Thames Valley District School Board **PROCEDURE**

Title	**Response Protocol and Communication Plan for Portables**	Procedure No.	2005g
Department	**Operations Services**		
Resource(s)	Health and Safety Policy Indoor Air Quality Investigative Procedures	Effective Date	2000 Jun 27

The purpose of this procedure is to provide Principals with a protocol and communication plan when concerns are raised by staff, students or parents on the air quality in portables. It is consistent with the Board's Indoor Air Quality Investigative Procedures excepting that it initiates a destructive/invasive mould investigation at the request of the Health Unit.

1. When a staff member, student or parent expresses a concern regarding the air quality in a portable, the Principal should use the *Initial Complaint Form* to record the information. The principal will use a separate *Communications Log* for each portable.

2. The Principal/Charge Custodian will investigate one or more of the following areas depending on the nature of the complaint:
   - occupancy/classroom standards are enforced
   - housekeeping standards are being met
   - the ventilation system is operating (HVAC unit is on and being maintained)
   - the extent of any water damage
   - the extent of any structural damage

3. The Principal and the Charge Custodian will initiate corrective action where possible and necessary.

4. If remediation is successful at any point during this procedure, a *Response Letter* will be forwarded to the individual(s) initiating the concern.

5. If the cause cannot be remedied or identified by the Principal and Charge Custodian, the Principal will contact Facility Services and the Health and Safety Department for assistance.

   Mould
   - Where mould is visible on the interior of a portable, the class is to be moved and the Health and Safety Department and Facility Services will be contacted. The Superintendent is to be advised by the Principal in order to prepare for possible media contact.
   - Classes will not return to the portable until *Remediation of Mould - Building Parts Re: Portables Procedure* is completed.

6. Facility Services will ensure that any ventilation equipment is operating as designed.

   When there is a problem with the HVAC Unit or a structural problem with the portable, Facility services must be contacted. The decision to move the students out of the portable will depend on the nature of the problem. As a general rule, if walls need to be removed or the HVAC Unit needs to be separated from the wall, the class will be relocated.

When it has been confirmed by Facility Services that the ventilation system is operating as designed, the Safety Department will initiate Air Quality Testing which will include Carbon Dioxide, Temperature and Humidity levels. This test is used to determine the percent of outside air entering the portable and the Board's compliance with the ASHRAE Standard (American Society of Heating, Refrigeration and Air Conditioning Engineers. Adjustments to the ventilation unit will be made by Facility Services, as necessary.

Air Quality tests will be conducted in portables subsequent to any repair of the HVAC unit.

7. If there is evidence of environmental contaminants, further hygiene testing may be initiated by the Safety Department.

8. If a cause cannot be identified at this point, the appropriate Health Unit will be contacted. The Health Unit may issue a survey/ questionnaire to parents to investigate the frequency/severity of the concern and a diagnosis as to cause based on symptom ology. The Health Unit will deliver, pick-up and interpret the *Indoor Environmental Quality Survey Questionnaire*.

9. The Health Unit will report the results of the survey to the board, principal and parents and the original party. This report may indicate:

    There is not sufficient data to indicate that the air quality in the portable is the cause of the adverse health symptoms.

    The survey indicates that further investigation is warranted.

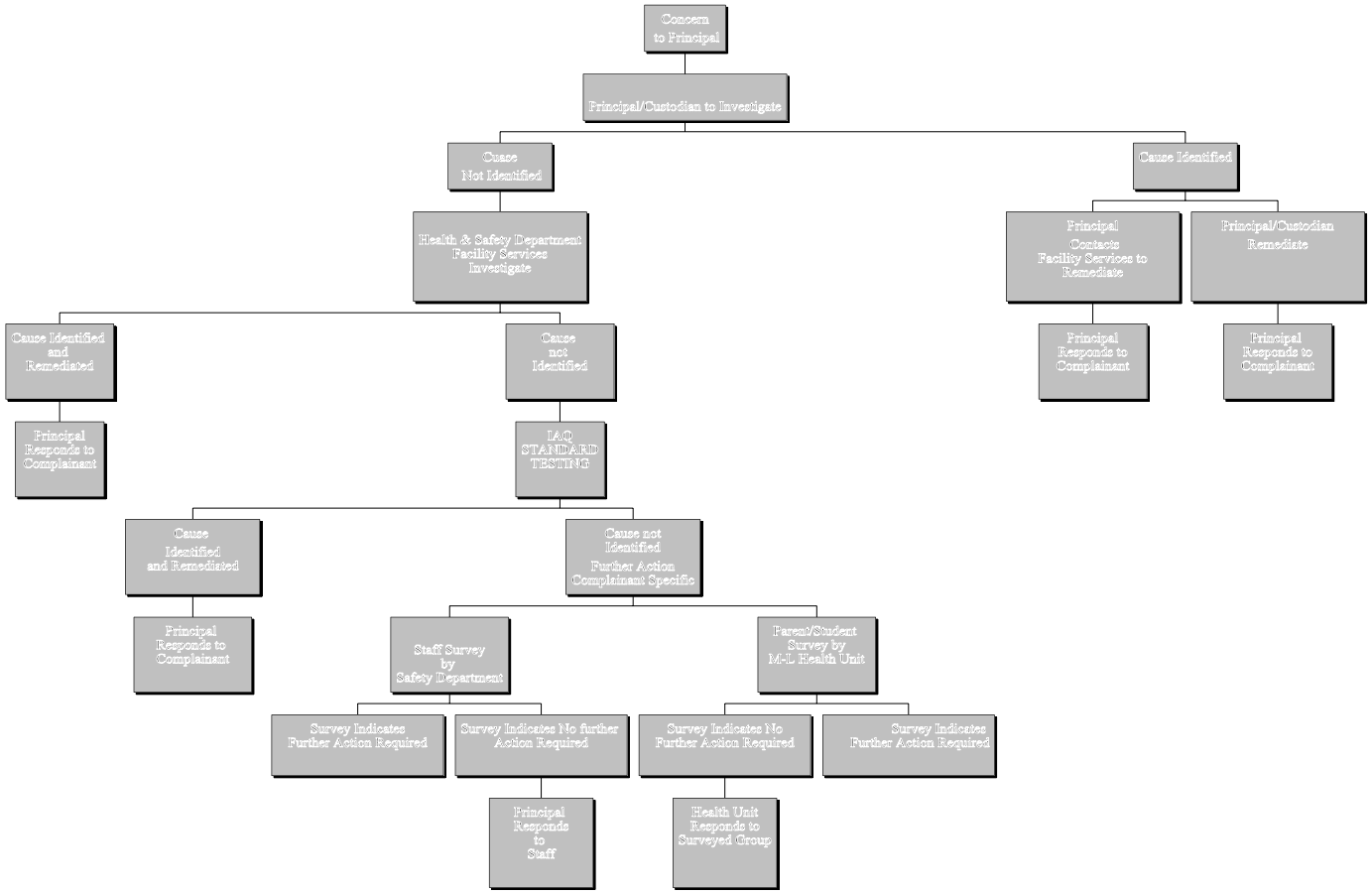
10. If further investigation is warranted, the Health unit will respond in writing to the board, principal and parents that the results of the survey indicate further investigation is required.

11. Facility Services will coordinate the removal of building structure to expose the vapour barrier as specified by the Health Unit. Health Unit Designate will be invited to view the deconstructed area. Discolourations will be sampled by the Health Unit and results will be forwarded to the Board, the Principal, and the Safety Department.

12. The portable will be stripped, sanitized and reconstructed in accordance with the procedures for *Remediation of Mould - Building Parts Re: Portables Procedure* or the portable will be destroyed.

13. A *Response Letter* will be forwarded to the individual(s) initiating the concern.

Response Protocol Communications Plan for Portables



Response Protocol Communications Plan for Portables
Parent/Student Concern

Initial Complaint Form

Date: _____

Student: _____

Portable Number: _____

Teacher: _____

School: _____

Parent/Guardian: _____

Complainant: _____
(if not the same as above)

Relationship: _____

Telephone Number(s): _____

Health Concern or Problem:

If a Health concern -

How long has the concern been present? _____

How severe is the concern: _____

Is it improving or worsening? _____

Do the symptoms improve at certain times? If so, when and for how long? _____

_____

Has medical attention been sought? _____

Is there a known allergic condition? _____

- Informed Parent/Guardian that this information will be shared with the Health and Safety Department and Facility Services.

_____
Principal's Signature

Response Protocol Communications Plan for Portables
Parent/Student Concern

Principal's Communication Log

Instructions: **There should be separate logs for each portable**
Log each call/contact separately

Classroom/Portable:_____

Date		Contact / Caller	
yy/mm/dd	Time	Telephone Number	Concern

Sample Letter

School Name: _____

Address: _____

Telephone: _____

MEMO TO: *Concerned Party (name)*

FROM: *Principal (name)*

SUBJECT: AIR QUALITY CONCERN

DATE:

This letter is in response to your concern about indoor air quality in portable number _____.

The following actions have ben taken to correct the problem:

-
-
-

I hope and expect that these actions will fully resolve your concern. If the problem or symptons reoccur, please contact me again.

Regards,

(Name)
Principal

INDOOR ENVIRONMENTAL QUALITY
SURVEY QUESTIONNAIRE

Dear Parents:

The Thames Valley District School Board and the Middlesex-London Health Unit are investigating the air quality in your child's classroom. Please fill out this questionnaire with your child and return it in the envelope provided to your child's teacher in the next week. Completed questionnaires will be sent to the Middlesex-London Health Unit's Environmental Health Division (Phone # 519-663-5317 ext. 2300) where the data will be entered and analyzed.

Even if your child has NOT been sick or NOT suffering from any discomfort, please complete questionnaire.

The information will be used to tell us how many students in the class are sick and what needs to be done next. The final report will summarize the results and will not include any student's names. Answers are confidential and participation is completely voluntary. A copy of the final report will be sent to parents who have completed the survey, the school Principal and Board of Education officials.

Personal information is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990.

Today's date: _____
(year / month / day)

Your name and daytime phone number in case we need to clarify any answers:

First name: _____ Last Name: _____ Phone Number: _____

About your child:

1. First name of your child: _____
2. Age of your child: _____ years
3. Is your child a boy or girl ? (circle your answer)
4. What grade is your child in: _____

About your child's school:

5. Name of School: _____

6. Name of Teacher: _____

7. Classroom # / Portable ID # _____

Your child's health:

8. Is your child currently taking any medication(s)? *(circle your answer)*

No **Yes** - If yes, please specify: _____

9. During the past month, has your child had...

a. the flu **No** **Yes**
b. a cold **No** **Yes**
c. pneumonia **No** **Yes**

10. Has a doctor told you that your child has any of the following medications:
(circle No or Yes for each option listed below)

		If yes, record date of diagnosis
Chronic bronchitis	No	Yes
Emphysema	No	Yes
Asthma	No	Yes
Hay fever	No	Yes
Eczema or itchy skin rashes	No	Yes
Allergies	No	Yes
Any other health problems *(please describe):*	No	Yes

11. Has your child experienced any of the following symptoms since September 1999? *(circle No or Yes for each option listed)*

HEAD		*If yes, record date of diagnosis*
Eye irritation (redness of the eyes)	No	Yes
Swollen eyelids	No	Yes
Sneezing, runny nose, blocked nose when you did not have a cold or flue	No	Yes
Fever	No	Yes
Aching teeth	No	Yes
Headache	No	Yes
Dizziness	No	Yes
THROAT & CHEST		*If yes, record date of diagnosis*
Chest tightness	No	Yes
Wheezing or whistling in the chest	No	Yes
Dryness in the throat	No	Yes
Sore throat	No	Yes
Swollen glands	No	Yes
Irritating and dry cough	No	Yes
GENERAL		*If yes, record date of diagnosis*
Tired and drowsy	No	Yes
Reduced ability to concentrate (difficulty thinking)	No	Yes
Depressed or irritable mood	No	Yes
Nausea	No	Yes
Abdominal pain	No	Yes
Chills	No	Yes
Sore muscles	No	Yes
Aching joints	No	Yes
Diarrhea	No	Yes
Skin rash	No	Yes

GENERAL: (*cont'd)*		*If yes, record date of diagnosis*
Any other health problems *(please describe):*	No	Yes

IF NO SYMPTOMS, PLEASE GO TO QUESTION 17.

IF YOUR CHILD HAS ANY SYMPTOMS, PLEASE CONTINUE:

12. Have you or your child noticed if anything tends to occur around the same time as the symptoms? *(e.g., specific weather conditions, ragweed season, etc.)*

No **Yes** - If yes, please specify: _____

13. Do your child's symptoms vary during the course of the week? *(circle your answer)*

No **Yes**

If yes, when are your child's symptoms generally worse?

a. weekday morning
b. weekday afternoon
c. weekday evening
d. weekends
e. symptoms never change

14. Do your child's symptoms go away?

No **Yes**

If yes, when does this happen

a. weekday morning
b. weekday afternoon
c. weekday evening
d. weekends
e. symptoms never change

15. Has your child been in contact with other people with similar symptoms/problems? *(circle your answer)*

No **Yes** - If yes, please specify: _____

16. Are you or your child aware of other people in the classroom with similar symptoms?

No **Yes** - If yes, please specify: _____

17. Can you offer any explanations for your child's symptoms?

_____

_____

Some general information:

18. Does your child wear contact lenses?

No **Yes**

19. Are there any pets at home?

No **Yes** - If yes, please specify: _____

20. Does anyone in the household smoke regularly inside the house?

No **Yes**

21. Generally speaking, how does your child get to and from school each day?

a. Walks
b. Gets a car ride
c. Takes the school bus
d. Takes public transit
e. Other (please specify) _____

22. Comments:

_____

_____

_____

Thank you very much for filling out this questionnaire.

If you wish to receive a copy of the final report,
please fill out your mailing address below
(including your postal code)

_____

_____

_____

Air Sampling for Mould

Method: Aggressive Air Sampling for Mould

Sampling Equipment: RCS Plus Centrifugal Air Sampler
Portable Air Compressor

Sampling Media: Rose Bengal Agar strips compatible with RCS Plus air sampler

Procedure:

- Using compressed air, make approximately three (3) circular motions around ceiling and floor to simulate air movement in room created by students, open doors and windows.
- Take background sample outside of building, approximately 6-10 meters up-wind of the building in-take. If the building has more than one intake, a sample should be drawn up-wind of each intake.
- Run air sampler to obtain sample volume of 160 litres. (approximately 3 minutes.)
- Record outdoor temperature and relative humidity.
- Label strip; recording *sampling rate and sampling duration.
- Return inside and draw indoor sample at sampling rate to obtain 160 l sample volume. (approximately three (3) minute sample.)
- Record indoor temperature and relative humidity.
- Label strip; recording sampling rate, sampling duration and package strips according to manufacturer specifications.
- Send strips to microbial laboratory for analysis. (Results received in approx.7 days)

Note: An air compressor is used to simulate the air movement resulting from normal occupancy of the room. (Including students moving around room, air movement created by opening/closing doors and windows.) By aggravating the air movement in the room, mould spores will become airborne therefore allowing capture during air sampling.

* *Sampling volume of 160 l is based on a sampling rate of 40 l/minute as recommended by the supplier of the agar strips, and a sample duration of 4 minutes as listed by Health Canada.*

Bulk Sampling for Mould

Method : Bulk Sampling for Mould

Equipment: Transparent non-frosted tape
Sealable plastic bags

Procedure:

- A small piece is cut/removed from the stained material and collected in a sealable bag.
- If a piece of the stained material can not be removed (i.e. may compromise vapour barrier) a tape sample may be taken.
- Place a piece of tape across stained material and press down.
- Pull up tape and press against inside of sealable bag.
- Label all samples accurately.
- Forward samples to an accredited laboratory by Courier Service.
- Analysis should be available within 10 days.