



<b>ADMINISTRATIVE PROCEDURE</b>	
<i>Approval Date</i> <b>2014</b>	<i>Replacing</i> <b>All previous policies</b>
<i>Review Date</i> <b>2019</b>	<i>Page</i> <b>1 of 3</b>
<i>Contact Person/Department</i> <b>Human Resources Administrator</b>	<i>Identification</i> <b>HR - 4205</b>

## **INVESTIGATING INDOOR AIR QUALITY PROBLEMS**

### **1.0 PURPOSE**

Trillium Lakelands District School Board recognizes and is committed to its responsibilities to provide for the health and safety of all staff while at work. The matter of health and safety is of fundamental importance and every reasonable measure will be taken to protect all employees from injury due to accidents and health hazards.

In order to achieve this objective, all employees are required to be active in health and safety and accident prevention by performing their tasks in accordance with the Occupational Health and Safety Act, the Regulations under the Act, established safety procedures, and safe work practices on the job.

It is the responsibility of employees having supervisory responsibilities, to ensure that employees reporting to them comply with established safe work practices and procedures.

### **2.0 REFERENCES/RELATED DOCUMENTS**

- 2.1 Occupational Health and Safety Act and Regulations
- 2.2 Ontario Building Code
- 2.3 Incident/Accident/Injury Reporting and Investigation Procedures/Forms  
- BU-3555
- 2.4 Indoor Air Quality Investigation Questionnaire

### **3.0 TERMS AND DEFINITIONS**

- 3.1 INDOOR AIR QUALITY – the acceptable indoor environment as established by regulations, codes and standards.
- 3.2 JOHSC WORKER MEMBER – worker at a workplace chosen by the unions who holds certification under the Occupational Health & Safety Act.
- 3.3 SYMPTOMS - Some of the symptoms attributed to poor air quality include headaches, excessive fatigue, difficulty in concentrating, shortness of breath, skin irritation, dry throat, nose bleed, eye irritation, recurring flu, fever, cough, tightness in the chest, dizziness, retching and vomiting.

### **4.0 ADMINISTRATIVE PROCEDURE**

- 4.1 STAGE ONE - OBSERVATION ONLY - Requires no instruments:

4.1.1 Workers experiencing symptoms relating to indoor air quality must report the concerns to the Principal in writing (i.e. email) The Principal will forward that concern to the JOHSC Worker Member for that building. Should a worker inform the Principal verbally, the Principal shall instruct the worker to put the concern in writing.

4.1.2 The Principal, with the assistance of the custodian and maintenance, if necessary, will immediately observe the operation of the school and answer the following questions:

- i) Could carbon monoxide or any other combustible by-product be present?
- ii) What are other pollutant sources?
- iii) Are there problems with Heating, Refrigeration, Air-Conditioning or Ventilation (HVAC) system?
- iv) Are maintenance schedules for the HVAC system adhered to?
- v) Is the operation of the HVAC system acceptable?
- vi) Have all previous ventilation concerns been addressed?

The Principal will investigate and respond to the worker and JOHSC Worker Member within five (5) business days. If the cause of the problem is not identified, the questionnaire in stage-two should be completed immediately.

## 4.2 STAGE TWO - QUESTIONNAIRE

4.2.1 The attached questionnaire is designed to evaluate the extent staff is affected and the areas which may likely have problems.

4.2.2 The Principal will advise all staff to complete the indoor air quality questionnaire and inform the JOHSC Worker Member that this stage has commenced.

4.2.3 All staff concerned with the indoor air quality in the school will complete the questionnaire and submit the completed questionnaire to the Principal within two (2) business days of when the questionnaire is requested.

4.2.4 The Principal will forward the questionnaires to the Health and Safety Coordinator within two (2) business days.

If the questionnaire shows a high frequency pattern of symptoms among staff, then stage three of the investigation should be conducted.

#### 4.3 STAGE THREE - SIMPLE FIELD MEASUREMENT

- 4.3.1 This stage involves field measurement with simple instruments. Professionals would not be required to perform these tests. They include measurements of temperature, relative humidity, carbon dioxide, carbon monoxide and air detection.
- 4.3.2 The Health and Safety Coordinator will arrange for the testing of the affected areas in the school.
- 4.3.3 The school Principal and the JOHSC Worker Member will be informed about the tests before they are conducted.
- 4.3.4 The results of the tests will be submitted to the Principal and the JOHSC Worker Member.

Only if the first three stages fail to identify the source of the problem should stage four be conducted as soon as possible.

#### 4.4 STAGE FOUR - PROFESSIONAL ASSESSMENT

- 4.4.1 This stage involves the use of professionals to further assess the situation. The professional may test for the presence of microorganisms, breathable suspended particulate, organic vapours, ozone, nitrogen oxides, asbestos, mould, formaldehyde, and air replacement.
- 4.4.2 The Health and Safety Coordinator in consultation with the Manager of Facility Services will arrange for the testing of the affected areas in the school by a professional.
- 4.4.3 The school Principal and the JOHSC Worker Member will be informed about the tests before they are conducted.
- 4.4.4 The results of the tests and recommendations will be submitted to the Principal and the JOHSC Worker Member. A summary of results will be communicated with all staff at the worksite.

TRILIUM LAKELANDS DISTRICT SCHOOL BOARD  
**STAGE TWO: INDOOR AIR QUALITY INVESTIGATION**

**QUESTIONNAIRE**

SCHOOL: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF EMPLOYEE: \_\_\_\_\_

ROOM NUMBER: \_\_\_\_\_

1. HAVE YOU EXPERIENCED ANY OF THE FOLLOWING SYMPTOMS?

	SEVERE	MINOR	FREQUENTLY	SOMETIMES	NEVER
HEADACHE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXCESSIVE FATIGUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHORTNESS OF BREATH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SKIN IRRITATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRIED THROAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOSE BLEED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EYE IRRITATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RECURRING FLU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEVER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUGH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TIGHTNESS OF CHEST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIZZINESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RETCHING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VOMITING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. DO YOU HAVE ANY MEDICAL CONDITIONS WITH ANY OF THE ABOVE SYMPTOMS?

YES                       NO

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. WHEN DID YOU FIRST EXPERIENCE ANY OF THE ABOVE SYMPTOMS IN THE WORKPLACE ?

\_\_\_\_\_ DATE

\_\_\_\_\_ TIME

4. ARE THESE SYMPTOMS EXPERIENCED THROUGHOUT THE SCHOOL?

- YES                       NO

OR

5. ARE THESE SYMPTOMS EXPERIENCED IN SOME SECTIONS OF THE SCHOOL?

- YES ( IF YES, LIST SECTIONS)                       NO

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. DO YOU EXPERIENCE THESE SYMPTOMS IN ANY OTHER PLACES OUTSIDE OF THE SCHOOL ?                       YES ( IF YES, LIST PLACES)                       NO

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE

DATE