HEALTH and Safety for the PARA PROFESSIONAL

UNITED FEDERATION OF TEACHERS

UFT Paraprofessional Executive Board

Officers

Shelvy Y. Abrams	Chair
Doreen Raftery	First Vice President
Hector Ruiz	Second Vice President
Eileen Stewart	Secretary
Candido Perez	Assistant Secretary
Melba Perry	Treasurer
Jay Futterman	Assistant Treasurer

Borough Coordinators

Rosalyn Dorsey	Bronx
Reginald Colvin	Brooklyn
Irma N. Rodriguez	Manhattan
Anne Curley	Queens
Sandy Flecha	Staten Island

UFT Officers

Michael Mulgrew, President
Michael Mendel, Secretary
Mel Aaronson, Treasurer
Robert Astrowsky, Assistant Secretary
Mona Romain, Assistant Treasurer

Vice Presidents:
Carmen Alvarez
Karen Alford
Leo Casey
Richard Farkas
Aminda Gentile
Sterling Roberson

Illustrations: Debra Solomon • Produced by the UFT Communications Department and the UFT Safety and Health Committee

Dear Fellow Paraprofessional:

Each day in school you devote much of your energy and time to guarding the safety and health of the children in your care; it's an essential part of every paraprofessional's job.

This pamphlet is about your health, the hazards you may encounter in schools and the ways in which they can affect your health and well-being.

Fortunately, there are ways to prevent or reduce work-related injuries and illnesses. This booklet addresses areas of particular concern and offers practical advice on steps that you can take to protect yourself.

If you notice a practice or physical condition that poses a potential hazard at your school, the first thing you should do is alert your UFT school chapter leader and paraprofessional representative. They will try to remedy the situation at the school level and, if necessary, will seek help from the UFT Health and Safety Committee. The committee has experts, including industrial hygienists, who know how to solve safety problems.

Don't hesitate to ask for help, because your union is here for you.

Sincerely,

Shelvy Y. Abrams

Shelvy Y. Abrams

CONTENTS

SAFETY BEST PRACTICES: BLOODBOURNE & COMMUNICABLE DISEASES

Universal Precautions

1. ASSUME everyone is infected.
2. Get VACCINATED against Hepatitis B (see pages 7 to 9)
3. Use UNIVERSAL PRECAUTIONS:

- COVER any cuts, scrapes or wounds you may have with clean bandages.
- AVOID getting stuck by needles and injured by sharp objects.
- Use gloves, face shields and/or aprons and other protective equipment (i.e. face shields) to create BARRIERS between yourself and students whenever there is a possibility of coming into contact with blood or body fluids. (See next page regarding gloves.)
- Use DISINFECTANTS to kill viruses, such as a combination of one part bleach to 10 parts water. (You should not clean up spills yourself; ask your custodian for help.)
- DISCARD items and articles contaminated with blood.
- WASH your hands immediately after exposure to blood or a body fluid.*

*The law states that you have a right to protect yourself with gloves, soap and water. If water is not readily accessible in your work area, then waterless soap must be provided.

Latex Gloves

Disposable latex gloves play an essential role in helping to protect you against infectious diseases, but some people are allergic to the gloves themselves. *If you do not know if you are allergic to latex, do not hesitate to use latex gloves — the risk of allergic reaction is far less than the risk of bloodborne diseases.* If you think you may be allergic, see "Testing and Diagnosis" on the next page. *If you already know that you have a latex allergy, the law states that you must be provided with non-latex gloves (speak with your principal or UFT chapter leader).*

There are three types of allergic reactions that can occur when using latex products:

Irritant Contact Dermatitis — a skin irritation caused from the effects of wearing protective gloves. It comes from:

- Using antiseptics or continually washing the hands, which can dry out the skin.
- Powders used in the manufacturing process of gloves.
- Sweating or rubbing under the gloves.

Symptoms may include redness, swelling, dryness, cracking, scaling and blistering. Wearing cotton liners under the gloves may help prevent the reaction.

Allergic Contact Dermatitis — caused by the chemicals used during the glove manufacturing process. This reaction acts like poison ivy, producing a rash or blisters, which begin to form one to two days after exposure. Wearing cotton liners may provide some protection.

Latex Allergy — Less common than irritant or allergic contact dermatitis. Caused by an allergy to the proteins in latex, latex allergy can produce severe reactions:

- In many cases, irritant or allergic contact dermatitis may be experienced first.
- Damaged or broken skin reduces the effectiveness of the skin as a protective barrier, allowing proteins and chemicals to enter the bloodstream.
- Once becoming "sensitized" to latex, even brief exposures can trigger an allergic reaction.
- It is not always necessary to contact the latex. Latex proteins can become attached to the powders in latex gloves and become airborne when gloves are removed and then may be inhaled.
- An allergic reaction can occur immediately after exposure, such as:
- Skin flushing
- Hives
- Itching
- Runny nose
- Sneezing
- Itchy eyes
- Scratchy throat
- Asthma
- Anaphylactic shock
- Death

Certain things other than latex exposure may also trigger a reaction, such as:

- Avocados, chestnuts, apricots and kiwi
- Multiple surgeries, especially at an early age, that caused an exposure to latex products
- Allergies, such as hay fever, may be an increased risk

Testing and Diagnosis

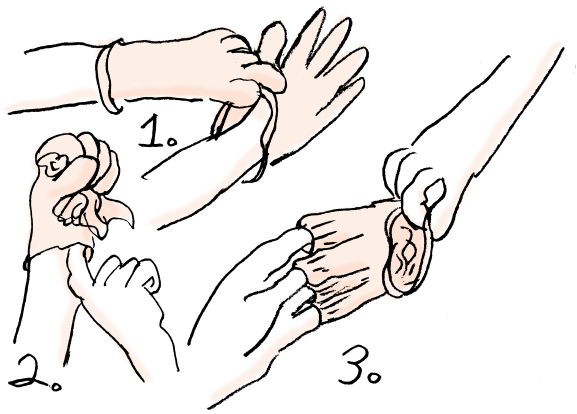
If you suspect an allergy, have a doctor make an evaluation as soon as possible, since further exposure could result in more serious health problems. Diagnosis is made through the medical history and by conducting a skin or blood test.

To prevent latex allergy and control exposure to latex products:

- Reduce or eliminate exposure to latex by using alternative glove materials, such as polyethylene, vinyl or synthetics whenever possible.
- Switch to low-protein, powder-free latex gloves.
- Use cotton glove liners to minimize direct contact with latex and other chemicals contained in gloves.

How to Properly Remove Disposable Gloves

1. PULL one glove back by the cuff until it comes off inside-out. DISCARD or cup it in the palm of your gloved hand.
2. HOOK a finger of your bare hand inside the cuff of the remaining glove.
3. PULL BACK so this glove also comes off inside-out, with the first glove tucked inside it.
4. DISCARD the gloves. Do not reuse and never wash disposable gloves.
5. WASH your hands immediately (microorganisms may enter through minute holes in the gloves).
6. Practice this procedure with clean gloves.



How to Wash Your Hands for Safety

- Always use WARM, RUNNING WATER if available — otherwise use waterless soap.
- Wet the hands and apply a small amount (dime to quarter size) of LIQUID SOAP to hands.
- RUB HANDS TOGETHER vigorously until a soapy lather appears. Continue for at least 15 seconds. Be sure to scrub between fingers, under fingernails and around the tops and palms of the hands.
- RINSE hands under warm running water. LEAVE THE WATER RUNNING while drying hands.
- Dry hands with a CLEAN, DISPOSABLE TOWEL, being careful to avoid touching the faucet handles or towel holder with clean hands.
- TURN THE FAUCET OFF USING THE TOWEL as a barrier between your hands and the faucet handle.
- DISCARD the used towel in a trash can — preferably one lined with a plastic bag.
- If available, use hand lotion to prevent chapping.

Bloodborne Diseases

During the course of your work, you may encounter students who have certain diseases that are carried in the blood. We call them "blood-borne diseases." They include various types of hepatitis and the HIV virus that causes AIDS. Casual contact with infected students — like speaking with them in class or touching them on the shoulder — won't pose any risk because germs must find their way into your bloodstream for infection to occur. However, if you come into contact with their blood and/or body fluids you may be at risk of exposure.

Hepatitis

The bloodborne diseases of greatest concern are hepatitis B and C. Both diseases are showing up in schools for several reasons, including more sexual and drug activity among children and an increase in immigrant children from countries where there are high rates of those diseases.

Many people are worried about "catching" HIV/AIDS, but hepatitis B and C are more concentrated in the bloodstream and body fluids of infected individuals and can survive out of the body for periods of one week or more — making them far easier to catch than HIV/AIDS. *The Department of Education offers an effective hepatitis B vaccine to all school personnel who are likely to come into contact with contaminated blood and body fluids. Many paraprofessionals are included as "high risk" personnel.*

Under city Health Department regulations, children born on or after Jan. 1, 1993 must be vaccinated against hepatitis B. Under a law passed with UFT support, all children in New York State must receive the hepatitis B vaccine before enrolling in the 7th grade after Sept. 1, 2000.

What is hepatitis?

Hepatitis is a virus causing an inflammation that destroys patches of liver tissue.

What are the different types?

They have been named "A" through "G." "B" and "C" are the most prevalent and "D" through "G" are not a concern in our schools at this time. Hepatitis A is a "communicable" disease — not a "bloodborne" disease — meaning that it is transmitted by air, water, touch or via an inanimate object, not by contact with blood or other body fluids. Therefore you'll find hepatitis A listed in the next chapter with other communicable diseases.

HEPATITIS B

Hepatitis B (HBV) is hardy and easy to catch. It's in blood and body fluids and can be up to 100 times more contagious than HIV; it can lead to cirrhosis, chronic liver disease or liver cancer.

What are the symptoms?

- Nausea
- Fatigue
- Abdominal pain
- Light stools
- Dark urine
- Appetite loss
- Diarrhea
- Fever
- Jaundice

Can the virus survive outside the body?

- Yes. It can survive at least seven days out of the body.

How can I get it?

Through contact with contaminated body fluids such as:

- Blood
- Semen
- Vaginal secretions
- Body tissue
- Breast milk
- Saliva
- Urine
- Exposure to sharp instruments containing contaminated blood
- Human bites
- Blood transfusion before 1975 when hepatitis B testing became available
- Sexually
- During birth

How soon do symptoms appear?

Usually within three months.

What is the treatment?

Bed rest.

Is there a vaccine to prevent infection?

Yes! Just three shots of vaccine provide protection.

How can I get this vaccine?

At the beginning of each school year, the principal identifies "high risk" staff. As a paraprofessional, you are entitled to the vaccine. If your name is not on the principal's list, contact your principal or chapter leader. You may also write a letter like this:

SAMPLE LETTER REQUESTING VACCINATION

(Today's Date)

Dear (Your Principal's Name):

The New York State Department of Labor requires the Department of Education to administer the hepatitis B vaccine free of charge to potentially exposed staff. In the course of my work as a paraprofessional, I am at risk of exposure to students' blood and body fluid and believe that I should have the vaccine.

Please advise me of the vaccination schedule.

Sincerely,

(Your Name)

(Your School)

(Your Social Security Number)

Keep a copy of the letter for your records.

HEPATITIS C

Hepatitis C rarely dissipates within six months. Few people are able to recover from it. It can be fatal.

What are the symptoms?

- Flulike
- Often no symptoms until liver damage occurs

What is the incubation period?

- Average seven to nine weeks, possibly up to seven months

How can I get it?

- Blood to blood contact, especially by intravenous drug use and shared needles
- Exposure to items with contaminated blood like:
  - > Needles (tattoo, body piercing, acupuncture)
  - > Razors
  - > Nail files
  - > Toothbrushes
  - > Scissors
  - > Tampons
- Sexually transmitted disease with rashes or sores
- Blood transfusions and organ transplants before July 1992

What is the treatment?

- Combination of drug treatments
- Liver transplant

Is there a vaccine?

- No.

For more information on hepatitis see the UFT Straight Talk pamphlet or contact: Hepatitis Foundation International, 30 Sunrise Terrace, Cedar Grove, NJ 17009 (1-800-891-0707).

HIV AND AIDS

What are HIV and AIDS?

- HIV (human immunodeficiency virus) is a virus that damages the body's immune system and cripples its ability to fight off other diseases. Usually after about 10 years of incubation the immune system weakens, eventually leading to:
- AIDS (acquired immunodeficiency syndrome) in which the body is unable to fight off serious diseases, eventually leading to death.

What are the symptoms of HIV infection?

Initially there are no symptoms, but as the virus begins to damage the immune system the following symptoms begin to appear:

- Fatigue
- Night sweats or fevers that don't go away
- Severe diarrhea
- Weight loss
- Swollen lymph glands

Can HIV be cured or controlled with medication?

There is no cure yet, although drugs continue to be developed that can slow the progression of HIV to AIDS in some people. In addition there are medications to treat the various infections to which AIDS-weakened people often succumb.

How is HIV diagnosed?

By testing the blood.

How is HIV transmitted?

It is transmitted only when an infected person's bodily fluids come into direct contact with the bloodstream of another person — and only in concentrations high enough to cause infection. Body fluids that can transmit HIV are:

- Blood
- Semen
- Vaginal secretions
- Breast milk
- Any other body fluid containing blood

There are three main transmission paths:

- Sexual contact
- Blood-to-blood contact
- Mother-to-newborn transmission

What role does sex play in the transmission of HIV?

During any type of sexual intercourse or activity, the virus — when carried in the body fluids of an infected person — can enter the bloodstream through mucous membranes or a cut or abrasion in the skin.

How can sexual transmission be prevented?

- Abstinence (not having sex)
- Sex with the same partner — if he or she is not infected
- Correct use of a condom

Can I catch HIV at my school?

This is highly unlikely and the UFT is not aware that it has ever happened. However, because the virus is spread through direct contact with infected blood, you should be careful not to pierce your skin with a contaminated needle or other sharp object, or splash the eyes, nose, mouth or open wound with any body fluid.

The HIV virus is ***not*** spread through:

- Handshakes
- Hugs
- Sharing food
- Eating utensils
- Office equipment
- Rest rooms
- Sneezes or coughs
- Contact with sweat, tears, urine or feces

What can I do to protect myself?

Use Universal Precautions! (See page 4.)

You're confusing and scaring me. First you say the risks are very low and then you tell me to follow safety procedures. Why?

The risk of contacting HIV is *very low* in the school setting. But why not protect yourself by taking that extra step and following the easy-to-use universal precautions to give yourself an extra safety margin against both HIV *and* hepatitis, a far more contagious disease than HIV?

NOTE: Most exposures do not result in infection. The risk varies with the type of exposure and factors such as:

- The amount of blood involved in the exposure
- The amount of virus in the patient's blood at the time of exposure
- Whether treatment is taken after exposure has occurred

Even though you say the risk of occupational exposure to HIV is low, what should I do if I am exposed?

Contact the principal. Insist upon seeing a physician *immediately*. Quick treatment (within one to two hours) after exposure may reduce the risk of infection.

For more information about HIV/AIDS, call the UFT's resource specialists Monday through Friday from 4 to 6 p.m. at (212) 598-9275 or read "HIV/AIDS: Straight Talk from the UFT." If you have the virus, see the UFT booklet "Living and Working with HIV Infection."

Communicable Diseases

A communicable disease is one transmitted by direct, indirect, airborne or waterborne contact. Direct contact is person-to-person; indirect contact is via an inanimate object.

Communicable disease rates go up and down in every community. Cases can appear in epidemic proportion one year, only to fall to just a few cases the next. You should always be alert to the communicable diseases common in your community.

How To Protect Yourself

- Wash your hands several times a day and especially after coming into contact with any secretions from a student.
- If you are pregnant or have any chronic conditions (e.g., diabetes, cancer, heart disease), get advice from your physician on protecting yourself from exposure.
- Don't share personal items such as combs, towels, cups, etc., with students.
- Try to increase ventilation in your classroom as much as possible by opening a window and/or doors. Increased air can reduce the concentration of airborne germs and, therefore, greatly reduce your risk of infection. Reduced ventilation explains why people get more colds in the winter.
- Get an annual tuberculosis (TB) test, especially if you work in a high-risk area.

What are some Communicable diseases?

Hepatitis A — This is the only type of hepatitis that is a communicable disease. It occurs mostly in children, who usually *don't* exhibit the symptoms found in adults, which may include nausea, fatigue, abdominal pain, light stools, dark urine, appetite loss, diarrhea, fever and jaundice.

Hepatitis A is spread by eating items contaminated with infected feces, raw or partly cooked shellfish from contaminated water or foods contaminated during handling and by drinking water or ice contaminated by raw sewage. The virus has an incubation period of about 30 days and the symptoms last from 6 to 12 months. It is also contracted by coming in close contact with people who live in areas with poor sanitation, traveling or working in developing countries, engaging in oral sex and using intravenous drugs.

You can protect yourself by careful hand washing after toileting your students and by getting an immune globulin shot after coming into close contact with an infected person. Should this disease be contracted once, then there will be lifetime immunity.

Fifth disease — A mild childhood disease with symptoms of a facial rash or slapped-cheek appearance. Most of us were infected with the virus in childhood. However, adults who are recently infected may be at risk for temporary "arthritis" (joint inflammation) or chronic anemia. There may also be a risk of fetal death for newly infected pregnant workers.

Impetigo — A highly contagious skin infection, common among children, appearing as a cluster of raised bumps filled with fluid and often pus. The disease is spread through direct contact with sores of an infected person and through contaminated towels and toilet articles.

Influenza (flu) — A highly contagious viral infection of the nose, throat, bronchial tubes and lungs that includes many strains; new ones emerge every year. Everyone is susceptible. It's spread through droplets from the nose and throat of an infected person. Symptoms may include fever, chills, coughing, and body aches and headaches. The symptoms usually last a few days, but they can lead to pneumonia, hospitalization and

even death. Immunizations are available to prevent or limit the illness, but because new strains emerge each year, the effectiveness of the vaccine can vary.

Lice (Pediculosis) — An infection of the hairy parts of the body or clothing with lice eggs, larvae or adults (head lice, body lice, pubic lice, cooties and crabs.) Easily transmitted to anyone by direct contact. Usually found in the sexually active, or individuals from crowded, unsanitary conditions in contact with infrequently changed or laundered clothing or bedding. The lice cause itching in the area where they feed, leading to scratching — sometimes intense enough to create a secondary bacterial infection. The lice are killed with medicated shampoos or cream rinses.

Ringworm — A general name for several fungal skin diseases. Most common is ringworm of the scalp, which produces scaly patches of temporary baldness, and ringworm of the body that is characterized by flat ring-shaped sores. Direct skin-to-skin contact, along with indirect contact with personal items such as hats, combs and towels, can transmit the fungus. Ringworm can lead to other, more serious, bacterial infections if not treated promptly.

Scabies — A common infectious skin disease caused by the scabies mite, which burrows into the skin and creates itchy pimple-like irritations. Anyone can get scabies through direct skin-to-skin contact with infected individuals and their belongings. Scabies is treated with skin lotions, which kill the mite.

Tuberculosis — TB is a serious infectious lung disease caused by germs that damage the lungs. Individuals with active TB spread it through coughing, sneezing or talking, which release droplets of the bacteria into the air. Anyone who breathes these germs into their lungs can become infected, but healthy people seldom become sick. Usually TB can be cured with medication, but if it is not treated it can cause death. It was once nearly eradicated but has grown more threatening in recent years. Schools are *not* considered high-risk locations for catching TB.

LIFTING (THE ERGONOMIC WAY)

Paraprofessionals who work with disabled children often have to move them or change their positions. Lifting children the right way can help you avoid back injuries.

The Background of Your Back

Your back has natural curves that form an "S" shape. These curves are important to balance the weight of your body and keep your head up straight. It's important to maintain these curves.

- Your back or spine is made of 24 bones called **vertebrae** that are stacked one on top of the other.
- The vertebrae are held together by bands of tissue called **ligaments**.
- At the bottom of the spine the vertebrae are joined together to form a base that holds up the rest of your body.
- The **spinal cord** is a bundle of nerves passing through holes in the vertebrae, carrying messages from your brain to muscles and organs.
- Between the vertebrae are shock-absorbing pads called **discs**.
- **Tendons** attach the muscles directly to the vertebrae.
- **Muscles** enable you to move, hold your posture and keep your back stable.

Ligaments can be damaged by:

- Sudden movements
- Exertion in uncomfortable postures

Muscles can be damaged by sudden movements and:

- Strained by twisting
- Fatigued (tired) by overwork
- Fatigued by awkward postures
- Fatigued by holding a posture too long
- Weakened by repetitive movements

Tendons can be:

- Damaged by the same things as ligaments and muscles.

Discs can be:

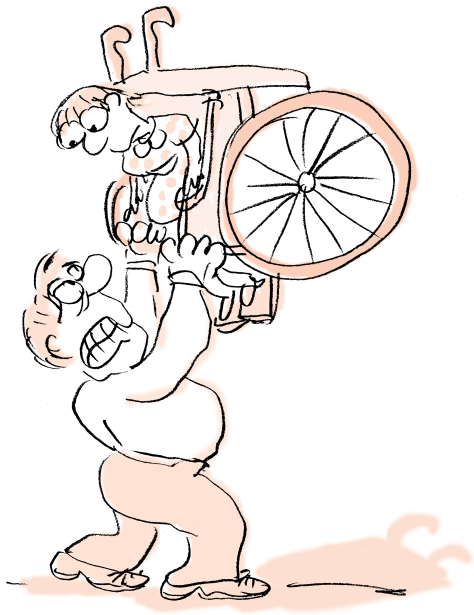
- Injured by the same body movements that injure muscles, ligaments and tendons.
- Slipped out of their normal position.
- Ruptured, putting pressure on the spinal nerves.
- Worn out, allowing the backbones to grind together, resulting in nerve damage.

Ergonomics

Although improper lifting is one of the major activities that can trigger back problems, you can be hurt by catching, transferring, diapering, feeding and just plain caring for students. However, you can avoid injury by using basic "ergonomic" principles. (Ergonomic refers to the science of working safely.)

Ergonomics may include:

- Easy-to-use equipment.
  Example: transferring a student with a mechanical lifting device.
- Inventing or adapting new equipment that will take the strain out of the job.
  Example: using a stool on wheels that rolls over to a wheelchair or toilet.
- Organizing work in new ways.
  Example: items used daily are placed on easy-to-reach shelves.
- Doing tasks properly.
  Example: transferring a student from, say, a wheelchair to a toilet with the help of a second person.



Ergonomics are "body friendly" by:

- Helping us to stop injuries from happening.
- Helping us to understand which job tasks and body movements can hurt us and to find safer ways to do these tasks.
- Making an ergonomic program to prevent back sprain and strain injuries before they occur, including:
  - > Regularly inspecting your workplace and locating the hazards that could lead to injury.
  - > Training everyone to prevent injuries.
  - > Developing a plan to get injured workers the care they need.
  - > Providing the most useful and safe lifting devices to use with students.

Major causes of back problems:

- Poor posture
- Poor body mechanics
- Poor physical fitness
- Loss of flexibility
- Forceful or uncontrolled lifting
- Stress at work or home

Lifting Dos and Don'ts

Common lifting errors:

- Lifting with back bent and legs straight
- Simultaneously bending and twisting
- Placing the load too far away (weight held at arm's length from the body can cause a stress 10 times greater than when held close to the body)
- Using fast, jerking motions
- Inadequate strength
- Poor planning (increases the possibility that mistakes will occur, causing injury)

Proper lifting:

- Always plan the lift or transfer by first checking the load
- Maintain your back's natural "S" (lumbar) curve
- Keep the load close to your body
- Keep your legs apart at shoulder width
- When lifting, place one foot ahead of the other; your front foot should point toward the person or object you're lifting
- Do not twist — use your feet to move

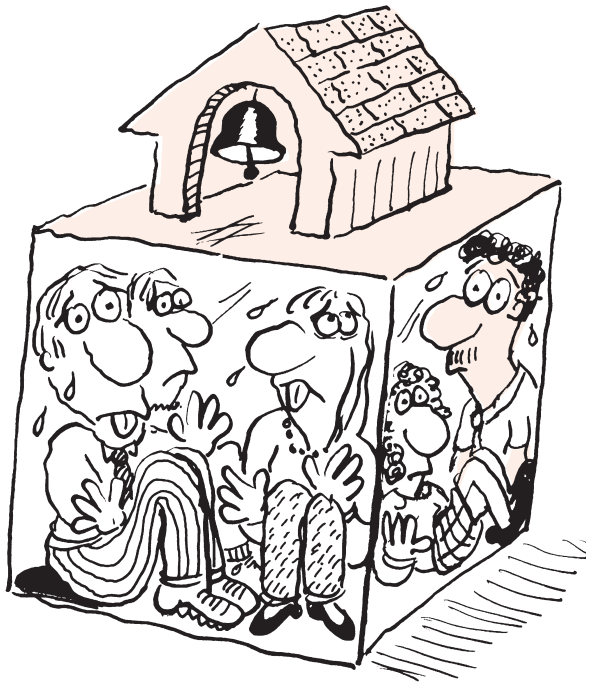
If you don't have the strength, get help — or better yet — use a mechanical assist! (Check to see if the student's individual education plan [IEP] can be modified to include special lifting equipment.)

Back injuries are not usually caused by a single event. They frequently are the result of cumulative trauma. Even though a back injury appears to have happened at the time of the injury, back injuries occur through wear and tear over time. Chronic or ongoing back pain is the best predictor of the possibility of a back injury. Never ignore it. Consult your physician about ways that you can treat the pain and strengthen your back and abdominal muscles.

INDOOR AIR QUALITY

The UFT receives more complaints from its members about poor indoor air quality in schools than about any other health and safety issue. Staff complaints include irritation of the nose and throat, dry itchy eyes, headaches, drowsiness, difficulty concentrating and asthmatic-type reactions.

Many of the problems can be traced to inadequate ventilation or indoor pollution sources. In most situations, indoor air pollution is not a serious, long-term threat to health, but it can result in physical discomfort and interfere with the ability of students and members to perform. However, it could be a tip-off to other air pollution problems.



Typical sources of pollution include:

- Exhaust from coal or oil boilers, buses and automobiles
- Ozone, heat and toner dust from photocopiers
- Methanol from duplicators
- Dust from construction
- Chemical vapors from laboratories
- "Bioaerosols" — biological organisms that can be released into the air, like molds, bacteria, insects and rodent droppings.

The UFT has lobbied aggressively for more funds to improve air quality and for city, state and federal legislation that would set standards for acceptable indoor air quality in schools and public buildings.

Improving Indoor Air Quality

Indoor air quality can be improved with proper ventilation — meaning sufficient outside air for the number of building occupants, properly distributed throughout the building to dilute the concentration of indoor contaminants.

You can help to eliminate or minimize building pollution by:

- Opening windows four to five inches for about 15 minutes every few hours. The return air or exhaust vents should be free of materials that block airflow. Simply stated, keep windows open to reduce indoor air pollution!
- Choosing non-toxic or less toxic materials for art and shop classes.
- Providing adequate ventilation during science demos and experiments.
- Selecting building materials and furnishings that emit the least amount of airborne contaminants.
- Banning smoking (an activity already banned in schools).

For more information read "Indoor Air Quality: Straight Talk from the UFT."

LEAD

Lead is a soft, heavy metallic element with many industrial uses, including paint.

Lead can damage the nervous system and kidneys and even be fatal. It also may affect brain development in children. The two main sources of contamination are paint chips and dust — which toddlers may eat because they taste sweet — and drinking water.

Lead in paint

The Department of Education stopped using lead paint in 1980, but it can still be found in about 8 out of 10 schools, as well as in countless apartments and houses in New York City. Lead paint poses a problem only when it is disturbed or deteriorating. Therefore the danger in schools is small. Some of the worst problems were fixed during the 1993 asbestos cleanup, and school officials are supposed to keep a close watch on what's left to see if it becomes damaged.

Lead in water

Some lead exists naturally in drinking water supplies; it also leaches in from lead pipes or solder in the street, building or water cooler. The UFT insists that bottled water be used in schools that experience elevated lead levels in the water until the problem is solved. New York City is adding a harmless, tasteless chemical to the water supply to coat the inside of pipes, thereby preventing lead from leaching into flowing water.

The UFT insisted that the chancellor establish a lead task force to see that any hazards are corrected. The board is acting in unison with the UFT to implement the recommendations made by the task force.

You can help by reporting any peeling paint or plaster to your chapter leader. Never scrape, sand or attempt to remove it yourself, as this may generate lead dust, creating a problem where none had previously existed. **Remember that if lead paint is intact it does not present a problem.**

The DOE has instructed custodians in schools with high lead levels in water to flush the lines in the morning to rid them of overnight water. Physicians for Social Responsibility recommends letting taps run for at least a minute if they haven't been used for two hours or more, both at home and at school. If you're drinking the water, let it run until cold, since warm water dissolves more metals than cold water.

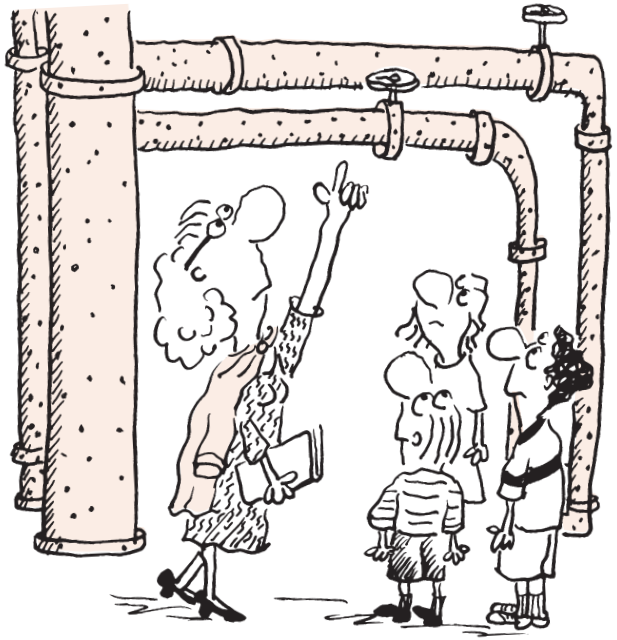
Advise parents that to protect their children they need to:

- Get their landlord to remove peeling paint in their homes. A city law requires this.
- Feed their children foods rich in iron and calcium — like eggs, lean red meat, beans, and dairy products — which lessen the absorption of lead.
- Not store food and liquids in lead crystal, imported or old pottery.
- Make sure their children don't chew anything covered with dust.
- Have their children wash their hands frequently.

For more information see "Lead: Straight Talk from the UFT."

ASBESTOS

Asbestos is a mineral with long, strong, flexible, threadlike fibers that are relatively indestructible, heat resistant and chemically stable. These properties led it to be used in more than 3,000 different products, but particularly in insulation and fireproofing. An estimated 3.5 million tons were installed in schools and public buildings before being banned in New York City in 1970. It is most frequently found in schools in plaster, spray-on insulation, insulation on pipes and boilers, and floor and ceiling tiles.



If asbestos fibers are firmly bonded or compacted within other material — such as a plaster wall — it's considered relatively safe. If water damage, abrasion or sloppy repair work occurs, microscopic fibers can be released into the air where it can be inhaled, swallowed or attached to clothing. This form of asbestos — called "friable" — poses the greatest health risk. Asbestos is tasteless and odorless.

When breathed, microscopic asbestos fibers can lodge in the lungs and other internal organs. Because of their strength and chemical stability, the body cannot break them down. Some people who have had prolonged, heavy exposure to large amounts of asbestos — most famously asbestos miners and World War II shipbuilders — may develop rare and potentially fatal lung diseases. **There is no evidence that classroom personnel have ever contacted these diseases.** However, the UFT insists on the remote possibility of asbestos hazards and demands a clean-up whenever there is damage to asbestos-containing materials in school.

Every school should have been inspected to identify any areas containing asbestos. A copy of this report should be in the principal's office. If you see that an area of your school has deteriorated, tell your chapter leader, who can check the report or discuss this with the custodian and see if the area poses an asbestos hazard. If so, he or she will notify the union.

The UFT fought for and won a state law that will protect you in the future. If at some point you become ill — and believe it to be school asbestos-related— you may file suit.

When the union determines that a school poses an asbestos health threat, we will force the school to close until the asbestos is cleaned up. The UFT lobbied the city to enact a law requiring additional tests before any renovation work is begun. We trained chapter leaders to be an early warning system, trained an in-house health and safety team, hired industrial hygienists and brought in laboratories to conduct independent tests of asbestos and other hazardous conditions. Whenever there's a question, the union sends in its own experts and, if necessary, insists on school closings based on their findings. **The UFT will not allow children or adults into a building that poses a health threat.**

For more information see "Asbestos: Straight Talk From The UFT."

STRESS

Work-related stress can make you miserable and worsen medical conditions. It's a widespread problem. Authorities estimate that workers' compensation claims related to stress cost more than $150 billion annually in health care expenses and lost productivity.

What are some common causes of stress?

- Demanding jobs with too much responsibility and too little control.
- Harassment by supervisors, administrators and difficult students.
- A poor physical environment — including overcrowding and lack of materials.

How will stress make me feel?

- Unhappy
- Easily irritated
- Quick to anger
- Tired
- Depressed
- Headachy

- Sick, with stomach, back trouble, or other illnesses.
- Sleepless.
- Subject to rapid loss or gain of

What can I do to relieve stress?

- Try to identify what it is about your job that most gets on your nerves. Then talk with the teacher with whom you work to see if there are ways to restructure your assignments to manage the irritation. If necessary, talk to your UFT chapter leader and then your principal.
- Eat the right foods, drink lots of water and eat slowly.
- Avoid the wrong foods, like caffeine, sugar and alcohol.
- Do physical exercises such as walking, stretching and deep breathing.
- Take assertiveness training.
- Manage your time through prioritizing and setting goals.
- Find new ways to relax and do so every day for at least 20 minutes.
- Call on your family, friends and co-workers for support by sharing your feelings.
- Take a UFT stress management course (See the UFT course catalogs in August, January and June for course listings; some are in-service and some carry college credit).
  To learn more about how to cope with stress, "Managing Stress: A Guide for UFT Members."