The ABCs of Safety and Health

Guidelines for Paraprofessionals

Presented by
UFT Safety and Health Department
Welcome from the Paraprofessionals Chapter

Greetings Paras,

We at the UFT look forward to supporting you in your work and career endeavors.

In this section you'll find a wealth of resources and knowledge that we will make available to meet your needs. In addition, UFT para representatives are in schools and in the union’s borough and central offices to serve you.

Thank you for your continued support.

Sincerely,
Shelvy Young-Abrams
Chairperson
Paraprofessional Chapter Representatives

Officers

The paraprofessional chapter is headed by the **chapter chairperson** who represents all New York City paraprofessionals in collective bargaining and in other dealings with the city and state. Your chairperson conducts the chapter’s monthly steering committee, executive board and paraprofessional representative meetings during the school year and directs the business of the chapter. Other officers of your chapter are the first and second vice chairs, secretary, assistant secretary, treasurer, assistant treasurer.

**Shelvy Young Abrams**
Chapter Chairperson

**Doreen Raftery**
1st Vice Chairperson

**Hector Ruiz, Jr.**
2nd Vice Chairperson

**Eileen Stewart**
Secretary

**Candido Perez**
Assistant Secretary

**Melba Perry**
Treasurer

**Jay Futterman**
Assistant Treasurer

http://www.uft.org/chapters/paraprofessionals
About the Paraprofessional Chapter

UFT paraprofessionals work in the classroom as part of an educational team providing educational and supportive services to children. The teacher is the team leader and has sole responsibility for introducing new material. The paraprofessional is the re-inforcer for the teacher's lessons.
If you're a general education paraprofessional, you work in the school's classrooms, libraries, reading or math labs, resource rooms or with small groups of children, reinforcing the day's lesson.
If you're a special education paraprofessional, in addition you may be involved with feeding students, brushing teeth, toileting, changing diapers, giving wheelchair assistance or performing other tasks specifically listed on a student's individual education program (IEP).

Chapter History
All poor and mostly women, paraprofessionals first joined the nation’s schools in small numbers in the 1960s through a Great Society antipoverty program. It wasn’t easy at first. Some encountered discrimination and disrespect. They were made to do jobs no one wanted, like taking children home and cleaning up if they got sick. That slowly changed, and it had a lot to do with the leadership of the UFT.
Welcome to Safety & Health

The mission of the UFT’s Safety & Health Department is to protect all UFT members – whether teachers, school-related professionals, child care providers or others – from the occupational hazards that can confront them. We do this by providing information about potential hazards, advocating on behalf of members to address unsafe conditions, and collaborating with appropriate city and state agencies to enforce health and safety standards.

The content in the department is divided into three parts:

**Environmental Health and Safety**

**Health and Wellness**

**School Safety**
Paraprofessional Overview

Objectives

The goal of this presentation is to introduce participants to an overview/guidelines on health and safety (Know your Rights) for paraprofessionals. After today's workshop, participants should have a basic understanding of the following:

- Asthma
- Bedbugs
- Bloodborne Pathogens
- Communicable Diseases
- Corporal Punishment
- Emergency Preparedness
- Ergonomics
- IEQ (Indoor Environmental Quality)
- Injury Prevention/Workers’ Compensation
- Managing Stress
- Nutrition/Dietary Guidelines
- Para Protocols
- Pest Control
- Security in Schools
- School Safety Plan
- Slips, Trips & Falls
- Student Disciplinary Procedures
- Suspension Ctr. Procedures
- Violence Prevention
People with asthma can lead healthy, active lives by keeping asthma under control.
What Is Asthma?

- Asthma is a chronic, inflammatory disease of the airways
- Asthma causes difficulty breathing
- Asthma can not be cured, but it can be controlled
So...What Do We Need to **KICK** Asthma?

- **Know** what starts your asthma
- **Inform** your doctor about symptoms
- **Control** frequent symptoms by using long term control medicines & staying away from tobacco smoke & other triggers
- **Keep** regular doctor’s visits and ask for a written Asthma Action Plan
And Ask For a Written “Asthma Action Plan”

- Helps people know which medicine to take when
- Helps people know when to call the doctor
- Helps people know when to call 911 or go to the ER
- To get a copy, call 311
What Are Bedbugs?

• Bed bugs are small insects that feed on human blood

• Adult bed bugs have flat, mahogany-colored oval bodies

• About the size of an apple seed

• They are about 5mm long

• When bed bugs feed, their bodies swell and become brighter red
Facts About Bedbugs

• Bedbugs are attracted to Humans through heat and CO2
• Females mate Up to 5 times after a blood meal
• Relatively good walkers/runners
• They are usually active at night when people are sleeping
• They can live for several months without food or water
• Bedbugs can feed on pets but do not thrive on them
• Often hide in cracks in furniture, floors, or walls.
• Bed bugs feed by piercing the skin
REALITY

Bed bugs can be found:

- Public schools
- Child care facilities
- Movie theaters
- Airplanes
- Clothing stores

Do they reproduce in these places?

NO! A blood meal is required and bedbugs are attracted to humans through heat and CO₂
There are two ways to submit a suspected bed bug specimen to the DOE Pest Management Unit for identification: you may either send the dead insect by mail or email pictures of the pest to bedbugconcerns@schools.nyc.gov. Do not submit both a specimen by mail and images via email.

**Submitting a specimen by mail**

1. If you find an insect you suspect to be a bed bug in a person’s clothing or any location within a school, collect the specimen using a piece of tape, gauze or tissue. If the specimen is caught on clear tape, simply affix the specimen to a sheet of white paper. Place the specimen in a sealable sandwich size plastic bag, seal it with tape, and place it in a freezer for 30 minutes (this will kill the specimen). Do not crush the bug or the bag.

2. In order to facilitate timely and accurate identification, please be sure to follow these important guidelines:
   - Never send live specimens.
   - Never send broken or crushed specimens.
   - Never send insects loose in an envelope.
   - Never send specimens without a completed submission form (see below).

3. Complete the *Bed Bug Identification Submission Form* and mail it with the specimen to:

   NYC Department of Education  
   Pest Management Unit  
   P.O Box 1697  
   Long Island City, N.Y. 11101

Do not email images of the specimen if you have already mailed the specimen itself.
Submitting Digital Images of the Specimen by email

1. You may photograph either live or dead insects. Do not photograph moving insects as doing so will create blurred details. Active specimens can be slowed down by placing them in a freezer for a few minutes before taking pictures.

2. The images must be focused, sharp and detailed. Most digital cameras have limited ability to reproduce clear close-up images of small subjects, though if yours has a “Macro” setting, use it to take a close-up photograph. Use judgment on specimens and your camera’s photography capabilities. If the images are blurry or lack sufficient quality, we may not be able to identify the specimen.

3. Submit at least three images of varying angles, including an image of the top/head of the insect, which is the most important angle for bed bug identification.

4. Email the images with a copy of the Bed Bug Identification Submission Form to bedbugconcerns@schools.nyc.gov. We will not be able to provide you with the results of the specimen identification in a timely manner unless you include all of the information on the Bed Bug Identification Submission Form in your email.

   Do not email images of the suspected bug if you have already mailed the specimen.

5. If we cannot identify the specimen using the photographs you send, you may be asked to mail the original specimen to us. Please save the original specimen until you receive the results of the identification, but do not send us the original specimen unless requested to do so.
School Administration and Union Leaders

• Anyone can get bed bugs, and anyone can help stop them.
• Transmission within schools is as likely as any other place, movie theater, subway..
• Bed bugs are not yet “thriving” in schools, just showing up.
• Be aware and talk about it.
• Open conversations about bed bugs will be their worst enemy.
Bloodborne Pathogens
**Purpose:** To prevent needlesticks and exposure to blood and body fluids that contain blood.

**OSHA Bloodborne Pathogen Standard** (29CFR 1910.1030)

**WHAT IS REQUIRED:**

- Identify workers at risk.
- Practice Universal Precautions.
- Provide gloves, masks and other personal protective equipment.
- Provide prompt evaluation and treatment when exposed.
- Provide Hepatitis B vaccination.
- Training Workers.
- Develop and implement a written program to protect workers (Exposure Control Plan)
How Do You Get a Bloodborne Disease

• Blood or body fluids from an infected person must get directly into your bloodstream.

• Infected fluid enters through a needlestick, a cut or opening in the skin or through mucous membranes in the eyes, nose or mouth.

• The virus must be in a high enough concentration to transmit the disease.
How Can I Get Infected at Work?

• Helping a nurse with certain medical tasks.
• A bite from a student.
• Breaking up fights.
• Diapering, toileting, feeding, cleaning up vomit.

Judy Brathwaite, a school nurse and UFT member, gives the H1N1 vaccine to Mario Seynos, a student at PS 157 in Brooklyn. Photo by Miller Photography.
Prevention is Protection and It’s Easy!

1. Use Universal Precautions – assume everyone could be infected.

2. Wear gloves when coming into contact with any blood or body fluids.

3. Wash your hands before you put your gloves on and after you take them off.

4. Get the Hepatitis B vaccine.
What if You Think You May Have Been Exposed?

1. Wash the affected area with soap and water IMMEDIATELY. (Needlestick or blood splash in the eye or mouth should be flushed with water).

2. Report the incident to the principal and to the chapter leader IMMEDIATELY.

3. See your own doctor or go to an emergency room IMMEDIATELY.
What are my rights?
1. Free confidential post-exposure medical evaluation and follow-up.
2. Transportation to/from HHC medical facility free of cost.
3. Seek medical attention within scheduled work hours.
4. Right to request testing of source individual.
5. Right to obtain a copy of HHC’s evaluating healthcare professional’s written opinion within 15 days of the completion of the evaluation.

What’s next?
Employees exposed to blood or OPIM will be referred to a Health and Hospital Corporation facility for post exposure evaluation and follow-up. The SESA will provide the exposed employee with the following:
2. A Post-exposure Medical Services Referral form.
3. A copy of the Exposure Incident package (or a Sharps Injury package if you were wounded by a contaminated sharp object). These documents will indicate:
   - A description of the employee’s duties relevant to the exposure incident;
   - Route(s) of exposure;
   - Circumstances of exposure;
   - If possible, results of the source individual’s blood test, and;
   - Relevant employee medical records, including vaccination status.
4. A P-Card for transport to an HHC medical facility.

Bloodborne Pathogens Standard
29 CFR 1910.1030

Post Exposure Incidents Information Sheet
for Employees

Office of Occupational Safety and Health
65 Court Street, Room 706
Brooklyn, NY 11201
tel 718-335-2319
web www.schools.nyc.gov/offices/OSH

September 2009
**Bloodborne Pathogens** are pathogenic microorganisms present in human blood and can cause disease such as HIV/AIDS, Hepatitis B (HBV) and Hepatitis C (HCV), Syphilis and Malaria.

Bloodborne pathogens are spread when infected blood or other body fluids contaminated with blood gets into the bloodstream of an uninfected person. Examples include: bites, cuts or openings into the skin, puncture wounds from sharp objects, providing first aid, and splashes of contaminated fluids into the eyes, nose or mouth.

**The Bloodborne Pathogens Standard**

**PURPOSE:** To prevent the transmission of bloodborne diseases within potentially exposed workplace occupations.

**LAW IN EFFECT:** This law has been in effect since 1992.

**WHO IS COVERED:** All NYDOE employees whose job tasks bring them into routine contact with blood and other potentially infectious materials.

**WHAT IS REQUIRED:** The NYDOE is required to develop a written Exposure Control Plan; identify employees who are at risk; ensure that universal precautions are practiced; provide gloves; aprons and other protective equipment; provide prompt evaluation and treatment to workers who have a needle stick or other exposure to blood; provide Hepatitis B vaccinations to workers who are exposed to blood; train at-risk employees each year on bloodborne diseases, and adequately dispose of medical waste.

**WHO IS RESPONSIBLE:** Principals must ensure that their schools comply with this regulation.

**WHO ENFORCES THE LAW:** The New York State Department of Labor, Public Employee Safety and Health Bureau (PESH).

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### SUMMARY OF BLOODBORNE PATHOGENS DISEASES

<table>
<thead>
<tr>
<th>Disease</th>
<th>Causative Agent</th>
<th>Incubation Period</th>
<th>Signs &amp; Symptoms</th>
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<tbody>
<tr>
<td>HIV/AIDS</td>
<td>HIV virus</td>
<td>2-4 weeks</td>
<td>• Compromises the immune system</td>
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<td>• Swollen lymph nodes, recurrent fevers, night sweats, fatigue, diarrhea, weight-loss, infections in the mouth</td>
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<td></td>
<td>• Opportunistic infections—TB, HBV, pneumonia, cancers</td>
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<tr>
<td>Hepatitis B</td>
<td>Hepatitis B virus (HBV)</td>
<td>2 – 6 months</td>
<td>• Causes inflammation of the liver</td>
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<td>• About 30% of persons show no signs or symptoms.</td>
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<td>• Jaundice, fatigue, abdominal pain, loss of appetite, nausea, vomiting, joint pain, dark colored urine</td>
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<tr>
<td>Hepatitis C</td>
<td>Hepatitis C virus (HCV)</td>
<td>6 - 7 weeks</td>
<td>• Causes inflammation of the liver</td>
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<td>• Can be asymptomatic for many years.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Jaundice, fatigue, abdominal pain, loss of appetite, nausea, vomiting, joint pain, dark colored urine</td>
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<tr>
<th>Vaccine Availability</th>
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<tbody>
<tr>
<td>NO</td>
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<tr>
<td>YES</td>
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<tr>
<td>NO</td>
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**What should I do immediately after the exposure?**

Immediately following an exposure to blood/OPIM:

- **WASH** needle sticks and cuts with soap and water.
- **FLUSH** splashes to the nose, mouth or skin with water.
- **IRRIGATE** eyes with clean water, or use bottled eye wash.
- **STOP** any bleeding by applying sterile gauze.
- **BANDAGE** the injury.

- **REPORT** the incident to the Site Employee Safety Administrator immediately.
- **FILL out** the Bloodborne Pathogens Exposure Incident form or the Sharps Injury Report form if a contaminated sharp object was involved.
- **SEEK** medical attention within 24 - 48 hours of exposure.

**Most exposures do not result in infection:**

Risk depends on:

- Pathogen type;
- Exposure type;
- Amount of blood or other body fluids involved;
- Amount of virus in the source’s blood or other fluid;
Bugs, Bites & Other Childhood Diseases

Communicable Diseases
Microbes Among Us

Did you know:

• Over 95% of microbes are harmless!

• There are more bacteria in your intestines than the total number of people who have ever lived!

• Every time you take a breath you’re inhaling billions of bacteria that are floating in the air!
<table>
<thead>
<tr>
<th></th>
<th>Bacteria</th>
<th>Fungus</th>
<th>Protozoa</th>
<th>Virus</th>
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</thead>
<tbody>
<tr>
<td>Athlete’s foot</td>
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<tr>
<td>Chickenpox</td>
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<td>Common cold</td>
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<tr>
<td>Diarrheal disease</td>
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<td>Flu</td>
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<td>Genital herpes</td>
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<td>Malaria</td>
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<td>Meningitis</td>
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<td>Pneumonia</td>
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<td>Sinusitis</td>
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<tr>
<td>Skin diseases</td>
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<td>Strep throat</td>
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<tr>
<td>Tuberculosis</td>
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<tr>
<td>Urinary tract infection</td>
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<tr>
<td>Vaginal infections</td>
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<tr>
<td>Viral hepatitis</td>
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MODES OF TRANSMISSION

Through the air

Touching infectious material

Person-to-Person
DEFENSE MECHANISMS

First line of defense:
- Skin, mucous membranes, and nose hairs

Second line of defense:
- Immune system (white blood cells)
DISEASES

- Common Cold & Influenza
- Chickenpox
- Fifth Disease
- Whooping Cough
- Strep Throat
- Impetigo
- Conjunctivitis
- Ringworm
- Pediculosis (Lice)
Reportable Disease

Article 11 of the NYC Health Code requires that a number of diseases and conditions, which have the potential to adversely affect the health of the general public are reported. The code requires that physicians, hospitals and institutions, clinical laboratories and other designated professionals report these diseases to the NYC Department of Health.

Outbreaks
Section 11.03 of the NYC Health Code defines a suspected outbreak among 3 or more persons of any disease or condition and of any unusual manifestation of a disease in an individual should be reported to the DOH immediately.
HANDWASHING IS THE IN THING TO DO.

Call me Beta STREPTOCOCCI Group A—I'm delighted to give you a sore throat.

Hi! I'm STAPHYLOCOCCUS. How would you like a big zit or boil?

I go by the handle of KLEBSIELLA. I can cause wound infections.

I am CLOSTRIDIUM DIFFICILE. I cause colitis.

I love people! To show you how much—i cause urinary tract infections. I'm PROTEUS.

I'm TOUGH! The gang calls me PSEUDOMONAS AERUGINOSA. I infect wounds and produce blue-green pus.

Everybody likes me. I cause diarrhea. My name is SHIGELLA.

You can call me BACTERIOIDES. If you don't wash after a BM I can give you many things. How would you like an ear infection or vaginitis?

My name is BACILLUS SPECIES and I'm a normal contaminate.

I'm known as INFLUENZA A among other things. I love to give you pneumonia.

Don't spread these germs to others.

Wash hands often.

Wash after going to the bathroom.

Wash before eating.

Handwashing is the single most important thing to stop spreading infection.

CARE-TECH LABORATORIES
Department of Microbiology
3204 South Rangeline Boulevard
St. Louis, Missouri 63130-1563
Call Free: 1-800-350-9021
Chancellor’s Regulation A-420 (Appendix D of the new contract) describes the procedures for reporting and investigating allegations of “corporal punishment” made against teachers and paraprofessionals. It’s important that all UFT members be fully aware of the regulations and how they impact on your rights and responsibilities. As always, consult with your chapter leader if you find yourself with a particular problem; it is essential that you have union representation before discussing any charges made against you.

In New York City public schools, corporal punishment is prohibited by law. As a general rule, therefore, school staff must not physically discipline students nor inflict punishment of any kind tending to cause excessive fear or physical or mental distress. Chancellor’s Regulations do, however, recognize four conditions under which reasonable physical restraint of a student may be required:

1. To protect oneself from physical injury;
2. To protect another pupil or teacher or any other person from physical injury;
3. To protect the property of the school or of others;
4. To restrain or remove a pupil whose behavior is disorderly and who has refused to comply with requests to stop that behavior.

Whenever feasible, school faculty should rely upon school security to physically restrain students.
VERBAL HARASSMENT

Verbal Abuse of students *is not* corporal punishment but it is behavior that is prohibited by Regulation of the Chancellor A-421

- Language that tends to cause fear or physical or mental distress
- Discriminatory language based on race, color, national origin, alienage/citizenship status, ethnicity, religion, gender, disability, or sexual orientation which tends to cause fear or physical or mental distress
- Language that tends to threaten physical harm
- Language that tends to belittle or subject students to ridicule
Know Your Rights

Under the terms of the circular, the Office of Special Investigations is responsible for handling allegations of “Verbal Harassment or Corporal Punishment”. When an allegation of Verbal Harassment or Corporal Punishment is made, the supervisor of the accused individual must immediately report the charge to the Office of Special Investigation. At that time, the supervisor will be advised whether to conduct an investigation or await an investigation by the Office of Special Investigation. When the supervisor is directed to investigate, the Office provides “guidance and instruction” about how to do so; when it believes there is a need for an independent, higher-level investigation, the Office conducts the investigation itself. (Previously, the supervisor always conducted a preliminary, fact-gathering phase of the investigation.)

Once an allegation of “Verbal Harassment or Corporal Punishment” has been made and an investigation has begun, those conducting the investigation have five working days to complete their inquiries and issue an A-420 or an A-421 report with their conclusions on whether or not “Verbal Harassment or Corporal Punishment” had taken place. Before any disciplinary action may be taken and regardless of who conducts the investigation, the teacher or paraprofessional accused of “Verbal Harassment or Corporal Punishment” has the right to a hearing, with representation, to address the charges. The accused individual must receive at least 48 hours written notice of such hearing. (Before the latest Circular, there were no firm time limits or requirements for advance notice of hearings.)

When an investigation determines that “the staff member has not committed corporal punishment or the evidence does not support the allegations, the staff member must be so notified, in writing.”

*If you are accused of Corporal Punishment or Verbal Abuse, contact your UFT Chapter Leader and your UFT District Rep. immediately for guidance.
Overview of Emergency Preparedness & Response Planning for Schools

This material was produced under grant number SH 18791-09-60-F-11 from the Occupational Safety and Health Administration, U.S. Department of Labor. These materials do not necessarily reflect views or policies of the U.S. Department of Labor, nor does mention of any trade names, commercial products, or organizations imply endorsement by the U.S. Government.
OSHA defines a workplace emergency as:

“This is an unforeseen situation that threatens employees, customers, or the public; disrupts or shuts down operations; or causes physical or environmental damage.”
Emergency Action Plans: Hazard Assessment – The All Hazards Approach

- Fire
- Natural disasters
- Chemical spills
- Severe Weather
- Bomb Threats
- Intruders
- Community incidents
- Structure or facilities failure
- Bullying/Fighting/Assaults
  - Homicides/Weapons
- Pandemic Influenza or other Public Health Crisis
- Bus Accidents

Be Prepared!
Questions to Consider

• **Frequency of occurrence** – How often is it likely to occur?

• **Magnitude and potential intensity** – How bad can it get?

• **Location** – Where is it likely to strike?

• **Probable geographical extent** – How large an area will be affected?

• **Duration** – How long could it last?

• **Seasonal pattern** – What time of year it is more likely to occur?

• **Speed of onset** – How fast will it occur?

• **Availability of warnings** – How much warning time is there? Does a warning system exist?
Phases of Emergency Planning

Prevention/Mitigation

Preparedness

Recovery

Response
Mitigation and Prevention:

• Requires taking inventory of the dangers in a school and/or community and identifying what to do to prevent and reduce injury and property damage (Hazard Assessment).

Preparedness:

• Facilitate a rapid, coordinated, and effective response when a crisis occurs.
• Establish emergency policies, procedures and plans
• Incident Command System (ICS)-Who’s in Charge? - Communication

Response:

• Take action to effectively contain and resolve an emergency through implementation of the emergency management plan
• Identify the type of crisis that is occurring, determine the appropriate response and activate the incident management system.

Recovery:

• Restoring - a safe and healthy environment
• Recovery can be a long-term process
Types of Response Actions That Should be Practiced

- Evacuation
- Reverse Evacuation
- Lockdown
- Shelter-in-Place
- Bus Drills

- PRACTICE!!!
Ergonomics – What is it?

• Designing the job to fit you!

• Not forcing you to work in uncomfortable positions & postures
Risk Factors - What are They?

- Repetition
- Awkward Posture
- Squatting
- Bending and Twisting
- Lifting
- Kneeling

Actions or Conditions that Increase Your Chance of Injury
Lifting Comes With Pain and Injury

Studies of childcare and healthcare workers show a high rate of chronic pain and injury associated with lifting of people.
Proper Lifting & Transferring Techniques

- How Can Paras Reduce Back Injuries?
- Plan the lift
- Keep the load close to the body
- Do not twist body when turning. Move feet instead.
- Keep legs shoulder-width apart when lifting
Indoor Air Quality
Construction & Renovation
What Causes Indoor Air Pollution?

• Poor ventilation
• Mold and mildew
• Sewer backups and flooding
• Dust mites and pollen
• Building materials and furnishings
• Gases
• Office equipment
• Cleaning agents, pesticides
Indoor Ventilation

*Air must circulate by means of cross ventilation*

**Air Can Be Provided By:**

- Ventilation system (HVAC)
- Operable windows
- Exhaust ventilation
Health Effects

• Sick Building Syndrome
  – Symptoms - headache, fatigue

• Building related illnesses
  – Allergy, hypersensitivity
  – Infections - legionnaires, sewage leaks, aspergillosis, histoplasmosis
Before every construction & renovation project, there must be a protocol meeting and the Chapter Leader must be present.

Job Committee meeting should be held every 2 weeks during the project.

Asbestos abatement must be done when the building is unoccupied.
Who is covered by Workers’ Compensation

IN THE DEPARTMENT OF EDUCATION

• Paraprofessionals
• *Lab Specialists
• Nurses
• *Vocational Teachers
• Occupational and Physical Therapists

While Teachers are covered under - Injury in the Line of Duty (ILoD).

* May choose to file for Workers’ Comp. provided they are not qualified to receive benefits even if eligible to apply for retirement under the Teachers Retirement System (TRS).

Appointed pedagogues are mandatory a part of TRS
ACCIDENTS vs. ASSAULTS
OCCUPATIONAL ILLNESS

A medical condition which develops over a long period of time and is caused by the nature of the work you perform. For example:

REPETITIVE STRAIN INJURIES, BACK INJURIES, KNEE INJURIES
What is Workers’ Compensation?

It is a form of insurance, paid for in advance by your employer, which entitles you to full medical coverage, and part of your salary, for job-related injuries and illnesses.

- You generally cannot sue your employer for job-related injuries
- You don’t have to lose a day from work to receive full medical benefits
- It doesn’t cost you anything to file
Advantages of Filing for WC

• **Private Health Insurance**
  - Co-payment for each visit
  - No long term benefits
  - Will NOT cover out-of-pocket expenses
  - Will NOT reimburse for lost wages

• **Worker’s Comp**
  - No co-payment required
  - Medical coverage for up to 10 years & 5 weeks for injury
  - Will cover out-of-pocket expenses (transportation, medical supplies, etc.)
  - Will reimburse for lost wages

Unlike health insurance, your WC payments and medical care may continue even if you stop working, get a new job, retire, or leave the state.
1. SEEK MEDICAL ATTENTION
2. REPORT TO THE PRINCIPAL
3. FILL OUT NECESSARY FORMS
4. INFORM YOUR CHAPTER LEADER
5. CALL THE UNION for:
   • Workers’ comp 212-510-6460
   • Assault of Incident 212-598-6853

However, if you have a work-related injury, illness or accident:
Managing Stress:

Before Work  After Work
Stress
A Normal Response to a Demand/Threat

**Acute Stress**
- threat
- biological response
- deal with threat
- relaxation

**Chronic Stress**
- threat
- biological response
- continuing threat
- symptoms
- illness
Early Stress Symptoms

**Physical**
- headaches
- stomach problems
- eating problems
- fatigue
- skin rashes
- chronic mild illness
- sexual dysfunction

**Psychological/Behavioral**
- anxiety
- irritability
- depression
- accidents
- domestic violence
- alcohol/drug use
- workplace violence
Stressors Identified by School Staff

*Not enough time*
- to relax
- to prepare
- short-changed personal life
- constant disciplining
- role conflict
- lack of support
- to go to the bathroom
The Health Link is Clear!

- Cardiovascular Disease
- Musculoskeletal Disease
- Psychological Disorders
- Workplace Injuries
- Suicide, ulcers

Stressed out workers take an average of 20 days off every year – Bureau of Labor Statistics
What Can You/Union Do About Job Stress?

- meet regularly with employees
- enforce contract
- negotiate: training, staffing, work design
- meet with management
- push for better safety
- demand supervisors be trained
- provide complaint box
- provide stress awareness training
- encourage members to file workers’ comp claims
WORRIED? NEED HELP?

United Federation of Teachers
A Union of Professionals

Paraprofessionals Service Program

Alcoholism and Drug Abuse
* Mental Illness
* Family Relationships
* Debt and Budget Problems
* Legal Referrals
* Public Benefits

CALL THE UFT — WE CAN HELP!

Assistance is free to members and strictly confidential.

212-598-9291
Monday - Friday
10 a.m. - 6 p.m.

Daisy DeJesus, LMSW
Paraprofessional
Department
Social Services Coordinator
The UFT Member Assistance Program (MAP)

United Federation of Teachers
A Union of Professionals

What is MAP?
The MAP provides confidential short-term counseling to UFT members with professionally trained mental health staff

What services does MAP provide?

- Short-term individual counseling
- Peer support group for bereavement
- Peer support group for coping with the addiction of a loved one
- Referrals to appropriate outside services including:
  - Mental health
  - Substance abuse
  - Eating and gambling disorders
  - Trauma, bereavement and loss
  - Domestic violence
  - Legal and financial counseling

50 Broadway, 9th floor, Suite 904
New York, NY 10004
Phone: 212-701-9620
Fax: 212-514-8428
Email: mapinfo@uft.org
United Federation of Teachers
A Union of Professionals

Nutrition & Dietary Guidelines
Decisions, Decisions: Making Choices We Can Live With

• The fact is that we have choices—lots of choices. A healthy lifestyle is not defined solely by the food on—or not on—one’s plate.

• Meals with friends and family, enjoying traditional foods, sampling the cuisines of other cultures, and incorporating physical activity into a regular routine are all part of a healthful way of life.
Nutritional Needs Change As You Age

It’s All About You:

Be Realistic: Make small changes over time in what you eat and the level of activity you do. After all, small steps work better than giant leaps.

Be Adventurous: Expand your tastes to enjoy a variety of foods.

Be Flexible: Go ahead and balance what you eat and the physical activity you do over several days. No need to worry about just one meal or one day.

Be Sensible: Enjoy all foods, just don’t overdo it.

Be Active: Walk the dog, don’t just watch the dog walk.
Convenience Foods

Convenience foods are used to shorten the time of meal preparation at home.

Some foods can be eaten immediately or after adding water, heating or thawing; canned soup and frozen dinners are two examples.

Other convenience foods such as cake mixes are only partially prepared.
DISADVANTAGES OF CONVENIENCE FOODS

* may be less meat, fish or cheese than you would include in homemade version

* cooking time is sometimes increased for thawing or longer baking time

* harder to control fat, salt and sugar levels

* cost per serving may be higher than homemade
The good news is: Nutrition labeling can help you make food choices that meet these Dietary Guidelines and promote a lifetime of good health.

With today’s labels, you can:

Compare one food with another.
Choose foods that help provide the balance of nutrients your body needs.

Plan meals and your whole diet so they are moderate, varied and balanced.
Required on all labels:

• Identifying statement or name (common name of product)
• Net weight or net contents
• Artificial coloring, flavoring and preservations
• Name and address of manufacturer, packer, or distributor
• The style, type description of the product
• Special information that affects people with health problems.
• A list of ingredients in order of weight in the package. The ingredients of the largest amount is listed first.
• Nutritional labeling must be done if the food has nutrients added or if it claims to be highly nutritious.
Notes to know:

• The largest amount of ingredient must be listed first on down to the smallest amount

• Percent of daily value - label based on 2000 calories a day, indicates the percent of nutrients the product contains in one serving

• Total sodium intake per day - not more than 2,400 milligrams per day

• Nutritional facts required - must include facts if any nutritional information or claims are made i.e. provides essential vitamins and minerals.
Causes of food-borne illness

- Bacteria
  - Leading cause
- Viruses
- Parasites
- Fungi
Basic four steps to food safety

- Cleanliness
- Food separation
- Proper cooking
- Chill
TAKE HOME MESSAGE

• The highest rates of food-borne illness occur at home!

• Keep food nutritious and safe to eat by following the Four Steps to Food Safety:
  Clean! (hands and equipment)
  Separate! (raw foods especially)
  Cook! (use a thermometer to assure safety)
  Chill! (check refrigerator and freezer temperatures)
• The UFT has been working on an ongoing basis with the DOE as issues arise. This collaboration has resulted in the DOE approving the “Toileting and Diapering” protocol which provides much needed information.

• We currently are working on a Q & A for Paraprofessionals which is what this presentation is based on.
TYPES OF HEALTH ISSUES ENCOUNTERED

- Administration of medication
- Diabetes
- Epi-Pens
- Ventilators
- Feeding
- Diapering and Toileting
- Seizures
WHY SHOULD PARAS REVIEW STUDENTS’ IEP’s?

“The IEP describes the school’s obligation to provide specially designed instruction, related and other support services to students with disabilities.”

- Special Medical/Physical Alerts
- Medical/Health Care Needs
  Indicates if medicine is needed during the school day and if a health paraprofessional is needed.
MEDICATION ADMINISTRATION

• Under state law only registered professional nurses can administer medication to students.

• The NYCDOE Has a Medication Administration Form (MAF) which needs to be completed for any student requiring medication during the school day.

• Administering medication and providing services outside of the state guidelines is considered an unauthorized practice and is a Class E felony in New York State.
HOW TO DETERMINE IF A STUDENT IS SELF-DIRECTED

A student is considered self-directed if he/she can:

• Identify the medication (shape, color, etc.)
• Identify the purpose
• Identify when medication needs to be taken
• Determine correct dosage
• Describe what will happen if not taken
• Able to refuse if student has concerns
IF A STUDENT IS DETERMINED TO BE SELF-DIRECTED

• Staff may assist a self-directed student with medication after receiving appropriate training. (ie. getting water and overseeing)

• Staff may supervise a student taking medication on a school trip. The school nurse is responsible for packaging the correct dose and providing guidance and instruction to the paraprofessional.
NON SELF-DIRECTED STUDENTS ON FIELD TRIPS

• The student’s parent may attend activity and administer the medication.
• The student’s health care provider may order, in writing, that the medication time be adjusted or the dose eliminated.
• A nurse or licensed health care provider can accompany student on field trip.
DIABETES:
BLOOD SUGAR MONITORING

• The State Education Department says that any staff member may perform blood glucose monitoring as long as they are trained and provided instruction on the specific monitor the student is using.

• Do you need to wear gloves? Yes, always use universal precautions.
DIABETES: INSULIN PUMP

• Paraprofessionals are not permitted to adjust an insulin pump as it is a medical device.

• If requested to do so – decline and report the request to the school nurse who is the responsible professional.
EPI-PENS
(for severe allergic reactions)

• In 2007 the NYC Department of Education developed a new comprehensive plan to address the identification and treatment of food allergies in New York City schools.

• **Chancellors Regulation A-715** - “Administration of Epinephrine to Students with severe allergies”

• gives complete information concerning epi-pen administration.
Order for Administration of epinephrine by nurse or trained school staff if a nurse is not available to identified students who have a medication order for epinephrine on file:

Upon recognition of the symptoms of severe allergic reaction or anaphylaxis, an epi-pen should be administered by the nurse or trained school staff according to the student’s Medication Administration Form.

EMS MUST BE SUMMONED IMMEDIATELY
VENTILATORS

A student whose breathing is dependent on the continuous use of a ventilator requires a 1:1 nurse to provide care.

THERE IS NO EXCEPTION TO THIS
FEEDING PUMPS

The nurse is responsible for:

• Preparing the feeding
• Connecting and disconnecting feeding tube to the pump

Feeding tube pumps have a warning mechanism which is triggered by any malfunction.

If this occurs, the nurse needs to be called to assess the situation.
DIAPERING AND TOILETING
Ointment Administration

• If there is a MAF to apply Diaperine or A&D ointment on a student it is the nurse’s responsibility for interpreting the MAF and assessing the student’s rash.

• Paraprofessionals may apply the ointment as part of the diapering procedure under the direction of the nurse. The nurse will document the application as per MAF form.
In response to requests from members regarding proper practice for diapering and toileting protocols for students in New York City schools, the United Federation of Teachers Safety and Health Department developed the following guidelines in order to protect the safety of both students and staff and to ensure that proper facilities are used for these activities.

Due to the wide range of disabilities, both physical and mental, and the various ages and physical sizes of students in the NYC school system who require these services, these procedures should be tailored to each individual student’s specific needs.

It is strongly recommended that two adults always be present when performing these tasks.
DIAPERING

- Students may require diapering due to health, physical or mental problems which necessitate the use of diapers. These students may require changing either on a daily, scheduled basis or on an “as needed” basis. In any event, these tasks should be performed with dignity and respect for the student and in a private, safe, secure setting.

TOILETING

- As with diapering students, toileting is another task that requires a certain amount of equipment and supplies in order to ensure the safety of both students and staff. There are different reasons why a student may require assistance with toileting, including physical and mental impairment as well as toilet training in the early grades (pre-K and Kindergarten).
A Vagal Nerve Stimulator (VNS) works like a pacemaker to help control seizures and is implanted under the skin in a student’s chest.

A “wand” is a magnet which initiates an extra dose of stimulation when needed in order to stop, shorten or decrease the severity of a seizure.

Some students wear this on their wrist and use it independently.
Paraprofessionals who work with students who have this implanted device usually receive training from the manufacturer or someone affiliated with a healthcare institution.

Using the “wand” is not considered a skilled nursing procedure and can be safely done by a trained paraprofessional.
NOT THE END!

- The subjects addressed in this MEDICATION ADMINISTRATION presentation are not the only health related issues present in our school system. However, as different concerns arise we will strive to address each issue as completely as possible.
What is IPM?
(Integrated Pest Management)

An integrated, proactive approach utilizing a range of methods to manage pest control in buildings.

*IPM relies on common sense practices!*

For a safe effective pest management:

- Eliminate sources of food, water, and shelter
  - Food service, storage areas, classrooms

- Close points of entry
  - Building Foundation and entrances

- Communication with DOE Pest Control Technician
  - Identify areas of activity for special attention
10 Best IPM Practices for a Pest Free Classroom

1. Housekeeping
Discard trash daily and clean up spillage
Remove trash immediately; keep garbage area clean, lids tight

2. Storage
Keep lockers, desks, closets and storerooms clutter-free
Store supplies at least 6 inches off the floor
Cluttered closets is an ideal nesting ground for vermin

3. Structural repairs
Report, missing tiles, leaking water, gaps beneath entrance doors, cracks and holes to the custodian engineer
Vermin travel throughout the building through small gaps and holes within walls and gaps around radiator pipes

4. Food Handling
Snacks should be placed in plastic containers and stored six inches off the floor
Staff meals should be consumed within designated areas
Food waste should be discarded in garbage receptacles with liners

5. Science Labs
In science labs, store pet food within plastic containers

6. Plants
Over watering house hold plants is an ideal environment for flying insects

7. Closing entrances
Closing windows at the end of each day will prevent unwanted guests from entering your room

8. If possible appliances should be removed from classrooms

9. Wipe sinks dry at the end of each day

10. Contact Pest Management if pest activity increases
LARCENY IS A CRIME
LARCENY OCCURS WHEN A PERSON TAKES, OBTAINS OR WITHHOLDS PROPERTY FROM ITS OWNER

GRAND LARCENY
OCCURS WHEN:
- PROPERTY STOLEN IS VALUED AT $1000 OR MORE
- PROPERTY IS REMOVED FROM A PERSON
- GRAND LARCENY IS A FELONY PUNISHABLE UP TO MORE THAN A YEAR IN PRISON

REMEMBER
- SECURE ALL PERSONAL PROPERTY
- SECURE ALL WORK RELATED PROPERTY
- WRITE IDENTIFYING MARKS ON PROPERTY
- KEEP SERIAL NUMBERS TO PROPERTY IN A SAFE PLACE

KEEP AN EYE ON YOUR PROPERTY, IF YOU DON'T, SOMEONE ELSE WILL!
Purse & Wallet Theft Prevention-
Carrying Valuables Safely-

- Handbags should be closed, carried in front of the body with an arm held loosely across it.
- If wearing a handbag with a strap over the head, choose a thin strap, and wear it under your coat.
- Many women find they don’t need to carry a handbag all the time. Place essentials (keys, small amount of cash, I.D.) in a pocket.
- Since your address is usually on a card or document in your bag, avoid carrying your house keys in the same place. Make sure the clasp or zipper on your bag is closed, especially in crowds.
- If you must carry a large amount of cash or valuable items, do not carry them in your handbag or wallet.
- Carry valuables in an inside pocket.
Prevention -- Minimize What Can Be Lost

- Carry only what you actually need.
- Carry only small amounts of cash.
- Carry only the credit cards you actually plan to use.
- Leave expensive jewelry at home.
- Try not to carry anything that is irreplaceable or of sentimental value.
Safety Plan & Collaboration

David Kazansky
Director of School Safety &
the Victim Support Program
Safety Committee

- 3 essential members – Principal, Chapter Leader, PA president
- Must meet at least once a month
- Should have a written agenda
- Assign/rotate someone to take minutes
- Decide on completion dates
- Post minutes to meeting
School Safety Plan

• Section 1 – school safety agent information
• Section 2 – building information
• Section 3 – other facilities information
• Section 4 – critical security notification & offices
• Section 5 – school/program/academy information
• Section 6 – non-instructional offices & organizations
• Section 7 – safety evacuation procedures for limited mobility students
• Section 8 – medical emergency response information
• Section 9 – procedures and assignments
• Section 10 – school safety plan supplemental documents
• Section 11 – school safety committee information
• Section 12 – school safety plan endorsement page
Procedure for Filing Safety Complaints

1. The Chapter Leader should attempt to informally resolve a safety complaint with the Principal.
2. If the complaint is not resolved informally, the Chapter Leader should complete the Step 1
   Complaint Form for Violation of School Safety Plan. Also inform your District Representative that you
   are filing a Step 1 Complaint Form. (Keep a copy of the complaint for your files).
3. If the complaint is not resolved by the Principal within 24 hours, the Chapter Leader should request
   a written response from the Principal and send the Step 1 Complaint Form and the Principal’s
   response (if issued) to the District Representative as well as your Borough VSP/ Safety
   Representative. (Keep a copy for your files)
4. The Borough VSP/ Safety Representative should fill out a Mediation Request Complaint Form (Step
   2) then fax it with the Step 1 Complaint Form along with the Principal's response (if issued)
   immediately to David Kazansky, the Director of UFT’s School Safety and Health Department, at 212-
   677-6612; who will then forward it to Harmon Unger, the DOE’s Deputy to the CEO for Safety and
   Security. Describe the violation of the School Safety Plan in as much detail as possible on the form.
   The mediation will be scheduled within 48 hours by the DOE.
5. If the Teacher/Chapter Leader is not satisfied with the results of the mediation, an appeal may be
   made by an expedited arbitration process.
UFT Safety Incident Report

If any of the Following Occur in Your School or Campus:

• Staff Member Assaulted
• Student Riot
• Bomb Threat
• Shelter in Place (not a drill)
• Evacuation
• Relocation to Another Site
• Intruder Alert
• Fire or Smoke Conditions
• Police Activity in Perimeter

Contact Your DISTRICT REP and Your SAFETY REP Immediately
Definition of Slip Trip and Fall (STF)

When there is too little friction or traction between your feet (footwear) and the walking or working surface, or there is a spill and you lose your balance.

Definition of STF Friction:

The resistance encountered when an object (foot) is moved in contact with another ground).

Friction is necessary in order to walk without slipping.
Issue – Slip Trip and Fall (STF)

- STF’s represents #1 cause of injury
- STF’s occur in any part of the workplace whether inside or outside.
- STF’s may result in serious outcomes
- STF’s cost to both worker and employer can be great
- STF’s is like stepping on money

To: Worker
- pain
- lost wages
- temporary or permanent disability
- reduced quality of life
- depression

To: Employer
- loss in productivity and business
- increased industrial insurance premiums
- costs associated with training replacement worker
- cost of medical treatment
Human Factors Leading to Slips Trips and Falls

Health and physical condition can impair a person’s vision, judgment, and balance.

- Eyesight, visual perception
- Age
- Physical state, fatigue
- Stress, illness
- Medications, alcohol, drug

Behaviours – actions you choose and control can contribute to a slip, trip, and fall injury if you set yourself up for one.

Carrying or moving cumbersome objects, or too many objects, that obstruct your view impair your balance and prevent you from holding onto handrails

Poor housekeeping (allowing clutter to accumulate, not maintaining clean dry floors, etc.)

Using improper cleaning methods (e.g., incorrectly using wax or polish; or trying to clean up grease spill with water)

Not using signage when slip or trip hazards exist

Inattentive Behavior: walking, distractions (e.g., using cell phone, talking and not watching where you’re going, etc.)

Taking shortcuts; not using walkways or designated, cleared pathways; being in a hurry, rushing around
Do Not

- Prop fire doors open.
- Store materials in stairwells.
- Store trash cans in front of doorway.
- Use cinderblock to prop open the doors.
- Use chair to block an emergency cut-off valve.
- Place chairs in dangerous areas. For example, the chair in the picture could represent a struck against hazard.
- Someone could sit in the chair, and strike their head on the pipe and valve behind it.
- This chair could also encourage smoking in the stairwell.

Do........ Report these dangers!
Summary of Student Removal Process: Chancellor's Regulations (A-443)

A-443 – Student Disciplinary Procedures

Student Removal by Teachers (General Education)
The process:
✓ Teacher notifies student and explain reason(s) for removal;
✓ Student informally presents his/her version;
✓ Teacher informs principal and completes a “Student Removal Form”
✓ Principal consults with teacher
✓ Student removed for 1 to 4 days by principal (in consultation with teacher) for
  “single period or entire day”

Principal consideration (For Special Education students):
✓ Educational services during the removal
✓ Whether a “Function Behavioral Assessment” must be conducted
✓ Whether a “Behavior Intervention Plan” should be developed/reviewed
✓ Whether an “Manifestation Determination Review” must be conducted.

Parental Notification:
Principal/Designee must:
✓ notify parent within 24 hours;
✓ state reason(s) for removal;
✓ the length of removal (1 to 4 days)
✓ their right to request an informal conference regarding the removal (within 2 days
  of removal)

Note: Written Summaries of conferences must be maintained with recommendations;
and made available to parents

Principal cannot set aside a removal unless:
✓ fact do not support
✓ removal violates the law
✓ suspension is warranted instead

Principal shall (if removal is set aside):
✓ advise teacher and parent of reason(s)
✓ return student back to class

Appeal Process by teacher (length of removal or set aside) to the Chancellor:
✓ Completed Removal Appeal Form
✓ must be filed within 3 days (can be filed by fax)

Chancellor will decide within 4 days of receipt
Paraprofessionals and Alternative Learning Centers (ALCs) or Suspension Sites

JULY 2007
SUSPENSION CENTER and STAFF
There are five suspension schools that are being set up to serve the secondary student population. Each school will have a principal and a secretary. There are at least 28 sites citywide. Each site will have an assistant principal, a school aide, an educational para, a special education teacher and 3-4 content area teachers. It is expected that many of the sites will have speech therapists. The home school of the student will arrange with the suspension site to ensure that all required services are provided. There may be an adjustment needed in the case of a special Ed population that requires specific ratio coverage.

a. When a student is sent to an ALC for a superintendent suspension, the Para DOES NOT go with the student.
b. Problematic factor comes up when the suspension is considered for “buddy schools” Superintendent Suspensions on the elementary level.
c. “Buddy schools” do not have additional personnel to assist therefore: UNLESS THE PARA IS THE VICTIM, the para should accompany the student to the Buddy School.
d. Buddy schools are usually within vicinity of host school.
e. If a travel hardship occurs, then accommodation should be made on a case by case basis.
f. It was reiterated: this only applies to Buddy School Supt. Suspensions
What to do if you are sent to an alternate learning center

Paraprofessionals in middle schools and high schools are assigned to their school and are not required to report to an alternate learning center (formerly suspension center) when their student is sent to one as a result of a suspension.

Alternate learning centers are required to provide the special services a learning disabled child may need. There are approximately 17 such centers for middle and high school students around the city that already have paras on staff. If you work in a middle school or high school and are asked to go to an alternate learning center with your student you may volunteer to do so. But if you do not want to go with your student, have your chapter leader discuss the situation with your principal. If it cannot be resolved immediately, follow the principal’s instructions and contact the UFT borough office to speak with the district rep or borough safety staff. The borough office staff will help to resolve the issue within a day or two.

Additional questions? Contact your UFT borough office:

**Bronx:** 1-718-379-6200  
**Brooklyn:** 1-718-852-4900  
**Manhattan:** 1-212-598-6800  
**Queens:** 1-718-275-4400  
**Staten Island:** 1-718-605-1400
VIOLENCE PREVENTION TRAINING PRINCIPLES

1. Develop defensive alert awareness.
2. Remember that the school is often not distinguished from the street.
3. Provide clear and simple choices.
4. Don’t pit your pride against the pride of a violence-prone person.
5. Provide physical and psychological space.
6. Be aware of the distinction between authority and power.
7. Don’t personalize hostile behavior: Remember that the message is to the world and not to you.
8. Time is the enemy of violence.
9. Violence never springs from a feeling of power but from powerlessness.
10. Violence-prone people are not future-oriented.
11. Be aware of cultural differences.
12. Know your personal triggers.
13. Don’t view questions as challenges.
14. Know and observe the signs of impending violence.
15. Be aware of environmental triggers.
16. Pay attention to trigger words and phrases.
17. Follow violence prevention principles when dealing with student fights.
If You Receive or Observe Problems:

Contact your respective borough office

- Bronx: (718) 379-6200
- Brooklyn: (718) 852-4900
- Manhattan: (212) 598-6800
- Queens: (718) 275-4400
- Staten Island: (718) 605-1400

Please visit the UFT Safety and Health (environmental) website:
http://www.uft.org/member/workplace/environmental/
52 Broadway, 15th Floor • New York, NY 10004
10 a.m. to 6 p.m.
Safety and Health Dept.

The UFT, in partnership with the NYC Department of Health, is offering a smoking cessation program for our UFT members and staff.

Come by during our business hours to pick up your nicotine patches, gum, lozenges, and to get confidential assistance on how to quit smoking.

If you are eligible*, we will provide you with nicotine medications (patch, gum) at no charge.

*You may not be eligible if you have high blood pressure, have had a heart attack in the past two weeks, have an irregular heart beat or are pregnant.

If you have any questions, call the UFT Smoking Cessation Hotline at (212) 598-9287.
Are YOU being bullied? Are YOU a bully? Be BRAVE. Get help.

Call the BRAVE line
Confidential anti-bullying hotline for students
212.709.3222
Monday – Friday 2:30 – 9:30 p.m.
www.uft.org/BRAVE

The BRAVE hotline is a confidential anti-bullying hotline provided by the United Federation of Teachers and operated by the Mental Health Association of New York City.