



# Health & Safety Handbook

**FIRST EDITION**

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The references to *Occupational Health and Safety Regulations* and the *Workers' Compensation Act* in this handbook are current at the time of printing. For current legislations consult [worksafebc.com](http://worksafebc.com)

If you have any questions, please contact: [hs@surreyteachers.org](mailto:hs@surreyteachers.org).

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# WORKERS BASIC HEALTH AND SAFETY RIGHTS

*All workers in British Columbia have four basic Health and Safety Rights*



## The Right to Know

All workers have the right to know what hazards exist in the workplace. This includes all physical and mental hazards. This also includes hazards such as risk of violence.



## The Right to Participate

All workers have the right to participate in Occupational Health and Safety activities in the workplace. This right includes being able to participate in the Joint Occupational Health and Safety (JOHS) Committee, and to report hazards and injuries.



## The Right to Refuse

All workers have the right to refuse work that is hazardous.



## The Right to Protection

All workers have the right to protection from retaliation.

# WORKER AND EMPLOYER RESPONSIBILITIES

## WORKER RESPONSIBILITIES

As a worker, you must:

- Be alert to hazards. Report them immediately to your supervisor or employer.
- Follow safe work procedures and act safely in the workplace at all times.
- Use the protective clothing, devices, and equipment provided. Be sure to wear them properly
- Co-operate with joint occupational health and safety committees, worker health and safety representatives, WorkSafeBC prevention officers, and anybody with health and safety duties.
- Get treatment quickly should an injury happen on the job and tell the health care provider that the injury is work-related.
- Follow the treatment advice of health care providers.
- Return to work safely after an injury by modifying your duties and not immediately starting with your full, regular responsibilities.
- Never work under the influence of alcohol, drugs, or any other substance, or if you're overly tired.



## EMPLOYER RESPONSIBILITIES

As a worker, you must:

- Establish a valid occupational health and safety program.
- Train your employees to do their work safely and provide proper supervision.
- Provide supervisors with the necessary support and training to carry out health and safety responsibilities.
- Ensure adequate first aid equipment, supplies, and trained attendants are on site to handle injuries.
- Regularly inspect your workplace to make sure everything is working properly.
- Fix problems reported by workers.
- Transport injured workers to the nearest location for medical treatment.
- Report all injuries to WorkSafeBC that required medical attention.
- Investigate incidents where workers are injured, or equipment is damaged.
- Submit the necessary forms to WorkSafeBC.

## REPORTING INCIDENTS OR INJURY



### REPORT YOUR INJURY IMMEDIATELY TO YOUR EMPLOYER

Your employer is responsible for getting you any necessary first aid, and for transporting you to a medical facility if that's what you need. Be sure to keep in touch with your employer if you need to be off work.

### SEE YOUR PHYSICIAN

Your doctor will recommend treatment for your injury and may refer you to other health care practitioners. Be sure to ask about what modified work duties, and activities at home, you can do to help your recovery. And always let your health care provider know that you were injured at work.

### REPORT YOUR INJURY TO WCB

If you've missed work, call Teleclaim. If you haven't missed work but sought medical attention, we recommend reporting online. Before you report your injury, please review the information you'll need to provide.

## INCIDENT REPORTING FORMS—WHO DOES WHAT?

### Workers

Form 6A—Workers Report of Injury or Occupational Disease to Employer

- This form goes **only to the employer** and the joint committee.
- The form **does** not go to WorkSafeBC.
- Keep a copy for yourself.
- Send copies to local union office.

### Teleclaim

- 1-888-WORKERS—Report of Injury to WorkSafeBC.
- Reports to WorkSafeBC that there has been an accident or injury for which you have lost time at work.

### Employers

- Form 7—Employer's Report of Injury or Occupational Disease
- Must be filed within three days of the incident to WorkSafeBC.

### Physicians

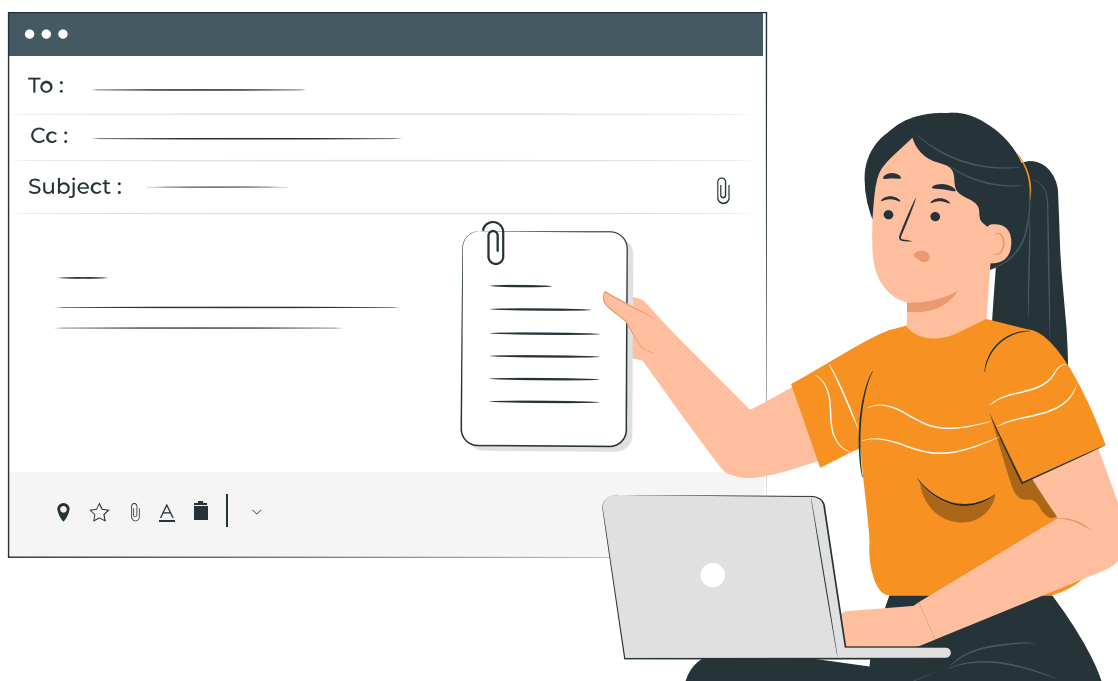
Form 8/11—Physician's Report

- Doctors have those forms in their offices.

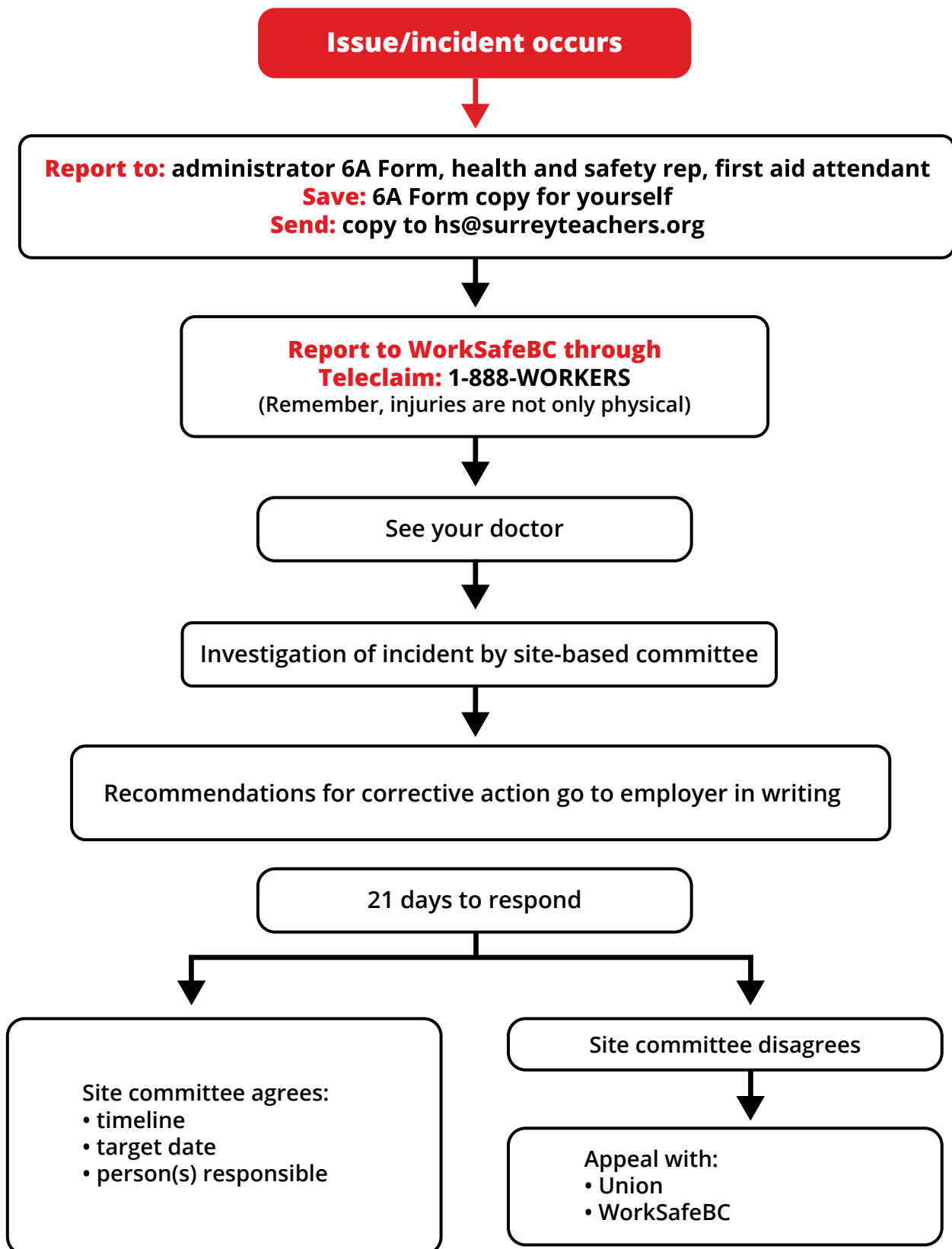
### First Aid Attendant

First Aid Record Form.

**Note:** That any incident, including an accident, near miss, injury (including psychological injury), threat of violence, or occupational disease involving a BCTF member be reported to WorkSafeBC, investigated by a team which includes the worksite BCTF health and safety representative, or another BCTF member designated by the representative (As per BCTF Members' Guide, 13.D.06).



## REPORTING AND INVESTIGATION PROCESS





# Worker's Report of Injury or Occupational Disease to Employer

► **Submit directly to employer. Do NOT submit to WorkSafeBC.**

Section 149(4) of the *Workers Compensation Act* requires that, where a worker is fit, and on request of the employer, they must provide the employer with particulars of the injury or occupational disease on a report prescribed by WorkSafeBC and supplied to the worker by the employer. This is the report prescribed.

- If requested by employer, please complete this report as it appears.
- This report should be completed by the injured worker if fit to do so. It can be completed by another individual for signature by the injured worker.
- If you need assistance with completing this form, please call WorkSafeBC Claims Call Centre at 604.231.8888 or toll-free throughout Canada at 1.888.967.5377, Monday to Friday, 8 a.m. to 6 p.m. PST.

## Worker's information

WorkSafeBC claim number (if known)				Customer care number (if known)			
Worker's last name				First name		Middle initial	
Date of birth (yyyy-mm-dd)		Personal health number (BC Services/CareCard)		Social insurance number			
Address line 1				Address line 2			
City		Province/State		Country (if not Canada)		Postal code/Zip	
Home phone number (include area code)				Business phone number (include area code)		Business extension	
Occupation						Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

## Employer's information

Employer's organization name			
Type of business (if known)		Operating location (if known)	
Address line 1		Address line 2	
City		Province/State	
Employer's contact name		Employer's phone number (include area code)	
		Extension	

## Incident information

1. Date and time of incident (yyyy-mm-dd)		<b>OR</b>		2. Period of exposure resulting in occupational disease (yyyy-mm-dd)	
<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				From To	
3. Date and time my injury or disease was first reported to my employer (yyyy-mm-dd)		My injury or disease was first reported to (please check one)			
<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		<input type="checkbox"/> First aid <input type="checkbox"/> Supervisor <input type="checkbox"/> Office <input type="checkbox"/> Other (specify)			

# Worker's Report of Injury or Occupational Disease to Employer

Worker's last name	First name	Middle initial	WorkSafeBC claim number
Social insurance number		Personal health number (BC Services card/CareCard)	
<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>		<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	

## Incident information (continued)

4. Name of person reported to		
5. Did you receive first aid? <input type="checkbox"/> Yes <input type="checkbox"/> No ▶	6. Date of first aid (yyyy-mm-dd)	7. Name of first aid attendant
8. Did you go to the hospital, a medical clinic, or see a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No ▶	9. If yes, name of physician or provider (if known)	
10. Address of physician or provider (if known)		
11. Are you aware of any recent pain or disability in the area of your reported injury? <input type="checkbox"/> Yes <input type="checkbox"/> No ▶	If yes, please explain	
12. Was protective equipment being used? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Were there any witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. The supervisor in charge at the time of my injury was		
15. Describe how the incident happened		
16. Describe the injury in detail (what part of the body was injured)		
17. Side of body injured <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both <input type="checkbox"/> Not applicable		

# Worker's Report of Injury or Occupational Disease to Employer

Worker's last name	First name	Middle initial	WorkSafeBC claim number
Social insurance number		Personal health number (BC Services card/CareCard)	

## Incident information (continued)

18. Describe the work incident location (address, city, province) and where incident occurred (e.g., shop floor, lunchroom, parking lot)			
19. Contributing factors — select <b>at least one</b> , and as many as applicable			
<input type="checkbox"/> Lifting _____	<input type="checkbox"/> lb	<input type="checkbox"/> kg	<input type="checkbox"/> Animal bite
<input type="checkbox"/> Overexertion	<input type="checkbox"/> Struck	<input type="checkbox"/> Assault	<input type="checkbox"/> Motor vehicle accident
<input type="checkbox"/> Repetitive (activity repeated over and over again)	<input type="checkbox"/> Crush	<input type="checkbox"/> Sharp edge	<input type="checkbox"/> Unsure/other (please explain below)
<input type="checkbox"/> Slip or trip	<input type="checkbox"/> Fire or explosion	<input type="checkbox"/> Harmful substance in the work environment	
<input type="checkbox"/> Twist			
<input type="checkbox"/> Fall			
20. Did you or will you miss any time from work beyond the date of injury or exposure?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

## Signature and report date

21. Worker's signature	22. Date of report (yyyy-mm-dd)
------------------------	---------------------------------

## Additional information

The BC Legislature provides impartial advisers on all workers' compensation matters. The Workers' Advisers Office (WAO) provides free advice and assistance to workers and their dependants on disagreements they may have with WorkSafeBC decisions. WAO operates independently of WorkSafeBC.

Phone: 604.335.5931

Toll-free: 1.800.663.4261

Website: [gov.bc.ca/workersadvisers](http://gov.bc.ca/workersadvisers)

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's freedom of information coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or call 604.279.8171.

# Psychosocial Hazards Self-Assessment

## What are Psychosocial Factors?

There are 13 factors related to the design and management of work, and its social and organizational contexts that impact the experience of work.

Psychological and Social Support Civility  
and Respect Organizational Culture  
Clear Leadership and Expectations  
Psychological Demands  
Growth and Development  
Recognition and Reward

Involvement and Influence  
Workload Management  
Engagement  
Balance  
Psychological Protection  
Protection of Physical Safety

## What are Psychosocial Hazards?

A psychosocial hazard exists when the conditions related to the design, organization, management, or social context of work, are likely to become detrimental to the employee's mental, emotional, or physical well-being.

Risk is the likelihood that a hazard will cause harm. We can lower the risk of harm by decreasing the frequency or the impact of the exposure to a hazard. Uncontrolled exposure to psychosocial hazards can cause psychological and physical harm.

## Psychosocial risks at work

Psychosocial risks and the appropriate control measures may vary between workplaces and between groups of workers, depending on the work environment, organizational context, and the nature of work. Individual skills, training and experience can also impact the risk for specific workers.

When you are evaluating the potential of a psychosocial hazard causing harm, think about how often your team is exposed to the hazard and the degree of impact team members are reporting.

On average, work-related psychological injuries have longer recovery times, higher costs, and require more time away from work. Managing the risks associated with psychosocial hazards not only protects workers, but it also decreases the disruption associated with staff turnover and absenteeism and may improve broader organizational performance and productivity.

# Psychosocial Hazards Self-Assessment

This tool is meant to help you to begin the process of identifying psychosocial risks. The following is a sample. Be sure to customize it for your workplace.

**Instructions – Step 1:** Fill out the table below by answering the question “Do these hazards exist in your workplace?”. You might identify with some, or even all, aspects in the given examples.

Area of concern	Examples	Do any of these hazards exist in your workplace?	
		Yes	No
Workload and work pace	<ul style="list-style-type: none"> <li>- Work overload or underload</li> <li>- High levels of time pressure</li> <li>- Continually subject to deadlines</li> <li>- High level of repetitive work</li> </ul>		
Working hours and schedule	<ul style="list-style-type: none"> <li>- Lack of variety of work</li> <li>- Shift work</li> <li>- Inflexible work schedules</li> <li>- Unpredictable hours</li> <li>- Long or unsociable hours</li> <li>- Continual requirements to complete work at short notice</li> </ul>		
Work/life balance	<ul style="list-style-type: none"> <li>- Work tasks, roles, schedules or expectations that cause workers to continue working on their own time</li> <li>- Conflicting demands of work and home</li> <li>- Work that impacts the workers’ ability to recover</li> </ul>		
Work environment, equipment and hazardous tasks	<ul style="list-style-type: none"> <li>- Poor workplace conditions such as lack of space, poor lighting and excessive noise</li> <li>- Lack of the necessary tools, equipment or other resources to complete work tasks safely</li> <li>- Working in extreme conditions or situations, such as very high or low temperatures, or at height or depth</li> </ul>		

Area of concern	Examples	Yes	No
Violence and aggression	- Workplace incidents that involve exposure to abuse, the threat of, or actual harm that causes fear and distress and can lead to stress and/ or physical injury		
Support	- Lack of support from supervisors and co-workers. - Lack of access to support service - Lack of information/training to support work performance		
Supervision	- Lack of communication, encouragement/acknowledgment, and support/resources to facilitate improvements in performance - Misuse of digital surveillance		
Roles and expectations	- Role ambiguity - Role conflict - Uncertainty about, or frequent changes to, and tasks		
Remote and isolated work	- Working in locations that are far from home, family, friends and usual support networks (e.g., isolated working arrangements) - Working alone in non-remote locations without social/human interaction at work (e.g., working at home) - Working in private homes (e.g., providing care or domestic roles in other people's homes)		
Recognition and reward	- Lack of appropriate acknowledgment and appreciation of workers' efforts in a fair and timely manner		
Organizational/workgroup culture	- Poor communication - Low levels of support for problem-solving - Lack of definition of, or agreement on, organizational objectives - Inconsistent and untimely application of policies and procedures, unfair decision-making		
Organizational change management	- Lack of practical support provided to assist workers during transition periods - Prolonged or recurring restructuring - Lack of consultation and communication about workplace changes		
Leadership	- Lack of clear vision and objectives - Management style unsuited to the nature of the work and its demand - Failing to listen or only casually listening to complaints and suggestions - Withholding information - Inconsistent and poor decision-making practices		

Area of concern	Examples	Yes	No
Job security and precarious work	<ul style="list-style-type: none"> <li>- Uncertainty regarding work availability, including work without set hours</li> <li>- Possibility of redundancy or temporary loss of work with reduced pay</li> </ul>		
Job demands	<ul style="list-style-type: none"> <li>- Work exposure to interaction with people (e.g., the public, customers, students, patients)</li> <li>- Having too much to do within a certain time or with a set number of workers</li> <li>- Conflicting demands and deadlines</li> <li>- Requirements for excessive periods of alertness and concentration</li> <li>- Working with aggressive or distressed people</li> <li>- Exposure to events or situations that can cause trauma</li> </ul>		
Job control or autonomy	<ul style="list-style-type: none"> <li>- Limited opportunity to participate in decision-making</li> <li>- Lack of control over workload</li> <li>- Low levels of influence and independence (e.g., not being able to influence the speed, order or schedule of work tasks and workload)</li> </ul>		
Interpersonal relationships	<ul style="list-style-type: none"> <li>- Poor communication, including poor information sharing</li> <li>- Poor relationships between managers, supervisors, co-workers, and clients or others that workers interact with interpersonal conflict</li> </ul>		
Harm: exposure to traumatic events	<ul style="list-style-type: none"> <li>- Events that may be perceived as traumatic or distressing; this may include witnessing, investigating or being exposed to traumatic events</li> </ul>		
Civility and respect	<ul style="list-style-type: none"> <li>- Lack of trust, honesty, respect, civility and fairness</li> <li>- Lack of respect and consideration in interactions among workers, as well as with customers, clients and the public</li> </ul>		
Career development	<ul style="list-style-type: none"> <li>- Career stagnation and uncertainty, under-promotion or over-promotion, lack of opportunity for learning and skill development</li> </ul>		
Bullying and harassment	<ul style="list-style-type: none"> <li>- Exposure to unwanted, offensive, intimidating behaviours which relate to one or more specific characteristics of the targeted individual</li> <li>- Unreasonable behaviour directed towards a worker or group of workers, that creates a risk to health and safety</li> </ul>		



**Instructions – Step 2:** Choose the hazards that you answered “**Yes**” to from the table above. Fill out the rest of the table. Prioritize hazards that your workforce is exposed to frequently, where the reported impact is highest. When you are evaluating the potential of a psychosocial hazard causing harm, think about how often your team is exposed to the hazard and the average degree of impact team members are reporting.

Area of concern	Frequency (Constant, Often, Occasional, or Never)	Impact (Severe, Moderate, Mild, or Nil)	Risk (High, Medium, Low)

**Assessing your results:** If you choose a frequency above **Never** or an impact severity above **Nil**, this means you will have to monitor the hazard and how it could impact your workplace. If the presenting area of concern is exposure to violence or vicarious trauma, consult with your ministry or Public Service Agency safety specialist.

**Planning your next steps:** Use this information in your baseline for the Workplace mental health toolkit. Your highest risk should be your priority in your psychological health and safety planning.

### Sources:

[Mental Health - Psychosocial Risk Factors in the Workplace](#). (2023). Canadian Centre for Occupational Health and Safety.

[Psychosocial hazards](#). (2023). Workplace Strategies for Mental Health.

## ROLES OF JOHS COMMITTEES AND WORKER REPRESENTATIVES



- **Identify situations** that may be unhealthy or unsafe for workers and advise on effective systems for responding to those situations.
- **Consider, and promptly deal with complaints** relating to the health and safety of workers.
- **Consult with workers and the employer** on issues related to occupational health and safety, and the occupational environment.
- **Make recommendations to the employer** and the workers for the improvement of the occupational health and safety, and the occupational environment of workers.
- **Make recommendations to the employer** on educational programs promoting the health and safety of workers and compliance with OHS provisions (Part 3) of the Workers Compensation Act and the regulations, and to monitor their effectiveness.
- **Advise the employer** on programs and policies required under the regulations for the workplace, and to monitor their effectiveness.
- **Advise the employer** on proposed changes to the workplace, including significant proposed changes to equipment and machinery, or the work processes that may affect the health or safety of workers.

- **Ensure** that accident investigations and regular inspections are carried out as required.
- **Participate in inspections, investigations and inquiries** as provided in Part 3 of the Workers Compensation Act and Part 3 of the Regulation.

In workplaces where a worker health and safety representative is required, the representative has the same duties and functions as a joint committee, to the extent practicable.



### New Committee Members

New committee members who join after **April 3, 2017**, must receive a total of eight hours of instruction and training, within their first six months.



### Joint Committees and Worker Representatives Regulations

The following list outlines the section headers under the **Workers Compensation Act** related to Joint Committees and Worker Representatives:

- 31** General requirements for employer to establish joint committee
- 32** Variations in committee requirements
- 34** Selection of worker representatives
- 35** Selection of employer representatives
- 36** Duties and functions of joint committee
- 37** Joint committee procedure
- 38** Board assistance in resolving disagreements within committee
- 39** Employer must respond to committee recommendations
- 40** Time from work for meetings and other committee functions
- 41** Educational leave for committee members
- 42** Other employer obligations to support committee
- 43** Committee reports
- 44** Employer must post committee information
- 45** Worker health and safety representative
- 46** Participation of alternate for worker representative



To access the **Workers Compensation Act** and learn more about Joint Committees and Worker Representatives Regulations, scan the QR Code or visit [bit.ly/OHS-Regulations](https://bit.ly/OHS-Regulations).



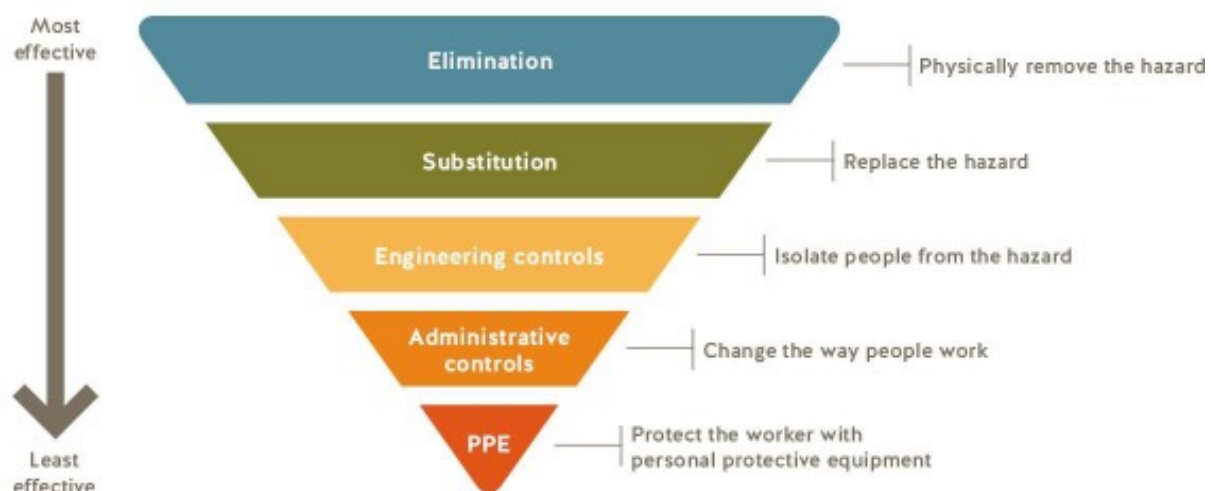
## Health & Safety Site-Based Committee Recommendation

<b>To:</b> _____	<b>Date:</b> _____
<b>From: Health &amp; Safety Site-Based Committee</b>	
<b>School:</b> _____	<b>Courier No.:</b> _____
_____ (Co-Chair Signature – Employer Rep)	_____ (Co-Chair Signature – Worker Rep)
Please respond by: _____ (within 21 calendar days.)	
<b>H &amp; S Issue:</b> <i>(Give a short, clear &amp; complete description. Describe what, why, who, where and when)</i>          	
<b>Committee Recommendation:</b> <i>(attach a separate sheet if necessary) (Ensure recommendation deals with workplace health &amp; safety. Include reasons for recommendation and, if necessary, list options, steps involved and suggested time frame for implementation/completion)</i>          	
<b>Employer Response:</b> <i>(attach a separate sheet if necessary) (Note to employer: if you agree with recommendation, please include a time frame for completion, if you don't, please include your reasons.)</i>          	
Signature: _____ <i>(Principal/Supervisor/Manager)</i>	Date Returned: _____
<b>Committee Comments:</b> <i>(Note any follow-up or additional action required by the Committee.)</i>          	

# HIERARCHY OF CONTROLS

When considering how to reduce the risk, there's a certain order you should follow. This is called the *hierarchy of controls*. It's important to follow the hierarchy, as shown below, rather than start with the easiest control measures. While the controls are listed in order of effectiveness, all four types of controls should be considered. They often work best in combination.

Hierarchy of controls



## Elimination or substitution

- Eliminating the hazard completely is always the first choice. Substitution involves replacing the material or process with a less hazardous one.

## Engineering controls

- If you can't eliminate the hazards or substitute safer alternatives, engineering controls are the next best options. These involve using work equipment or other means to prevent workers from being exposed to a hazard.

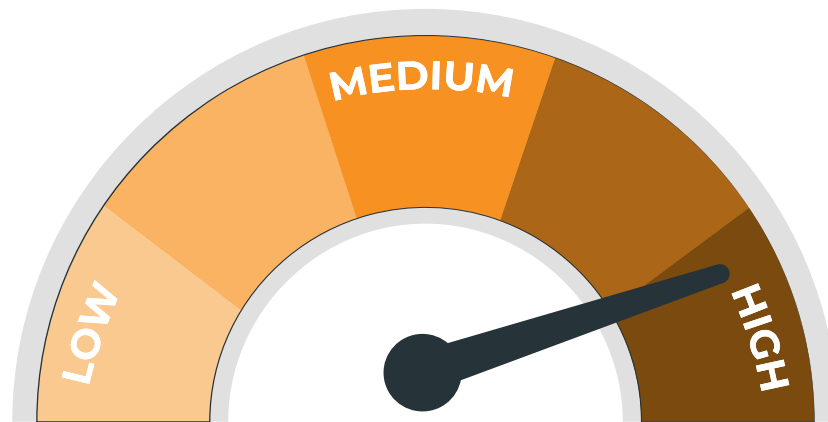
## Administrative controls

- Administrative controls involve identifying and implementing safe work procedures so your workers can perform their job duties safely. The findings of your risk assessment will form the basis of these safe work procedures.

## Personal protective equipment and clothing

- Using personal protective equipment is another important control to protect workers. For example, while working with toxic chemicals may be necessary in certain workplaces such as laboratories, the use of PPE such as protective eyewear and gloves will help to reduce the exposure risk.

# WORKPLACE VIOLENCE AND PREVENTION



Definition: **violence** means the attempted or actual exercise by a person, other than a worker, of any physical force so as to cause injury to a worker and includes any threatening statement or behaviour which gives a worker reasonable cause to believe that he or she is at risk of injury.

- The potential for violence exists whenever there is direct interaction between workers and non-workers.
- Employers **must** provide a workplace as safe from the threat of violence as possible.
- If there is a risk of violence in a workplace, the employer must set up and instruct workers on procedures to eliminate or minimize the risks.
- The first step in preventing workplace violence is conducting a **risk assessment**.
- If the assessment shows that there is a risk of violence, the employer must develop and implement a workplace violence prevention program

## VIOLENCE PREVENTION PROGRAM

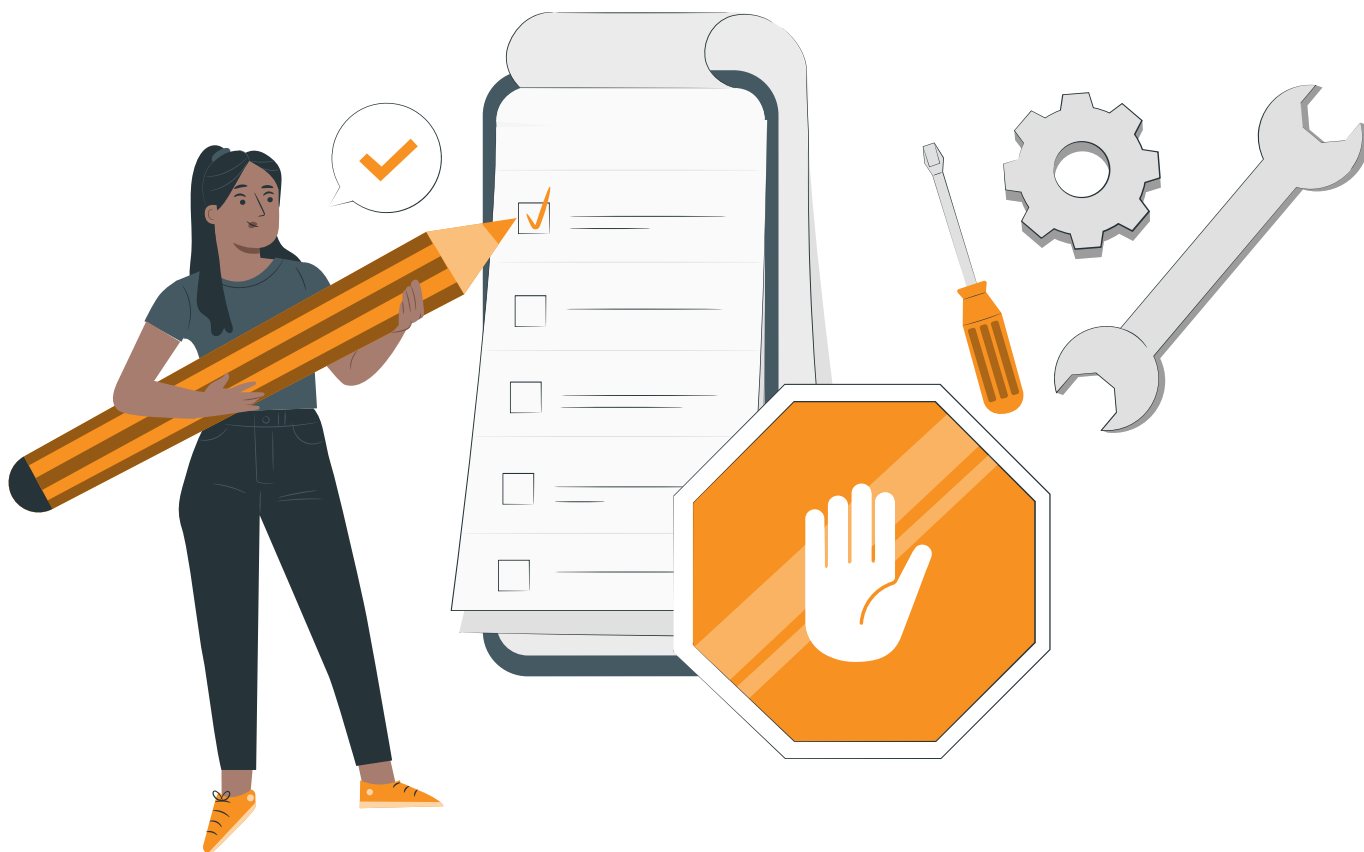
- Should be part of a workplace's overall health and safety program
- Should be developed and implemented in co-operation with the *joint health and safety committee or worker health and safety representative*.

### Components of a violence prevention program:

- written policy to eliminate or minimize risk
- regular risk assessments
- prevention procedures
- worker and supervisor training
- procedures for reporting and investigating incidents
- incident follow-up
- program review.



## K-12 WORKPLACE VIOLENCE PREVENTION TOOLKIT



The BC Primary and Secondary Education Health and Safety Advisory Committee (K-12 Advisory Committee) was established by WorkSafeBC to review occupational health and safety issues and challenges in the BC public education system, and act in an advisory capacity providing recommendations for resolution of issues and challenges.

The K-12 Advisory Committee recognizes that the K-12 sector is uniquely impacted by workplace violence. As a result, they took the initiative to establish a working group specifically focused on K-12 workplace violence prevention, with the understanding that the solutions to workplace violence could best be established by those from within the sector.

**The working group brings together the following stakeholders to work collaboratively on this issue:**

- Canadian Union of Public Employees
- BC Teachers' Federation
- BC Principals' and Vice Principals' Association
- BC School Superintendents Association
- School Safety Association of BC
- BC Public Schools Employers' Association
- Occupational Health and Safety Specialists representing rural and urban school districts
- WorkSafeBC

Established in March 2019, the K-12 Workplace Violence Prevention Working Group set out to develop tools and resources that could be used to support school districts with compliance and performance efforts related to workplace violence prevention. The tools are a mechanism to support compliance with the Occupational Health and Safety Regulation; however, they do not replace a school's obligations to carry out the community violent threat risk assessment and related Ministry of Education requirements.



### OHS Resources and Tools

The BCPSEA has developed or collected resources and tools to support occupational health and safety performance in the K-12 public education sector.



To access **BCPSEA's OHS Resources and Tools**, scan the QR Code or visit [bit.ly/bcpsea-resourcetools](https://bit.ly/bcpsea-resourcetools).



### Workplace Violence Regulations

The following list outlines the section headers under the **Workers Compensation Act** related to Workplace Violence Regulations:

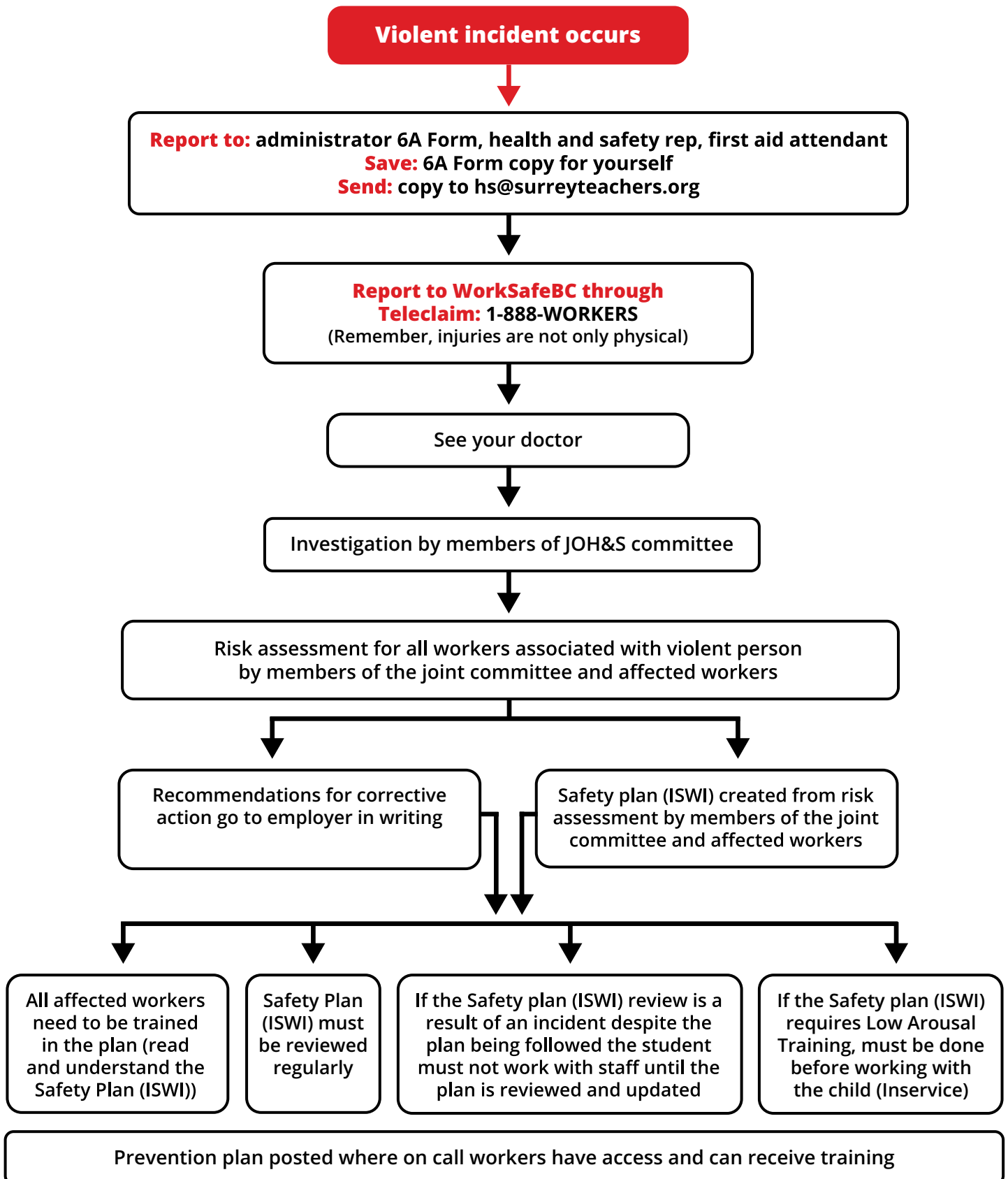
- 4.28** Risk assessment
- 4.29** Procedures and policies
- 4.30** Instruction of workers



To access the **Workers Compensation Act** and learn more about Workplace Violence Regulations, scan the QR Code or visit [bit.ly/OHS-Regulations](https://bit.ly/OHS-Regulations).



## VIOLENT INCIDENT REPORTING PROCESS



# BULLYING AND HARASSMENT



Bullying and Harassment falls under Workplace Conduct in the OHS regulations.

A worker is bullied and harassed when someone takes an action that he or she knew or reasonably ought to have known would cause that worker be humiliated or intimidated. When an employer or supervisor takes reasonable action to manage and direct workers, it is not bullying and harassment.

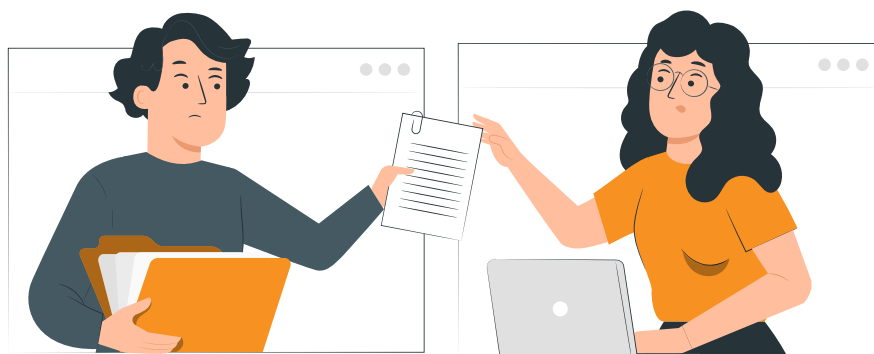
## **Examples of behaviour or comments that might constitute bullying and harassment include:**

- verbal aggression or insults
- calling someone derogatory names
- harmful hazing or initiation practices
- vandalizing personal belongings
- spreading malicious rumors.

## REPORTING BULLYING AND HARASSMENT

- If you are a worker and you have witnessed or experienced bullying and harassment in your workplace, you must report it to your employer.
- If your employer has not taken reasonable steps to address the incident, you can call the Prevention Information Line to contact an officer to discuss the incident. If the matter is still not resolved after.
- If your employer does not have bullying and harassment policies and procedures or has not taken reasonable steps to address the incident, contact the Prevention Information Line at 604-276-3100 (1-888-621-7233 toll free) and speak with a prevention officer.

## AFTER REPORTING THE INCIDENT



After reporting the incident to your employer and speaking with a prevention officer, you may submit a Bullying and Harassment Questionnaire, which a prevention officer will then review to determine whether or not to make further inquiries.



### Workplace Conduct Regulations

The following list outlines the section headers under the **Workers Compensation Act** related to Workplace Conduct Regulations:

- 4.24** Definition
- 4.25** Prohibition
- 4.26** Investigation



To access the **Workers Compensation Act** and learn more about Workplace Conduct Regulations, scan the QR Code or visit [bit.ly/OHS-Regulations](https://bit.ly/OHS-Regulations).

## USE FACTS TO REPORT HARASSMENT AND/OR RACISM AT WORK



- F**ill 6A form (make 3 copies: for STA, Admin., yourself)
- A**ctivate claim by calling 1-888-Workers (WorkSafeBC)
- C**laim sick days with WorkSafeBC if taken
- T**ell your school Health and Safety Rep (JOHSC)
- S**eek further medical attention (mental health) if needed

# Worker checklist

## Workplace bullying and harassment

**NOTE:** The numbering of the *Workers Compensation Act* has changed, effective April 6, 2020. See [worksafebc.com/wca2019](https://www.worksafebc.com/wca2019).

### Actions to take if I believe I am being bullied and harassed

If you are being bullied or harassed at work, you will need to take appropriate steps to report it, which is an obligation of all workers who are the targets of workplace bullying and harassment. See below for a suggested course of action workers can follow.

Document and keep a written record of the incident(s).

Consider the context and surrounding circumstances of each situation.

- |    |   |                              |                             |
|----|---|------------------------------|-----------------------------|
| 1. | I have read my workplace policy statement and procedures on bullying and harassment. I understand how to make a complaint and what to expect in the investigation process.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | I have read Occupational Health and Safety policy <u>D3-116-1 Worker Duties</u> – Workplace Bullying and Harassment.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | I am comfortable discussing the situation with the individual(s) involved.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Can I/we resolve the issue or concern?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | If the answer was <b>no</b> to questions 3 or 4, then report the situation to the person designated in the employer's reporting procedures (e.g., the supervisor, Human Resources representative, union representative, or other person). Include a written description and a timeline of events.<br><br>Documentation provided to: _____<br>Date of expected follow-up response: _____ |                              |                             |
| 6. | If my employer is the person bullying and harassing me, my reporting options are identified in the employer's reporting procedures.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. | If the answer was <b>no</b> to question 6, then I may contact the WorkSafeBC prevention information line to report bullying and harassment by my employer (1.888.621.7233).   |                              |                             |
| 8. | Key people who will support me (including people outside of the workplace):<br>_____<br>_____   |                              |                             |

– adapted from materials published by the Nova Scotia Government and General Employees Union (NSGEU)

## Worker template: how to document incidents of workplace bullying and harassment

**OHS Policy D3-116-1: Workers must report if bullying and harassment is observed or experienced in the workplace.**

The template below is an example of how a worker could document a workplace bullying and harassment incident. It can be adapted to any workplace. A Microsoft® Word version of this form is available at [www.worksafebc.com/bullying](http://www.worksafebc.com/bullying). When reporting bullying and harassment incidents or complaints, workers should follow their workplace reporting procedures.

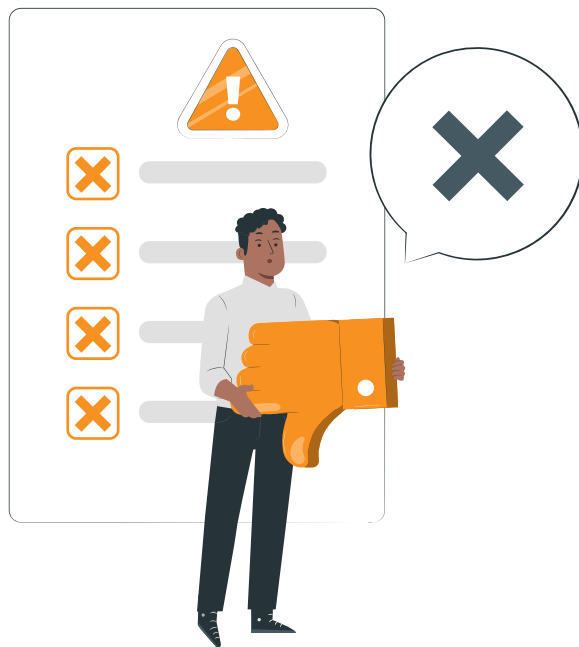
Date, time, location	People involved (include witnesses)	Describe the situation (words, tone, actions, etc.) and the impact (humiliated, intimidated, etc.)

## RIGHT TO REFUSE UNSAFE WORK

Workers have the right to refuse unsafe work

- If you have reasonable cause to believe that performing a job or task puts you or someone else at risk, you must not perform the job or task.
- You must immediately notify your supervisor or employer, who will then take the appropriate steps to determine if the work is unsafe and remedy the situation.
- As a worker, you have the right to refuse to perform a specific job or task you believe is unsafe without being disciplined by your employer.
- Your employer or supervisor may temporarily assign a new task to you, at no loss in pay.

Refusal of unsafe work is one of the four basic rights of all workers.



### Refusal of Unsafe Work Regulations

The following list outlines the section headers under the **Workers Compensation Act** related to Refusal of Unsafe Work Regulations:

**3.12** Procedure for refusal

**3.12.1** Reassignment of refused work

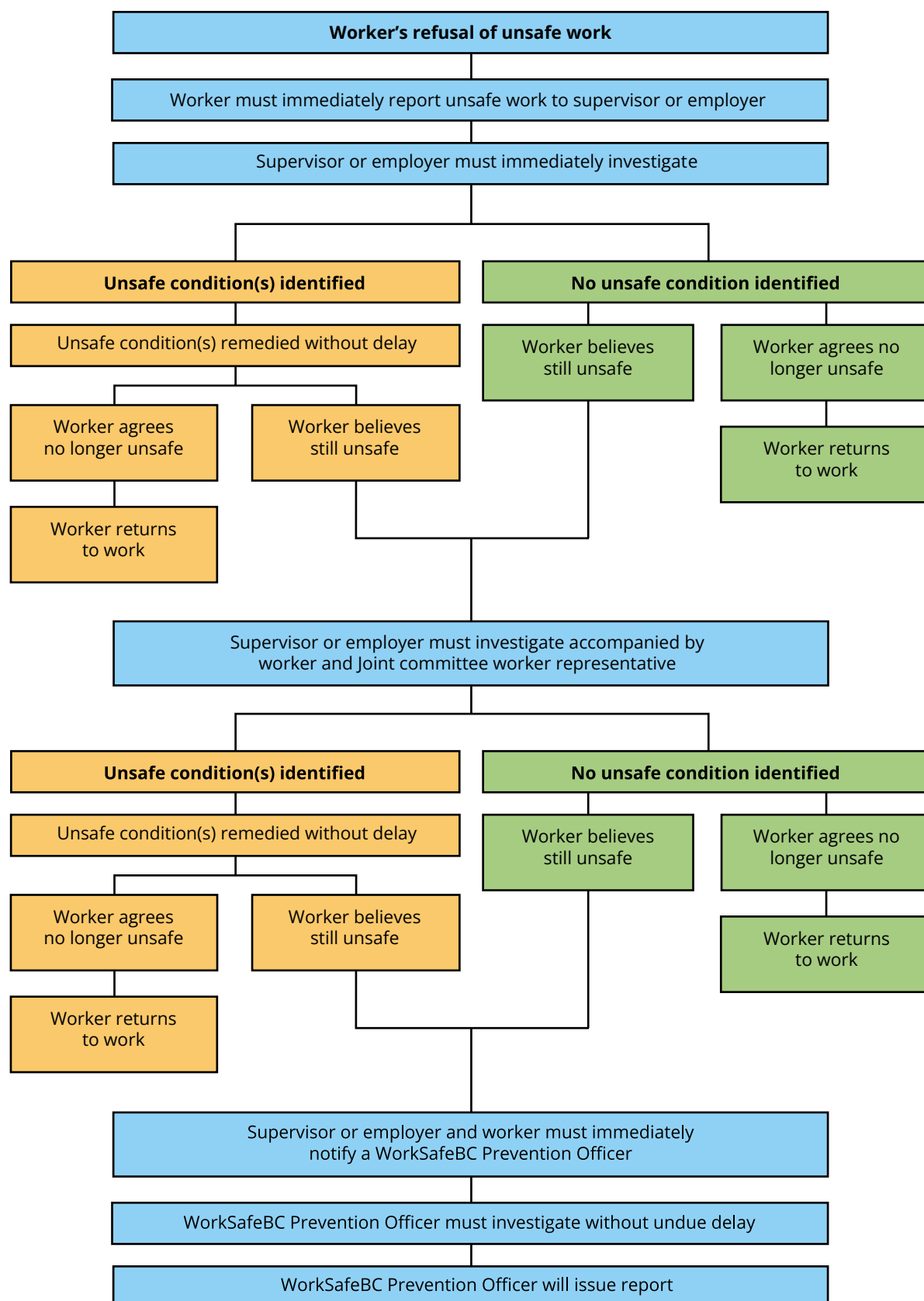
**3.13** No prohibited action

**Note:** The prohibition against prohibited action is established in the Workers Compensation Act Part 2, Division 6, sections 47 through 50.



To access the **Workers Compensation Act** and learn more about Refusal of Unsafe Work, scan the QR Code or visit [bit.ly/OHS-Regulations](https://bit.ly/OHS-Regulations).

## REFUSAL OF UNSAFE WORK



## REPORTING RETALIATION



If you become aware of unsafe or unhealthy conditions at the workplace and report it to your employer, your union, or WorkSafeBC, you are raising a health or safety issue. If you do so, you are legally exercising a right or carrying out a duty under the Workers Compensation Act. Contact the Workers' Advisers Office, which provides advice on prohibited action complaints free of charge.

It is illegal for an employer or union to penalize you for raising a health or safety issue at work. If you experience negative actions from your employer or union after raising a health and safety concern, you can submit a prohibited action (formerly known as a discriminatory action) complaint.



## Worker Prohibited Action Complaint

### Instructions

This form is for workers to make a complaint under the *Workers Compensation Act* about a prohibited action.

For more information about the prohibited action complaint process and filling out this form, visit [worksafebc.com/prohibitedaction](https://worksafebc.com/prohibitedaction).

To complete this form digitally, please use the latest version of [Adobe Acrobat Reader](#), a free app. Avoid opening the form in an internet browser, such as Microsoft Edge or Google Chrome, or any other third-party PDF viewer, as some functionality will not work properly.

If you run out of room when responding to any question, please include an additional document with the remainder of your answer and indicate which section of the form it relates to.

#### Prohibited action complaints information

There may be a prohibited action when these three elements are present:

1. There was a health and safety concern or unsafe condition at your workplace;
2. You raised the issue with your employer, your union, or WorkSafeBC; and
3. Because you raised the health and safety concern or unsafe condition,
  - Your employer took a negative action related to your employment; or
  - Your union took a negative action related to your union membership.

Your complaint **must be filed within 1 year** from the employer's action or the union's action occurring.

**Please note:** We cannot fix workplace health and safety concerns or unsafe conditions through a prohibited action complaint. We only address the negative impact of actions taken by your employer or union related to your employment or union membership. Please contact the Prevention Information Line at 1.888.621.7233 for the health and safety concern or unsafe condition.

### Part 1 — Background information

#### Your contact details

We will use this contact information to communicate with you, **so let us know if it changes**. Please respond to our questions. If you don't, we may suspend or dismiss your complaint for lack of information.

First name	Last name	Pronouns (optional) <input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> they/them <input type="checkbox"/> ze/zir Alternatively, specify	
Email address	Month and year of birth	Phone number (include area code)	
Mailing address	City	Province	Postal code

## Worker Prohibited Action Complaint

### The employer or union you are complaining about

Provide contact information for the employer you are complaining about. Provide union contact details **only** if your complaint is against a union.

Name of employer or union	Email address	Phone number (include area code)	
Mailing address	City	Province	Postal code
Work location (if different from the mailing address above)	City	Province	Postal code

### Your job

Provide information about your employment with the employer or membership with your union listed above.

Your occupation or job title
------------------------------

#### If you are complaining about an employer

Do you still work for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, when was your last day of work? (yyyy-mm-dd)
--	---

#### If you are complaining about a union

Are you still a member of this union? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, when was your last day of membership? (yyyy-mm-dd)
---	---

### Part 2 — Prohibited action complaint details

Please explain your complaint to us. By providing all the information we ask for in this section, you'll make it easier for your complaint to be evaluated. If you don't provide us with enough information, we won't be able to properly evaluate your complaint and your complaint may be dismissed.

**Note:** If you are a unionized employee, you can file a prohibited action complaint against your employer with WorkSafeBC **or** you may be able to have the matter dealt with through the grievance procedure under your collective agreement, **but you cannot do both**.

Have you filed a union grievance about the same employer actions in this complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes: <ul style="list-style-type: none"><li>• WorkSafeBC will open a file to register your complaint;</li><li>• WorkSafeBC will not take any further action on this complaint, unless your union decides not to pursue the grievance. If this happens, you will need to advise WorkSafeBC of the union's decision so we can proceed with your complaint.</li></ul>

## Worker Prohibited Action Complaint

### A. What is the health and safety concern or unsafe condition?

Select all health and safety concerns or unsafe conditions that apply	
<input type="checkbox"/> <b>Reporting bullying and harassment</b> Bullying and harassment is inappropriate conduct or comment by a person towards a worker that the person knew or should have known would cause humiliation or intimidation. It does not include reasonable actions taken by an employer to manage or direct a worker.  Prohibited action complaints <b>do not</b> determine if bullying and harassment took place. Prohibited action complaints only determine whether your employer or union took negative action against you because you informed your employer or union about your bullying and harassment concerns. It is your employer's responsibility to investigate and determine whether you experienced bullying and harassment.	Who at your employer or union did you tell?  What did you tell them?  When did you tell them?
<input type="checkbox"/> <b>Concern about unsafe condition</b>	Who at your employer or union did you tell?  What did you tell them?  When did you tell them?
<input type="checkbox"/> <b>Refusal of unsafe work</b>	Who at your employer or union did you tell?  What did you tell them?  When did you tell them?
<input type="checkbox"/> <b>Concern about your physical condition that made it unsafe for you to carry out your work duties</b>	Who at your employer or union did you tell?  What did you tell them?  When did you tell them?

## Worker Prohibited Action Complaint

Select all health and safety concerns or unsafe conditions that apply	
<input type="checkbox"/> Concern about your psychological safety or psychological health that made it unsafe for you to carry out your work duties	Who at your employer or union did you tell?  What did you tell them?   When did you tell them?
<input type="checkbox"/> Other (please provide a short description below)	Who at your employer or union did you tell?  What did you tell them?   When did you tell them?

**Complete section B if your complaint is against your employer. (Complete section C if your complaint is against your union.)**

### B. What did your employer do?

What did your employer do after you raised the health and safety concern(s) or unsafe condition(s)? (select all that apply)	When did your employer do this? (yyyy-mm-dd)
<input type="checkbox"/> You were suspended	
<input type="checkbox"/> You were laid off	
<input type="checkbox"/> You were fired	
<input type="checkbox"/> You were demoted or an opportunity for promotion was taken away from you	
<input type="checkbox"/> You were transferred to another job	
<input type="checkbox"/> Your job responsibilities were transferred to someone else	
<input type="checkbox"/> You were sent to another worksite	
<input type="checkbox"/> Your wages were reduced or your working hours were changed	
<input type="checkbox"/> You were coerced or intimidated to keep you from raising health and safety concerns or reporting unsafe conditions	
<input type="checkbox"/> You were disciplined, reprimanded, or penalized	
<input type="checkbox"/> Other (please describe)	

**Worker Prohibited Action Complaint**

**Complete section C only if your complaint is against your union.**

**C. What did your union do?**

What did your union do that affected your union membership?	When did they do it? (yyyy-mm-dd)

**Part 3 — Documents**

If any of the following documents are available, please submit them with your complaint form (select all that you are submitting)

- ☐ Email or letter raising the health and safety concern(s) or unsafe condition(s)
- ☐ Notice of termination of employment
- ☐ Notice of change in job assignment or responsibilities
- ☐ Record of employment (if you have been fired or laid off)
- ☐ Discipline or warning letter(s)
- ☐ Pay statements showing reduction in pay or hours if you feel your pay or hours were reduced

**Part 4 — Other proceedings**

Have you initiated any other proceedings dealing with the same matter(s) described in this complaint with any of the following? (select all that apply)

- ☐ Human Rights Tribunal
- ☐ Employment Standards Branch
- ☐ Labour Relations Board
- ☐ Court proceeding
- ☐ Other (please describe)

If you checked any of the above, please submit the document(s) you used to start the other proceeding

- ☐ I have attached the relevant document(s)

Tell us what is happening now in the other proceeding(s). What stage are you at and when do you expect the other proceeding(s) to be completed?

## Worker Prohibited Action Complaint

### Part 5 — Acknowledgments and consent — required to submit your complaint

In order to finalize your prohibited action complaint and to submit it to WorkSafeBC, please carefully review the following acknowledgments and options for consent.

#### Acknowledgments

1. I acknowledge that as part of the process for evaluating, mediating, and holding a hearing into my complaint, WorkSafeBC will disclose any information or documents collected in the course of inquiring into my complaint to my employer or union as applicable; to a mediator, if mediated; to the Workers' Compensation Appeal Tribunal if the complaint decision is appealed; and to others in accordance with the law, including the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*.
2. I acknowledge that WorkSafeBC may access certain information in my claim or occupational health and safety records under the authority of the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*, and does not need to obtain my consent where it is necessary for the performance of its duties regarding my prohibited action complaint.

#### Consents

1. **Email:** WorkSafeBC will communicate with you and the other parties by email unless you tell us that you do not want us to use email. These parties may include:
  - You
  - Your employer or union
  - Your authorized representative, if any (e.g., your lawyer, the Workers' Advisers Office, or other designated person)
  - Any third party retained by WorkSafeBC to assist in the resolution of this complaint (e.g., mediation services)

Personal information that may be in the emails we send to you can include your name, personal contact details, work and employment details, identifiers such as complaint number, and other information.

Please check the box below only if you do **not** want communications sent by email.

☐ I **do not** consent to email communication with WorkSafeBC.

2. **Obtaining records from third parties:** I consent to WorkSafeBC obtaining or viewing from any third-party source whatsoever, a copy of any records or documents that may relate to my complaint for the purpose of evaluating, mediating, and/or adjudicating my complaint. (Note: If you don't consent, we won't be able to proceed with your prohibited action complaint.)

Please sign here to confirm your acknowledgments and consents above. We accept [electronic signatures](#), or you can print the form and sign it.

Date (yyyy-mm-dd)

**This form must be signed and dated before we can move forward with your prohibited action complaint.**

### How to submit this form

If you've completed and signed this form electronically, ensure it's saved to your device. You can then [email](#) it to us or submit it using our [uploader](#). If you've printed this form and signed it by hand, you can scan it and email it to us, use our uploader, or mail us the original (see addresses below). Be sure to include all necessary attachments when you submit.



## Law & Policy Division

### Worker Prohibited Action Complaint

**Email**

[prohibitedaction@worksafebc.com](mailto:prohibitedaction@worksafebc.com)

**Uploader**

[workerprohibitedaction.online.worksafebc.com](http://workerprohibitedaction.online.worksafebc.com)

**Mail**

Prohibited Action  
Complaints  
Law & Policy Division  
PO Box 5350 Stn Terminal  
Vancouver BC V6B 5L5

**Questions?**

Phone 604.232.1864  
  
Toll-free  
1.888.621.7233, ext.  
1864

### Next steps

Once your complaint is submitted, we will review it to see if your complaint meets the basic requirements to qualify as a prohibited action complaint under the *Workers Compensation Act*.

If it does, you will be offered the opportunity to mediate your complaint with your employer or union, using a mediator paid for by WorkSafeBC.

If the parties do not agree to mediate or cannot settle the matter at mediation, the matter may proceed to a written hearing.

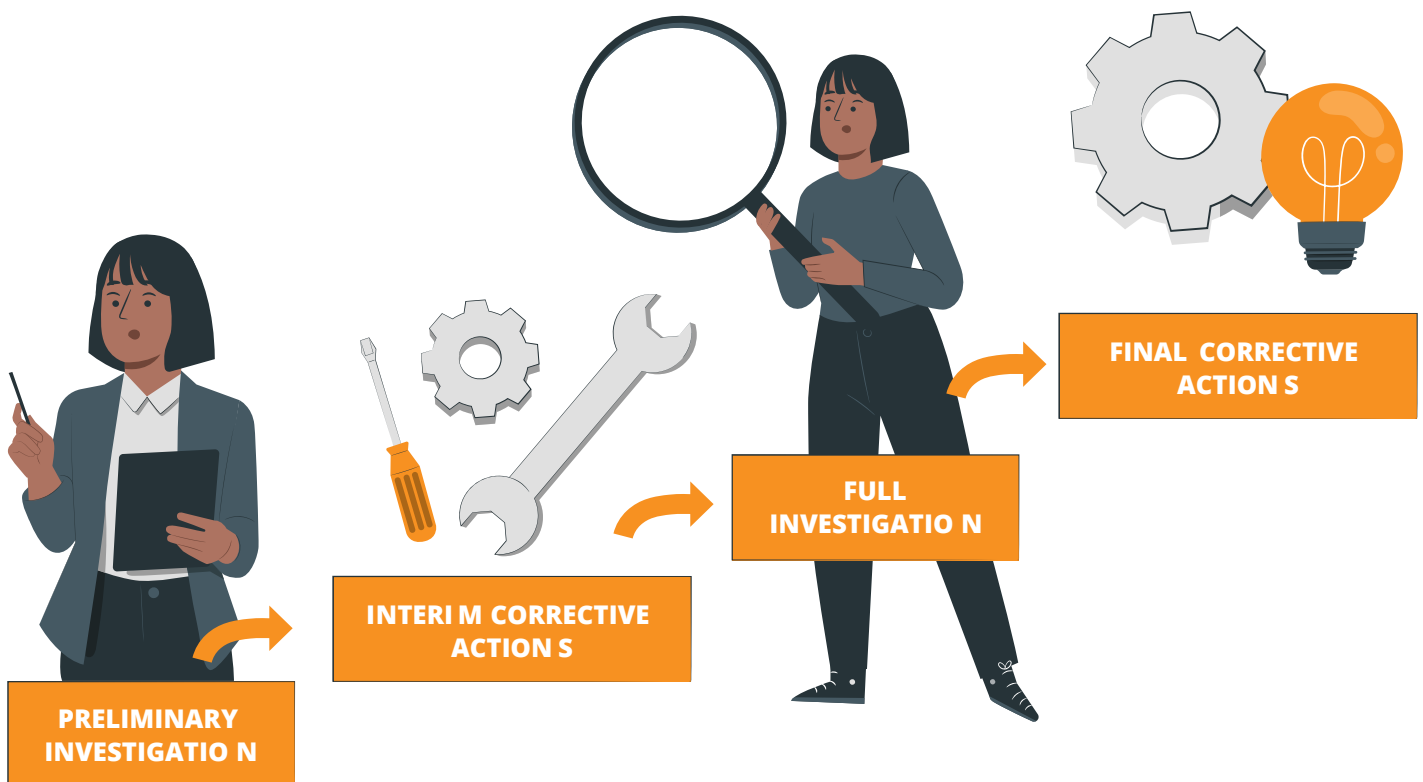
WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. The *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act* give WorkSafeBC the authority to collect this information. To learn more about the collection of personal information, contact WorkSafeBC's FIPP Office by email at [FIPP@worksafebc.com](mailto:FIPP@worksafebc.com), by telephone at 604.279.8171, or by mail at PO Box 2310 Stn Terminal, Vancouver, BC, V6B 3W5.

# INVESTIGATIONS

Employers are responsible for **immediately** conducting an investigation for any incident involving:

- Injury requiring medical treatment including psychological
- Minor injury, or no injury, but had the potential for causing serious injury
- Serious injury to a worker or a worker's death.

## INVESTIGATION STAGES



### Preliminary investigation

- A preliminary investigation is an opportunity for employers to identify any unsafe conditions, acts, or procedures that must be addressed so work can resume safely until a full investigation has been completed.
- Employers must complete a preliminary investigation and accompanying report within 48 hours of an incident.



### Interim corrective actions

- During the period between the incident and the conclusion of the full investigation, an employer is responsible for taking all actions reasonably necessary to prevent the incident from happening again. If an employer can identify only some of the unsafe conditions, acts, or procedures that significantly contributed to the incident, interim corrective actions may include a full or partial shutdown of the worksite, removal of equipment, or reassignment of workers to other duties.

### Full investigation

- A full investigation is about determining an incident's cause or causes. This involves carefully analyzing the facts and circumstances to identify the underlying factors that led to the incident.
- Key questions to ask include:
  - What factors made the unsafe conditions, act, or procedures possible?
  - Are there any health and safety deficiencies in my management system or processes?
  - A full investigation and report must be completed within 30 days of the incident.

### Final corrective actions

- Once a full investigation has been completed, as an employer you must prepare a corrective action report that describes the unsafe conditions that led to the incident, what corrective action is necessary, and the steps you and your organization will take to implement those actions.



#### Employer Accident Reporting and Investigations Regulations

The following list outlines the section headers under the **Workers Compensation Act** related to Employer Accident Reporting and Investigations:

- 68** Immediate notice of certain accidents
- 69** Incidents that must be investigated
- 70** Investigation process
- 71** Preliminary investigation, report, and follow-up action
- 72** Full investigation, report, and follow-up action
- 73** Employer or supervisor must not attempt to prevent reporting



To access the **Workers Compensation Act** and learn more about Employer Accident Reporting and Investigations Regulations, scan the QR Code or visit [bit.ly/OHS-Regulations](https://bit.ly/OHS-Regulations).

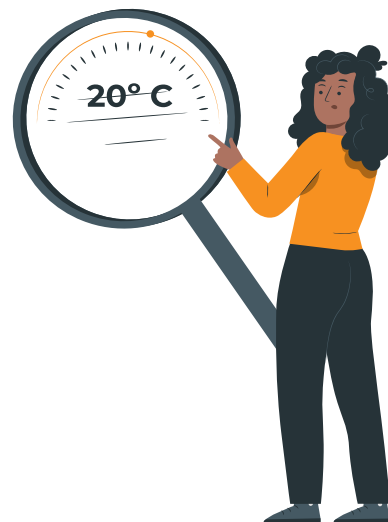
# COMMON HEALTH & SAFETY CONCERNS

## INDOOR AIR QUALITY

Indoor Air Quality is both a health and safety hazard as well as a learning condition in the classroom.

### When to investigate?

1. The employer must ensure that the indoor air quality is investigated when
  - a. complaints are reported,
  - b. occupancy in the space changes substantially, or
  - c. renovations involving significant changes to the ventilation system occur.
2. An air quality investigation must include
  - a. assessment of the ventilation rate, unless the indoor carbon dioxide level is less than 650 ppm above ambient outdoor levels,
  - b. inspection of the ventilation system as required in section 4.78(2),
  - c. sampling for airborne contaminants suspected to be present in concentrations associated with the reported complaints, and
  - d. a record of the complaint, the findings of the investigation, and any actions taken.



### Acceptable Ranges of Temperature and Humidity

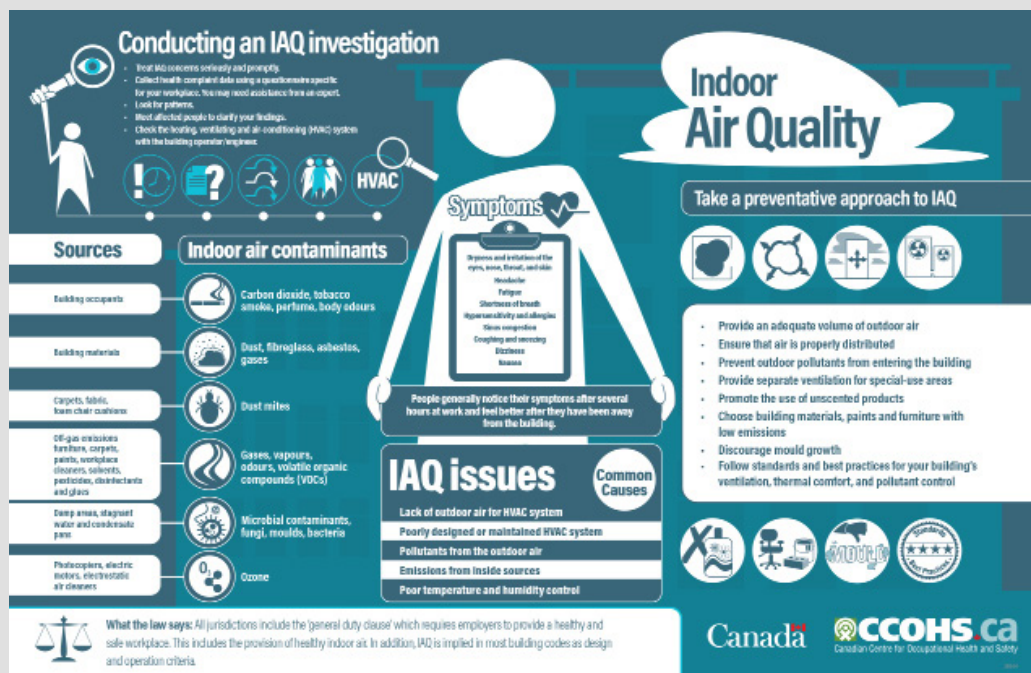
Season	Relative Humidity	Temperature
Summer	30%	23° to 27° C
	50%	23° to 26° C
	60%	23° to 26° C
Winter	30%	20° to 24° C
	50%	20° to 24° C
	60%	20° to 23° C

This diagram is adapted from ASHRAE Standard 55-1992. However, the ASHRAE Handbook of Fundamentals recommends that the temperature be maintained between 19°C and 27°C and that relative humidity be maintained between 20% and 60%.



## Indoor Air Quality Infographic

The Canadian Centre for Occupation Health & Safety (CCOHS) has developed an Indoor Air Quality Infographic.



To download a free copy of the CCOHS' Indoor Air Quality Infographic Poster, scan the QR Code or visit [bit.ly/IAQ-Poster](https://bit.ly/IAQ-Poster).



## Indoor Air Quality Regulations

The following list outlines the section headers under the **Workers Compensation Act** related to Indoor Air Quality:

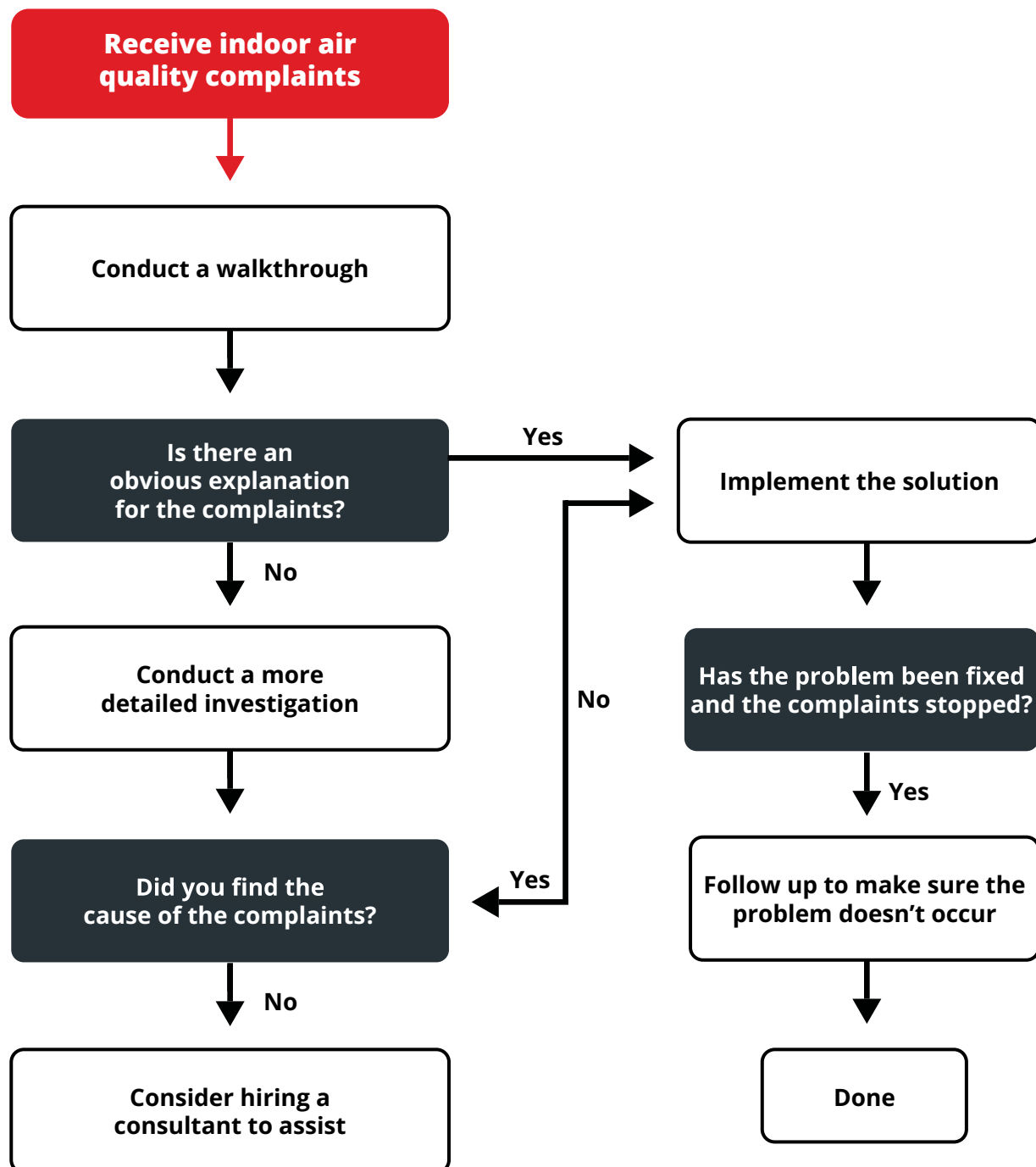
**4.78** Preventive maintenance

**4.80** Temperature and Humidity



To access the **Workers Compensation Act** and learn more about Indoor Air Quality Regulations, scan the QR Code or visit [bit.ly/OHS-Regulations](https://bit.ly/OHS-Regulations).

## INDOOR AIR QUALITY INVESTIGATION



## BATHROOM POLICIES

WorkSafeBC requirements for school washrooms are governed by the Canada Occupational Health and Safety Regulations, and require separate, private, illuminated, and ventilated rooms for male and female employees. The number of toilets must be adequate for the number of workers, if the number of employees of each sex exceeds 50, there must be three toilets, and one additional toilet for every 50 employees or portion thereof above 50 and handwashing facilities must be readily available. Washroom facilities must be maintained in proper working order and they must be kept clean, sanitary, and well-supplied with necessary items. If these standards are not being met bring this up as a topic at your next site-based Health and Safety meeting.



### Canada Occupational Health and Safety Regulations



To access the **Canada Occupational Health and Safety Regulations**, scan the QR Code or visit [bit.ly/COHS-washrooms](https://bit.ly/COHS-washrooms).



### Washroom Facilities Regulations

The following list outlines the section headers under the **Workers Compensation Act** related to Washroom Facilities:

#### 4.85 Washroom Facilities



To access the **Workers Compensation Act** and learn more about Washroom Facilities Regulations, scan the QR Code or visit [bit.ly/OHS-Regulations](https://bit.ly/OHS-Regulations).

## HANTAVIRUS

Mice in schools present health and safety risks, necessitating prompt and effective rodent control measures. WorkSafeBC provides guidelines and resources for managing rodent infestations, emphasizing prevention and safe cleanup procedures. Schools should implement integrated pest management programs and ensure only workers trained on safe work practices when dealing with mouse droppings, urine, and carcasses are conducting the cleanup.

### Health & Safety Concerns

**Disease Transmission:** Mice can carry and transmit diseases like hantavirus through their droppings, urine, and saliva. Hantavirus can cause serious respiratory illness.

**Allergens and Respiratory Issues:** Mouse droppings and urine can trigger allergies and respiratory problems.

**Food Contamination:** Mice can contaminate food and food preparation surfaces, posing a risk to students and staff.

### Right to Refuse Unsafe Work

Workers have the right to refuse unsafe work if they believe it poses an imminent threat to their health and safety. For example, if the worker's classroom has mouse dropping on work surfaces and around the classroom.



#### Hantavirus: Exposure Control Program for Employers and Workers

WorksafeBC developed a booklet intended for employers and workers who may come into contact with rodents, or rodent droppings, while on the job.



To access WorksafeBC's Hantavirus: Exposure Control Program for Employers and Workers, scan the QR Code or visit [bit.ly/Worksafebc-Hantavirus](https://bit.ly/Worksafebc-Hantavirus).

## DEFINITIONS

**Contaminant:** a harmful or irritant material, or nuisance dust, foreign to the normal composition of a substance, or a material that varies the normal proportions of components in a mixture, such as air.

**Hazard:** a thing or condition that may expose a person to a risk of injury or occupational disease.

**Hazard area:** an area in a workplace where a hazard exists, or is created, due to a condition in the area or the activities conducted in it.

**Hazardous product:** any product, mixture, material, or substance that is classified in accordance with the regulations made under section 15 (1) of the Hazardous Products Act (Canada) in a category or subcategory of a hazard class listed in Schedule 2.

**HEPA:** a high efficiency particulate air filter meeting the specifications of a nuclear grade filter, providing a 99.97% filtration efficiency at a 0.3 micrometre particle size.

**Incident:** includes an accident or other occurrence which resulted in, or had the potential for, causing an injury or occupational disease.

**Practicable:** that which is reasonably capable of being done.

**Qualified:** being knowledgeable of the work, the hazards involved, and the means to control the hazards, by reason of education, training, experience, or a combination thereof.

**Risk:** means a chance of injury or occupational disease.

**SDS:** Safety Data Sheet is a document that contains, under the headings that, by virtue of the regulations made under section 15 (1) of the Hazardous Products Act (Canada), are required to appear in the document, information about a hazardous product, including information related to the hazards associated with any use, handling, or storage of the hazardous product in the workplace.

**Supervisor:** a person who instructs, directs, and controls workers in the performance of their duties.

**WHMIS:** Workplace Hazardous Materials Information System.



### OHS Regulation Definitions



To access WorksafeBC's OHS Regulation Definitions, scan the QR Code or visit [bit.ly/OHS-Regulations](https://bit.ly/OHS-Regulations).

## NOTES

[illegible]