

CUPE BC Library Health & Safety Survey

INTRODUCTION

CUPE BC represents library workers across the province in schools, universities, colleges, and communities.

Our Library Health & Safety Survey will give us a better understanding of what the safety issues are for our members. Once this information is compiled it will serve as a critical tool in advocating for improvements.

This survey should take approximately 10-15 minutes. Thank you for participating. Your contribution is important.

An online version is available at
<https://www.surveymonkey.com/r/CUPElibrary>

If you are unable to fill out the survey online, please mail your completed survey to:

Zoe Magnus
National Representative
Canadian Union of Public Employees
BC Regional Office
#500 - 4940 Canada Way,
Burnaby, BC, V5G 4T3

GENERAL INFORMATION

1. What type of library do you work in?

- a. Public Library
- b. University or College Library
- c. School Library (K-12)

2. Employer Name: _____

3. What community is your branch located in? _____

4. What is your CUPE Local?

Local Name: _____

Local Number: _____

5. Which of the following categories best describes your employment status?

- a. Permanent/Regular Full-time
- b. Permanent/ Regular Part-time
- c. Auxillary
- d. Other (please specify): _____

6. What is the highest level of school you have completed or the highest degree you have received?

- a. Up to a high school diploma
- b. Community Librarian Certificate
- c. Library Technician Diploma
- d. Masters of Library and Information Science, or Masters of Archival Science
- e. Other university degree

7. What is your age?

- a. 20 or younger
- b. 20-29
- c. 30-39
- d. 40-49
- e. 50-59
- f. 60 or older

8. What is your gender?

- a. Male
- b. Female
- c. Transgender

CONDITIONS AT THE WORKPLACE

10. Please rate the effectiveness of the following at your workplace:

	Very ineffective	Somewhat ineffective	Effective	Very Effective	This does not exist at my workplace	Do not know
Established procedures for safety incidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy for dealing with problem patrons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint Occupational Health and Safety Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security guards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other security services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other please specify: _____

11. How often do you feel at unsafe work?

Never	Rarely – a few times a year	Sometimes – monthly	Often – weekly	Very often – everyday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. How often are staff at your library required to work alone?

- | | | | | |
|--------------------------|--------------------------------|--------------------------|--------------------------|--------------------------|
| Never | Rarely – a few
times a year | Sometimes –
monthly | Often – weekly | Very often –
everyday |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

13. If you are required to work alone, are you aware of the working alone procedures in your workplace?

- a. Yes
- b. No

14. Do you feel that staffing levels impact your safety at work?

- a. Yes
- b. No

Comment:

15. Are staff exposed to biohazards at your place of work? (Please check all that apply)

- Used needles
- Feces, urine
- Vomit
- Blood
- Saliva
- Bed bugs
- Vermin
- None
- Other (please specify) _____

16. If staff are sometimes exposed to biohazards, please indicate below which of the following are in place at your workplace:

	Yes	No	Do Not Know
Adequate personal protective equipment (ex. gloves, mask, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate disposal equipment (ex. sharps container)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate safety procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate training for handling biohazards safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Does your place of work have any of the following hazards? (please check all that apply)

- Poor lighting inside
- Poor lighting outside
- Unsafe parking
- No parking
- Unsafe neighbourhood
- Inability to see what is happening in the library
- Inability to see what is happening around
- Other (please specify): _____

18. Have you been informed of your right to refuse unsafe work?

- a. Yes, by my employer
- b. Yes, by CUPE
- c. No
- d. Other (please specify): _____

19. Do you feel comfortable refusing unsafe work?

- a. Yes
- b. No
- c. Do not know

JOB DUTIES AND CLIENTELE

20. Has demand from library users for information about the following services changed over time?

	Increased	Stayed the same	Decreased	Do not know	N/A
Legal advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job search assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information on how to access social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigration / ESL services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

21. How often do patrons use the library for the following purposes?

	Never	A few times per year	Every month	Every week	Everyday
Seeking shelter (perceived to be homeless)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Place of refuge from violence and/or bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social interaction with other patrons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social interaction with library staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illegal activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify): _____

22. If in the above question you indicated that illegal activity occurs in your library, please describe how your employer has responded to such activities:

23. Have any of your duties changed over time due to the nature of your clientele?

SAFETY INCIDENTS AT WORK

24. At work I have... (please check all that apply)

- Witnessed a safety incident
- Personally experienced a safety incident

25. How often do incidents that impact your safety occur at work?

	Never	Rarely – a few times a year	Sometimes – monthly	Often – weekly	Very often – everyday
Incidents requiring the assistance of police / first responder (ie 911)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incidents requiring a patron to be banned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal threats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical threats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indecent exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with intoxicated patrons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify) _____

26. When incidents occur, how often are they reported?

Never	Less than 50% of the time	50% of the time	More than 50% of the time	Always	Do not know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Who are incidents reported to? (please check all that apply)

- Coworkers
- Bargaining unit supervisors
- Managers
- Union
- Health and Safety Committee
- Other (please specify) _____

28. What are the main reasons incidents may not be reported? (please check all that apply)

- Not applicable, incidents are always reported
- The staff member feels a report is unnecessary
- Staff are unaware of how to report
- Incidents are not dealt with effectively when reported
- Other (please specify) _____

29. How effective is your employer in dealing with reported incidents?

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Not effective | Somewhat effective | Effective | Do not know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comment:

CONCLUSION

30. Would you be interested in participating in a follow up interview to this survey?

- a. Yes
- b. No

31. Please provide your personal email address (optional). This email will only be used for survey follow-up.

32. Please provide your name (optional). This information will only be used for survey follow up.

33. Additional comments

Thank you for participating in CUPE BC's Library Health & Safety Survey.

If you have any questions or concerns please contact:

Zoe Magnus
CUPE BC Libraries Coordinator
zmagnus@cupe.ca