;
- assisting the employer to identify appropriate employment;
- providing information as requested by the WSIB;
- notifying the WSIB of any change to the worker's health status, income or job.

#### **DUTIES OF EMPLOYERS IN THE RETURN TO WORK PROCESS**

The employer is required to:

- contact the employee as soon as possible after the injury and maintain regular communication throughout the recovery period;
- identify and arrange appropriate employment;
- provide information as requested by the WSIB;
- notify the WSIB of any change in the employee's income or job.

#### **DUTIES OF THE WSIB IN THE RETURN TO WORK PROCESS**

Generally, the WSIB regards the return to work process as an agreement between the employer and the employee, and takes a very minimal role. However, the WSIB may:

- suggest available resources;
- monitor the activities and progress of the employee or employer;
- determine whether the parties are meeting their obligations;
- mediate and decide on any disputes that may arise between the parties.

#### **THE ROLE OF OSSTF IN THE RETURN TO WORK PROCESS**

OSSTF believes that there should be a joint committee comprising the injured worker, union representation and employer representation that will work together to ensure an appropriate return to work program. Collective agreements should contain language pertaining to this. Bargaining unit representatives should contact the Provincial Office for more details.

**APPEALS**

Assistance with the WSIB appeals can be obtained through the OSSTF Provincial Office Protective Services Department. The following is a schematic of the appeals process.

**WSIB APPEALS PROCESS**

<b>DECISION WITHIN THE WSIB</b>	<div><div><b>ADJUDICATOR DENIES CLAIM</b></div><div>↓</div><div><b>6 MONTHS TO APPEAL 30 DAYS FOR RETURN TO WORK/LABOUR MARKET RE-ENTRY</b></div><div>↓</div><div><b>60 DAY OPTION TO WAIVE HEARING</b></div><div>↓</div><div><b>APPEALS RESOLUTION OFFICER (ARO)</b></div><div>↓</div><div><b>DECISION</b></div></div>
	<div><div><b>6 MONTHS TO APPEAL</b></div><div>↓</div></div>
<b>DECISION INDEPENDENT OF THE WSIB</b>	<div><div><b>WORKPLACE SAFETY AND INSURANCE APPEALS TRIBUNAL (WSIAT) [FINAL AND PUBLISHED DECISION]</b></div></div>



## SECTION EIGHTEEN

### FIRST AID TRAINING



Employers are required to have individuals trained in first aid available in the workplace at all times. It is the responsibility of the employer to provide the training, to maintain the necessary first aid equipment and to post the names of the first aid providers on the health and safety bulletin board. In addition the administration of the school should have in place emergency procedures to ensure that the trained employee can quickly leave his/her workplace to attend to any emergencies involving staff.

The requirement is for the designated first aid provider to attend to emergencies requiring first aid that involve staff, not students, however, all teachers/support staff would do what they could if faced with a student emergency.

The employer cannot appoint a person to carry out the first aid function. It is a “volunteer” position. You are under no obligation to volunteer.

The training that the board is required to provide should be offered during the employees work day. It is the employer who must meet the legal requirement to have trained first aid personnel at the workplace.

Health and safety is a joint responsibility of the employer and the employees. OSSTF encourages our members to take part in the training, if they wish to volunteer.





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## SECTION NINETEEN

### CHEMICALS

Exposure to chemicals can cause harm to workers in many different ways. The main forms of contact come through:

**Ingestion:** Workers may have chemicals on their hands and inadvertently put their hands near their mouths.

**Inhalation:** Workers inhale fumes.

**Absorption:** Chemicals enter the bloodstream through skin contact. This often causes irritation or rashes.

**Injection:** Chemicals enter the body by way of a puncture to the skin.

In an educational setting, workers are exposed to many chemicals. The level and duration of exposure are directly related to the type of chemical and the effects it may have on the body. For example, a brief exposure at high levels may cause chemical poisoning within a very short time span. Conversely, prolonged exposure at low levels may negatively affect the body after many years.

In schools, science labs, art rooms and technological areas tend to have the most chemicals but there are many other sources of chemicals within a school setting. Maintenance and cleaning personnel are exposed on a daily basis to chemicals as are workers who may be present when this work is being done. The use of pesticides on the property of our workplaces also exposes OSSTF members to harmful chemicals.

#### CONTROLS

Obviously the best way to avoid chemical exposure is to eliminate the chemicals or substitute them with less hazardous ones (at the source). The second best way is to limit who has exposure to them by changing administrative procedures (at the path). The least effective way is to control them through the use of personal protective equipment such as gloves or eye protection (at the worker).

Thorough knowledge of the type of chemicals a worker is exposed to is essential in the prevention of exposures. WHMIS training is mandated by law and annual updates are required. Unfortunately many OSSTF workers do not receive adequate training and unknowingly are exposed to potentially dangerous chemicals. Education is the key to prevention in this case.

Members should never purchase products and bring them into the workplace as there would not be an MSDS sheet on file should something go wrong or a worker receives an exposure that could cause health problems.

#### CHEMICAL STORAGE AND DISPOSAL

Proper storage and disposal of chemicals are often not seen to be a priority in our workplaces. Exposures and accidents can be avoided by taking a few simple precautions.



BEFORE USING ANY  
CHEMICALS, ENSURE THAT  
YOU HAVE RECEIVED YOUR  
LEGALLY REQUIRED WHMIS  
TRAINING INCLUDING THE  
ANNUAL REFRESHER

Below are listed some suggestions for chemical storage and disposal.

#### CHEMICAL STORAGE AND USE

Before using any chemicals, ensure that you have received your legally required WHMIS training including the annual refresher.

1. Access MSDS sheets pertinent to each chemical prior to opening, using or decanting. Follow listed procedures and have them available next to where they are stored.
2. Check ventilation systems to ensure that there is the required ventilation.
3. Chemicals are not to be disposed of down the sink.
4. Chemicals are not to be left unlabelled, mislabelled or uncapped.
5. Some chemicals are required to be stored in a locked or vented cupboard. Follow the appropriate storage guidelines.
6. Ensure that all PPE (Personal Protective Equipment) required for each chemical is used and maintained regularly.
7. Know the first aid precautions. If someone is injured, send a copy of the MSDS with the victim to the medical practitioner.
8. Do not store chemicals on the floor.
9. Hazardous waste disposal schedules should be known and utilized.

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ONTARIO SECONDARY SCHOOL TEACHERS' FEDERATION

FÉDÉRATION DES ENSEIGNANTES-ENSEIGNANTS

DES ÉCOLES SECONDAIRES DE L'ONTARIO

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