



Durham District School Board

EDUCATIONAL ASSISTANT

Go-To Guide for Health and Safety



Safety is a responsibility shared by all of us.

Table of Contents

Introduction	4
Reporting Incidents	5
Interventions and Behavior Management Systems (BMS)	6
Slips, Trips and Falls	8
Assistance and Support	9
Personal Protective Equipment (PPE)	11
Infection Prevention and Control	13
Diapering Procedure	15
Ergonomics 101	16
Body Basics	18
Lifts and Transfers	20
Stretches	22

Introduction

Educational Assistants play a vital role in today's classroom. Your contribution provides for a more effective learning environment for students. Without this support, many students who have special needs would be unable to participate in many school activities and learning opportunities.

Some of the tasks associated with your role may expose you to injuries and illnesses. These can include injuries related to lifting and transferring students, responding to student behaviour and illnesses related to improper infection control while providing personal care to students. However, you are not alone. You are part of a team, both inside and outside your school, supporting you in your role. The purpose of this document is to inform and educate you of all of these supports. It's your "Go-To Guide" for Educational Assistant Health and Safety.

Safety is a responsibility shared by all of us.

Gary Gibson

Gary Gibson

Richard Kennelly

Richard Kennelly

Reporting Incidents

An effective reporting and record keeping system helps to facilitate and identify potential safety issues and helps to determine preventative measures. Accident investigations and/or debriefing among staff following an incident, followed by prompt remedial action, is one of the most effective methods of reducing a recurrence of the incident.

Supervisor's Accident Investigation Report (SAIR)

The SAIR is used to report staff workplace injuries. The form is filled out electronically and submitted by your Supervisor. If you have been injured during the course of your work, you need to do the following:

- Seek first aid or medical attention (if required).
- Immediately report the workplace injury to your Supervisor. Provide information to your supervisor outlining the events of the accident. Assist with the accident investigation.
- Contact WSIB Specialist if you have any questions or concerns regarding your claim at 905-666-6941 or 905-666-6495.

Employee Violent Incident Form

Some students with special needs may exhibit violent behaviours including the exertion of physical force that causes or may cause physical injury to a worker. This behaviour may be symptomatic and may not be intentional but still must be reported to your administrator. The Employee Violent Incident Form is used to report a violent incident. Your administrator will submit electronically a violent incident using the Employee Violent Incident Form. This form goes directly to the Special Education Officer and the Manager of Health and Safety.

Physical Restraint Report

An incident requiring physical restraint must be documented at the school by the staff involved and forwarded to your administrator. The report is signed by the administrator, attached to the Behaviour Safety Plan and a copy is sent to the Special Education Officer.

Completing the above reports ensures early intervention and assistance, if required, through DDSB support staff.

Interventions and Behaviour Management Systems (BMS)

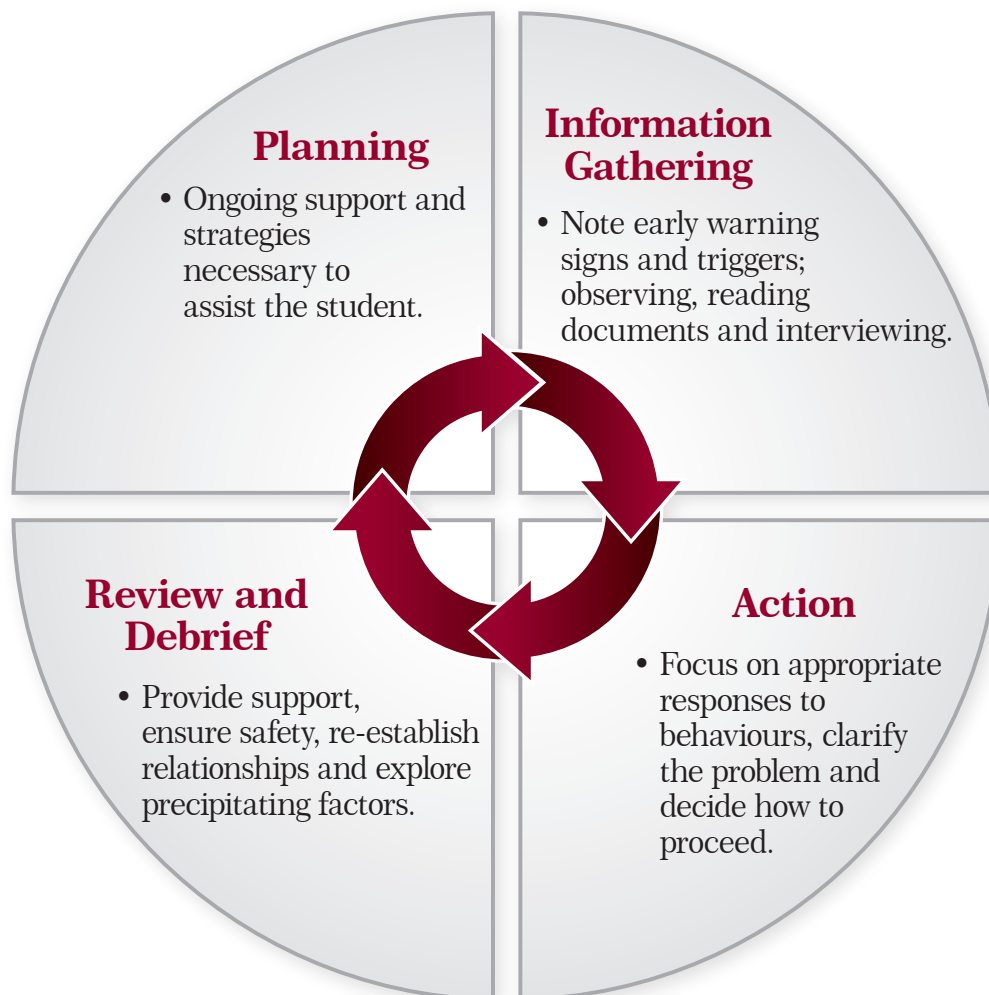
What is Behaviour Management Systems Training?

Main goal: Improve safety and security for all staff and students and break the cycle of inappropriate behaviour and consequences.

Explores how many systems (including interactions between a child and the home environment, school environment and the broader community) impact a student's behaviour.

Increases awareness of “early warning signs”.

The Four Phases of Behaviour Management System



BMS ensures that educators and support staff comply with legislative requirements including the Ontario Education Act, Ontario Human Rights Code, The Occupational Health and Safety Act (OHSA), Child and Family Services Act and the Criminal Code of Canada.

Certification

You can register for the course with the permission of your administrator on PD Place. **Annual half day recertification (refresher) is required.** All EA's are encouraged to become certified in BMS.

Resources

BMS provides educators with forms and structures for linking behaviour management to Individual Education Plans and Behaviour Safety Plans through the use of Functional Behaviour Assessments, Safety Audits, Behaviour Logs and effective consultation/collaboration.

Remember: BMS teaches us that a containment should only be used in a crisis situation wherein a student poses an immediate risk to self or others. Containments should only be used with reasonable force to secure the student and staff safely, with the intention of avoiding harm or injury.

Slips, Trips and Falls

Slips, trips and falls are one of the most common injuries to Educational Assistants and can result in a sprain, strain, bruising, broken bones or even a head injury. The impact of these injuries could be severe—not only affecting your ability to do your job but also affecting your quality of life.

Preventing Slips, Trips and Falls

Housekeeping

If you notice a slip, trip or fall hazard, report it immediately (e.g., unlit areas, torn carpet, loose tiles, and icy walkways) or correct the problem yourself (e.g., picking up debris on the floor and clearing clutter).

Footwear

RECOMMENDED FOOTWEAR FOR EDUCATIONAL ASSISTANTS CHOOSE FOOTWEAR THAT IS “TAILORED TO THE TASK”	
Indoors—Appropriate Footwear <ul style="list-style-type: none">• Totally enclosed, flat or low heeled.• Slip-resistant or non-slip soles.	Outdoors—Appropriate Footwear <ul style="list-style-type: none">• Flat shoes or boots when surfaces are dry. Treaded non-slip soles when surfaces are uneven, wet, snow-covered, icy or subject to change. *Winter traction aids for slippery conditions (Stockroom code S6300-04).
Inappropriate Footwear <ul style="list-style-type: none">• Flip flops/beach shoes, foam clogs (“Crocs”), open-toed/open-backed shoes, heels greater than 1.5”, spiked or unstable heels, platform shoes (with soles greater than 1”).	

Resources

- Slip, Trip and Fall Awareness posters available by contacting the Health and Safety Department.
- Tri-Board Slips, Trips and Falls video available through the Health and Safety Department.

Assistance and Support

The Special Education department has a variety of supports and training available to Educational Assistants.

Area Team

Each school has access to the support of a centrally assigned team that consists of a Special Education Instructional Facilitator, a member from the Psychological Services Department, a Speech Language Pathologist and, at times during the year, a Social Worker. The Area Team provides consultation and, where necessary, direct support to school staff and students to meet the needs of students with special needs. In consultation with the Area Team and with parental permission, the School Team requests the support of the Area Team. The SERT coordinates the referral process.

ART (Autism Resource Team)

The Autism Resource Team is a centrally assigned, multi-disciplinary team that provides consultation and support to school teams to meet the needs of students with Autism Spectrum Disorder.

Schools can request, through their Area Special Education Facilitator, a consultation with the ART to assist staff in better understanding and meeting the needs of students with ASD.

START (Short Term Assistance Response Team)

The START consists of centrally assigned Educational Assistants, psychometrists and a Special Education Facilitator. The purpose of the team is to help build the capacity of school staff to meet the needs of students with special needs. The team is usually assigned to one student in a school for a month. Requests for the START are completed by the principal after consultation with school staff and sent to the Special Education Officer. Assignments are determined through the EA Allocation Committee.

Structured Teaching Training

Structured Teaching provides a set of strategies, using work systems and schedules, to provide a highly structured learning environment for students with Autism. The initial training for teachers, educational assistants and administrators is provided in a three day session of fundamentals, and supports a deeper understanding of Autism. You can register for the course with permission of your administrator on PD Place. Training sessions fill quickly.

Structure and Beyond Training

The Structure and Beyond sessions are provided by the ART and may be accessed by individuals who have completed the three-day Fundamental training sessions. These sessions support staff in further developing their understanding of Autism and programming using structured models. Invitations to attend these sessions are sent to staff who have completed the prerequisite training.

BMS Training

Behaviour Management Systems training provides staff with supports and strategies to prevent and manage challenging behaviours. Emphasis is placed on planning, identifying triggers, responding and debriefing. Staff who work with students with challenging behaviours are encouraged to attend the one day training workshop. Registration for sessions are on PD Place.

Calming Room for Students

A calming room is defined as a safe and quiet place where a student who is experiencing an escalated state of sensory arousal or anxiety, can remove themselves from an overwhelming environment. Procedure #6275 outlines procedures for use of calming rooms for students. In order to use the calming room effectively, students should have some scheduled time in the calming room to learn appropriate strategies to calm emotionally. Students need to learn that the calming room is a safe place to go when the classroom activities become too overwhelming.

It is important to note that the calming room door must never be locked and direct adult supervision is absolutely required at all times when a student is in the calming room. The door of the calming room should not be closed unless the student requests this or staff determines this to be appropriate/helpful, in which case, the student's time in the room should be monitored by staff from inside the room.

Under no circumstances should a student be physically moved by staff to a calming room (or any other location) when a student is emotionally escalated. In cases where a student is emotionally escalated or out of control, first remove others from the immediate area and then wait for the student to calm down enough to take direction from staff.

It is advised that staff who are supervising students who need calming rooms should be trained in Behaviour Management Systems. This will assist them in recognizing the signs of agitation and have strategies for keeping themselves and students safe.

PD Day Workshops

PD Day workshops are offered twice a year and can be accessed through PD place.

Procedure 5127 - Management Process for Risk of Injury (RI) Behaviours

Board Procedure 5127 is a comprehensive Special Education document that provides guidelines and procedures for managing the safety issues related to students identified as having special or exceptional needs.

Personal Protective Equipment (PPE)

Personal protective Equipment will be provided for Educational Assistants as required and helps to protect against injuries such as bites, pinches, scratches, and bruising. Arrangements for PPE are done in collaboration with your administrator.

Remember: When PPE is mandated in a Student’s Behaviour Safety Plan it must be worn at all times as outlined in the Plan.

Active Aide Kit and Forearm Protectors



- Each Active Aide Kit includes jacket, four abdomen and back pad inserts, four underarm inserts and a pair of forearm protectors.
- Built in shoulder and chest protection.
- Additional forearm protectors can be purchased separately from the kit.

Sizing Note:

Active Aide Kit (Jacket)—chest measurement (circumference)

Active Aide Sleeves—forearm measurement (circumference)

STOCKROOM CODE	DESCRIPTION	SIZING
S6444	Active Aide Kit, Small	36"
S6446	Active Aide Kit, Medium	38"
S6448	Active Aide Kit, Large	40"
S6450	Active Aide Kit, X-Large	42"
S6452	Active Aide Kit, 2XL	45"
S6430	Forearm Protector, Small	9"–9.5"
S6432	Forearm Protector, Medium	9.5"–10"
S6434	Forearm Protector, Large	10"–10.5"
S6436	Forearm Protector, XL	10.5"–11"
S6458	Upper Back Inserts for Active Aid Kit (XS-XL)	<i>Note: Upper Back Padding with 2nd Gen Jacket only. Verify available pocket before ordering.</i>
S6460	Upper Back Inserts for Active Aid Kit (2XL-4XL)	

Dyneema Gloves



- Made from a Dyneema/stainless steel blend.
- Stockroom codes: S6401 small, S6402 medium.

Sleeves—Protective Kevlar (padded)



- Full arm/hand protection.
- Includes padding in the front and back of forearm.
- Note: Specify left or right hand.
- Stockroom codes: S6420 medium right, S6421 medium left.

Shin Guard



- Padded shin guard with suede leather cover for abrasion protection.
- Stockroom code: S6428 medium.

Infection Prevention and Control

It is important for Educational Assistants to practice good infection prevention and control methods (routine practices) to protect themselves and the children they work with.

Personal Protective Equipment (PPE)

- Assess the situation in consultation with your administrator and wear the appropriate personal protective equipment based on the exposure risk e.g., blood or bodily fluid contact or airborne/droplet exposure.
- Follow proper sequence of donning and removing of equipment.

SEQUENCE FOR DONNING PPE	SEQUENCE FOR REMOVING PPE
1. Gown	1. Glove
2. Mask or Respirator	2. Gown
3. Goggles or Face Shield	3. Hand Hygiene
4. Glove	4. Goggles or Face Shield
	5. Mask or Respirator
	6. Hand Hygiene



ROUTINE PRACTICES in COMMUNITY SETTINGS

PREVENTING THE TRANSMISSION OF INFECTIONS

1. Wear Disposable Gloves



Always wear disposable gloves if there is any risk of coming into contact with blood, or other body substances (i.e., vomitus, feces). Ensure gloves are worn only once and appropriately disposed of. Wash hands after removing gloves.

2. Cover Cuts



During first aid, use clean/sterile, disposable materials on wounds. Cover cuts or open wounds with clean/sterile bandages.

3. Clean Surfaces

Appropriate personal protective equipment should be worn for cleaning procedures (i.e., gloves, face shield, gown, etc.). Remove visible contamination from surfaces using paper towels. Clean contaminated surfaces with detergent and warm water. Rinse surfaces with clean water to remove detergent film.



4. Disinfect Surfaces

After a thorough cleaning, disinfect surfaces using an approved disinfectant. Follow the manufacturer's instructions on the label. Note: Most disinfecting solutions must remain wet on the surface for a minimum of 10 minutes to be effective.



5. Remove/Discard Contaminated Items



Double-bag and seal contaminated clothing and send home for laundering.

Discard used disposable items (i.e., paper towels) in a plastic-lined waste receptacle. Carefully remove gloves so as to avoid contaminating the hands. Place gloves in lined waste receptacle, double-bag, seal and remove from the premises.

6. Wash Hands Thoroughly

1. Wet hands with warm water
2. Apply liquid soap
3. Scrub backs of hands, between fingers, thumbs and around fingernails for at least 15 seconds
4. Rinse
5. Towel dry
6. Turn off taps with towel



For a copy of this poster, contact the Health and Safety Department.

IMPORTANT INFECTION CONTROL TIP: Use glove to glove/skin to skin technique when removing gloves. Grasp outside edge near wrist and peel away, rolling the glove inside out. Reach under the second glove and peel away. Discard immediately.

Diapering Procedure

Resources

Other valuable DDSB resources include:


- Board Regulation #4244 Response to incidents involving Blood and Bodily Fluids.
- On-line Training: Infection Prevention and Control (accessed through the Health and Safety web page).
- Wide variety of posters, decals and educational videos provided by the Health and Safety Department.

THE FOLLOWING PPE IS AVAILABLE FOR PURCHASE THROUGH CENTRAL STORES	
Item	Stockroom Code
N95 Respirator/Mask	S6000
Goggles	S3013
Disposable Gowns	S4080
Nitrile Gloves	S4058 small, S4060 medium, S4064 large
Disposable mask and face shield	S6006

Diapering Procedure


Important Steps to Remember!

1




Assemble all supplies before getting started. Perform hand hygiene. Gloves may be used but they are not a substitute for handwashing. Gloves should be worn when a child has diarrhea.

2




Place child on diapering table/surface. Remove soiled diaper and fold it inwards. Do not leave child unattended on diaper table at any time.

3




Clean child's bottom from front to back with moist towelettes.

4




Discard diaper, towelettes and gloves in garbage. If the application of cream/ointment is required, use a clean, disposable applicator to obtain ointment from its container. Discard applicator in garbage.

5




Wipe your hands (if visibly soiled) with a clean, moist towelette and discard in garbage. Diaper and dress the child.

6




Wash child's and your hands.

7




Return child to supervised area.

8



Double-bag soiled clothing for parents. Do not rinse soiled clothing or cloth diapers.
* Consult your Public Health Inspector for cloth diapering procedures.

9




Clean and disinfect the diaper change surfaces between each child as follows:

- ❑ Clean the diaper change surface using a single-use towel and a detergent solution.
- ❑ Rinse the diaper change surface using clean water and a clean, single-use towel to remove soil and/or detergent residue.
- ❑ Disinfect the diaper change surface, making sure that the entire surface remains wet for the required contact time± (e.g. 1 minute for a 200ppm bleach solution). Follow manufacturer's instructions for all other solutions.


± Air dry the diaper change surface or wipe it dry using a clean, single-use towel.


10



Wash your hands again.

All done!





For more information regarding diaper changing and toileting procedures, please refer to the Durham Region Health Department Wee Care Manual

www.durham.ca Permission to reproduce this material is provided by the Queen's Printer for Manitoba. The Queen's Printer does not warrant the accuracy or currency of the reproduction of this information. DUREV 087 Dec. 09

For a copy of this poster, contact the Health and Safety Department.

Ergonomics 101

What is ergonomics?

Ergonomics is the science of fitting the work or workplace to the worker. The goal of ergonomics is to:

- Minimize your risk of injury, specifically your risk of sustaining a MSD injury.
- Improve your comfort at work.
- Improve your overall health.
- Help you to enjoy a healthy life at work and at home.

What are MSDs? (Musculoskeletal Disorders)

Injuries to the soft tissues in the body:

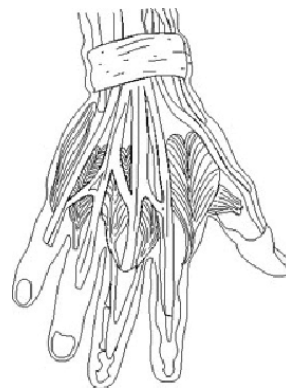
- Muscles, tendons, ligaments, nerves, blood vessels, joints and spinal discs.
- Not a result of an acute event, such as a slip, trip or fall.
- Onset is gradual or chronic in development.
- Includes disorders such as Carpal Tunnel Syndrome, Low Back Strain, Epicondylitis, (Tennis elbow, golfers elbow) Rotator Cuff Syndrome.

Impact of MSDs on You

At DDSB, MSDs accounted for 10 percent of all injuries that occur to EA's.

What are common signs/symptoms of MSDs?

- Discomfort,
- Swelling,
- Fatigue,
- Pain,
- Numbness,
- Tingling,
- Weakness,
- Changes in skin colour or temperature.



Causes of MSDs

The main hazards that can cause or contribute to MSDs include:

- Forceful exertions.
- Repetitive movements.
- Awkward postures.

Force

- Force is the amount of muscle effort exerted by your muscles.
- Injury occurs when your muscle's ability to generate force is exceeded.
- In general, the more muscle force that is exerted, or the more often the force is exerted, the greater the stress on the body.

Repetition

- Highly repetitive tasks can cause muscle fatigue, damage to soft tissues and discomfort.
- Repetition can occur when muscles and tissues perform the same task or movement pattern over and over again, without a break.
- In general the MSD risk increases if the repetitive action also requires high force and/or an awkward posture.

Awkward Postures

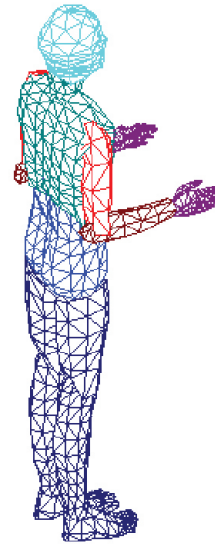
- Awkward postures occur when the joints are moved away from the body's natural or "neutral" position.
- The closer a joint is to its end of range of motion (for instance, bending the back forward as far as possible), the greater the stress placed on the soft tissues of that joint, such as muscles, nerves, and tendons.
- In general, the MSD risk increases if you are working in an awkward posture, while exerting a high muscle effort and the task is performed repeatedly or the posture is sustained.



Body Basics

What is a Neutral Body Posture?

- Postures are the positions of the joints in the body.
- All joints have a “neutral” or optimal posture.



The neutral body posture occurs when a person:

- Stands upright,
- Arms are relaxed at the sides,
- Elbows bent to 90 degrees, and
- The hands in the “handshake” position.

The neutral posture is the optimal position of each joint that provides the most strength and control.

The 3 Zones of Joint Movement

These pictures depict 3 “zones” of joint movement:

- “0” is the acceptable zone. You can work in this zone safely.
- “1” is the cautionary zone. You can work in this zone for short periods of time, but not too long, before the tissues will become strained and stressed. See figure 1.
- “2” is the extreme zone. You don’t want to work in this zone where possible. The risk of injury when working in this zone is high. See figure 2.

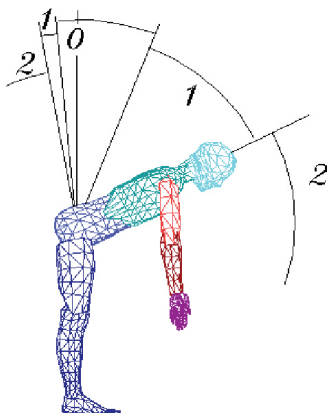


Figure 1

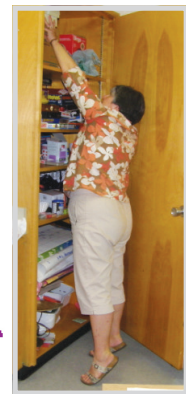
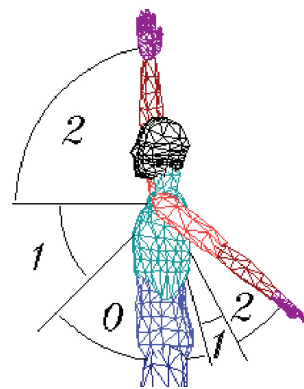
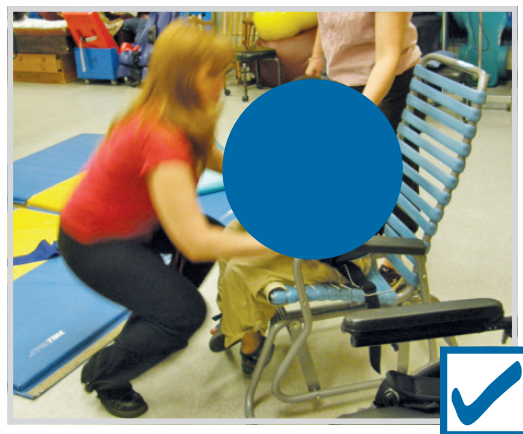
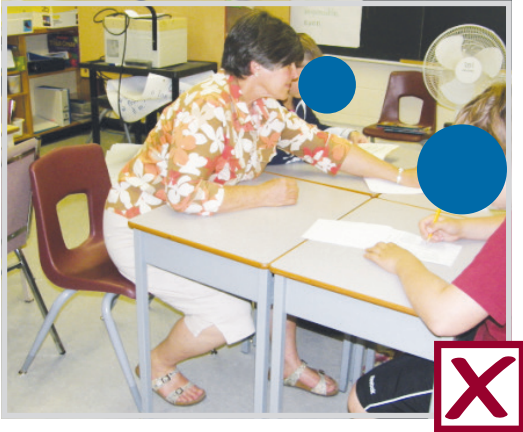


Figure 2

Tips for Working in Neutral Postures

- Position your body close to your work or the student to avoid reaching.
- Sit or stand facing the student where possible to avoid back twisting.
- Squat, stoop or kneel instead of bending, or use a small stool or height adjustable chair.
- Maintain the lumbar curve or a “straight back” when transferring and lifting and assisting.



Lifts and Transfers

Lifts and Transfers

- Injuries to the soft tissues in the body can occur when lifting and transferring.
- Muscles, ligaments and joints in the back and shoulder regions are commonly affected.

Causes of Injury When Lifting and Transferring

FORCE: Can require forceful muscle exertions.

REPETITION: Lifts and transfers may be performed repeatedly throughout the day.

POSTURE: The lift or transfer may be performed using awkward posture.

Preparing to Lift or Transfer

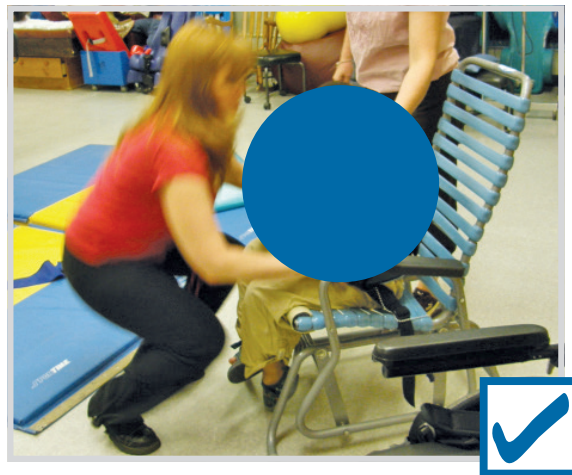
- Pre-plan the lift or transfer; whether you are lifting alone or with a co-worker.
- Prepare the equipment you will need. Ensure it is in good working order.
- Ensure you have been trained to use the equipment.
- Adjust working heights where possible such that the transfer can be performed to the same height, or slightly lower level, and close to your waist height.
- Remove footrests and armrests from chairs and lock the wheels on equipment.
- Assess the student's muscle tone and ability to assist with the movement.
- Know the weight of the student you are handling.
- Clear the path/area to avoid trips and falls, and to promote working in “neutral postures”.



Avoid lifting where possible. Use a mechanical lift when available.

Performing a Lift/Transfer

1. Position the object or student close to your body.
2. Place your feet shoulder-width apart.
3. Secure your grip and use both hands to handle the load.
4. Position your body close to the neutral posture.
5. Bend your knees.
6. Communicate the lift with your co-worker and the student you are handling.
7. Count “1,2,3, lift”.
8. Maintain the lumbar curve or straight back. Use your legs to lift.
9. Avoid twisting: pivot or move the feet when transferring.



Maintain the lumbar curve or a “straight back”. Use your legs to lift.

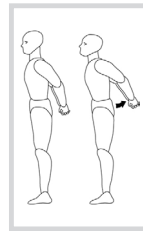
Stretches



Stretch 1: Back Extension

Instructions:

- Stand upright with a straight back, feet shoulder-width apart.
- Place the hands on the hips.
- Push the hips forward.
- Keep the head balanced over the hips and ankles, and keep the eyes looking forward.
- Hold 10 seconds, repeat 3 times.



Stretch 2: Chest and Shoulders

Instructions:

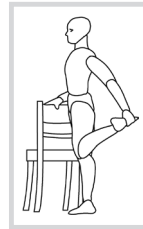
- Stand with the feet shoulder-width apart, knees slightly bent.
- Grasp the hands together behind the back.
- Push the arms back and up.
- Make sure you do not lean forward.
- Hold 10 seconds, repeat 3 times.



Stretch 3: Hamstring Stretch

Instructions:

- Stand upright with a straight back, feet shoulder-width apart.
- Extend one leg straight out in front of the body, flex the foot, and point the toes to the ceiling.
- Support the torso by resting the hands on the thighs, or use a chair for additional support.
- Bend forward through the hips and feel the stretch in the back of the left leg.
- Hold 10 seconds, repeat 3 times.

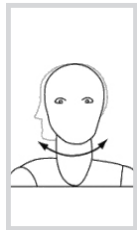


Stretch 4: Quadriceps Stretch

Instructions:

- Stand straight, feet shoulder-width apart using a chair for support.
- Bend one leg at the knee, and grasp the foot or ankle with the same hand.
- Gently pull the heel towards the buttock.
- Hold 10 seconds, repeat 3 times each side.

Note: If you are not able to reach the ankle, wrap a towel around the ankle instead.



Stretch 5: Neck

Instructions:

- Sit upright in a chair, with the back supported, feet on the floor.
- Turn the head to one side, looking over the shoulder.
- Hold 10 seconds, repeat 3 times each side.



Stretch 6: Neck

Instructions:

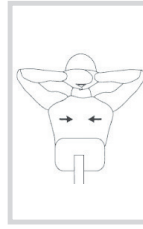
- Sit or stand, with the head upright, looking straight ahead.
- Bend the neck to one side, as if you are trying to touch the ear to the shoulder.
- Hold 10 seconds, repeat 3 times each side.



Stretch 7: Upper Back

Instructions:

- Sit upright in a chair, with the back supported, feet on the floor.
- Clasp the hands together in front of the chest.
- Push the arms forward, and round out the upper back as you do so.
- Bend the neck down.
- Hold 10 seconds, repeat 3 times.



Stretch 8: Chest and Shoulders

Instructions:

- Sit upright in a chair, with the back supported, feet on the floor.
- Clasp the hands lightly behind the neck.
- Pull the elbows back and squeeze the shoulder blades together.
- Hold 10 seconds, repeat 3 times.



Stretch 9: Back and Triceps

Instructions:

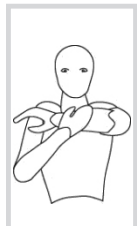
- Sit upright in a chair, with the back supported, feet on the floor.
- Extend one arm up over the head.
- Bend the elbow, touching the fingertips to the upper edge of the opposite shoulder blade.
- Using the free hand, grasp the elbow and gently pull the elbow down.
- Hold 10 seconds, repeat 3 times.



Stretch 10: Back

Instructions:

- Sit upright in a chair, with the back supported, feet on the floor.
- Place one hand on the opposite knee.
- Place the free arm behind the backrest of the chair.
- Use the hand to pull on the knee, and turn the body.
- Hold 10 seconds, repeat 3 times each side.



Stretch 11: Shoulders and Back

Instructions:

- Sit or stand with the feet shoulder-width apart, knees slightly bent.
- Grasp the left arm above the elbow using the right hand.
- Pull the left arm across the chest at shoulder height.
- Hold 10 seconds, repeat 3 times.



Stretch 12: Shoulders and Back

Instructions:

- Stand with the feet shoulder-width apart, knees slightly bent.
- Grasp the right arm above the elbow using the left hand.
- Pull the right arm across the chest at shoulder height.
- Hold 10 seconds, repeat 3 times.



Health & Safety
a shared responsibility

EDUCATIONAL ASSISTANT

Go-To Guide for Health and Safety

January 2016

