

PLEASE POST

HEALTH & SAFETY NEWSLETTER

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ISSUE # 1
NOVEMBER 2009

H1N1 - INFORMATION

The advice below regarding H1N1 is from Karen Langenmaier, BCTF Health and Safety Officer.

1. **Pregnant teachers or those with medical conditions that compromise their immune systems** should go to their doctors for medical advice about whether they can or cannot be exposed to the H1N1 virus.
2. **If the doctor says they cannot be exposed and there are confirmed cases in their classes**, then they can use the refusal of unsafe work process. The process is below.
3. **If teachers contract H1N1 and they are sure it came from their workplace and not anywhere else in the community**, then they can call 1888 WORKERS to file a claim with WorkSafeBC, fill out a 6A form to inform their administrator and see their doctor.

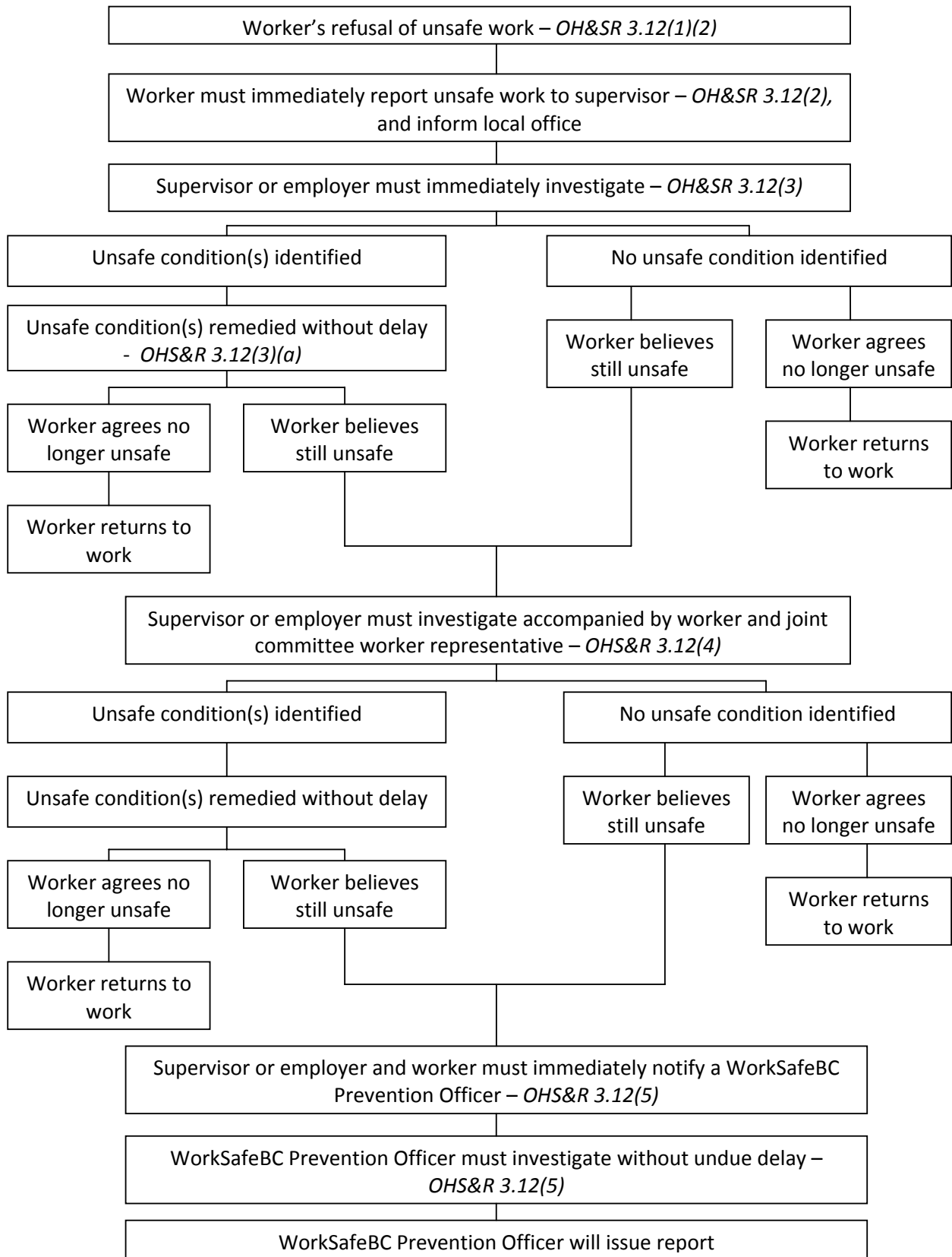
As well, if any teachers contract H1N1 in the workplace, they should make claims to WorkSafeBC to have their sick leave reinstated.

REFUSAL OF UNSAFE WORK PROCESS

The wording of OH&S Regulation 3.12(1) is as follows:

“A person must not carry out or cause to be carried out any work process or operate or cause to be operated any tool, appliance, or equipment if that person has reasonable cause to believe that to do so would create an undue hazard to the health and safety of any person.” A worker has the right and obligation to refuse unsafe work under these terms. However, the final decision will be made by a WorkSafeBC prevention officer. These officers could treat H1N1 or any communicable disease as one that is a “community spread and acquired infection”. Their interpretation could be that you have as much chance of picking up the virus on the bus, at the grocery store or from other members of your family as you do at work. There is no reason that a member cannot exercise this right as each decision is done on a case by case basis. The BCTF’s argument is that schools are breeding grounds for many illnesses due to the close proximity of people. Workers must not be subject to disciplinary action for acting in compliance with refusal to work requirements - OH&SR 3.13(1) Once a Prevention Officer has made a decision, the worker or employer must comply. Members have the right to refuse unsafe work, however the success of this strategy is still unknown as WorkSafeBC prevention officers will view H1N1 as a community and not a workplace infection.

Refusal of Unsafe Work (OH&SR Sections 3.12 and 3.13)



Worker must not be subject to disciplinary action for acting in compliance with refusal to work requirements – OH&SR 3.13(1)

H1N1 - SCHOOLS AS A HIGH RISK WORK ENVIRONMENT

October 21, 2009

Letter from Karen Langenmaier, Health and Safety Officer, BCTF

H1N1 has become an issue of significant magnitude in the Health and Safety department of the BCTF. Teaching, administrative and support staff in schools work in unique environments in which they come into close proximity with many people. Their risk of being infected is significantly higher than that of the general public.

It is agreed that one of the most effective ways to control the spread of any communicable disease is through source control. We have given advice and posted information on strategies to minimize the risk of spreading viruses including hand washing and "cover your cough". H1N1 is considered to be a community-acquired and spread infection.

The risk factors in school settings however are much higher than that of the general community. The fundamental differences are those of **choice, control of the numbers and proximity to people**. Medically-compromised persons in the community have the choice of when to interact with the community. For example, they could shop early in the morning or late at night to control the number of people with whom they would be in contact. They would have control of how they cleaned their hands, which surfaces they touched and what protective equipment they could wear. They could control who came into their house and ensure that whoever did, used universal measures to control the spread of the disease.

Teachers have neither control nor choice of the number of people with whom they come into contact or how often they could use universal precautions. High school teachers, who teach a full load of four blocks with 30 students, come into contact with 120 people on a daily basis. These 120 people also come into contact with countless others, further carrying and spreading the disease. Classroom teachers would come into contact with hundreds of other people in the hallway, computer lab, library and, if teachers used more than one room to teach their 4 blocks would multiply the chances of exposure by that number of classrooms. Teachers have no choice as to where they teach and how many people they contact.

They also have no control over whether the hundreds of people they contact on a daily basis use the same universal precautions as they would. Most classrooms have no sinks and many schools do not supply alternate hand-washing facilities. There is no way in which to control the number of hard and soft surfaces with which teachers would come into contact or the number of people touching these surfaces. Teachers have no choice regarding their working environment.

One piece of advice given under source control is for people working in schools to remain two metres away from suspected persons. Maintaining this distance is not realistic in a teaching environment nor in some classrooms is it physically possible.

Another means suggested in which to control the spread of the virus is to increase and enhance the workplace cleaning program, e.g. frequency and strength of cleaning agent. Unfortunately, the cutbacks in school district budgets have meant that there are few if any daytime custodians in elementary and some secondary schools. While classroom teachers may choose to undertake cleaning some surfaces, they could not clean all the surfaces to the frequency and degree necessary to control the spread of the virus. Readers may be familiar with the recent news item regarding the results of the lack of custodial support at F.W. Howay School in New Westminster.

While it's the understanding that H1N1 or any communicable disease for that matter, is also in the community and people are at risk of contracting a disease anywhere, it is the role of the local to help people understand the uniqueness of the school environment. Even if we were to compare schools with the medical environment, nurses and doctors typically see one patient at a time and have access to hand-washing facilities and protective equipment that those working in the school environment do not. A grade two teacher could not wear the recommended respirators and teach effectively.

The issues for those who work in the school environment are of **choice** and **control**. The organizational framework of classroom/class size in schools dictates that staff members have no choice as to the sheer numbers of people with whom they come into contact on a daily basis; nor do they have sufficient control of their environment to mitigate the spread of disease.

Staff members in schools do have a greater risk of contracting the infection than others in the community. The recognition of the school environment will aid those who are making policy to accurately reflect these issues.

WHAT TO DO IF YOU ARE HURT ON THE JOB

1. Report to the First Aid attendant.
2. Report to the administrator and complete the **WorkSafeBC 6A** form.
3. Inform your staff or health and safety rep.
4. Report to WorkSafeBC via Teleclaim at **1 888-WORKERS**.
5. If your claim is denied, contact the BCTF WCB advocate: 604 871.1890.
6. Remember that violence is also a reportable incident.