



HEALTH & SAFETY NEWS

KTTA

OCTOBER 20, 2016

PRESENT:

MANAGEMENT: SHARLENE BOWERS, MICHELLE MARGINET, DARLENE DORICIC
 KTTA: DAVID KOMLJENOVIC, GREG HAFFELI
 CUPE: MARILYN THOMPSON
 PRINCIPALS: SHERYL LINDQUIST, MARK MCVITTIE
 TRUSTEE: JOAN COWDEN

Call to Order

Chairperson Hafeli called the meeting to order at 8:32 a.m.

Adoption of the Minutes

The minutes of the September 15, 2016 meeting were amended to show that in June the KTTA representative asked about testing for heavy metals in water, and not specifically mercury.

Adoption of the Agenda

The agenda was adopted as circulated.

Old Business

Water Testing Update:

A management representative reported that to date about 30% of the schools have been sampled. The first batch of test results has been received and the next set has been sent away for testing. The Ministry of Education requires water testing based on the history of acidic water, the age of buildings and plumbing systems. The IHA determined the S. Central interior does not have acidic water so it was considered unlikely that there would be lead in the water;

if lead was present it would come from old piping systems, etc. inside the building and not outside. In February 2016 the Secretary-Treasurer and Superintendent were informed School Districts were required to test 33% of their buildings each year for lead levels in water. Water testing is based on federal government drinking water standard requirements. Tier 2 testing is being done at all worksites in the district, testing at 0 seconds and after a 30 second flush. One building has provided inconclu-

sive results so re-sampling was done at all fountains in the building. This school has been provided with a potable water source and students and staff have been advised not to drink the water or cook with the water in the kitchen(s). Problems will be addressed, and if no problems are present re-testing will take place in 3 years.

New Business

Monthly Reports:

The following reports were reviewed:

- Custodial Safety Inspection Checklist
- Incident Report Summary
- Worksite Safety Committee Minutes
- Automotive Hoist Checklist
- Secondary Science Safety Checklist

Safety Plans for Violence in the Workplace:

A KTTA representative advised a few members have stated there are incidents that take place where there aren't safety plans in place in terms of triggers for students, or teachers are unaware of the plans, and asked what could be done to better inform teachers when there are safety plans and

when there are not. The principal representative advised that at the school level if a student has an IEP, the IEP and the safety plan would be developed with the LART, case manager, and admin. and anything like that would go to all of the student's teachers. If there are problems in the hall then other people would also be informed on an as

NEXT MEETING:

November 17, 2016 in the Boardroom at the School Board Office.

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-needed basis. If there is a violent incident and the student doesn't have an IEP then that immediate incident may require a safety plan, and again the team would be called and it would be decided at the school level which individuals need to be included. Often, copies are stored in the office so that office staff or the teacher in charge would have access. Teachers that do not work with the student do not get access to the information. A KTTA representative advised that issues arise when non-enrolling teachers are in contact with the student fairly frequently. It was suggested that schools be reminded that TTOCs should be given the information, and that the Director of Student Support Services clarify procedure at the next meeting.

A KTTA representative also mentioned fighting in classrooms and violence among students, and has been advised that there have been cases where students have been involved in fist-fights in the hallway and not been removed from the building. Management suggested this would be very case-dependent, as most likely they're not a threat to anyone other than the person they're fighting with. A principal representative felt this seemed unusual, and would be interested in the details. It was suggested members speak to their safety committee and conversations be held at the worksite.

PE Checklist:

A KTTA representative advised that there is a modified version of the PE equipment checklist used at one school. The representative inquired if this is something that all areas with equipment have, and if all schools use a PE checklist. Management advised

the checklist is located in the briefcase, and is accessible for all staff. The modified version will be added to the briefcase. A principal representative suggested someone knowledgeable be hired to conduct an annual inspection of weight-lifting equipment and the committee agreed to proceed. The representative inquired if there were any other areas of buildings that have equipment that could wear down and suggested an inventory of equipment that is not on the standard list. A principal representative suggested site safety committees be asked to record equipment that does not fall into the categories of the existing lists. A KTTA representative inquired if there is on-site safety signage for equipment in weight rooms. It was stated that signage is only provided at the district level for industry standards, and there are no industry standards for exercise equipment.

Lockdown Procedures:

A KTTA representative advised, as per the lockdown procedure, all exterior doors in schools are kept locked, and in rural schools it is sometimes an issue for staff and students to get into the building when wildlife is present. During break times keys are not always provided or doors cannot be opened. The intention is to have the doors locked during instructional time when there is no one in the hallways, but they do not need to be locked during non-instructional time. It was suggested this be addressed at the site. Some doors at this particular site are also not working, a work order has been put in but the issue has not been addressed. The management representative advised that the site administration should expedite the issue. A KTTA representative advised that

in some cases Parent/Teacher interviews happen during admin. meetings and there isn't any admin. in the school. As teachers finish the interviews they leave, and it may end up that a teacher is left alone in the building. Management clarified that this comes down to working alone, and teachers should work together to ensure that this does not happen. If there is no way around it a working alone procedure could be set up for that teacher. Management advised this is something teachers should work out with their administration. It was suggested the issue be raised at an admin. meeting, and admin. will also be reminded that during the parent/teacher interviews outside lights be set to stay on later. Admin. are reminded to not have teachers working alone and, if unavailable, to have a process for checking in place.

Air Quality:

A KTTA representative advised that one site has had issues with air quality. This has been an issue in the past. Management has done air quality tests. Staff advise that staff and students are feeling lethargic and feeling that carbon dioxide levels are climbing. Management stated there are many in-classroom CO2 monitors which are hooked into the maintenance system, and management has not heard of any issues this year. It was suggested the issue be mentioned to maintenance and the representative advised admin. are aware. A principal representative suggested this be addressed by the site safety committee.

Adjourned 9:27 a.m.

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Monthly Safety Tip

HealthLinkBC Treating Opioid Overdose: B.C.'s Take Home Naloxone Program

What is opioid overdose? Opioids are a class of drug or medication which includes morphine, heroin, methadone, fentanyl and oxycodone. They are most often prescribed for pain relief. Opioid drug overdose happens when you take more opioids than your body can handle. You will lose control over your breathing, and may lose consciousness. With slowed breathing, less oxygen gets into your blood. This can lead to brain damage, cardiac arrest and death.

Why is opioid overdose important? Canada is the largest per capita consumer of prescription opioids in the world. The number of opioid overdoses per year in Canada and worldwide is increasing. In 2013, more than 330 deaths in B.C. were related to illegal drug overdose, including opioids. Eighty-seven percent of these deaths were accidental. The death rate related to prescription opioid use for chronic pain in B.C. is similar to that of motor vehicle crashes involving alcohol (2 to 3 deaths per 100,000 people per year).

What is naloxone? Naloxone (pronounced "nah-LOX-own") is a drug that can reverse opioid overdose. When injected into the arm or thigh muscle, it can quickly reverse the effects of opioid drugs. Naloxone works as an antidote for opioid overdose. Naloxone binds to the same sites (receptors) in the brain as opioids. When naloxone is given it pushes the opioid from the receptor to restore a normal breathing rate. Naloxone can reverse slowed breathing within 1 to 5 minutes, but its effects will only last for 30 to 90 minutes. A second dose of naloxone may be needed if the first dose does not restore a normal breathing rate. After naloxone wears off, the opioid may still be present and it can bind to its receptors in the brain and cause breathing to slow down again. That means the overdose may return, requiring another dose of naloxone. This is why it is important to seek medical help as soon as possible by calling 9-1-1, and be prepared with a second dose of naloxone if the overdose symptoms return.

Is naloxone safe? Yes, naloxone is a very safe drug. It has been used in hospital emergency departments and by ambulance attendants for decades to reverse opioid overdose. Naloxone has no effect if you have not taken opioids. It will not get you "high" and does not cause addiction or dependence. If you have taken opioids, naloxone may cause you to experience withdrawal symptoms. While uncomfortable, these withdrawal symptoms are not life-threatening. In rare cases, some people may have an allergy to naloxone.

What is B.C.'s Take Home Naloxone Program? In August 2012, B.C.'s Take Home Naloxone (BCTHN) program was introduced to reduce the harms and deaths associated with opioid

overdose. As eighty-five percent of overdoses occur in the presence of others, the BCTHN program teaches individuals who may witness an overdose how to respond and provide potentially life-saving care before the paramedics arrive. The program provides training in overdose prevention, recognition and first aid response to individuals who use opioids, their friends and family, and staff members of service and housing agencies.

Does Take Home Naloxone (THN) lead to more drug use? No. Studies have shown that providing naloxone to opioid users does not lead to increased drug use or risk-taking behaviour. Training in naloxone administration increases awareness about drug safety and empowers individuals by providing valuable knowledge and tools to save a human life.

What is involved in THN training? To receive THN training, you need to first consult with a health care provider. Training includes learning about overdose prevention, how to recognize an opioid overdose, how to provide first aid response, contents of the take home naloxone kit and how to inject naloxone intramuscularly (into a muscle). If you complete the training successfully, you are provided with a certificate.

Who is eligible to receive a naloxone kit? The following criteria are required to obtain a naloxone kit:

1. You must use opioids.
2. You must have successfully completed the THN training.
3. You must have a written naloxone prescription from your health care provider.

Individuals who do not use opioids, including friends and family, are encouraged to complete THN training, so they can administer the naloxone in case of an overdose. However they are not presently eligible to be prescribed a naloxone kit.

How can I find a participating BCTHN program site? THN kits are dispensed only at sites registered by the BCTHN program. These sites are run by licensed health care providers in a clinic or public health unit setting. As of 2015, there are over 70 registered kit-dispensing sites across the province. To find a kit dispensing site near you, visit Toward the Heart at <http://towardtheheart.com/site-locator> or call 604-707-2400.

For More Information

For more information about harm reduction, see

- HealthLinkBC File #102a Understanding Harm Reduction: Substance Use
- HealthLinkBC File #102b Harm Reduction for Families and Caregivers

For more information about overdose recognition, prevention and the BCTHN program, visit Toward the Heart at <http://towardtheheart.com>.

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Incident Reports | October 2016 (Public Version)

Incident Description	Injury Type	Recommendations
Worker advised he/she was scrubbing bleachers in the gym and slipped on cleaning solution and fell. Worker landed on corner of bleachers and slid down further.	Sprain/Strain, Bruising/ Contusion	Manager provided no-slip shoe covers.
Worker advises that he/she was lifting garbage into garbage bin. Bin "seemed high".	Sprain/Strain	Carry lighter garbage bags by splitting the load. Check height of garbage bin.
Worker advised that he/she picked up a package of garbage bags that weighed 25 lbs and package slipped out of his/her hands, landing on right side of foot. Worker was wearing steel-toed boots at the time.	Bruising/ Contusion	Reminder to slow down to ensure work completed safely. Reminder to focus on the task performed and pay better attention.
Worker twisted left knee exiting bus.	Sprain/Strain	Be aware of footing and use hand-rail on stairs.
Student bit worker's arm as he/she unbuckled student's lap belt.	Puncture	Will give child transition warning.
Worker advised that he/she had finished the warm up for a run. Students started to run. A grade 9 male student came running toward the worker and another worker very quickly. Student tried to change directions quickly when he noticed the other teacher but did not see the injured worker. Student grabbed injured worker's shoulders, pushing worker back. Student's knee hit worker's rt. knee.	Swelling, Sprain/ Strain	Better organization of school events to ensure congestion reduced. Students reminded of need for caution and safety when involved in such events.
Worker was running trencher. Motor stalled worker pulled starter cord to re-start. Cord stopped and worker felt strain in fingers and forearm.	Sprain/Strain	Get better grip on starter cord.
Worker came out of library and tried to assist another worker by asking student to stop running away. Workers took student's hands to bring him/her to the office. Student kicked and punched worker.	No injury reported	Review with all staff - new students and high needs students procedures around students that they are not familiar with.
Class was outside waiting for fire drill to finish. Student was upset and was walking back into the school and bit worker's arm.	Puncture	Review the need to wear protective gear at all times. Meet with teacher and class team.
Worker was walking on classroom linoleum floor wearing running shoes. Shoe "gripped" the floor, ankle snapped and worker fell to the ground.	Broken ankle	No recommendations. Investigation did not provide any causation.
Worker was working with a student who started to move away from worker. Worker went to get the student back organized by helping him/her up and tripped while holding the student. Carpet was damaged and tape was put in place, which was starting to lift.	Bruising/ Contusion, Swelling	Work order to get carpet fixed/replaced.
Worker was putting away empty piano case which needed to be lifted onto bookshelf (approx. 5' high). Zipper on case was open and small plastic music rack slipped out and landed on worker's foot.	Bruising/ Contusion	Zip the case before placing it on the shelf.
Worker advises he/she was doing a song with his/her class. There were repeated arm movements where worker's arms were raised above his/her head. Worker advises that rt. arm was no longer able to go above head.	Sprain/Strain	Teacher should warm up prior to body movements.
Worker pushed two benches together, pinching finger between benches.	Bruising/ Contusion	Take care when moving furniture. Ask for assistance.
Worker advises he/she was backing the auto scrubber out of custodial room into hallway. Worker accidentally hit "reverse" switch on steering column and auto-scrubber suddenly propelled forward. Worker put rt. Arm up on door jam to try and stop unit. As unit drove forward worker's arm was wrenched.	Sprain/Strain/ Tear	Check location of controls in relation to position of hands
Worker tried to pick something up off of washroom floor and when he/she stood up worker's right shoulder hit tampon box.	Bruising/ Contusion	Look up before worker stands.