

TORONTO CATHOLIC DISTRICT SCHOOL BOARD REGULAR MEETING Public Session

AGENDA June 14, 2018

Barbara Poplawski, Chair
Trustee Ward 11

Maria Rizzo, Vice Chair
Trustee Ward 6

Ann Andrachuk
Trustee Ward 2

Patrizia Bottoni
Trustee Ward 4

Nancy Crawford
Trustee Ward 12

Frank D'Amico
Trustee Ward 6

Rhea Carlisle
Student Trustee

Jo-Ann Davis
Trustee Ward 9

Michael Del Grande
Trustee Ward 7

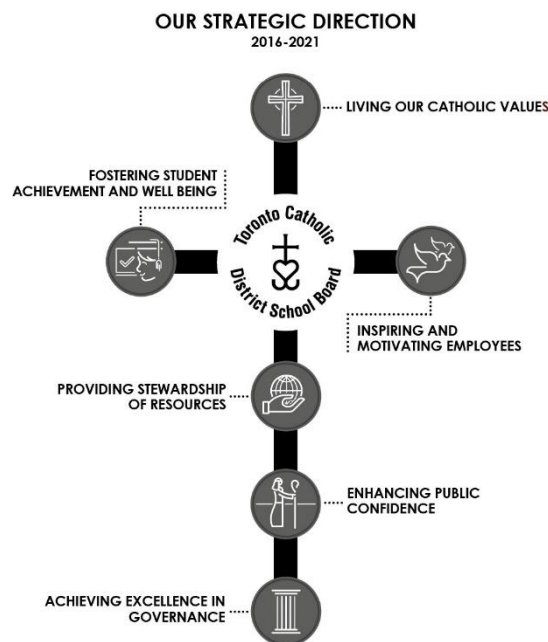
Angela Kennedy
Trustee Ward 11

Joseph Martino
Trustee Ward 1

Sal Piccininni
Trustee Ward 3

Garry Tanuan
Trustee Ward 8

Joel Ndongmi
Student Trustee



MISSION

*The Toronto Catholic District School Board is an inclusive learning community uniting home, parish and school and rooted in the love of Christ.
We educate students to grow in grace and knowledge to lead lives of faith, hope and charity.*

VISION

At Toronto Catholic we transform the world through witness, faith, innovation and action.

Recording Secretary: Sophia Harris, 416-222-8282 Ext. 2293

Assistant Recording Secretary: Sonia Tomaz, 416-222-8282 Ext. 2298

Rory McGuckin
Director of Education

Barbara Poplawski
Chair of the Board



**AGENDA
REGULAR MEETING
OF THE
TORONTO CATHOLIC DISTRICT SCHOOL BOARD
PUBLIC SESSION**

Barbara Poplawski, Chair

Maria Rizzo, Vice Chair

Thursday, June 14, 2018

7:00 P.M.

Pages

1. **Call to Order**
2. **Memorials and Opening Prayer**
3. **Singing of O Canada**
4. **Roll Call & Apologies**
5. **Approval of the Agenda**
6. **Reports from Private Session**
7. **Notices of Motions**
8. **Declarations of Interest**
9. **Approval and Signing of Minutes of the Previous Meetings** 1 - 40
 - 9.a **Student Achievement and Wellbeing, Catholic Education and Human Resources Committee May 2, 2018**
 - 9.b **Special Board May 8, 2018**
 - 9.c **Corporate Services, Strategic Planning and Property Committee May**

10, 2018

9.d Regular Board May 17, 2018

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**MINUTES OF THE SPECIAL MEETING OF THE
TORONTO CATHOLIC DISTRICT SCHOOL BOARD**

HELD WEDNESDAY, MAY 2, 2018

STUDENT ACHIEVEMENT

PRESENT:

Trustees:

N. Crawford, Chair
A. Kennedy, Vice Chair
A. Andrachuk
F. D’Amico – By teleconference
M. Del Grande
B. Poplawski
M. Rizzo
G. Tanuan

Student Trustee:

R. Carlisle

Staff:

R. McGuckin
D. Koenig
M. Puccetti
L. Noronha
A. Della Mora
V. Burzotta
M. Caccamo
S. Camacho
S. Campbell
F. Cifelli
N. D’Avella
C. Fernandes
K. Malcolm
G. Iuliano Marrello

J. Shanahan
J. Volek
J. Wujek
D. Yack
J. Yan

A. Robertson, Parliamentarian

S. Harris, Recording Secretary
C. Johnston, Acting Assistant Recording Secretary

4. Roll Call and Apologies

Apologies were extended on behalf of Trustees Davis, Bottoni, Martino and Piccininni.

5. Declarations of Interest

There were none.

The items dealt with at the Student Achievement and Wellbeing, Catholic Education and Human Resources Committee Meeting in PUBLIC Session were deemed presented.

MOVED by Trustee Crawford, seconded by Trustee Tanuan, that all matters discussed in PUBLIC Session be approved.

Results of the Vote taken, as follows:

In Favour

Opposed

Trustees Andrachuk
Crawford
D'Amico

Del Grande
Kennedy
Poplawski
Rizzo
Tanuan

The Motion was declared

CARRIED

**(PUBLIC Sessions Minutes Distributed Separately at
the May 31, 2018 Student Achievement and Wellbeing Catholic Education
and Human Resources Committee Meeting)**

MOVED by Trustee Kennedy, seconded by Trustee Crawford, that the meeting resolve back into Student Achievement and Wellbeing, Catholic Education and Human Resources Committee PUBLIC Session, then resolve back into PRIVATE Session.

Results of the Vote taken, as follows:

In Favour

Opposed

Trustees Andrachuk
Crawford
D'Amico
Del Grande
Kennedy
Poplawski
Rizzo
Tanuan

The Motion was declared

CARRIED

PRESENT (After DOUBLE PRIVATE Session):

Trustees:

N. Crawford, Chair
A. Kennedy, Vice Chair
A. Andrachuk
F. D'Amico – by teleconference
M. Del Grande
B. Poplawski
M. Rizzo
G. Tanuan

Staff:

R. McGuckin

S. Harris, Recording Secretary

5. Declarations of Interest

Trustees Del Grande, Kennedy and Rizzo declared an Interest in Item 12a), a Human Resources matter discussed in PRIVATE Session.

Trustees Del Grande, Kennedy and Rizzo left the horseshoe at 12 midnight due to a Declaration of Interest, as earlier indicated.

MOVED by Trustee Crawford, seconded by Trustee Andrachuk, that all Human Resources matters dealt with in PRIVATE and DOUBLE PRIVATE Sessions be approved.

Results of the Vote taken, as follows:

In Favour

Opposed

Trustees Andrachuk
Crawford
D'Amico
Poplawski
Tanuan

The Motion was declared

CARRIED

**(PRIVATE and DOUBLE PRIVATE Sessions Minutes Distributed Separately
at the May 31, 2018 Student Achievement and Wellbeing Catholic Education
and Human Resources Committee Meeting)**

Trustees Del Grande, Kennedy and Rizzo returned to the horseshoe at 12:02 am.

MOVED by Trustee Kennedy, seconded by Trustee Crawford, that the meeting
resolve back into Student Achievement and Wellbeing, Catholic Education and
Human Resources Committee.

Results of the Vote taken, as follows:

In Favour

Opposed

Trustees Andrachuk
Crawford
D'Amico
Del Grande

Kennedy
Poplawski
Rizzo
Tanuan

The Motion was declared

CARRIED

SECRETARY

CHAIR

MINUTES OF THE SPECIAL BOARD MEETING
OF THE
TORONTO CATHOLIC DISTRICT SCHOOL BOARD
HELD MAY 8, 2018
PUBLIC SESSION

PRESENT:

Trustees B. Poplawski, Chair
M. Rizzo, Vice-Chair
N. Crawford
F. D'Amico – by teleconference
J. A. Davis – by teleconference
M. Del Grande – by teleconference
A. Kennedy – by teleconference
G. Tanuan – by teleconference

R. McGuckin
D. Koenig – by teleconference
A. Della Mora
M. Eldridge – by teleconference

S. Harris, Recording Secretary

4. Roll Call and Apologies

Apologies were received from Trustees Andrachuk, Bottoni, Martino and Piccininni, as well as Student Trustees Carlisle and Ndongmi who were unable to attend the meeting.

8. Declarations of Interest

Trustees Del Grande and Kennedy declared an interest in the Item and had indicated that they would neither vote nor participate in the discussion of the item. Both disconnected via teleconference at 2:43 p.m.

MOVED by Trustee Rizzo, seconded by Trustee Crawford, that the item dealt with in PRIVATE SESSION regarding Arbitration Settlement Update be approved.

Results of the Vote being taken, as follows:

In favour

Opposed

Trustees Crawford
D'Amico
Davis
Poplawski
Rizzo
Tanuan

The Motion was declared

CARRIED

**(Private Session minutes
Distributed Under separate cover)**

MOVED by Trustee Crawford, seconded by Trustee Rizzo, that the meeting adjourn.

Results of the Vote being taken, as follows:

In favour

Opposed

Trustees Crawford
D'Amico
Davis
Poplawski
Rizzo
Tanuan

The Motion was declared

CARRIED

SECRETARY

CHAIR

**MINUTES OF THE SPECIAL MEETING OF THE
TORONTO CATHOLIC DISTRICT SCHOOL BOARD**

HELD THURSDAY, MAY 10, 2018

Corporate Services

PRESENT:

Trustees: G. Tanuan, Acting Chair
A. Andrachuk
N. Crawford
F. D'Amico
M. Del Grande
A. Kennedy
J. Martino
B. Poplawski
M. Rizzo

Staff: R. McGuckin
D. Koenig
M. Puccetti
L. Noronha
P. De Cock
D. Friesen
J. Volek
J. Yan

External Guest: E. Roher, External Legal Counsel

A. Robertson, Parliamentarian

S. Harris, Recording Secretary
S. Tomaz, Assistant Recording Secretary

1. Call to Order

Trustee Kennedy wished for her apology to be recorded regarding her comments at the May 2, 2018 Student Achievement and Wellbeing, Catholic Education and Human Resources Committee Meeting about a member of the Communications Department, as well as the department itself, that she felt might had been interpreted as negative. Trustee Kennedy thanked the staff of the Communications Department for their ongoing work.

4. Roll Call and Apologies

Apologies were received on behalf of Trustee Bottoni, Davis and Piccininni, as well as Student Trustees Carlisle and Ndongmi who were unable to attend the meeting.

7. Declarations of Interest

There were none.

The Items dealt with at the Corporate Services, Strategic Planning and Property Committee Meeting PRIVATE, DOUBLE PRIVATE and PUBLIC Sessions were deemed presented.

MOVED by Trustee Tanuan, seconded by Trustee Kennedy, that all matters discussed in PRIVATE, DOUBLE PRIVATE and PUBLIC Sessions be approved.

Results of the Vote taken, as follows:

In favour

Opposed

Trustees Andrachuk
Crawford
D’Amico
Del Grande

Kennedy
Martino
Poplawski
Rizzo
Tanuan

The Motion was declared

CARRIED

(PRIVATE, DOUBLE PRIVATE and PUBLIC Sessions Minutes were Distributed at the June 6, 2018 Corporate Services, Strategic Planning and Property Committee Meeting under Confidential and Separate Cover Respectively)

MOVED by Trustee Tanuan, seconded by Trustee Crawford, that the meeting resolve back into Corporate Services, Strategic Planning and Property Committee meeting.

Results of the Vote taken, as follows:

In favour

Opposed

Trustees Andrachuk
Crawford
D'Amico
Del Grande
Kennedy
Martino
Poplawski

Rizzo
Tanuan

The Motion was declared

CARRIED

SECRETARY

CHAIR

MINUTES OF THE REGULAR MEETING
OF THE
TORONTO CATHOLIC DISTRICT SCHOOL BOARD
HELD THURSDAY, MAY 17, 2018
PUBLIC SESSION

PRESENT:

Trustees:

B. Poplawski, Chair
M. Rizzo, Vice-Chair
A. Andrachuk
P. Bottoni
N. Crawford
F. D'Amico – by teleconference
M. Del Grande
A. Kennedy
J. Martino
G. Tanuan

Staff:

R. McGuckin
D. Koenig
P. Matthews
L. Noronha
A. Della Mora
V. Burzotta
S. Camacho
N. D'Avella
S. Campbell
F. Cifelli
P. De Cock
L. Di Marco
C. Fernandez
D. Friesen
G. Iuliano Marrello

J. Shanahan
J. Volek
J. Wujek
D. Yack
J. Yan

S. Harris, Recording Secretary
S. Tomaz, Assistant Recording Secretary

A. Robertson, Parliamentarian

4. Roll Call and Apologies

Apologies were extended on behalf of Trustees Davis and Piccininni, as well as Student Trustees Carlisle and Ndongmi.

5. Approval of the Agenda

MOVED by Trustee Tanuan, seconded by Trustee Kennedy, that the Agenda, as amended, to include the Addendum and reorder Item 17j) Liquor Waiver Request for St. Pius X Catholic School prior to Item 16a) Preliminary 2018-19 Budget Estimates (Volumes 1, 2, 3 – Includes Instructional), reorder Item 17a) Proclamation of June as Filipino Heritage Month after Item 17j), and remove Item 14b) Approved Minutes of Special Education Advisory Committee Meeting held April 18, 2018, from the Agenda, be approved.

Results of the Vote taken, as follows:

In favour

Trustees Andrachuk
Bottoni
Crawford
Del Grande
Kennedy
Martino

Opposed

Poplawski
Rizzo
Tanuan

The Motion was declared

CARRIED

6. Reports from Private Session

MOVED by Trustee Rizzo, seconded by Trustee Bottoni, that the matter dealt with in PRIVATE Session, including the decision to review the Cold Weather Policy, be approved.

Results of the Vote taken, as follows:

In favour

Trustees Bottoni
Crawford
Del Grande
Kennedy
Poplawski
Rizzo
Tanuan

Opposed

Andrachuk
Martino

The Motion was declared

CARRIED

8. Declarations of Interest

The following Trustees declared an interest in the Items below as their family members are employees of the Board:

Item 16a): Preliminary 2018-19 Budget Estimates (Volume 1, 2 3 – Includes Instructional) – Trustees Del Grande (Volume 3) and Kennedy

Item 16b): Preliminary 2018-19 Budget Estimates (Volumes 4, 5 – Includes Non-Instructional) – Trustees Bottoni and Kennedy

Item 16c): 2018-2019 Budget Consultation Survey Results – Trustee Kennedy

Trustees Bottoni, Del Grande and Kennedy indicated that they would not vote nor participate in the discussions regarding those items.

9. Approval and Signing of Minutes of the Previous Meetings

MOVED by Trustee Kennedy, seconded by Trustee Tanuan, that Item 9a) be adopted as follows:

9a) Special Board (Student Achievement) April 5, 2018 approved.

Results of the Vote taken, as follows:

In favour

Opposed

- Trustees Andrachuk
- Bottoni
- Crawford
- Del Grande
- Kennedy
- Martino
- Poplawski
- Rizzo
- Tanuan

The Motion was declared

CARRIED

MOVED by Trustee Martino, seconded by Trustee Tanuan, that Item 9b) be adopted as follows:

9b) Special Board (Corporate Services) April 12, 2018 approved.

Results of the Vote taken, as follows:

In favour

Opposed

Trustees Andrachuk
Bottoni
Crawford
Del Grande
Kennedy
Martino
Poplawski
Tanuan

Rizzo

The Motion was declared

CARRIED

MOVED by Trustee Andrachuk, seconded by Trustee Crawford, that Item 9c) be adopted as follows:

9c) Regular Board April 19, 2018 approved.

Results of the Vote taken, as follows:

In favour

Opposed

Trustees Andrachuk
Bottoni
Crawford
Del Grande
Kennedy
Martino
Poplawski
Rizzo
Tanuan

The Motion was declared

CARRIED

10. Presentations

MOVED by Trustee Andrachuk, seconded by Trustee Del Grande, that Items 10a), 10b) and 10c) be adopted as follows:

- 10a) Monthly Report from the Chair of the Board** received;
- 10b) Monthly Report from the Director of Education** received; and
- 10c) Monthly Report from the Student Trustees** received.

Results of the Vote taken, as follows:

In favour

Opposed

Trustees Andrachuk
Bottoni
Crawford
Del Grande
Kennedy
Martino
Poplawski
Rizzo
Tanuan

The Motion was declared

CARRIED

MOVED by Trustee Rizzo, seconded by Trustee Bottoni, that Item 10d) be adopted as follows:

- 10d) Angel Foundation for Learning, Marisa Celenza, Executive Director**
that time be extended to complete the item of business as per Article 12.6.

Results of the Vote taken, as follows:

In favour

Opposed

Trustees Andrachuk
Bottoni
Crawford
Del Grande
Kennedy
Martino
Poplawski

Rizzo
Tanuan

The Motion was declared

CARRIED

MOVED by Trustee Rizzo, seconded by Trustee Crawford, that the item be received and that staff come back with a report on how the Cents-Off program can be promoted to employees.

Results of the Vote taken, as follows:

In favour

Trustees Bottoni
Crawford
Kennedy
Rizzo
Tanuan

Opposed

Andrachuk
Del Grande
Martino
Poplawski

The Motion was declared

CARRIED

14. Matters Recommended by Statutory Committees of the Board

MOVED by Trustee Tanuan, seconded by Trustee Kennedy, that Items 14a) and 14c) be adopted as follows:

14a) Approved Minutes of Catholic Parent Involvement Committee Meeting Held February 12, 2018; and

14c) Approved Minutes of Catholic Parent Involvement Committee (CPIC) Meeting Held April 16, 2018 received and that the recommendation on *Page 46, Appendix B*, as follows, be referred to staff:

1. That consistent with the Toronto Catholic Parent Involvement Committee (CPIC) recommendation Motion 17/11-16 made on November 20, 2017 and to be acted on by staff every new school year, the school Board send out via the school principal a personalized letter that informs and instructs the newly elected or returning Catholic School Parent Council (CSPC) Chair about the existence, benefits and login information to the CSPC email account;
2. That in recognizing that CSPC Chairs are not school Board employees, they should not be subject to Bring Your Own Device (BYOD) policies and the school Board needs to provide straightforward instructions on the various means to access their CSPC email account and how to set it up as an additional mailbox on the parent's existing: email accounts (examples by way of ActiveSync, etc.), web service, and mobile connect methods and/or on how to forward or proxy to their personal email; and
3. That these instructions should be easily accessible using modern social media methodology like YouTube, Facebook, Video on Parent webpage, et al.

Trustee Rizzo left the horseshoe at 8:09 pm.

Trustee Martino requested that the Question be split.

Results of the Vote taken on the Motion of Receipt, as follows:

In favour

Opposed

Trustees Andrachuk
Bottoni
Crawford
Del Grande
Kennedy
Martino
Poplawski
Tanuan

The Motion of Receipt was declared

CARRIED

Results of the Vote taken on CPIC's Recommendations, as follows:

In favour

Opposed

Trustees Bottoni
Crawford
Del Grande
Kennedy
Poplawski
Tanuan

Andrachuk
Martino

The Motion was declared

CARRIED

17. Reports of Officials Requiring Action of the Board of Trustees

MOVED by Trustee Del Grande, seconded by Trustee Tanuan, that Item 17j) be adopted as follows:

- 17j. Liquor Waiver Request for St. Pius X Catholic School** that Regulation 6 of Appendix A of the Permits Policy B.R.05 be waived in order to serve alcohol at St. Pius X Catholic School year-end family fun day event on June 16, 2018.

Results of the Vote taken, as follows:

In favour

Opposed

Trustees Andrachuk
Bottoni
Crawford
Del Grande
Kennedy
Martino
Poplawski
Tanuan

The Motion was declared

CARRIED

Trustee Rizzo returned to the horseshoe at 8:12 pm.

MOVED by Trustee Tanuan, seconded by Trustee Rizzo, that Item 17a) be adopted as follows:

- 17a. Proclamation of June as Filipino Heritage Month** that the Board officially proclaim June as Filipino Heritage Month and June 12 as Filipino Heritage Day in the Toronto Catholic District School Board as outlined in Appendix D, Section D (Action Plan) and Section F (Implementation, Strategic Communications and Stakeholder Engagement Plan) of the report.

Results of the Vote taken, as follows:

In favour

Opposed

Trustees Andrachuk
Bottoni

Crawford
Del Grande
Kennedy
Martino
Poplawski
Rizzo
Tanuan

The Motion was declared

CARRIED

Trustees Del Grande and Kennedy left the horseshoe at 8:20 pm due to a Declaration of Interest in Item 16a), as earlier indicated.

Trustee Tanuan left the horseshoe at 8:20 pm.

16. Reports of Officials for the Information of the Board of Trustees

MOVED by Trustee Andrachuk, seconded by Trustee Crawford, that Item 16a) be adopted as follows:

16a) Preliminary 2018-19 Budget Estimates (Volumes 1, 2, 3 – Includes Instructional) received.

Results of the Vote taken, as follows:

In favour

Opposed

Trustees Andrachuk
Bottoni
Crawford
Martino
Poplawski
Rizzo

The Motion was declared

CARRIED

Trustee Tanuan returned to the horseshoe at 8:37 pm.

Trustee D'Amico joined via teleconference at 8:40 pm.

MOVED in AMENDMENT by Trustee Crawford, seconded by Trustee Andrachuk:

1. That the Board of Trustees approve in principle a balanced budget with a base budget increase in the Instructional Category by \$17.7M, inclusive of 94.9 new Full Time Equivalent (FTE) as further detailed in Volume III of the Budget Book;
2. That the Board of Trustees approve in principle for inclusion into the Instructional Expenditure Category budget, a strategic one-time investment from Accumulated Surpluses of \$1.4M for Computer and Telephony Technology, as further detailed in Volume III of the Budget Book; and
3. That staff present a balanced budget, with the Instructional Category Expenditures appearing in Volume III of the Budget Book, reflecting any amendments necessary as a result of community budget consultations to the Board of Trustees at the Corporate Services, Strategic Planning and Property Committee Meeting scheduled for June 6, 2018.

Results of the Vote taken on the Amendment, as follows:

In favour

Opposed

Trustees Andrachuk
Bottoni
Crawford
Martino
Poplawski
Tanuan

D' Amico
Rizzo

The Amendment was declared

CARRIED

Results of the Vote taken on the Motion, as amended, as follows:

In favour

Opposed

Trustees Andrachuk
Bottoni
Crawford
Martino
Poplawski
Tanuan

D' Amico
Rizzo

The Motion, as amended, was declared

CARRIED

Trustee Del Grande returned to the horseshoe at 8:56 pm.

Trustee Bottoni left the horseshoe at 8:56 pm due to a Declaration of Interest in Item 16b), as earlier indicated.

MOVED by Trustee Del Grande, seconded by Trustee Andrachuk, that Item 16b) be adopted as follows:

16b) Preliminary 2018-19 Budget Estimates (Volumes 4, 5 – Includes Non-Instructional) received and:

1. That the Board of Trustees approve in principle a balanced budget with a base budget increase in the Non-Instructional Category by \$3.6M, inclusive of 3 new Full Time Equivalents (FTEs), as further detailed in Volume IV of the Budget Book;
2. That the Board of Trustees approve in principle for inclusion into the Non-Instructional Expenditure Category budget, a strategic one-time investment from Accumulated Surpluses of \$0.34M for Human Resource-related initiatives, as further detailed in Volume IV of the Budget Book;
3. That the Board of Trustees approve in principle the Reserve Strategy, as detailed in Volume V of the Budget Book; and
4. That staff present a balanced budget, with the Non-Instructional Category Expenditures appearing in Volume IV of the Budget Book, reflecting any amendments necessary as a result of community budget consultations to the Board of Trustees at the Corporate Services, Strategic Planning and Property Committee Meeting scheduled for June 6, 2018.

Trustees Del Grande and Martino left the meeting at 9:43 pm.

The Chair declared a recess.

The meeting resumed with Trustee Poplawski in the Chair.

PRESENT

Trustees: B. Poplawski, Chair
A. Andrachuk
P. Bottoni
N. Crawford
F. D’Amico – by teleconference
A. Kennedy

The Chair declared a five-minute recess due to lack of Quorum.

The meeting resumed with Trustee Poplawski in the Chair.

PRESENT

Trustees: B. Poplawski, Chair
M. Rizzo, Vice-Chair
A. Andrachuk
P. Bottoni
N. Crawford
F. D’Amico – by teleconference
A. Kennedy
G. Tanuan

Trustees Bottoni and Kennedy left the horseshoe due to a Declaration of Interest, as earlier indicated.

16b) Preliminary 2018-19 Budget Estimates (Volumes 4, 5 – Includes Non-Instructional) – Continued.

Trustee D’Amico disconnected via teleconference at 9:55 pm.

Trustee D’Amico reconnected via teleconference at 9:57 pm.

Results of the Vote taken, as follows:

In favour

Opposed

Trustees Andrachuk
Crawford
Poplawski
Tanuan

D'Amico
Rizzo

The Motion was declared

CARRIED

Trustee Bottoni returned to the horseshoe at 10:15 pm.

MOVED by Trustee Andrachuk, seconded by Trustee Tanuan, that Item 16c) be adopted as follows:

16c) 2018-2019 Budget Consultation Survey Results received.

Results of the Vote taken, as follows:

In favour

Opposed

Trustees Andrachuk
Bottoni
Crawford
D'Amico
Poplawski
Rizzo
Tanuan

The Motion was declared

CARRIED

Trustee D'Amico disconnected via teleconference at 10:17 pm.

Trustee Kennedy returned to the horseshoe at 10:18 pm.

MOVED by Trustee Andrachuk, seconded by Trustee Bottoni, that Item 16d) be adopted as follows:

16d) 2018-2019 Budget Consultation Survey Results received.

Trustee D'Amico reconnected via teleconference at 10:22 pm.

Results of the Vote taken, as follows:

In favour

Opposed

Trustees Andrachuk
Bottoni
Crawford
D'Amico
Kennedy
Poplawski
Tanuan

Rizzo

The Motion was declared

CARRIED

MOVED by Trustee Rizzo, seconded by Trustee Andrachuk, that Item 16e) be adopted as follows:

16e) School Bus Issue at a Toronto Catholic District School Board School received.

Results of the Vote taken, as follows:

In favour

Opposed

Trustees Andrachuk
Bottoni
Crawford
D'Amico
Kennedy
Poplawski
Rizzo
Tanuan

The Motion was declared

CARRIED

Consent and Review

The Chair reviewed the Order Paper and the following Items were questioned:

- 17b) Trustee Kennedy
- 17c) Trustee Kennedy
- 17d) Trustee Tanuan
- 17e) Trustee Rizzo
- 17f) Trustee Rizzo
- 17g) Trustee Rizzo

MOVED by Trustee Andrachuk, seconded by Trustee Kennedy, that the Items not questioned be approved.

Results of the Vote taken, as follows:

In favour

Opposed

Trustees Andrachuk
Bottoni
Crawford
Kennedy
Poplawski
Rizzo
Tanuan

The Motion was declared

CARRIED

Trustee D'Amico did not vote.

MATTERS AS CAPTURED IN THE ABOVE MOTION

- 17h) Report of Governance and Policy Committee: Update to the Hand- Held (Mobile) Wireless Communication Device Policy (A.31)** that the Board accept the recommendation of the Governance and Policy Committee and approve the Hand-Held (Mobile) Wireless Communication Device policy (A.31) as amended and proposed in Appendix A.
- 17i) Report of Governance and Policy Committee: Update to the Indigenous Voluntary Self-Identification Policy (A.32)** that the Board accept the recommendation of the Governance and Policy Committee and approve the First Nation, Metis and Inuit Indigenous Self-Identification Policy (A.32) as amended and proposed in Appendix A.

17. Reports of Officials Requiring Action of the Board of Trustees

MOVED by Trustee Crawford, seconded by Trustee Rizzo, that Item 17b) be adopted as follows:

- 17b) Establishment of the Ad Hoc Director Performance Appraisal Committee** that the Board elect Trustee Bottoni to serve on the Ad Hoc Director Performance Appraisal Committee.

Results of the Vote taken, as follows:

In favour

Opposed

Trustees Andrachuk
Bottoni
Crawford
D'Amico
Kennedy
Poplawski
Rizzo
Tanuan

The Motion was declared

CARRIED

MOVED by Trustee Kennedy, seconded by Trustee Crawford, that Item 17c) be adopted as follows:

- 17c) Appointment of a Trustee to the Audit Committee** that the Board appoint Trustee Kennedy to the Audit Committee to complete the term ending on November 30, 2018.

Results of the Vote taken, as follows:

In favour

Opposed

Trustees Andrachuk
Bottoni
Crawford
D'Amico
Kennedy
Poplawski
Rizzo
Tanuan

The Motion was declared

CARRIED

Staff was directed to provide clarification regarding the Regulation relating to the four-year term membership for the Chair of the Audit Committee.

MOVED by Trustee Tanuan, seconded by Trustee Andrachuk, that Item 17d) be adopted as follows:

- 17d) Report of Governance and Policy Committee: Update to the School Events Communications and Invitee Protocol Policy (S.02)** that the Board accept the recommendation of the Governance and Policy Committee and approve the School Events Communications and Invitee Protocols policy (S.02), as amended and proposed in Appendix A and that “*advisory*” be replaced with “*parent*” on page 181, Regulation 4.

Results of the Vote taken, as follows:

In favour

Opposed

Trustees Andrachuk
Bottoni
Crawford
D'Amico
Kennedy
Poplawski
Rizzo
Tanuan

The Motion was declared

CARRIED

MOVED by Trustee Crawford, seconded by Trustee Bottoni, that all remaining items of business be referred to the May 31, 2018 Student Achievement and Wellbeing, Catholic Education and Human Resources Committee meeting.

Results of the Vote taken, as follows:

In favour

Opposed

Trustees Andrachuk
Bottoni
Crawford
D'Amico
Kennedy
Poplawski
Rizzo
Tanuan

The Motion was declared

CARRIED

MATTERS AS CAPTURED IN THE ABOVE MOTION

- 17e) Report of Governance and Policy Committee: Review of the Performance Appraisal Director of Education Policy (H.C.06);**
- 17f) Report of Governance and Policy Committee: Update to the Logo Use Policy (T.16); and**
- 17g) Report of Governance and Policy Committee: Update to the Fair Practice in Hiring and Promotion Policy (H.M.40)**

Results of the Vote taken, as follows:

In favour

Opposed

Trustees Andrachuk
Bottoni
Crawford
D'Amico
Kennedy
Poplawski
Tanuan

Rizzo

The Motion was declared

CARRIED

MOVED by Trustee Andrachuk, seconded by Trustee Kennedy, that the meeting resolve into DOUBLE PRIVATE Session.

Results of the Vote taken, as follows:

In favour

Opposed

Trustees Andrachuk
Bottoni
Crawford
D'Amico
Kennedy
Poplawski
Rizzo
Tanuan

The Motion was declared

CARRIED

The meeting reconvened with Trustee Rizzo in the Chair.

PRESENT: (After DOUBLE PRIVATE Session)

Trustees: M. Rizzo, Acting Chair
P. Bottoni
N. Crawford
F. D'Amico
A. Kennedy
B. Poplawski
G. Tanuan

Staff:

R. McGuckin

S. Harris, Recording Secretary

6. Reports from DOUBLE Private Session

MOVED by Trustee Tanuan, seconded by Trustee Crawford, that the Human Resources matter discussed in DOUBLE PRIVATE Session be approved.

Results of the Vote taken, as follows:

In favour

Opposed

Trustees Bottoni
Crawford
D'Amico
Kennedy
Poplawski
Rizzo
Tanuan

The Motion was declared

CARRIED

22. Adjournment

MOVED by Trustee Tanuan, seconded by Trustee Crawford, that the meeting adjourn.

Results of the Vote taken, as follows:

In favour

Opposed

Trustees Bottoni
Crawford
D'Amico
Kennedy
Poplawski
Rizzo
Tanuan

The Motion was declared

CARRIED

The meeting adjourned at 12:15 am.

SECRETARY

CHAIR



Chair's Monthly Report May 21 to June 15, 2018

Following are highlights for the period of May 21 to June 15

May 28

- Along with the Director and Trustee Ann Andrachuk had the pleasure of participating in the official blessing and opening of The Holy Trinity Catholic School

May 29

- Along with the Director and Trustees attended the Annual TCDSB Secondary Students Special Olympics at The Hangar at Downsview Park

June 5

- Along with the Director delivered greetings and celebrated the opening of the Indigenous Education Week with an Art Show created by students from Msgr Fraser College, at the CEC

June 6, June 7 and June 8

- Along with Trustees, attended the Canadian Catholic Student Trustee's Association Annual General Meeting (CCSTA) in Kelowna, B.C.

June 12

- Along with the Director delivered greetings at the Filipino Heritage Day mass and celebration at the CEC

June 13

- Along with the Director delivered greetings at the annual Toronto Catholic Principals' and Vice Principals' Association (TCPVA) Appreciation and Awards' dinner at Sala Caboto

June 14

- Along with the Director attended and delivered greetings at the Italian Heritage Month mass and celebration at St. Simon Catholic School

June 15

- Attended and delivered greetings at the 50th Anniversary mass and celebration at St. Catherine Catholic School



Director's Monthly Report May 21 to June 15, 2018

Following are highlights for the period of May 21 to June 15

May 23

- Attended the Toronto Catholic Schools Athletic Association (TCSSA) City Track and Field Championships at York University

May 24

- Visited the Principal Retreat for Areas 5- 6

May 28

- Along with the Chair, Trustee Ann Andrachuk and Superintendent Doug Yack, had the pleasure of participating in the official blessing and opening of The Holy Trinity Catholic School

May 29

- Along with the Chair, Trustees and Senior Staff attended the Annual TCDSB Secondary Students Special Olympics at The Hangar at Downsview Park

May 30

- Had the pleasure to visit with our Secondary Chaplaincy leaders at the annual Day of Reflection at St. Bonaventure Parish Hall

May 31

- Celebrated culminating event for Kids Cops and Computers programs with TCDSB students at The Hangar at Downsview Park

June 1

- Attended and delivered greetings at Our Lady of Sorrows 75th School Anniversary

June 3

- Celebrated 50 years of Catholic Education at St. Roch 50th Catholic School
- Along with Trustees and Senior Staff attended Centro Scuola's annual Italy-Amo Gala and Fundraiser dinner

June 5

- Along with the Chair delivered greetings and celebrated the Opening of the Indigenous Education Week with an Art Show created by students from Msgr Fraser College, at the CEC

June 6

- Along with Senior Staff held annual Director's meeting with Toronto Public Health

June 7

- Attended the year end school mass at Chaminade College Catholic Secondary School

June 12

- Along with the Chair delivered greetings at the Filipino Heritage Day mass and celebration at the CEC
- Attended a community barbeque at St. Jerome's Catholic School
- Had the pleasure of attending the musical production of the Lion King at Santa Maria Catholic School

June 13

- Along with the Chair delivered greetings at the annual Toronto Catholic Principals' and Vice Principals' Association (TCPVA) Appreciation and Awards' dinner at Sala Caboto

June 14

- Along with the Chair delivered greetings at the Italian Heritage Month mass and celebration at St. Simon Catholic School

June Student Trustee Report

CSLIT General Assembly:

Due to the scheduling of final exams, CSLIT did not host a General Assembly. The CSLIT Executive Council have been released and we are very pleased to say that we have received a favorable amount of applications.



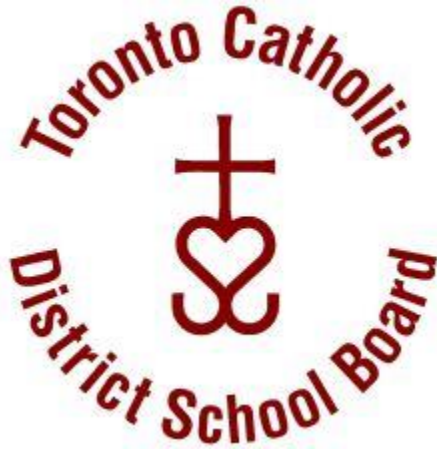
Upcoming Events:

CSLIT Gala:

CSLIT will be hosting a gala on June 22 with the theme “Minuit à Paris” (Midnight in Paris) with the intent of celebrating this year’s accomplishments: notably hosting President’s Council and hosting the Voices That Challenge Conference. In addition, the Student Trustees will be introducing the incoming CSLIT Executive to TCDSB students. This opportunity will provide students leaders across the TCDSB to network with the incoming CSLIT Executive and provide ideas for initiatives this coming year.

CSLIT Executive Transition:

The CSLIT Executive and the Student Trustees are currently entering a transition period to train the incoming CSLIT Executive. The Student Trustees are currently planning the first incoming Executive Meeting to go over transitional files, the CSLIT constitution and the basics of writing a report.



**TORONTO CATHOLIC DISTRICT
SCHOOL BOARD**

**DELEGATION REGISTRATION FORM
FOR STANDING OR OTHER COMMITTEES**

PLEASE BE ADVISED THAT ALL STANDING
COMMITTEE MEETINGS ARE BEING RECORDED

For Board Use
Only

Delegation No. _____

- Public Session
 Private Session
 Three (3) Minutes

Name	Dr. Mary J Chakkalackal
Committee	Regular / Special Board
Date of Presentation	06/14/2018
Topic of Presentation	Maintenance of Units I;K;M;P(owned by TCDSB) and impact of new School Costruction on Villa Hermosa Home Owners
Topic or Issue	As above
Details	<p>1. Lack of maintenance of Units I; K; M; P by TCDSB causing extra upkeep and repairs by V.H. Home owners.</p> <p>Uncertainty of future plans of TCDSB with respect to units I:K;M;P making it hard for V.H. Owners to have a fair representation in real Estate Market.</p> <p>The noise levels and vibrations of Construction of the new School making it hard for us to live and work in our own homes.</p> <p>Break in and vandalism that caused fear and anxiety to live in our homes , and having had to involve Police to monitor activities on several occasions.</p> <p>Details will be provided on the day of he meeting.</p>
Action Requested	Taking necessary steps to compensate for damages already incurred by V.H. Home owners and preventing further damage.

I am here as a delegate to speak only on my own behalf	
I am an official representative of the Catholic School Parent Committee (CSPC)	
I am an official representative of student government	
I am here as a spokesperson for another group or organization	Yes Villa Hermosa
I have read, understand and agree to comply with the rules for Delegations as per the TCDSB Delegations Policy T.14.	I agree.

Submittal Date	6/7/2018
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TORONTO CATHOLIC DISTRICT SCHOOL BOARD

For Board Use Only

**DELEGATION REGISTRATION FORM
FOR STANDING OR OTHER COMMITTEES**

Delegation No. ____

PLEASE BE ADVISED THAT ALL STANDING
COMMITTEE MEETINGS ARE BEING RECORDED

- Public Session
- Private Session
- Three (3) Minutes

Name	Marissa Luchico
Committee	Regular Board Meeting
Date of Presentation	6/14/2018
Topic of Presentation	Townhouses - 3348 Bayview Avenue
Topic or Issue	Support our group who will be speaking
Details	I would like to attend the TCDSB meeting scheduled for June 14 to support my neighbors will be speaking on behalf of Townhouse owners - I am one of the TH owners. The TCDSB expropriated some of us to make room for the new Morrow School.
Action Requested	N/A

I am here as a delegate to speak only on my own behalf	{ 1) I am here as a delegation to speak only on my own behalf }
I am an official r presentative of the Catholic School Parent Committee (CSPC)	
I am an official representative of student government	
I am here as a spokesperson for another group or organization	Townhome owners - 3348 Bayview Avenue
I have read, understand and agree to comply with the rules for Delegations as per the TCDSB Delegations Policy T.14.	I Agree

Submittal Date	6/7/2018
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REPORT TO

REGULAR BOARD

EDUCATION DEVELOPMENT CHARGES BY-LAW PASSAGE

In their hearts humans plan their course, but the Lord establishes their steps...Proverbs 16:9

Created, Draft	First Tabling	Review
June 5, 2018	June 14, 2018	Click here to enter a date.

M. Loberto, Senior Coordinator, Development Services

RECOMMENDATION REPORT

Vision:

At Toronto Catholic we transform the world through witness, faith, innovation and action.

Mission:

The Toronto Catholic District School Board is an inclusive learning community uniting home, parish and school and rooted in the love of Christ.

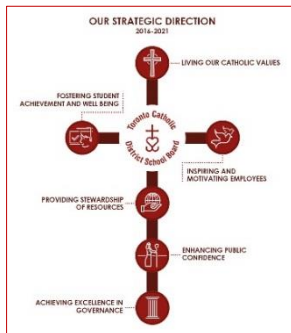
We educate students to grow in grace and knowledge to lead lives of faith, hope and charity.

Rory McGuckin
Director of Education

D. Koenig
Associate Director
of Academic Affairs

T. Robins
Acting Associate Director
of Planning and Facilities

L. Noronha
Executive Superintendent
of Business Services and
Chief Financial Officer



A. EXECUTIVE SUMMARY

The Toronto Catholic District School Board existing Education Development Charges (EDC) by-law will expire on June 30, 2018 unless a successor by-law is adopted no later than June 26, 2018. The Board is therefore proposing to enact a new EDC by-law that will apply to residential and non-residential developments in the City of Toronto.

The primary purpose of any Board in implementing education development charges is to provide a source of funding for new school sites and expansions of land or site services to accommodate enrolment growth generated by new housing development in the City of Toronto.

This report recommends the adoption of a successor EDC by-law based on the EDC related policies outlined in this report.

The cumulative staff time required to prepare this report was 100 hours

B. PURPOSE

The purpose of this report is to identify and establish a set of EDC related policy considerations on which to base a decision to adopt a successor EDC by-law, and provide a draft EDC By-law for Trustees to consider for adoption.

C. BACKGROUND

1. Revenue generated by the imposition of Education Development Charges represents the only direct source of funding for site acquisition and site development costs as a result of new growth.
2. The Board's current EDC By-law has a term of 5 years, and expires on June 30, 2018 unless it is repealed sooner. The current by-law provides a uniform charge of \$1,493 per residential dwelling unit across the City of Toronto and \$1.07 per square foot of non-residential development.
3. In order for the Board to have an EDC by-law in place to provide for the uninterrupted imposition of charges on new development, it is necessary that

the Board adopt a successor by-law prior to the expiry of the new by-law and by no later than June 26, 2018.

4. Prior to the adoption of a successor by-law, the legislation requires that school boards must prepare an EDC Background Study in support of the new By-law, as well as undertake a prescribed public process of public meetings and consultation. Furthermore, the EDC Background Study must be approved by the Ministry of Education prior to the Board's adoption of a successor By-law.
5. The TCDSB retained the services of Quadrant Advisory Group to undertake the required EDC Background Study and all associated analyses in support of a successor By-law.
6. The EDC Submission was sent to the Ministry of Education for approval in April 2018. The EDC Submission was circulated to other agencies and stakeholders as prescribed in the legislation, as well as being made available to the public upon request and posted on the Board's website. The Board's consultant has informed staff that Ministry approval of the EDC Submission is expected to be received prior to consideration of adoption of the by-law on June 14, 2018.
7. Education Development Charges may be set at any level, provided that:
 - The procedures set out in the Regulation and required by the Ministry are followed and only growth-related net education land costs are recovered; and
 - No more than 40% of the applicable costs are financed via non-residential development.
8. The EDC calculation is based on new pupils generated by housing units within the by-law area, for which building permits will be issued over the next fifteen-year period and for which additional school accommodation is required. The board undertook the background analysis respecting growth projections, pupil enrolment forecasts, determination of growth-related pupil place requirements, site costing, and the appropriate EDC forms.
9. The Board has conducted meetings with stakeholders, responded to a review of the TCDSB EDC submission by the Building Industry and Land

Development Association (BILD), and received a report from its consultants undertaking a further review of the EDC submission in response to the issues identified by BILD. As a result, the Board's consultants have proposed minor modifications to the charge. The Board can exercise its discretion to adopt these modifications.

10. The TCDB conducted a policy review public meeting on May 2nd, and a public meeting to review the proposed charges on May 31st. The Board will be seeking additional input from the public and give consideration to all submissions received prior to the passage of its initial Education Development Charges by-law.

D. EVIDENCE/RESEARCH/ANALYSIS

1. The following sets out the key policy decisions that must be made by the Board in advance of adopting a new by-law, along with staff recommendations. Each of these policy decisions will be considered as part of the by-law adoption process.
 - What by-law term is proposed by the board;
 - What level of EDC charge does the Board wish to impose, given that the board is entitled to recover less than 100% of the net education land costs?
 - Is there a need to conduct any further public meetings in advance to adopting the new by-law?
 - Are the charges to be applied on an area-specific or jurisdiction-wide basis?
 - What portion of the net education land costs are to be recovered from residential and non-residential (e.g. Industrial, commercial and institutional) development?
 - Does the Board wish to exempt any residential or non-residential

development? If so, how does the board propose to fund the shortfall?

- Does the board wish to provide any demolition or conversion credits beyond that specified in the legislation?
- Is there any need to consider a phase-in of the charge or to grandfather the EDC rates applicable to any development applications that are in process of being approved by the City of Toronto?

2. **Term of the By-law:** the *Education Act* permits a school board to pass an EDC by-law with a maximum term of five years. A five-year term provides the maximum flexibility since a Board has the power to amend the by-law or pass a new by-law at an earlier point, if necessary. *Staff recommend that an EDC by-law having a 5 year term be adopted.*

3. **Recovery of Net Land Education Costs:** *O. Reg. 20/98* Section 7 paragraphs 9 (iii) and 10 (vi) restrict a Board to a maximum of 100% recovery of the “net” growth-related education land costs from residential and non-residential development.

- One of the most significant considerations in the legislative treatment of Education Development Charges is that there is no tax-based funding source to make up the shortfall where full cost recovery is not achieved. Further, there is a limited pool of funds available to the Ministry of Education to pay for land acquisition and site development expenditures in situations where the costs are not eligible to be funded through the imposition of Education Development Charges. In addition, many of the revenue sources under the existing education capital funding model are “enveloped” and are therefore not available to be used for purposes other than that for which they were legislatively intended.
- Under the existing capital funding model, a school board that qualifies to impose education development charges has greater flexibility to use this available revenue source to fund growth-related site acquisition and development costs without having to wait until provincial funding is approved through a request-based funding approach.

- The proposed EDC by-law is designed to recover as much of the net education land cost needs as the legislation will allow. *Staff recommend that TCDSB seek to recover 100% of the net growth-related education land costs.*

4. **Additional public meeting requirements:** the TCDSB has complied with the requirement to

- Conduct a review of the education development charge policies;
- Conducted at least two public meetings in accordance with the legislation (the TCDSB has conducted three public meetings);
- Ensure that adequate information is made available to the public by providing notice in the local newspaper and posting the EDC background study and meeting notice on the Board’s website;
- Demonstrated that the Board qualifies to adopt a successor EDC by-law and has completed an Education Development Charges Background Study, and;
- Has forwarded all of the background information necessary for the Minister of Education to review and approve the Board’s projected enrolment and the number of elementary and secondary school sites/site preparation costs to be funded under the proposed EDC by-law.

Staff recommend that no further public meetings are required in advance of considering adoption of a successor by-law.

5. **Jurisdiction-wide or Area Specific Application of the By-law:** The existing “in force” EDC By-law is applied on a City-wide uniform basis (with the exception of the Railway lands as required in the legislation). The rationale for this decision is primarily based on the premise that:

- A jurisdiction-wide approach is more consistent with the way in which education services are provided by the Board;
- A jurisdiction-wide charge affords more flexibility to the Board to meet

its long-term accommodation needs;

- Uniform application of Education Development Charges is more congruent with the education funding model as a whole; and
- Money from an Education Development Charges account may be used only for growth-related net education land costs attributed to or resulting from development in the area to which the education development charge by-law applies (section 16 of *O. Reg 20/98*). Therefore, monies collected in one by-law area could not be spent outside of that by-law area and this is particularly problematic given school choice at the secondary level.

If, as a result of the consultation process undertaken in contemplation of the adoption of an EDC by-law or by-laws, the Board chooses a different policy direction, it is usually advised by legal counsel that a new Background Study is required, and the calculation/public consultation process begins anew.

There have been no stakeholder submissions suggesting consideration of area specific by-law. *Staff recommend that the Board adopt jurisdiction-wide (i.e. a singular rate applied throughout the City of Toronto) EDC rates as structured under the proposed by-law.*

6. **Percentage of Net Education Land Costs to be borne by Residential and Non-Residential Development:** Section 7 paragraph 8 of *O.Reg. 20/98* requires that, *“the board shall choose the percentage of the growth-related net education land cost that is to be funded by charges on residential development and the percentage, if any that is to be funded by charges on non-residential development. The percentage that is to be funded by charges on non-residential development shall not exceed 40 percent.”*

The major disadvantages of allocating 100% of net education land costs to residential development are as follows:

- Increases the residential charge and in the context of the overall cost of development is not consistent with the need to promote housing affordability;

- A downturn in residential growth due to changing economic conditions will have a negative impact on EDC cash flow and the ability to contain account deficits;
- Potential impact on the residential development market, due to a higher residential EDC bearing 100% of the net education land costs;
- Eliminating the non-residential charge reduces the breadth of the board's overall EDC funding base, which may be particularly significant if there are large commercial (retail and office) developments in future.

The Board received submissions at the May 31 public meeting expressing concern that the then proposed allocation of a 25% recovery rate for non-residential would produce a far greater percentage increase in the EDC charge for non-residential than it would have for residential. The Board can exercise its discretion to vary from a 25% recovery rate. Recovering 82% of the net education costs from residential development and 18% of the costs from non-residential development equalizes the impact of the proposed EDC rate increase on both categories of development (i.e. given the forecast of net new units and non-residential development over the 15-year forecast period in the City of Toronto). *Staff recommend that an 82% recovery rate from residential development and an 18% recovery rate for non-residential be adopted.*

7. **Should the EDC By-law include any Non-Statutory Residential Exemptions:** The legislation provides for specific residential and non-residential statutory exemptions. Statutorily-exempt development is excluded from the determination of the EDC rates, so that the foregone revenue is not passed on to non-exempt development.

While the legislation permits a school board to grant additional non-statutory exemptions for both residential and non-residential development, there is no funding source currently available under the new funding model to absorb the cost of providing non-statutory exemptions. In addition, by-law administration and collection of the charge, and the ability to treat all

development applications in a fair and equitable manner, are complicated by the granting of non-statutory exemptions.

A 2007 legal opinion provided to the TCDSB, suggests that a school board must absorb the cost of exemptions voluntarily granted by the board to any non-statutory development (i.e., the board would not be in a position to make up the lost revenue by increasing the charge on the other non-exempt non-residential development under the legislation).

Staff recommend that the EDC By-law provide only for the standard mandatory residential exemptions.

8. **Should the By-law Apply a Differentiated Residential EDC Rate:** O. Reg. 20/98 enables a board to vary the EDC rates to consider differences in size (e.g. number of bedrooms, square footage) of dwelling units or occupancy (permanent or seasonal, non-family households or family households) although the latter (i.e. Occupancy) could change over time.

Section 7 paragraph (9) of O. Reg. 20/98 states that, “the board shall determine charges on residential development subject to the following,

i) the charges shall be expressed as a rate per new dwelling unit,

ii) the rate shall be the same throughout the area in which charges are to be imposed under the by-law, ...”

Despite this, a board may impose different charges on different types of residential development (differentiated residential EDC rates), based on the percentage of the growth-related net education land costs to be applied to residential development that is to be funded by each type. The restrictions noted above would also apply in the case of differentiated residential EDC rates.

The proposed increase in the residential EDC rates would produce a differential between low density and high-density rates in excess of 8.6 times (i.e. bachelor and 1-bedroom units). Further, there has been no request from

stakeholders to consider anything other than a uniform residential EDC rate. *Staff recommend that a differentiated residential rate not be implemented.*

9. **Demolition and Conversion Credits:** Section 4 of O. Reg 20/98 prescribes a replacement dwelling unit exemption.

Section 4 states that “*a board shall exempt an owner with respect to the replacement, on the same site, of a dwelling unit that was destroyed by fire, demolition or otherwise, or that was so damaged by fire, demolition or otherwise as to render it uninhabitable.*”

However, “*a board is not required to exempt an owner if the building permit for the replacement dwelling unit is issued more than two years after,*

a) the date the former dwelling unit was destroyed or became uninhabitable;
or

b) if the former dwelling unit was demolished pursuant to a demolition permit issued before the former dwelling unit was destroyed or became uninhabitable, the date the demolition permit was issued.”

- Section 5 of O. Reg. 20/98 deals with exemptions for the replacement of non-residential buildings. Similar provisions apply with respect to the replacement of non-residential gross floor area (GFA), except that the credit is only applied to the extent that the amount of new floor space is equivalent to the GFA of the floor space being replaced. The grace period for the replacement of non-residential GFA is five years.
- There are no legislative provisions specifically dealing with conversion of use. However, the EDC Guidelines, section 4.1, states that, “Board by-laws may include provisions for credits for land use conversion. Typically, this situation would arise if an EDC is paid for one type of development and shortly thereafter (the period of time defined in the board’s EDC by-law), the land is rezoned and a new building permit issued for redevelopment (to an alternate land use). EDC by-laws may include provisions for providing credits in this situation to take into

account the EDC amount paid on the original development (generally by offsetting the EDC amount payable on the redevelopment).” The 2013 TCDSB EDC by-law provides a credit equal to the amount of the charge originally paid on the space that is being converted.

Staff recommend that the Board adopt a 2-year demolition grace period for residential uses and a 5-year demolition grace period for non-residential uses, consistent with the draft by-law before the Board. Further, staff recommend that the Board approve the EDC by-law provision permitting conversion credits, consistent with historical practice.

10. **EDC By-law Rates and the Potential for Phase-in of the Charge:** Staff recommend the transitional by-law provisions and rates outlined in the table on the following page for the consideration of the Board. At the May 31 public meeting, the Board received submissions expressing concern about the significant increase in the charge for residential units. The Board can exercise its discretion to phase in rate increases from one by-law period to the next.

The transitional periods are consistent with those in the new City of Toronto Development Charges By-law. While the new city of Toronto by-law extends transition beyond October 31, 2019, staff again notes that the City has a different funding model. The phase-in recommended for the Board thus balances the value of providing for transition between rates and avoiding significant shortfall.

There will be an annual monitoring of the EDC account balance to ensure that the transitional provisions are allowing the Board to meet its growth-related site acquisition needs. The interim rate will cover the Board's requirements in the event that legislative change over the next 16 months permits a rate based on the implementation of the strata school approach. If that occurs charging an interim rate on this basis will avoid requirement to refund Education Development Charges.

Toronto Catholic DSB Education Development Charge Rate Schedule

EDC Phase-in Rates	Residential Rates per Dwelling Units (all unit types)	Non-residential Rates (per sq ft of GFA)	Non-residential Rates (per sq metre of GFA)
Current In-force EDC Rates to June 30, 2018	\$1,493.00	\$1.67	\$17.98
July 1, 2018 to September 30, 2018	\$1,632.00	\$1.83	\$19.65
October 1, 2018 to October 31, 2019	\$4,683.00	\$3.37	\$36.27
November 1, 2019 to June 30, 2023	\$7,860.00	\$5.66	\$60.92

E. STAFF RECOMMENDATIONS

1. That the Education Development Charges Submission prepared by Quadrant Advisory Group Limited, submitted to the Ministry of Education for approval, and approved by the Minister be received.

2. That the following EDC related policy considerations for a successor By-law be adopted:
 - a. A recovery rate of 100% of the Board's net education land costs through EDC's;
 - b. EDC By-law with a term of 5 years;
 - c. EDC By-law, including the phased-in rate increases outlined in the body of this report, to be effective July 1, 2018;
 - d. A single, jurisdiction-wide EDC By-law
 - e. Calculation of the charge for the EDC By-law be based on 18% of the net education land costs funded by non-residential development and 82% by residential development;
 - f. Non-statutory residential exemptions not be approved at this time;

- g. Non-residential exemptions in the current By-law be continued on the successor EDC By-law;
 - h. Successor EDC By-law continue to provide a conversion credit as well a 2 year grace period for demolition for residential development and a 5 year grace period for demolition for non-residential development;
 - i. EDC By-law with a uniform residential rate;
 - J. No further public meeting is required prior to the adoption of the By-law
3. That the Board approve an Education Development Charges By-law as contained in Appendix 'A' of this report, based on policy considerations in Recommendation #2 above.

TORONTO CATHOLIC DISTRICT SCHOOL BOARD

EDUCATION DEVELOPMENT CHARGES BY-LAW 2018 NO. ____

PREAMBLE

1. Section 257.54(1) of the *Education Act* (the “Act”) enables a district school board to pass by-laws for the imposition of education development charges against land if there is residential development in its area of jurisdiction that would increase education land costs and the residential development requires one or more of the actions identified in section 257.54(2) of the Act.
2. The Toronto Catholic District School Board (the “Board”) has determined that the residential development of land to which this by-law applies increases education land costs.
3. The Board will experience enrolment growth in the areas of the City of Toronto where it has no sites for new schools or where its existing sites cannot accommodate more students without an addition for which it will require funds for the acquisition of new school sites, expansion of existing school sites, preparation of background studies, servicing and site preparation of school sites, interest, and other education land costs. The only available funding source for education land costs is education development charges.

The Board notes that without amendments to the Act and its regulations, the Board is legally constrained in its ability to acquire strata fee interests for the purpose of developing new school sites, which would have the potential to reduce the charge.

4. Section 257.54(4) of the Act provides that an education development charge by-law may apply to the entire area of jurisdiction of a board or only part of it.
5. The Board has referred its estimates of the total number of new elementary and secondary pupils and its estimates of the number of elementary and secondary school sites to the Ministry of Education for approval, and such approval was given on [NTD: **Ministry Approval**], 2018 under section 10 of Regulation 20/98.
6. The Board has conducted a review of its education development charge policies and held a public meeting on May 2, 2018, in accordance with section 257.60 of the Act.
7. The estimated average number of secondary school pupils of the Board over the five years immediately following the day this by-law comes into force will exceed the total capacity of the Board to accommodate secondary school pupils throughout its jurisdiction on the day this by-law is passed.
8. The Board has given a copy of the education development charges background study relating to this by-law to the Minister of Education and to each school board having jurisdiction within the area to which this by-law applies in accordance with section 10 of Ont. Reg. 20/98.

9. The Board has therefore complied with conditions prescribed by section 10 of Regulation 20/98.
10. The Board has given notice and held public meetings on May 31, 2018 and June 14, 2018, in accordance with section 257.63(1) of the *Education Act* and permitted any person who attended the public meeting to make representations in respect of the proposed education development charges.
11. The Board has determined in accordance with section 257.63(3) of the Act that no additional public meeting is necessary in respect of this by-law.

NOW THEREFORE THE TORONTO CATHOLIC DISTRICT SCHOOL BOARD
HEREBY ENACTS AS FOLLOWS:

PART 1 - APPLICATION

Defined Terms

1. In this by-law,
 - (a) "Act" means the *Education Act*,
 - (b) "area of the by-law" means the City of Toronto resulting from the amalgamation effected on January 1, 1998 under the *City of Toronto Act, 1997 S.O. 1997, c.2*;
 - (c) "Board" means the Toronto Catholic District School Board;
 - (d) "development" means any activity or proposed activity in respect of land that requires one or more of the actions referred to in Sections 5 and 6 of this by-law, and includes redevelopment, expansion, extension or alteration, or any two or more of them, of a use, building or structure, except interior alternations to an existing building or structure which do not intensify the use of the building;
 - (e) "dwelling unit" means a room or suite of rooms used, or designed or intended for use by one person or persons living together in which culinary and sanitary facilities are provided for the exclusive use of such person or persons, and shall include, but is not limited to, a dwelling unit or units in an apartment, a secondary dwelling unit, a purpose-built rental unit, group home, mobile home, duplex, triplex, semi-detached dwelling, single detached dwelling, stacked townhouse and townhouse;
 - (f) "education development charge" means charges imposed pursuant to this by-law in accordance with the Act;
 - (g) "education land costs" means costs incurred or proposed to be incurred by the Board,
 - (i) to acquire land or an interest in land, including a leasehold interest, to be used by the Board to provide pupil accommodation;

- (ii) to provide services to the land or otherwise prepare the site so that a building or buildings may be built on the land to provide pupil accommodation;
 - (iii) to prepare and distribute education development charge background studies as required under the Act;
 - (iv) as interest on money borrowed to pay for costs described in paragraphs (i) and (ii); and
 - (v) to undertake studies in connection with an acquisition referred to in paragraph (i).
- (h) “existing industrial building” means a building used for or in connection with,
- (i) manufacturing, producing, processing, storing or distributing something,
 - (ii) research or development in connection with manufacturing, producing or processing something,
 - (iii) retail sales by a manufacturer, producer or processor of something they manufactured, produced, if the retail sales are at the site where the manufacturing, production or processing takes place,
 - (iv) office or administrative purposes, if they are,
 - (A) carried out with respect to manufacturing, producing, processing, storage or distributing of something, and
 - (B) in or attached to the building or structure used for that manufacturing, producing, processing, storage or distribution;
- (i) “gross floor area” means the total floor area, measured between the outside of exterior walls or between the outside of exterior walls and the centre line of party walls dividing the building from another building, of all floors above the average level of finished ground adjoining the building at its exterior walls and, for the purpose of this definition, the non-residential portion of a mixed-use building is deemed to include one-half of any area common to the residential and non-residential portions of such mixed-use building or structure;
- (j) “local board” means a local board as defined in the *Municipal Affairs Act*, other than a district school board;
- (k) “mixed use” means land, buildings or structures used, or designed or intended for use, for a combination of non-residential and residential uses;
- (l) “non-residential use” means lands, buildings or structures or portions thereof used, or designed or intended for all uses other than residential use, and includes, but is not limited to, an office, retail, industrial or institutional use inclusive of

lands dedicated to mechanical space, loading facilities, and parking accessory to the principal use;

- (m) “purpose-built rental unit” means a dwelling unit that is providing rental accommodation and that has been approved by the City of Toronto’s Affordable Housing Office as having qualified for a rebate under the City of Toronto’s Purpose-Built Rental Development Charges Rebate Program;
 - (n) “residential development” means lands, buildings or structures developed or to be developed for residential use;
 - (o) “residential use” means lands, buildings or structures used, or designed or intended for use as a dwelling unit or units, and shall include a residential use accessory to a non-residential use and the residential component of a mixed use or of an agricultural use.
 - (p) “secondary dwelling unit” means a dwelling unit, whether contained within a single detached dwelling or a semi-detached dwelling, or ancillary to a single detached dwelling or a semi-detached dwelling, or ancillary to a single detached dwelling or a semi-detached dwelling including but not limited to a coach house, laneway suite or structure constructed above an existing garage or other structure separate from the primary dwelling unit, which:
 - (i) comprises an area less than or equal to the gross floor area of the primary dwelling unit; and
 - (ii) is not capable of being legally conveyed as a separate parcel of land from the primary dwelling unit.
2. Unless otherwise expressly provided in this by-law, the definitions contained in the Act or the regulations under the Act shall have the same meanings in this by-law.
3. In this by-law where reference is made to a statute, a section of a statute, or a regulation, such reference will be deemed to be a reference to any successor statute, section or regulation.

Lands Affected

- 4.
- (a) Subject to section 4(b), this by-law applies to all lands in the area of the by-law;
 - (b) This by-law shall not apply to lands that are owned by and are used for the purpose of:
 - (i) a municipality or a local board thereof;
 - (ii) a district school board;

- (iii) a public hospital receiving aid under the *Public Hospitals Act*;
- (iv) a publicly-funded university, community college or a college of applied arts and technology established under the *Ministry of Colleges and Universities Act*, or a predecessor statute;
- (v) Metrolinx;
- (vi) a cemetery or burying ground that is exempt from taxation under section 3 of the *Assessment Act*;
- (vii) non-residential uses permitted under s. 39 of the *Planning Act*;
- (viii) lands as described in Schedules A and B to the Development Levy Agreement – Railway Lands Central and West made as for October 21, 1994 to the extent as provided in that agreement and pursuant to Section 6 of O. Reg. 20/98 Education Development Charges

PART II - EDUCATION DEVELOPMENT CHARGES

5.

(1) In accordance with the Act and this by-law, and subject to sections 9 and 10, the Board hereby imposes an education development charge against land undergoing residential development or redevelopment in the area of the by-law if the residential development or redevelopment requires any one of those actions set out in subsection 257.54(2) of the Act, namely:

- (a) the passing of a zoning by-law or of an amendment to zoning by-law under section 34 of the *Planning Act*;
- (b) the approval of a minor variance under section 45 of the *Planning Act*;
- (c) a conveyance of land to which a by-law passed under subsection 50(7) of the *Planning Act* applies;
- (d) the approval of a plan of subdivision under section 51 of the *Planning Act*;
- (e) a consent under section 53 of the *Planning Act*;
- (f) the approval of a description under section 50 of the *Condominium Act*; or
- (g) the issuing of a permit under the *Building Code Act, 1992* in relation to a building or structure,

where the first building permit issued in relation to a building or structure for above ground construction is issued on or after the date the by-law comes into force.

(2) In respect of a particular development or redevelopment an education development charge will be collected once, but this does not prevent the application of this by-law to future development or redevelopment on the same property.

6.

(1) In accordance with the Act and this by-law, and subject to sections 12 and 13 the Board hereby imposes an education development charge against land undergoing non-residential development or redevelopment in the area of the by-law which has the effect of increasing existing gross floor area of such development if the non-residential development or redevelopment requires any one of those actions set out in subsection 257.54(2) of the Act, namely:

- (a) the passing of a zoning by-law or of an amendment to a zoning by-law under section 34 of the *Planning Act*;
- (b) the approval of a minor variance under section 45 of the *Planning Act*;
- (c) a conveyance of land to which a by-law passed under subsection 50(7) of the *Planning Act* applies;
- (d) the approval of a plan of subdivision under section 51 of the *Planning Act*;
- (e) a consent under section 53 of the *Planning Act*;
- (f) the approval of a description under section 50 of the *Condominium Act*; or
- (g) the issuing of a permit under the *Building Code Act, 1992* in relation to a building or structure.

where the first building permit issued in relation to a building or structure for above ground construction is issued on or after the date the by-law comes into force.

(2) In respect of a particular development or redevelopment an education development charge will be collected once, but this does not prevent the application of this by-law to future development or redevelopment on the same property.

7. Subject to the provisions of this by-law, the Board hereby designates all categories of residential development and non-residential development and all residential and non-residential uses of land, buildings or structures as those upon which education development charges shall be imposed.

Residential Education Development Charges

8. Subject to the provisions of this by-law, the Board hereby imposes on residential development of land, an education development charge per dwelling unit in accordance with the chart below:

EDC Phase-in Period	Residential Rates per Dwelling Unit (all unit types)
July 1, 2018 to September 30, 2018	\$1,632.00
October 1, 2018 to October 31, 2019	\$4,683.00
November 1, 2019 to June 30, 2023	\$7,860.00

The education development charge shall apply to each dwelling unit, including secondary dwelling units and purpose-built rental units, upon the designated categories of residential development and the designated residential uses of lands, buildings or structures, including a dwelling unit accessory to a non-residential use, and, in the case of a mixed-use building or structure, upon the dwelling units in the mixed-use building or structure.

Exemptions from Residential Education Development Charges

9. As required by subsection 257.54(3) of the Act, an education development charge shall not be imposed with respect to:
- (a) the enlargement of an existing dwelling unit or;
 - (b) the creation of one or two additional dwelling units as prescribed in section 3 of Regulation 20/98 as follows:

NAME OF CLASS OF RESIDENTIAL BUILDING	DESCRIPTION OF CLASS OF RESIDENTIAL BUILDINGS	MAXIMUM NUMBER OF ADDITIONAL DWELLING UNITS	RESTRICTIONS
Single detached dwellings	Residential buildings, each of which contains a single dwelling unit, that are not attached to other buildings	Two	The total gross floor area of the additional dwelling unit or units must be less than or equal to the gross floor area of the dwelling unit already in the building

Semi-detached dwellings or row dwellings	Residential buildings, each of which contains a single dwelling unit, that have one or two vertical walls, but no other parts, attached to other buildings	One	The gross floor area of the additional dwelling unit must be less than or equal to the gross floor area of the dwelling unit already in the building
Other residential buildings	A residential building not in another class of residential building described in this table	One	The gross floor area of the additional dwelling unit must be less than or equal to the gross floor area of the smallest dwelling unit already in the building

10.

(1) An education development charge under section 8 shall not be imposed with respect to the replacement, on the same site, of a dwelling unit that was destroyed by fire, demolition or otherwise, or that was so damaged by fire, demolition or otherwise as to render it uninhabitable.

(2) Notwithstanding subsection (1), education development charges shall be imposed under section 8 if the building permit for the replacement dwelling unit is issued more than 2 years after,

- (a) the date the former dwelling unit was destroyed or became uninhabitable; or
- (b) if the former dwelling unit was demolished pursuant to a demolition permit issued before the former dwelling unit was destroyed or became uninhabitable, the date the demolition permit was issued.

(3) Notwithstanding subsection (1), education development charges shall be imposed under section 8 against any dwelling unit or units on the same site in addition to the dwelling unit or units being replaced. The onus is on the applicant to produce evidence to the satisfaction of the Board, acting reasonably, to establish the number of dwelling units being replaced.

(4) Subject to section 13, an education development charge shall be imposed under section 8 where a non-residential building or structure is replaced by or converted to, in whole or in part, a residential building or structure.

Non-Residential Education Development Charges

11. Subject to the provisions of this by-law, the Board hereby imposes, on all non-residential uses of lands, an education development charge per square foot of gross floor area of non-residential development in accordance with the chart below:

EDC Phase-in Period for Non-residential Rates	Non-residential Rates (per sq ft of GFA)	Non-residential Rates (per sq metre of GFA)
July 1, 2018 to September 30, 2018	\$1.83	\$19.65
October 1, 2018 to October 31, 2019	\$3.37	\$36.27
November 1, 2019 to June 30, 2023	\$5.66	\$60.92

The education development charge shall apply to non-residential development upon the designated categories of non-residential development and the designated non-residential uses of land, buildings or structures and, in the case of a mixed use building or structure, upon the non-residential uses in the mixed-use building or structure.

Exemptions from Non-Residential Education Development Charges

12. As required by section 257.55 of the Act, if a development includes the enlargement of a gross floor area of an existing industrial building, the amount of the education development charge that is payable in respect of the enlargement is determined in accordance with the following rules:
 - (a) if the gross floor area is enlarged by 50 per cent or less, the amount of the education development charge in respect of the enlargement is zero;
 - (b) If the gross floor area is enlarged by more than 50 per cent the amount of the education development charge in respect of the enlargement is the amount of the education development charge that would otherwise be payable multiplied by the fraction determined as follows:
 - (i) Determine the amount by which the enlargement exceeds 50 per cent of the gross floor area before the enlargement;
 - (ii) Divide the amount determined under paragraph 1 by the amount of the enlargement.

13.
 - (a) As required by section 5 of Regulation 20/98, subject to paragraphs (b) and (c), an education development charge under s. 11 shall not be imposed with respect to the replacement, on the same site, of a non-residential building that was destroyed by fire, demolition or otherwise, or that was so damaged by fire, demolition or otherwise as to render it unusable.
 - (b) Notwithstanding paragraph (a), an education development charge shall be imposed under section 11 against any additional gross floor area of any non-

residential development on the same site in excess of the gross floor area of the non-residential building or structure being replaced, subject to the following calculation:

If the gross floor area of the non-residential part of the replacement building exceeds the gross floor area of the non-residential part of the building being replaced, the exemption applies with respect to the portion of the education development charge calculated in accordance with the following formula:

$$\text{Exempted portion} = \frac{\text{GFA (old)} \times \text{EDC}}{\text{GFA (new)}}$$

where,

"Exempted portion" means the portion of the education development charge that the board is required to exempt;

"GFA (old)" means the gross floor area of the non-residential part of the building being replaced;

"GFA (new)" means the gross floor area of the non-residential part of the replacement building;

"EDC" means the education development charge that would be payable in the absence of the exemption;

- (c) The exemption in paragraph (a) does not apply if the building permit for the replacement building is issued more than 5 years after,
 - (i) the date the former building was destroyed or became unusable; or
 - (ii) if the former building was demolished pursuant to a demolition permit issued before the former building was destroyed or became unusable, the date the demolition permit was issued;
 - (d) Subject to section 16, an education development charge shall be imposed under section 11 where a residential building or structure is replaced by or converted to, in whole or in part, a non-residential building or structure.
14. The education development charge to be imposed in respect of mixed use development shall be the aggregate of the amount applicable to the residential development component and the amount applicable to the non-residential development component.

15.

- (a) Where it appears to the Board that the land values underlying the education development charge calculation are predicting higher costs than the Board is generally experiencing over a period of time sufficient to show the discrepancy with a reasonable degree of assurance, the Board shall consider a motion to study amending the By-law to reduce the charge.
- (b) Where it appears to the Board that the land values underlying the education development charge calculation are predicting lower costs than the Board is generally experiencing over a period of time sufficient to show the discrepancy with a reasonable degree of assurance, the Board shall consider a motion to study amending the By-law to increase the charge.

Credits

16. This section applies where an education development charge has previously been paid in respect of development on land and the land is being redeveloped, except where sections 9 and 10, and/or section 12 and 13 apply:
- (a) The education development charge payable in respect of the redevelopment will be calculated under this by-law;
 - (b) The education development charge determined under paragraph (a) will be reduced by a credit equivalent to the education development charge previously paid in respect of the land, provided that the credit shall not exceed the education development charge determined under paragraph (a);
 - (c) Where the redevelopment applies to part of the land the amount of the credit shall be calculated on a proportionate basis having regard to the development permissions being displaced by the new development. For example, if 10% of non-residential gross floor area of a non-residential building is being displaced by residential development through conversion, the residential education development charge on the applicable number of units will be calculated under section 8 of the by-law, and the credit will be the education development charge originally paid on the gross floor area being converted subject to the limit in paragraph (b).

PART III - ADMINISTRATION

Payment of Education Development Charges

17. The education development charge in respect of a development is payable to the City of Toronto on the date that the first building permit for above ground construction is issued in relation to a building or structure on land to which the education development charge applies.
18. Education development charges shall be paid by cash, by certified cheque or by bank draft.

19. The Treasurer of the Board shall establish and maintain an education development charge reserve fund in accordance with the Act, the Regulations and this By-law.

Payment by Land

20. Subject to the requirements of the Act, the Board may by agreement permit an owner to provide land in lieu of the payment of all or any portion of an education development charge. In such event, the Treasurer of the Board shall advise the Treasurer of the City of Toronto of the amount of the credit to be applied to the education development charge.

Collection of Unpaid Education Development Charges

21. In accordance with section 257.96 of the Act, section 349 of the *Municipal Act*, S.O. 2001, c. 25, applies with necessary modifications with respect to an education development charge or any part of it that remains unpaid after it is payable.

Date By-law In Force

22. This by-law shall come into force on July 1, 2018.

Date By-law Expires

23. This by-law shall expire on June 30, 2023, unless it is repealed at an earlier date.

Severability

24. Each of the provisions of this by-law are severable and if any provision hereof should for any reason be declared invalid by a court or tribunal, the remaining provisions shall remain in full force and effect.

Interpretation

25. Nothing in this by-law shall be construed so as to commit or require the Board to authorize or proceed with any particular capital project at any time.

Short Title

26. This by-law may be cited as the Toronto Catholic District School Board Education Development Charges, 2018 By-law No. ____.

ENACTED AND PASSED this _____ day of _____, 2018.

Chair

Director of Education and Secretary



REPORT TO

REGULAR BOARD

DANTE ALIGHIERI ACADEMY AND REGINA MUNDI STATUS UPDATE (WARD 5)

*But the stars that marked our starting fall away, we must go deeper into greater pain,
for it is not permitted that we stay.* Dante Alighieri, Inferno

Created, Draft	First Tabling	Review
June 5, 2018	June 14, 2018	Click here to enter a date.

M. Loberto, Sr. Coordinator Development Services
D. Friesen, Acting Executive Superintendent of Facilities

INFORMATION REPORT

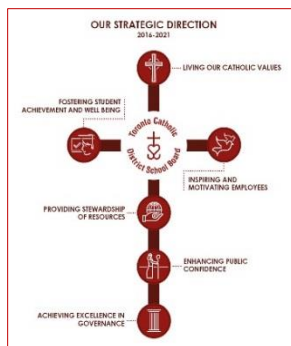
Vision:

At Toronto Catholic we transform the world through witness, faith, innovation and action.

Mission:

The Toronto Catholic District School Board is an inclusive learning community uniting home, parish and school and rooted in the love of Christ.

We educate students to grow in grace and knowledge to lead lives of faith, hope and charity.



Rory McGuckin
Director of Education

D. Koenig
Associate Director
of Academic Affairs

T. Robins
Acting Associate Director
of Planning and Facilities

L. Noronha
Executive Superintendent
of Business Services and
Chief Financial Officer

A. EXECUTIVE SUMMARY

This report is a follow-up to the February 22, 2018 Trustee Motion regarding the Toronto Catholic District School Board/Villa Charities Inc. Intergenerational Community Hub Summative report.

The report provides a summary of actions taken by staff relating to each of the items contained in the February 22, 2018 Trustee Motion.

The cumulative staff time required to prepare this report was 10 hours

B. PURPOSE

1. The purpose of the report is to provide an update on the status of the matters outlined in the February 22, 2018 Trustee Motion regarding the Toronto Catholic District School Board/Villa Charities Inc. Intergenerational Community Hub Summative report, where the Board adopted the following resolution:

That the staff report be received;

1. *That the Board sever the ties with Villa Charities for a joint use facility on Lawrence Avenue West;*
2. *That staff explore all possible facility options to accommodate the secondary school (Dante Alighieri), the elementary school (Regina Mundi) and the Reggio Emilia daycare centre (approved and funded by the province) on TCDSB property;*
3. *That staff present the aforementioned report with options and recommendations to the Board*
4. *That staff prepare an urgent business case for capital funding of Regina Mundi Catholic School and submit it to the Ministry of Education;*
5. *That staff prepare all the financial expenditures to date on the project and submit it to the Ministry of Education as per the request of the Ministry;*
6. *That a meeting with the Ministry of Education, local MPP and city Councillor be requested and that the local trustee, Chair and Director of Education confirm the commitment and the willingness of the Minister of Education and Early Years to “work quickly with the Board” to address the accommodation needs of this school community;*

7. *That the purchase and sale agreement between TCDSB and VCI of 3.467 acres of land on Lawrence Avenue West be disclosed and made public;*
8. *That all financial information regarding the costs to date for the TCDSB and Villa Charities joint venture be disclosed publicly. Expenditures to include all costs for feasibility studies, consultants, architects, planners, engineers etc.;*
9. *That all financial information regarding the purchase of 25 Good Sheppard Court be disclosed and made public;*
10. *That the Director of Education report to public Board on the purpose of purchasing 25 Good Sheppard Court;*
11. *That a Community Advisory Committee be established to review, advise and recommend short and long term plans for the site located at 25 Good Sheppard Court. The composition of the Community Advisory Committee will include:*
 - i. *parent representatives (two)*
 - ii. *school principals (two)*
 - iii. *school superintendent (one)*
 - iv. *Dante student (one)*
 - v. *Greater school community*
 - vi. *residents (10)*
 - vii. *local trustee (one)*
 - viii. *local MPP and City Councillor will be invited to participate*

C. BACKGROUND

1. **September 1, 2011** - the Toronto Catholic District School Board received capital priorities funding in the amount of approximately \$32.8 million from the Ministry of Education to proceed to construct a 1,300 pupil place replacement facility for Dante Alighieri Academy.
2. **November 20, 2012** - the Board approved the construction of a replacement facility for Dante Alighieri Academy as part of a joint venture intergenerational community hub with Villa Charities Inc. (VCI). The joint venture educational and cultural arts facility would house the new secondary school and a new Columbus Centre.

The facility was originally contemplated to be located on Dufferin Street, however due to the inability to secure property for the project, VCI and the Board decided to pursue an option for the joint building on Lawrence Avenue West which involved the demolition of the Columbus Centre.

3. **December 2016** - a Site Plan application for the joint facility was submitted to the City of Toronto, and in **January 2017**, applications for a zoning bylaw amendment and Plan of Subdivision were also submitted to seek development approvals for the project.
4. In the spring of 2017, concerns regarding the project were raised by the members of community during consultation sessions. On **June 13, 2017**, in response to these concerns, North York Community Council directed the applicant to conduct extensive community consultation.
5. **October 27, 2017 - January 25, 2018** – A community consultation process was initiated and facilitated by Maximum City/Dillon Consulting Limited, jointly retained by TCDSB and VCI, as independent facilitators. The consultation process was initiated, facilitated and completed, engaging over 700 independent participants and over 1000 total participants through a variety of methods.
6. **February 14, 2018** - the TCDSB received a communication from the Ministry of Education stating that due to the significant concerns regarding the potential demolition of the Columbus Centre and the ongoing divisions which still exist over the project, the Ministry of Education will not support a school project that allows for the demolition of the Columbus Centre.
7. **February 22, 2018** – At the Regular Board meeting, resolutions arising from a Trustee motion were adopted by the Board.

D. EVIDENCE/RESEARCH/ANALYSIS

Staff have reviewed each of the items in the Trustee motion from the February 22, 2018 Board meeting, and have taken the following actions:

1. **Motion #1 - That the Board sever the ties with Villa Charities for a joint use facility on Lawrence Avenue West:** The TCDSB severed ties with VCI by terminating the Agreement of Purchase and Sale between two parties.

2. **Motions #2, #3 - Exploring all possible facility options to accommodate Dante Alighieri Academy and Regina Mundi on TCDSB property, and presenting the aforementioned options and recommendations to the Board:**
 - Through an RFP process, the TCDSB has retained CS&P Architects Inc. to undertake a feasibility study of site redevelopment and replacement options for Dante Alighieri Academy and Regina Mundi Catholic School.
 - The properties identified for this redevelopment includes both the Dante and Regina Mundi sites, as well as the Sisters of Good Shepherd property, for a total of 12.43 acres.
 - The study will include consultation with school staff and parents, and is anticipated to be completed by September 30, 2018.
 - Following the completion of the feasibility study, staff will bring forward a report to the Board of Trustees presenting the potential options and recommendations.

3. **Motion #4 - Preparation of business case for capital funding of Regina Mundi and submission to Ministry of Education:**
 - The submission of a business case should occur following the completion of the feasibility study outlining accommodation options for Regina Mundi students to more accurately and fairly inform the business case.
 - Typically, feasibility studies are submitted as part of the business case package, and enhance the rationale for capital funding.
 - Staff, pending the prioritization and Board approval of Capital submissions, may submit the business case during the next round of Capital Priorities, expected to be called by the Ministry of Education in Fall 2018

4. **Motion #5 and #8 - Preparation of all financial expenditures to date on the project for public disclosure and submission to the Ministry of Education:**
 - All expenditures for the project covered by Education Development Charges (EDC) were disclosed as part of the renewal of the TCDSB EDC By-law.

- With respect to the Capital Priorities funding, the TCDSB has spent approximately \$277,177 of the Ministry of Education Capital Priorities funding allocation on the project, principally on consulting fees associated with the municipal approvals for the joint facility.

The full costs are posted on the Board website and have been submitted to the Ministry of Education.

5. **Motion #6 – Meeting of Chair and Director with the Ministry of Education, local MPP and city Councillor to confirm willingness to address the needs of the 2 school communities:**

- Staff initially attempted to secure a meeting with Ministry staff, but have been unsuccessful to date. Staff will continue to pursue setting up the meeting.

6. **Motion #7 – Public disclosure of the Agreement of Purchase and Sale between TCDSB and VCI regarding 3.467 acres of land on Lawrence Avenue West:** The Agreement of Purchase and Sale between the Board and VCI has been posted on the TCDSB website.

7. **Motion #9 – Public disclosure of the financial information regarding the purchase of 25 Good Shepherd Court:** The purchase price of the 25 Good Shepherd property has been posted on the TCDSB website.

8. **Motion #10 - The purpose of purchasing 25 Good Shepherd Court:**

- The original intention of purchasing this property was to provide a connection between the joint venture facility on Lawrence Avenue West and the existing Board properties on Playfair Avenue.
- This included the construction of a field house to accommodate an indoor changing area and the storage of sports equipment, as the sports field and track were to remain in its current location, and as such not immediately adjacent to the new facility.
- There was also the potential to provide additional surface parking, as well as outdoor amenity space for both the elementary and secondary school students.
- Potential options for the future use of the property will be reviewed as part of the forthcoming feasibility study.

9. **Motion # 11 - Establishment of the Community Advisory Committee:**
- Staff will work with the local Trustee to prepare the terms of reference for the Committee, and establish a transparent and inclusive process for selecting the member of the Committee.

E. CONCLUDING STATEMENT

This report is for the consideration of the Board.



REPORT TO

CORPORATE SERVICES, STRATEGIC PLANNING AND PROPERTY COMMITTEE

RESPONSE TO DELEGATIONS FROM NATIVITY OF OUR LORD COMMUNITY – TRUSTEE WARD 2

“For I know the plans I have for you, declares the Lord, plans for welfare and not for evil, to give you a future and a hope.”, Jeremiah 29:11

Created, Draft	First Tabling	Review
May 28, 2018	June 6, 2018	Click here to enter a date.

- J. Howley, Sr. Mgr. Planning & Accountability
- J. Volek, Acting Comptroller of Planning & Development Services
- D. Friesen, Acting Executive Superintendent of Facilities Services
- D. Yack, Superintendent of Student Achievement and Well Being, Area 2

INFORMATION REPORT

Vision:

At Toronto Catholic we transform the world through witness, faith, innovation and action.

Mission:

The Toronto Catholic District School Board is an inclusive learning community uniting home, parish and school and rooted in the love of Christ.

We educate students to grow in grace and knowledge to lead lives of faith, hope and charity.

Rory McGuckin
Director of Education

D. Koenig
Associate Director
of Academic Affairs

Tim Robins
Acting Associate Director
of Planning and Facilities

L. Noronha
Executive Superintendent
of Business Services and
Chief Financial Officer



A. EXECUTIVE SUMMARY

This report is for the consideration of the Board and was created in response to delegations received at the April 12, 2018 meeting of the Corporate Affairs, Strategic Planning and Property Committee regarding the report titled Staff Feasibility Study of New School at Nativity of Our Lord.

Based on the Board approved Capital Priorities Criteria, staff have determined that Nativity of Our Lord does not meet the necessary criteria to rank in the top 10 Capital Priority projects at this time. Capital Priorities are evaluated and reviewed on an annual basis for submission to the Ministry of Education for funding.

The cumulative staff time required to prepare this report was 6 hours

B. BACKGROUND

1. On **April 12, 2018**, at the Corporate Services, Strategic Planning and Property Committee, staff presented a report titled *Staff Feasibility Study for New School at Nativity of Our Lord*. Delegations presented to Board requesting clarification on the following subjects:
 - OTG Capacity Calculations
 - Projected Enrolment Numbers
 - Impact of Boundary Catchment change
 - Increase in FDK Enrolment
 - Anticipated Student Yields from Development and potential effects of Child Care.
2. The Board requested that staff report back to June 6, 2018, Corporate Services, Strategic Planning and Property Committee addressing the questions posed by the delegates.

C. EVIDENCE/RESEARCH/ANALYSIS

1. The following comments represent specific questions asked by the delegations and responses prepared by staff.

2. ***Does the capacity take into account the 3 self-contained special education classrooms currently housed by Nativity and deemed to have a capacity of 9 per classroom?***

On-the-Ground (OTG) Capacity calculations are based on the purpose-built space, not the current use. As the three self-contained special education classes are full-size classrooms, they are loaded at 23 pupil places each. Additionally, Special education classrooms are reviewed on a yearly basis and allocations may be increased or reduced as required based on students identified for the program and their exceptionalities.

3. ***Why has the recent trend of increased FDK registration not been reflected in the Projected Enrolment Number (additional 0.5 FDK classroom approved before Staff Feasibility Report requested)?***

The 0.5 FDK classroom has been added for the 2018-19 school year based on projected enrolment and is reflective of the boundary change with St. Gregory going forward. Therefore, it is captured in the current Board approved projections.

4. ***What is driving this major swing of 127 students in the 2020 enrolment projections in 1 year between the Boundary Review Interim Report (March 2017) and Staff Feasibility Report (April 2018)?***

&

Why have the student yields for known developments been revised down between the Boundary Review Interim Report and Staff Feasibility Report? And why is the West mall development expected student yield so low?

Development applications from the City are received by planning staff on a regular basis and tracked in our development database. The numbers referenced on March 2, 2017, Staff Interim Report are based on the 2016 Board Approved Projections. The Planning department tracks changes to applications during the City approval process over the years and are applied to the projections going forward.

According to the Ontario Municipal Board and City of Toronto development tracking sources, an application for a development with significant anticipated student yield (600-620 the East Mall) is no longer active.

In summary, based on current demographic and development trends, this has contributed to a decrease in the anticipated student yield in the past two years, which is reflected in the current enrolment projections.

5. ***Why were the student yields from the Child Care not included, as requested? & Child Care anticipated to open January 2020, according to LGA Architectural Partners – why is this not reflected in the 2020 projected enrolment?***

Child care space is leased by an external agency and provided to the community as a complimentary service. Therefore, children enrolled in child care spaces do not generate funding for the Board. Also, there is no guarantee that these children will attend TCDSB schools, regardless of their enrolment in child care.

Anticipated student yields are generated from development in the area, as well as, historical trending of existing community accounts for any children enrolled in the child care and is already captured in the latest Board approved projections.

6. ***Feasibility of a new addition being built to replace the old section of the building, as well as, the gym.***

The child care addition has been designed in such a way that if a new school was built, it could either be placed on the north (replacing the old section of the building), or to the south of the site, as shown in Appendix 'A'. Additionally, the previous kindergarten addition was built in such a way as to facilitate the demolition and replacement of the older part of the school.

Nativity of Our Lord has not been identified as a high priority in the Board's gym addition criteria matrix.

7. ***Does Nativity have the capacity to accept these students with a current 83% utilization rate?***

Current projections indicate that there is sufficient capacity in the school to accommodate the projected enrolment based on known parameters.

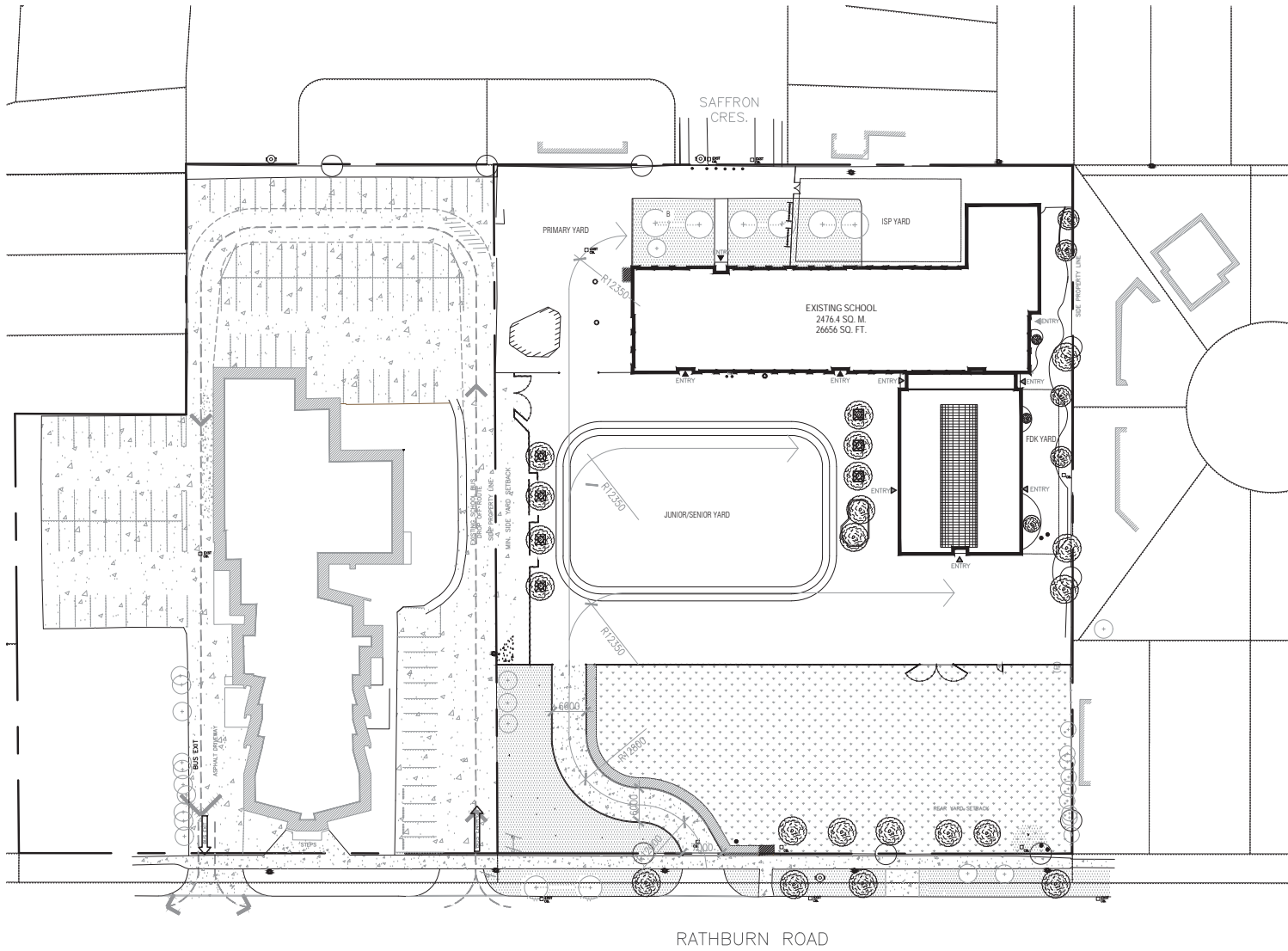
	OTG	Current	Projected Enrolment					
Nativity of Our Lord	541	2017	2018	2019	2020	2021	2022	2023
Pupil Count		414	405	404	401	404	395	398
Util. Rate (%)		77%	75%	75%	74%	75%	73%	74%

8. Based on the evidence, research and analysis, presented in this report, a replacement school at Nativity of Our Lord is not an urgent TCDSB Capital priority at this time. Staff will continue to monitor the enrolment to account for changing demographics and other factors that may influence the projection model, as well as, the facility condition to determine eligibility for future Capital Priorities submissions.

D. CONCLUDING STATEMENT

This report is for the consideration of the Board.

APPENDIX 'A'



EXISTING SCHOOL OPEN SPACE AREA: 10 364.0 SQ.M.



533 College Street, Suite 301
 Toronto, Ontario, Canada M6G 1A8
 T: 416 203 7600 F: 416 203 3342
 lga-ap.com

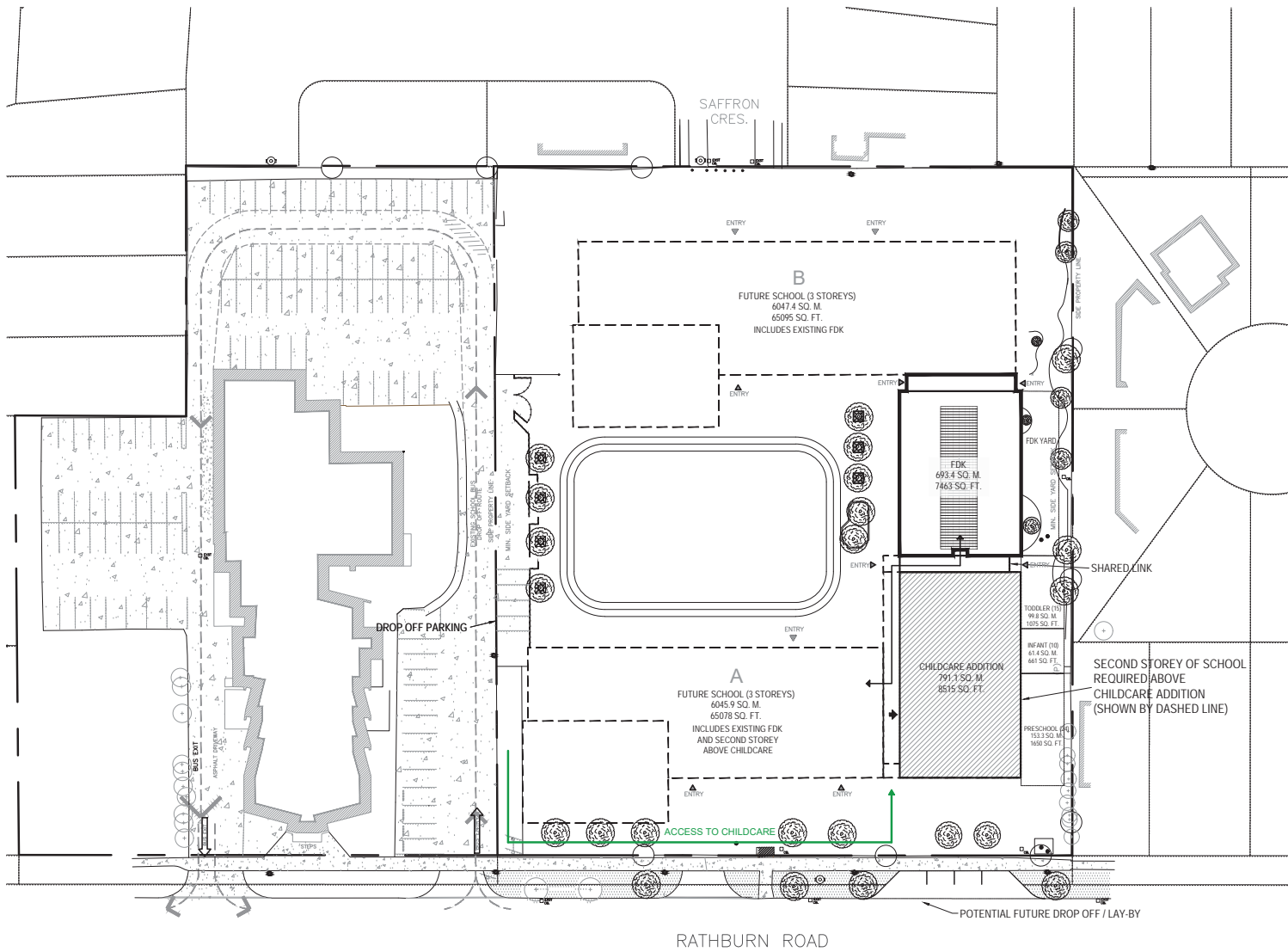
PROJECT:
 NATIVITY OF OUR LORD CHILDCARE ADDITION

DRAWING TITLE:
 EXISTING SITE PLAN

SCALE: 1/750
 DATE: FEBRUARY 1, 2018



APPENDIX 'A'



OPTION B

EXISTING SCHOOL OPEN SPACE AREA:	10 364.0 SQ.M.
PROPOSED SCHOOL OPEN SPACE AREA:	8 890.1 SQ.M.
CHILDCARE PLAY AREA:	314.5 SQ.M.
TOTAL PROPOSED OPEN SPACE AREA:	9 204.6 SQ.M.

OPTION A

EXISTING SCHOOL OPEN SPACE AREA:	10 364.0 SQ.M.
PROPOSED SCHOOL OPEN SPACE AREA:	8 592.6 SQ.M.
CHILDCARE PLAY AREA:	314.5 SQ.M.
TOTAL PROPOSED OPEN SPACE AREA:	8 907.1 SQ.M.



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 Toronto, Ontario, Canada M6G 1A8
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 lga-ap.com

PROJECT:
 NATIVITY OF OUR LORD CHILDCARE ADDITION

DRAWING TITLE:
 OPTION A - PHASE 2
 SITE PLAN

SCALE: 1/750
 DATE: FEBRUARY 1, 2018





REPORT TO

REGULAR BOARD

POSSIBLE EXPANSION OF FRENCH IMMERSION TO GRADE ONE

*"Let the little children come to me; do not stop them; for it is to such as these that the kingdom of God belongs."
Mark 10:14 (NRSVCE)*

Created, Draft	First Tabling	Review
June 4, 2018	June 14, 2018	Click here to enter a date.
Lori DiMarco, Superintendent, Curriculum Leadership & Innovation; Academic ICT		

RECOMMENDATION REPORT

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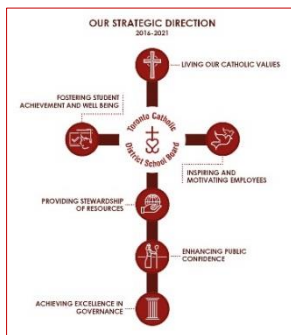
We educate students to grow in grace and knowledge to lead lives of faith, hope and charity.

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Director of Education

D. Koenig
Associate Director
of Academic Affairs

T. Robins
Acting Associate Director
of Planning and Facilities

L. Noronha
Executive Superintendent
of Business Services and
Chief Financial Officer



A. EXECUTIVE SUMMARY

This report is in response to the delegation at the May 31, 2018 Student Achievement and Well-Being committee meeting of the board.

This report outlines the implications of offering French Immersion to grade 1 students at Holy Name for September 2018. The decision to increase the FI program allocation at Holy Name could set a precedent for other new FI programs.

The report recommends that there be no increase to the French Immersion programming at Holy Name for 2018-2019.

The cumulative staff time required to prepare this report was 8 hours

B. PURPOSE

1. At the May 31, 2018 Student Achievement and Well-Being committee meeting of the board, a delegate requested consideration for allowing grade 1 students in September 2018 at Holy Name to also participate in French Immersion. The Board of Trustees received the delegation and requested a report regarding Grade One French Immersion.

C. BACKGROUND

1. At the March 6, 2014 Student Achievement and Well-Being committee meeting of the board, with regard to item 10a) French Immersion Review, a motion was passed:
With approval of the plan that French Immersion schools, including those identified in the chart..., begin French Immersion in Junior Kindergarten during the 2015-2016 school year to be aligned with Full Day Learning.
2. Similar requests from other school communities have come forward in the year in which the school was to begin implementation of French Immersion in Kindergarten. Based on the Board approved motion from March 6, 2014 (above) these requests were not implemented.
3. In the 2017-2018 year, the TCDSB had difficulty filling many open elementary French teaching positions due to the issues of recruiting qualified French speaking teachers.

4. At the May 31, 2018 Student Achievement and Well-Being committee meeting the report ‘Update on the Status of French Teacher Staffing’ highlighted the following concerns:
 - i. low success rates for the candidates interviewing for French teaching positions;
 - ii. the challenges associated with recruiting and hiring new certified French teachers.

These two factors have contributed to the TCDSB having difficulty hiring French speaking teachers.

5. This request constitutes a change in the delivery model of French Immersion. Since staffing models for 2018-2019 are already established, a change such as this would normally occur after consultation with appropriate stakeholders.
6. Families, who may miss out with the implementation of a new FI program in Kindergarten for their older children, still have the option to enrol their child in an extended French program in grade 5.
7. Elementary French Teacher Positions (full time equivalent) in the TCDSB:

Position	2017-2018 (A)	2018-2019 (B)	Difference (B-A)
Core French	289	299	10
Extended French	37	37	0
French Immersion	108	125.5	17.5
French Specialty	35.7	39.2	3.5
Total	469.7	500.7	31

The difference in the number of required French teachers from 2017-2018 to 2018-2019 is attributed to the following reasons:

- Changes in the International Languages delivery model (+10)
- French Immersion new programs, and program expansions (adding a new grade to programs that have started in the last 8 years) (+17.5)

Based on the changes sited above there will be a need to hire 31 elementary French speaking teachers for 2018-2019 to cover existing classes for September. We will also have to hire an additional 20 French teachers to

cover existing open French positions in our elementary schools resulting in approximately 51.0 FTE open French positions.

8. As of this time, we are aware of 6 retirements and 2 resignations, of French speaking teachers in the elementary panel.

D. STAFF RECOMMENDATION

Staff recommend that French Immersion not be extended to grade one at Holy Name for the 2018-2019 school year.



REPORT TO

REGULAR BOARD

UPDATE ON PUBLIC MEETING ROOM AUDIO-VISUAL UPGRADES

“For surely I know the plans I have for you, says the Lord, plans for your welfare and not for harm, to give you a future with hope.” Jeremiah 29:1

Created, Draft	First Tabling	Review
May 31, 2018	June 14, 2018	June 5, 2018

Steve Camacho, Chief Information Officer
 J. Di Fonzo, Sr Coordinator, Technical Services
 Deborah Friesen, Acting Executive Superintendent of Facilities Services

RECOMMENDATION REPORT

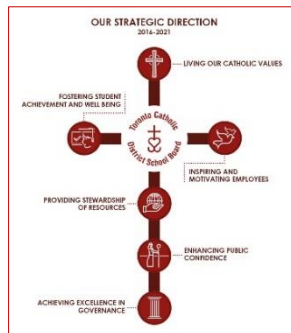
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 Director of Education

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T. Robins
 Acting Associate Director of Planning and Facilities

L. Noronha
 Executive Superintendent of Business Services and Chief Financial Officer

A. EXECUTIVE SUMMARY

This report is to provide Trustees with an update on the status of the boardroom upgrades at the CEC.

The boardrooms and meeting rooms at the CEC have not received a major refresh to their Audio-Visual (AV) equipment and related system since approximately 2005 (13 years), which is much longer than industry average.

As a part of the 2017-18 operating budget, the Board approved a \$200,000 one-time investment in the boardroom to correct AV problems that have been reported and to improve the reliability of the room. In addition, staff have received complaints about the other public meeting rooms at the CEC. Upon additional assessment, staff believe the original funds allocated are insufficient to substantively address the needs of these rooms.

This report advises that staff are retaining an AV Design specialist to review the rooms, develop a fulsome design and budget, and provide options for trustees to review and approve. Furthermore, staff are recommending that a multi-year financial plan be developed in conjunction with the reserve policy strategy for IT Infrastructure replacement needs.

The cumulative staff time required to prepare this report was 6 hours

B. PURPOSE

1. The purpose of this report is to provide Trustees with an update on the status of boardroom upgrades and setup.

C. BACKGROUND

1. The Board uses extensive AV technology in its public meeting spaces at the CEC. The use of this technology to convey meeting content and displaying publicly the democratic process involved in setting the strategic direction of the Board is of critical importance. This technology helps to align the delivery and debate of regular agenda reports with the Board's Multi-Year Strategic Plan with regards to enhancing public confidence, stewardship of resources, and excellence in governance.

2. Senior members of Toronto Catholic District School Board (TCDSB) staff and Trustees visited with the City of Toronto in March 2018 to review how AV technology can be best used in public governance setting. This exposure to the technology used by the City revealed that TCDSB's technology in the Boardroom was significantly lagging in many areas.
3. The boardrooms and meeting rooms at the CEC have not received a major refresh to their AV equipment and related system since approximately 2005 (13 years). The best practice refresh cycle for AV equipment is between 3 and 5 years. As a result, the rooms have had numerous problems with the equipment in the last few years and staff have received many complaints about sound and video quality from Trustees, the public and staff.
4. Over the last 10 years, AV technology has gone through a major product update cycle in the market and has moved to digital based technology that runs over common network infrastructure, rather than traditional "analog" technology.
5. As a result of the above factors, the Board is looking to refresh the AV system in the CEC; specifically staff are targeting rooms used for public meetings such as the main boardroom, large committee room, small committee room, and Catholic Teacher's Centre.
6. The upgrade of AV equipment in a large public space is a significant undertaking and will require, in addition to new technology, facilities work such as new data cabling, power, furniture, and soundproofing to develop an effective overall solution.
7. To address the move to digital technology, a wholesale change of most of the AV system components is needed when upgrading a single room as opposed to updating components in a piecemeal fashion.
8. Given the anticipated scope of the work, staff also believe it would be a cost effective time to revisit the room layouts and to provide options to improve the use of the space for Board meetings and other events.
9. The 2017-18 budget includes a one-time \$200,000 increase to the operating budget for general investment in Boardroom AV equipment, however, staff believe that level of funding is significantly below the market cost to upgrade all public meeting rooms at the CEC.

D. ACTION PLAN

1. Given the amount, complexity, and expertise required to complete this work, staff are retaining the services of an AV design specialist that will work with the Facilities and ICT departments to develop a room design for each of the target rooms. These room designs will be used to inform the purchase, installation, and integration of the AV equipment as well as any additional architectural or construction work. The cost for a specialist to develop this type of plan is approximately \$50,000.
2. As a part of the design scope of work, the AV design specialist will seek input from Trustees and staff on the final design requirements for each room to ensure the core issues are corrected.
3. Although the cost of the final design has not yet been determined, staff are anticipating that the original \$200,000 allocated to this work will be insufficient to complete all rooms or the main boardroom alone. Upgrades of this nature and scope often surpass \$1,000,000. Therefore, in order to remain fiscally prudent, the final upgrade plan will likely call for room upgrades in stages over a number of years and provide the Board of Trustees with options to choose the desired service level that will vary in price points.

E. RECOMMENDATION

1. That a financial plan for audio-visual technology at the Catholic Education Centre be developed and incorporated in to a Reserve Policy and Strategy related to IT Infrastructure replacement; and
2. That staff return with a final design, estimated budget, and report with options regarding the audio-visual systems upgrade in the main boardroom, large committee room, small committee room, and catholic teachers centre at the Catholic Education Centre.



REPORT TO

REGULAR BOARD

WHISTLEBLOWER POLICY (A.39) CONSULTATION RESULTS

And let us consider how to provoke one another to love and good deeds, not neglecting to meet together, as is the habit of some, but encouraging one another, and all the more as you see the Day approaching.

Hebrews 10:24-25

Created, Draft	First Tabling	Review
June 4, 2018	June 14, 2018	June 14, 2018
J. Yan, Senior Coordinator Communications, Public and Media Relations A. Della Mora, Superintendent, Human Resources M. Moffett, Senior Coordinator, Academic Services, Human Resources		

RECOMMENDATION REPORT

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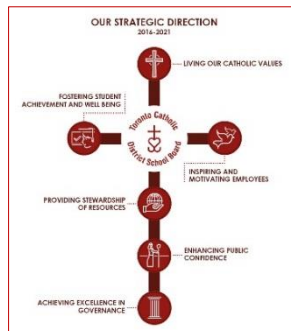
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A. EXECUTIVE SUMMARY

At the meeting of the Regular Board on September 21, 2017, the Board of Trustees accepted the recommendation of the Governance and Policy Committee and approve the Whistleblower Policy (A.39) and Operational Procedure as proposed in Appendix B for Community Engagement at the “Consult” Level, which directs staff to obtain input from community members and the general public on proposed Board directions and decisions.

Specifically staff were charged with directions to inform parent councils with a focus on seeking input from unions, employee groups and associations.

The report summarizes and provides analysis of the feedback, comments and results gathered from the consultation process which featured a dedicated consultation micro-website and an online survey.

It is recommended that all results and submission obtained through public consultation be submitted to the Governance and Policy Committee for review and consideration regarding changes (if necessary) to the draft Whistleblower Policy (A.39).

The cumulative staff time required to prepare this report was 5 hours

B. PURPOSE

1. Most large public organizations have policies and procedures like this in place to identify and prevent improper professional activities. The Whistleblower Policy (A.39) and Operational Procedure outlines standard guidelines to respond to moral, ethical or legal concerns of all TCDSB community stakeholders, as well as the implementation of a third party reporting hotline.

C. BACKGROUND

1. The Whistleblower Policy (A.39) and Operational Procedure was drafted and submitted to the Governance and Policy Committee Meeting on September 12, 2017 for consideration and review to support the Board’s commitment to integrity by providing a framework for the disclosure and investigation of wrongdoing, as well as protection from reprisal or threat of reprisal for those who make disclosures of information.

2. The goal of the policy is to encourage TCDSB staff at all levels of the organization and others to act with integrity.
3. TCDSB stakeholders were invited to participate in the community consultation regarding the Whistleblower Policy (A.39) as part of the Board's commitment to protect the public interest and trust in public education by providing a framework for the disclosure and investigation of wrongdoing, as well as protection from reprisal or threat of reprisal for those who make disclosures of information.
4. A dedicated Community Consultation micro-website was developed to capture feedback via an online survey from May 1, 2018 to May 22, 2018 at 12:00 pm (noon).
5. Prior to the online, web-based consultation a series of discussions initiated by the Senior Coordinator Academic Services, Human Resources to invite input on the draft Whistleblower Policy (A.39) were held at previously scheduled meetings between February and April 2018 with the Board's major employee and administrative groups, as well as union partners. Board also welcomed written submissions up to and including May 22, 2018.

D. EVIDENCE/RESEARCH/ANALYSIS

1. A total of 397 respondents completed the online survey which generated 254 individual comments. Based on this response rate and the target audience focus of parents and staff, the survey results are considered accurate 9 times out of 10, with a margin of error of plus or minus 4 percent.
2. The survey used a "Likert" scale (range from Strongly Agree and Agree to Neutral, and Disagree to Strongly Disagree) applied to three main questions to garner feedback.
3. Generally, over 75% of parents/guardians indicated they agree or strongly agree the draft policy adequately supports the Board's commitment to integrity by providing a framework for the disclosure and investigation of wrongdoing, as well as protection from reprisal or threat of reprisal for those who make disclosures of information. This is in contrast to 57% of TCDSB staff who responded that they disagree or strongly disagree with this statement.

4. When asked if the policy will encourage TCDSB stakeholders at all levels of the organization and others to act with integrity, slightly over 63% of parents agree or strongly agree with the statement, with just over 61% of Board staff who disagree or strongly disagree.
5. Over 70% of parents indicated they were supportive of the new Whistleblower Policy (A.39), compared with 30% of teachers. A majority of teachers (60.5%) responded with “no” to supporting the new policy.
6. Common themes expressed in the comments submitted centred on concerns about duplication of existing legislation (Teaching Profession Act), Board workplace policy governing harassment and discrimination (H.M.14, H.M. 19, H.M. 37), and reliability of a third party reporting service.
7. The full survey results are provided in Appendix A. Raw comments were sent to Trustees under separate cover as in previous consultation reports.

E. RECOMMENDATION

This report is for the consideration of the Board and it is recommended that all results and submission obtained through public consultation be submitted to the Governance and Policy Committee for review and consideration regarding changes (if necessary) to the new Whistleblower Policy (A.39).

APPENDIX A

WHISTLEBLOWER (A.39) CONSULTATION RESULTS

The Whistleblower (A.39) survey was conducted online from **May 1, 2018 to May 22, 2018 (12 Noon)**, with **397 responses received**. All online information collected was treated in a manner that maintained anonymity.

Responders were asked for School/Parish Affiliation on an optional basis, as was indicating their group affiliation (eg. Parent/Guardian, TCDSB Staff, Student, or Ratepayer).

The survey focussed on 3 short questions. The first two employed a “Likert” Scale with a range from Disagree Strongly to Neutral and Agree Strongly. In each case, additional room was provided to submit individual comments and suggestions.

A simple YES, NO, or No Opinion was posed for the final question.

The total response rate was 397 completed online surveys, generating 254 individual comments. Based on this response rate and the target audience focus of parents and staff, **the survey results are considered accurate 9 times out of 10, with a margin of error of plus or minus 4%.**

A detailed summary of the budget survey results is provided on the following pages, itemized by question and the response by each stakeholder group.

Stakeholder Group Summary	Number
Parents	64
TCDSB Staff	307
Catholic Ratepayer	8
TCDSB Student	1
Others or Non ID	17
TOTAL	397

APPENDIX A

Detailed Survey Results by Question and Stakeholder Group

1. This Policy adequately supports the Board’s commitment to integrity by providing a framework for the disclosure and investigation of wrongdoing, as well as protection from reprisal or threat of reprisal for those who make disclosures of information.

Group	Parent Guardian	TCDSB Staff	Catholic Ratepayer	TCDSB Student	Other/ No ID	Total
Strongly Agree	24.56	12.44	0	100	1.88	13.81
Agree	51.75	20.68	3.14	0	26.17	25.45
Neutral	8.08	8.81	6.79	0	8.63	8.57
Strongly Disagree	5.42	14.26	34.14	0	63.32	12.63
Disagree	8.08	42.72	55.93	0	0	38.34
No Choice	2.11	1.10	0	0	0	1.20

Survey results are considered accurate 9 times out of 10, with a margin of error of plus or minus 4%

APPENDIX A

2. This policy will encourage TCDSB stakeholders at all levels of the organization and others to act with integrity.

Group	Parent Guardian	TCDSB Staff	Catholic Ratepayer	TCDSB Student	Other/ No ID	Total
Strongly Agree	22.01	12.10	0	100	1.88	13.13
Agree	41.54	19.19	9.93	0	21.66	22.60
Neutral	14.61	6.11	0	0	.78	7.18
Strongly Disagree	8.74	17.79	34.14	0	7.04	16.13
Disagree	10.26	43.93	55.93	0	62.91	39.65
No Choice	2.84	.88	0	0	5.73	1.32

Survey results are considered accurate 9 times out of 10, with a margin of error of plus or minus 4%

3. Overall I am supportive of the new Whistleblower Policy (A.39)

Group	Parent Guardian	TCDSB Staff	Catholic Ratepayer	TCDSB Student	Other/ No ID	Total
Yes	77.04	30.62	9.93	100	29.41	37.58
No	13.50	60.57	90.07	0	69.37	53.98
No Opinion	6.48	7.68	0	0	1.22	7.07
No Choice	2.98	1.13	0	0	0	1.37

APPENDIX B



POLICY SECTION: ADMINISTRATION
SUB-SECTION:
POLICY NAME: WHISTLEBLOWER POLICY
POLICY NO: A. 39

Date Approved:	Date of Next Review:	Dates of Amendments:
September 21, 2017	September 2022	
Cross References: <i>Education Act, 1990, s. 301, 302</i> <i>Ontario Human Rights Code, 1990</i> <i>Occupational Health and Safety Act</i> <i>Municipal Freedom of Information and Protection of Privacy Act</i> <i>Criminal Code of Canada</i> Ontario Code of Conduct O. Reg. 521/01, Collection of Personal Information Code of Conduct S.S.09 Conflict Resolution H.M.19, Complaint Against a Staff Member H.M.30 Harassment and Discrimination Policy H.M.14 & Respectful Workplace Guidelines		
Appendix—Whistleblower Policy Operational Procedure		

Purpose:

The Toronto Catholic District School Board (TCDSB) will achieve effective utilization and protection of all of its resources through sound application and management of financial systems and internal controls. These objectives will be achieved by adherence to generally accepted accounting principles, sound business practices and applicable Provincial and Federal Statutes and Regulations. Management will maintain comprehensive operational procedures to guide and safeguard both the TCDSB Community and assets in its day to day operations.

Scope and Responsibility:

This policy applies to all internal and external stakeholders of the TCDSB Community. This includes all individuals or organizations engaged in education or

APPENDIX B



POLICY SECTION: ADMINISTRATION

SUB-SECTION:

POLICY NAME: WHISTLEBLOWER POLICY

POLICY NO: A. 39

other activities while in TCDSB facilities or representing the TCDSB. The Director of Education is responsible for this policy.

Alignment with MYSP:

Living Our Catholic values

Strengthening Public Confidence

Achieving Excellence in Governance

Inspiring and Motivating Employees

Policy:

The Toronto Catholic District School Board (TCDSB) is committed to safeguarding the public interest and trust in public education. All internal and external stakeholders for the TCDSB Community are expected to uphold the public trust and demonstrate integrity in all of their dealings.

This Policy supports that commitment by providing a framework for the disclosure and investigation of wrongdoing, as well as protection from reprisal or threat of reprisal for those who make disclosures of information.

The Policy is intended to encourage TCDSB stakeholders at all levels of the organization and others to act with integrity. All persons to whom this policy applies are expected to adhere to the procedures outlined in this policy when making a disclosure and during any subsequent investigation.

APPENDIX B



POLICY SECTION: ADMINISTRATION

SUB-SECTION:

POLICY NAME: WHISTLEBLOWER POLICY

POLICY NO: A. 39

Regulations:

1. Any act of alleged wrongdoing that is detected or suspected must be reported immediately and investigated in accordance with this policy as expeditiously as possible.
2. Any individual or employee who has knowledge of an occurrence of a wrongdoing, or has reason to suspect that a wrongdoing has occurred, has the right and obligation to report the occurrence using the channels of reporting provided under the various policies, procedures, and collective agreements. However, an individual or employee may choose to report the incident to a third party whistleblower hotline.
3. The third party whistleblower hotline will assess the nature of the reported alleged wrongdoing and redirect it to the appropriate authority for review and investigation, as required, based on criteria as set out in the Operational Procedure.
4. The TCDSB will provide information to ensure that internal and external stakeholders are familiar with the policy including a mechanism for concerned individuals to confidentially report actual or suspected instances of wrongdoing through a third party whistleblower hotline.
5. Provided there are reasonable grounds, the TCDSB shall investigate any and all incidents of suspected or alleged acts of wrongdoings. An objective and impartial investigation will be conducted regardless of the position, title, length of service, or relationship with the Board, of any party who becomes the subject of such investigation.

APPENDIX B



POLICY SECTION: ADMINISTRATION

SUB-SECTION:

POLICY NAME: WHISTLEBLOWER POLICY

POLICY NO: A. 39

6. The identity of the whistleblower shall remain confidential to the Director of Education, or designate, unless law enforcement obtains a court order compelling the Board to disclose the name of the whistleblower.
7. Responsibility for ensuring all reported allegations of wrongdoing are investigated rests with the Director of Education.
8. The Board shall make every effort to ensure that an individual or employee, who in good faith reports under this policy, is protected from harassment, retaliation or adverse employment or contract consequence.
9. An individual who retaliates against someone who has reported in good faith is subject to discipline, up to and including termination of employment or vendor/contractor services.
10. An individual or employee who makes an unsubstantiated report, which is knowingly false, frivolous, or made with vexatious or malicious intent, will be subject to discipline, up to and including termination of employment or vendor/contractor services.
11. No person shall willfully obstruct management or any others involved in an investigation of wrongdoing.
12. No person shall direct, counsel or cause in any manner any person to obstruct management or any others involved in an investigation of wrongdoing.
13. No person shall direct, counsel or cause in any manner any person to destroy, alter, falsify, or conceal a document or other thing they know or ought to know is likely relevant to an investigation of wrongdoing.

APPENDIX B



POLICY SECTION: ADMINISTRATION

SUB-SECTION:

POLICY NAME: WHISTLEBLOWER POLICY

POLICY NO: A. 39

14. When an alleged wrongdoing is confirmed by the investigation, appropriate action shall be taken, up to and including termination of employment and/or contract where appropriate.

15. In the event of criminal misconduct, the Police shall be notified immediately.

16. Annual budget provisions will be made to support compliance with the policy.

APPENDIX B



POLICY SECTION: ADMINISTRATION

SUB-SECTION:

POLICY NAME: WHISTLEBLOWER POLICY

POLICY NO: A. 39

Definitions:

Informant

An informant is a person who exposes misconduct, alleged dishonest or illegal activity occurring in an organization.

Wrongdoing

Wrongdoing may be classified collectively as illegal or inappropriate conduct, i.e. a violation of a law, rule, regulation and/or a direct threat to public interest, such as fraud, health and safety violations, and corruption.

Wrongdoing includes but is not limited to:

- Fraud as defined in the Criminal Code of Canada (s. 380 (1)).
- Misappropriation of funds, supplies, resources, or other assets.
- Any computer related activity involving the alteration, destruction, forgery, manipulation of data or unauthorized access for wrongdoing purposes, in violation of the TCDSB policy on Electronic Communication System-Acceptable Use (A.29)
- Irregular and/or improper accounting, internal controls, or auditing practices or conduct.
- Conflicts of interest (personal or otherwise) influencing the objectives and decision-making of one's duties.
- An actual or suspected violation or contravention of any federal or provincial law, regulation, TCDSB policies or administrative procedures as it relates to the TCDSB.
- Conduct or practices that present a danger to the health, safety, or well-being of the Board's students, employees, or other parties, where applicable.
- Unprofessional conduct or conduct that contravenes the following TCDSB policies: Conflict of Interest: Employees (H.M.31); Conflict of Interest: Trustees (T.01); Code of Conduct (SS.09).

APPENDIX B



POLICY SECTION: ADMINISTRATION

SUB-SECTION:

POLICY NAME: WHISTLEBLOWER POLICY

POLICY NO: A. 39

- Knowingly directing or counselling a person to commit a wrongdoing of illegal or inappropriate conduct.

The above list is not exhaustive but is intended to provide guidance to individuals as to the kind of conduct that constitutes wrongdoing under this policy.

Reprisal

A reprisal is any measure taken against an individual or employee who has reported wrongdoing that adversely affects his or her employment or appointment and includes but is not limited to:

- a. Ending or threatening to end an individual or employee's employment or appointment;
- b. Disciplining or suspending or threatening to discipline or suspend an individual or employee;
- c. Imposing or threatening to impose a penalty related to employment or appointment of an individual or employee; or
- d. Intimidating, coercing or harassing an individual or employee in relation to his or her employment or appointment.

Stakeholders

“Stakeholders” includes trustees, TCDSB employees, and the general public, including parents and students.

Third Party Whistleblower Hotline

An objective third party service offering a secure reporting tool and management system to support the Board’s mandate to implement an ethics and compliance reporting (whistleblowing), policy and procedure. The certified ethics reporting service protects individuals’ identities so they are more inclined to report alleged wrongdoing.

APPENDIX B



POLICY SECTION: ADMINISTRATION

SUB-SECTION:

POLICY NAME: WHISTLEBLOWER POLICY

POLICY NO: A. 39

Evaluation and Metrics:

The effectiveness of the policy will be determined by measuring the following:

1. A report of the number and classification of disclosures of information and substantiation of reports and concerns including themes regarding the concerns shall be provided to the Board and Audit Committee quarterly.
2. A survey will be distributed annually to TCDSB internal and external stakeholders to assess satisfaction with the Whistleblower policy and its operational procedures. The results of this survey will be reported to the Board and the Audit committee on an annual basis.

WHISTLEBLOWER POLICY (A.39)

OPERATIONAL PROCEDURE

This operational procedure supports the TCDSB's commitment to provide a framework for the disclosure and investigation of alleged wrongdoing to a third party whistleblower hotline as well as protection from reprisal or threat of reprisal for those who make disclosures of such information.

This operational procedure applies to all internal and external stakeholders of the TCDSB Community. This operational procedure extends to all individuals or organizations engaged in education or other activities while in TCDSB facilities or representing the TCDSB.

1. Reporting an Alleged Wrongdoing

- (a) Any individual who has knowledge of an occurrence of a wrongdoing, or has reason to suspect that an alleged wrongdoing has occurred may report to the third party whistleblower hotline.
- (b) The third party whistleblower hotline will assess the nature of the report of the alleged wrongdoing and redirect it to the appropriate authority for review and investigation, as required, based on the following criteria:
 - (i) Where a Trustee or employee of the Board is suspected of the alleged wrongdoing, the reported information will be provided to the Director of Education or designate.
 - (ii) Where the Director of Education is suspected of alleged wrongdoing, the reported information will be provided to the Chair of the Board, who will report to the entire Board of Trustees. The investigation will be conducted by a third party investigator and reported to the entire Board of Trustees.

- (c) The informant can report their concerns to the third party whistleblower hotline via email, fax, mail, or phone.
- (d) The third party whistleblower hotline will collect the information from the informant, creating a unique case file for each matter reported. The information will be assessed and forwarded as per the Board policy.

2. Investigation of Suspicions or Allegations of Wrongdoing

- (a) The Director of Education shall ensure that all instances of alleged wrongdoing are appropriately investigated and reported to the Audit Committee on a quarterly basis.
- (b) Investigations will be conducted in accordance with the appropriate Board policy.
- (c) The Director of Education, in consultation with the Board's legal counsel, may solicit the services of internal staff and/or external resources as appropriate.
- (d) Employees are expected to fully cooperate with management and any others involved in the investigation and make all reasonable efforts to be available to assist during the course of the investigation.
- (e) In the event that the investigation was conducted in good faith yet is not to the informant's satisfaction, he/she has the right to report the event to the appropriate legal or investigative agency. Any associated costs are the responsibility of the informant.
- (f) All participants in an investigation of an alleged wrongdoing, including persons who make a disclosure, witnesses, and the persons alleged to be responsible for wrongdoing, shall keep the details and results of the investigation confidential, and shall not discuss the matter with anyone other than those conducting the investigation. Any person who violates this confidentiality requirement will be subject to disciplinary measures up to and including suspension or termination.

3. Duty to Protect

- (a) The identities of all participants in an investigation of wrongdoing, including persons who make a disclosure, witnesses, and the persons alleged to be responsible for wrongdoing will be protected and remain confidential unless it is a criminal matter and must be reported to the appropriate authorities.
- (b) The identity of the informant shall remain confidential to those persons directly involved in applying this policy, unless the issue requires investigation by law enforcement, in which case members of the organization are subject to subpoena.

4. Duty to Report

- (a) In making a report, an individual or employee must be acting in good faith with reasonable grounds for believing that there is a grievous breach of a Board policy or federal or provincial law that relates to the safeguarding of the Board's assets as well as the Board's fiduciary responsibilities.
- (b) Any act of wrongdoing that is detected or alleged must be reported immediately and investigated in accordance with this policy as expeditiously as possible.

5. Prohibition Against Interfering with an Investigation

- (a) Any person who willfully obstructs management or any others involved in an investigation of alleged wrongdoing is subject to disciplinary measures including suspension or termination.
- (b) No person shall destroy, alter, falsify, or conceal a document or other thing they know or ought to know is likely relevant to an investigation of alleged wrongdoing.
- (c) Any person, who destroys, alters, falsifies, or conceals a document or other thing they know or ought to know is likely relevant to the

investigation of alleged wrongdoing is subject to disciplinary measures, including suspension or termination.

6. Prohibition Against Counseling Interference with an Investigation

- (a) Any individual who directs, counsels or causes in any manner any individual to obstruct management or any others involved in an investigation of alleged wrongdoing is subject to disciplinary measures, including suspension or termination.
- (b) Any individual who directs, counsels or causes in any manner any individual to destroy, alter, falsify, or conceal a document or other thing they know or ought to know is likely relevant to an investigation of alleged wrongdoing is subject to disciplinary measures, including suspension or termination.

7. Reporting Of A Complaint From An Individual Who Believes That They Have Suffered Or Are Suffering From Retaliation Or Reprisal

- (a) An individual who feels that they are suffering reprisal resulting from making a complaint of alleged wrongdoing should contact the Superintendent of Human Resources or Director of Education.
- (b) The Third party whistleblower hotline may also be contacted where the individual who feels that they have suffered reprisal is uncomfortable with reporting the matter through the process noted in 7(a).

8. Investigating A Complaint From An Individual Who Believes That They Have Suffered From Retaliation Or Reprisal

- (a) The complaint will be processed as per Board policies and procedures related to the disposition of complaints.
- (b) An individual or employee who retaliates against someone who has reported in good faith is subject to discipline, up to and including termination of employment or vendor/contractor services.



REPORT TO

REGULAR BOARD

PROTOCOL ON PREVALENT MEDICAL CONDITIONS

Great crowds came to him, bringing with them the lame, the maimed, the blind, the mute, and many others. They put them at his feet, and he cured them. – Matthew 15:30

1. Created, Draft	2. First Tabling	3. Review
May 14, 2018	June 14, 2018	Click here to enter a date.

Cristina Fernandes, Superintendent of Special Services
Rachelina Macchia, Chief of IPRC

RECOMMENDATION REPORT

Vision:

At Toronto Catholic we transform the world through witness, faith, innovation and action.

Mission:

The Toronto Catholic District School Board is an inclusive learning community uniting home, parish and school and rooted in the love of Christ.

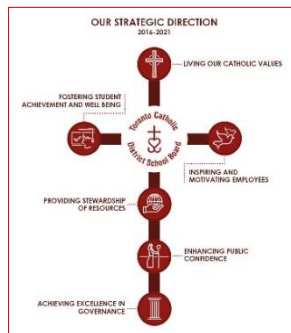
We educate students to grow in grace and knowledge to lead lives of faith, hope and charity.

Rory McGuckin
Director of Education

D. Koenig
Associate Director
of Academic Affairs

T.B.D.
Associate Director
of Planning and Facilities

L. Noronha
Executive Superintendent
of Business Services and
Chief Financial Officer



A. EXECUTIVE SUMMARY

This report replaces the Anaphylaxis S.M.15 and expands on the content to include four prevalent medical conditions: Anaphylaxis, Asthma, Diabetes and Seizures as per Policy and Program Memorandum 161-Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and Epilepsy) in Schools.

Each medical condition has its own set of circumstances and is outlined in the revised policy with its own section.

The cumulative staff time required to prepare this report was 125 hours

B. PURPOSE

1. This report serves three purposes:
 - a. Arising from a **trustee motion** on November 2, 2017 was a request that the report from the Governance and Policy Committee on the updated Anaphylaxis policy be brought with the response to the delegation of September 7, 2017, and a copy of the presentation at the same time (Appendix A).
 - b. Coinciding with the trustee request was also the need to **update the Anaphylaxis Policy and Protocol**, which was last updated in 2013.
 - c. **Legislative requirements** arising from the Ministry of Education, through *PPM 161- Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and Epilepsy) in Schools* (Appendix C) have led to the development of a protocol for prevalent medical conditions beginning on September 1st, 2018.

C. BACKGROUND

1. On September 7, 2018 a parent and her child delegated with respect to a need to review procedures with respect to Anaphylaxis (Appendix A). Staff

responded to the delegate's information by offering existing procedures and board requested a review of the Anaphylaxis Policy, Protocols and Guideline.

2. On November, 2nd, 2018, a report was brought to the Student Achievement and Well Being Committee with recommendations to revise the Anaphylaxis Policy.
3. Since staff were already going to be engaged in reviewing the policy, special services staff began to investigate the need for a broader meta-policy and an implementation protocol.
4. In February 2018, the Ministry of Education released the updated ***PPM 161- Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and Epilepsy) in Schools*** (Appendix C) with new revisions, mandating boards to have prescribed protocols for September 2018.
5. PPM 161 (February 2018) requires boards to develop a meta-policy to address four prevalent medical conditions: Anaphylaxis, Asthma, Diabetes and Epilepsy/Seizures and requires the development of protocols to address each of these very different conditions.
6. Included in the accompanying protocol is the **TCDSB Prevalent Medical Conditions Protocol** (Appendix B). The protocol outlines procedures to address each of the four medical conditions as well as a general outline to assist staff in preparing for students who have these conditions.
7. For students with medical conditions other than the four listed in PPM 161, the protocol provides a generic Student Plan of Care to address medical conditions, which are not mentioned in PPM 161, but require attention at the school level.

D. EVIDENCE/RESEARCH/ANALYSIS

1. Based on a need to review the existing Anaphylaxis Policy, Protocol and Guidelines, the **TCDSB Prevalent Medical Conditions Protocol** was created to support the implementation of ***PPM 161- Supporting Children and***

Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and Epilepsy) in Schools in TCDSB schools.

2. The protocol as defined in PPM 161 mandates and reflects best practices as suggested in the resources included for each medical condition.
3. Resources are outlined in each section of the protocol for each of the four medical conditions. These resources will also be used by the principal/vice-principal to train staff to work with students with medical conditions.
4. Each student's medical condition is unique to the individual student. As a result, each student with a prevalent medical condition will require the development of Student Plan of Care.
5. Each Student Plan of Care outlines the following areas:
 - a. Student Information
 - b. Emergency Contacts
 - c. Supports for the Medical Condition
 - d. Triggers (where appropriate)
 - e. Daily Routine and Management
 - f. Basic First Aid
 - g. Emergency Procedures
 - h. Parent notification
 - i. Impact on Excursion Protocols
 - j. Health Care Provider Information
 - k. Authorization and Plan review
6. Student Plans of Care will vary according to a specific medical condition and the individual student need.
7. The appendices of the protocol provide schools with various supports that assist schools in creating and managing Student Plans of Care.

E. METRICS AND ACCOUNTABILITY

1. The board will develop a new policy for medical conditions in September 2018 to support the implementation of the TCDSB Prevalent Medical Conditions Protocol.

2. Implementation of the TCDSB Prevalent Medical Conditions will need to be monitored during the first year of implementation both from a school implementation perspective and from a stakeholder perspective in order to accommodate emergent needs.
3. Staff will use the student information system to track reported incidence of prevalent medical conditions across the board.

F. IMPLEMENTATION, STRATEGIC COMMUNICATIONS AND STAKEHOLDER ENGAGEMENT PLAN

1. In response to the board motion on November 2, 2017, the delegate that attended the September 7, 2017 Student Achievement and Well Being Committee meeting was consulted on the new protocol and offered input that was considered and applied where appropriate.
2. The new protocol includes the transfer of information between elementary and secondary schools as well as appropriate communication with staff and students.
3. Additionally, any new students with medical conditions would be captured through school registrations processes and through SOAR (Student Online Admissions & Registration).
4. Consistent with PPM161, consultation has taken place with parents of students with medical conditions, students through ECSLIT (elementary student leaders) and CSLIT (secondary school student leaders), delegates to the Student Achievement and Well Being Committee and/or SEAC (Special Education Advisory Committee), federations, administrators of schools, and senior staff. All feedback was considered and incorporated, where feasible or appropriate, into the protocol. We are in the process of having the protocol reviewed by staff from public health.
5. Additionally, the protocol has also been reviewed by the TCDSB legal department.

6. The special education department will begin the process of communicating this information and implementation for a September 1st implementation as outlined below.
 - a. Administrators and senior leaders will receive communication of the changes in June 2017. Special education staff who support schools in the development of Student Plans of Care will be inserviced through department meetings.
 - b. Principals will be inserviced through presentations at principal meetings in September 2017.
 - c. Vice-Principals will be inserviced through training at the vice-principal meetings.
 - d. Additionally, new administrators will be offered a special services/medical conditions training in the fall of 2017.
 - e. The document will be posted on the TCDSB public site to support parents that may have students with medical conditions.
 - f. Editable documents will be made available to school and board staff for use with students beginning September 1st, 2018.

7. The Anaphylaxis Policy S.M.15 (2013) and Asthma policy S.M. 16 will need to go to the Governance and Policy Committee to rescind the existing policies and to replace them with an updated meta-policy on prevalent medical condition(s) as per PPM 161.

G. STAFF RECOMMENDATION

1. Staff recommends that the Anaphylaxis Policy S.M. 15 and Asthma Policy S.M. 16 be rescinded and replaced with a new Meta-Policy on Prevalent Medical Conditions, replacing existing policies as early as possible in the 2018-19 school year.
2. Staff recommends the implementation of the Protocol on Prevalent Medical Conditions (Draft) and the Student Plans of Care for September 1, 2018.
3. Staff recommends an interim consultation midway through the implementation year to assess if any adjustments are required.

Good evening,

First, we would like to thank you for the opportunity to speak here tonight.

My name is Kimberley Evans and my daughter is with me and her name is Hannah Grace Evans. My daughter has a life threatening peanut allergy and she was diagnosed when she was 18 months old and she has been living with this allergy for 14 years. She has completed grade nine. A couple of months ago on June 7, 2017 there was a pranking incident at Senator Oconnor, a student placed peanut butter on door handles of the school. On Feb 22 a student was eating peanuts two rows over from Hannah Grace. We were told at that time from the acting principal that the judgement of what students are allowed to eat in the classroom was at the discretion of the teacher. There seemed to be no clear rule or process regarding what was allowed. We all know that cross contamination is fatal for students with allergies. I spoke to many students and parents from the school community and the most popular response was " I don't think there is a policy about bringing life threatening food in the school, our teachers lets us bring what we want." My husband and I felt that the communication and education of the staff and students needed to be revisited. We were very sad on the day of the pranking incident. The reality that Hannah Grace could have been a victim of a prank and the possibility that we could have lost her was heartfelt. Every student with life threatening allergies deserves to feel as safe as they can in their learning environment. I feel that this topic is important and it aligns itself with our Catholic mission, inclusive learning community uniting home, parish and school and rooted in the love of Christ.

Hannah Grace

I started my grade 9 academic year at Senator Oconnor. I learned really quickly that I had to self advocate for myself especially regarding my allergy because there was no communication that was given to me from the staff at Senator Oconnor. I submitted my medical form and that was the really only written acknowledgement of my allergy. There was no discussion about when I am in a portable or a place that is not close to the office or with friends how I access help. There was no emergency plan about how they would help me if I was in trouble. I soon realized that having an allergy in High school was very different then elementary school. As a student I can only protect myself based on the information that is provided by the school. I feel there were a lot of details that were overlooked in my first year and I want to make the system better.

I want to invite students with allergies from different Catholic high schools to participate in a panel discussion on how we can create a better understanding of how allergies affect students in high school. Our mental health is affected when we have a life threatening allergy. We need to find coping mechanisms to help us. We need the opportunity to talk about how things are done regarding allergies and to ensure that we are knowledgeable about our school environment. It would be my hope that we could collaborate together to create a video or a communication of some sort that would become part of the enrollment package for all new students entering Catholic High School.

Thank you for taking the time to listen.



Protocols for Prevalent Medical Conditions

DRAFT June 2018



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- p. Appendix P – *Draft* Exchange of Information for Student Transfers
- q. Appendix Q – Medical Conditions Staff Training Log
- r. Appendix R- Emergency Evacuation Form

TCDSB Draft 2018

Meta Policy Place Holder

TCDSB Draft 2018

Cross References Place holder:

TCDSB Draft 2018

OverviewProtocol for Students with Medical Conditions

This protocol was created to:

- support students with prevalent medical conditions to fully access school in a safe, accepting, and healthy learning environment that supports well-being
- empower students, as confident and capable learners, to reach their full potential for self-management of their medical condition(s), according to their individually developed Student Plan of Care

The protocol specifically addresses the needs of students with any of the four prevalent medical conditions, outlining procedures for each of the different medical conditions which include:

- a. Anaphylaxis
- b. Asthma
- c. Diabetes
- d. Epilepsy and Seizure Disorders

Students come to school with a variety of needs and medical conditions not outlined in this protocol. As such, this protocol includes a generic template that may be used to support the development of a Student Plan of Care for other unspecified medical conditions not addressed in this protocol.

To address students with concussions, please refer to TCDSB S. 26 Concussion Policy and the Concussion Protocols and Forms found at www.tcdsb.org/Board/Policies/Pages/Concussion-Protocol-Forms.aspx

Outline of Regulations:1. Roles and Responsibilities

a) Parent/Guardian of Children with Prevalent Medical Condition(s)

As the primary caregivers of their child, parents/guardians are expected to be active participants in supporting the management of their child's medical condition(s) while the child is in school. At a minimum, parents should:

- educate their child about their medical condition(s) with support from their child's health care professional, as needed;
- guide and encourage their child to reach their full potential for self-management and self-advocacy;
- inform the school of their child's medical condition(s) and co-create the Student Plan of Care for their child with the principal or the principal's designate;
- communicate changes to the Student Plan of Care, such as changes to the status of their child's medical condition(s) or changes to their child's ability to manage the medical condition(s), to the principal or the principal's designate;

- confirm annually to the principal or the principal's designate that their child's medical status is unchanged;
- initiate and participate in meetings to review their child's Student Plan of Care;
- supply their child and/or the school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the Student Plan of Care, and track the expiration dates of all medications and supplies provided;
- seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate;
- complete Consent to Disclose Personal Health Information, Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA) form and/or Request and Consent for the Administration of Oral Medication form, if needed.

b) Student

Depending on their cognitive, emotional, social, and physical stage of development, and their capacity for self-management, students are expected to actively support the development and implementation of their Student Plan of Care. Students should:

- take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social, and physical stage of development and their capacity for self-management;
- participate in the development of their Student Plan of Care, if appropriate;
- participate in meetings to review their Student Plan of Care, if appropriate;
- carry out daily or routine self-management of their medical condition to their full potential, as described in their Student Plan of Care (e.g., carry their medication and medical supplies; follow school board policies on disposal of medication and medical supplies); set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parent(s) and health care professional(s);
- communicate with their parent(s) and school staff if they are facing challenges related to their medical condition(s) at school;
- wear medical alert identification that they and/or their parent/guardian deem appropriate;
- if possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs.

c) School Staff

School staff should follow TCDSB's policies and the provisions in their collective agreements related to supporting students with prevalent medical conditions in schools. School staff should, for example:

- review the contents of the Student Plan of Care for any student with whom they have direct contact;
- participate in training, during the instructional day, on prevalent medical conditions, at a minimum bi-annually, as required by the school board;

- share information on a student's signs and symptoms with other students, as outlined in the Student Plan of Care and authorized by the parent and/or by the student if the student is 18 years of age or older
- follow school board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's Student Plan of Care;
- support a student's daily or routine management, and respond to medical incidents and 911 medical emergencies that occur during school, as outlined in board policies and procedures
- support inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location (e.g., classroom), as outlined in their Student Plan of Care, while being aware of confidentiality and the dignity of the student;
- enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Student Plan of Care.

d) Principal

In addition to the responsibilities outlined above under "School Staff", the principal should:

- clearly communicate to parents and appropriate staff the process for parents to notify the school of their child's medical condition(s), as well as the expectation for parents to co-create, review, and update a Student Plan of Care with the principal or the principal's designate.
- This process should be communicated to parents, at a minimum:
 - during the time of registration
 - each year during the first week of school
 - when a child is diagnosed and/or returns to school following a diagnosis;
- co-create, review, or update the Student Plan of Care for a student with a prevalent medical condition with the parent(s), in consultation with school staff (as appropriate) and with the student (as appropriate);
- maintain a file with the Student Plan of Care and supporting documentation for each student with a prevalent medical condition;
- provide relevant information from the student's Student Plan of Care to school staff and others who are identified in the Student Plan of Care (e.g., food service providers, transportation providers, volunteers, occasional staff who will be in direct contact with the student), including any revisions that are made to the plan;
- communicate with parent(s) in medical emergencies, as outlined in the Student Plan of Care;
- encourage the identification of staff who can support the daily or routine management needs of students in the school with prevalent medical conditions, while honouring the provisions within their collective agreements;
- ensure that all required forms are completed and signed by the appropriate persons;
- ensure that all Student Plans of Care are posted in a non-public area of the school (e.g., school office and/or staff room) and that a copy is kept in the teacher's day book (or alternative) and/or in supply binders for both teacher and other staff working with the student.

e) Toronto Catholic District School Board

School Boards are expected to communicate, on an annual basis, their policies on supporting students with prevalent medical conditions to parents, school board staff, and others in the school community who are in direct contact with students (e.g., food service providers, transportation providers, volunteers).

TCDSB will make the Medical Conditions Policy and the Student Plan of Care templates available on its public website.

The TCDSB will:

- provide training and resources on prevalent medical conditions on an annual basis;
- develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas;
- develop expectations for schools to support the safe storage and disposal of medication and medical supplies;
- communicate expectations with respect to storage and disposal of medication and medical supplies to schools and support schools in the implementation of the expectations;
- communicate to staff the expectation that students are allowed to carry their medication and supplies to support the management of their medical condition, as outlined in their Student Plan of Care;
- consider relevant board policies as they relate to prevalent medical conditions when entering into contracts with transportation, food service, and other providers.

2. Student Plans of Care

A Student Plan of Care form contains individualized information on a student with a prevalent medical condition(s). TCDSB Student Plans of Care are accessible on the Special Services Forms Site for staff to create a plan. The Student Plan of Care templates for each prevalent medical condition will also be available on the public website for community access.

The Student Plan of Care includes the following elements:

- preventative strategies to be undertaken by the school to reduce the risk of medical incidents and exposure to triggers or causative agents in classrooms and common school areas
- identification of school staff who will have access to the Student Plan of Care
- identification of routine or daily management activities that will be performed by the student, parent/guardian, or staff volunteer(s), as outlined in the TCDSB policy, or by an individual authorized by the parent/guardian
- a copy of notes and instructions from the student's health care professional, where applicable
- information on daily or routine management accommodation needs of the student (e.g., space, access to food) (where possible, a student should not be excluded from the classroom during daily or routine management activities, unless the student or the parent(s) indicate they prefer exclusion)

- information on how to support or accommodate the student to enable participation to their full potential in all school and school board activities (e.g., field trips, overnight excursions, board-sponsored sporting events)
- identification of symptoms (emergency and other) and response
- emergency contact information for the student
- clear information on the school board's emergency policy and procedures
- details related to storage and disposal of the student's prescribed medication(s) and medical supplies, such as:
 - parental permission for the student to carry medication and/or medical supplies
 - location of spare medication and supplies stored in the school, where applicable
 - information on the safe disposal of medication and medical supplies
- requirements for communication between the parent/guardian and the principal or the principal's designate and/or school staff, as appropriate, including format and frequency
- parental consent to share information on signs and symptoms with other students (or student consent when 16 years of age or older, where appropriate)

The Student Plan of Care for a student with a prevalent medical condition should be co-created, reviewed, and/or updated by the parent(s) in consultation with the principal or the principal's designate, designated staff (as appropriate) and the student (as appropriate), during the **first 30 school days of every school year** and, as appropriate, during the school year (e.g., when a student has been diagnosed with a prevalent medical condition).

For secondary schools that have semesters/quads, the Student Plan of Care should be reviewed/updated within **30 days of the start of the term**, as appropriate.

Parent/Guardian have the authority to designate who is provided access to the Student Plan of Care. With authorization from the parents/(student consent if 16 years of age or older), the principal or the principal's designate should share the Student Plan of Care with school staff who are in direct contact with the student with prevalent medical conditions and, as appropriate, others who are in direct contact with students with prevalent medical conditions (e.g., food service providers, transportation providers, volunteers).

3. Facilitating and Supporting Daily or Routine Management

TCDSB encourages supporting the inclusion of students with prevalent medical conditions within classrooms, as appropriate, and the opportunity to manage their daily medical routines in a school location as outlined in their Student Plan of Care.

4. Emergency Response

The Student Plan of Care will include the emergency response pertinent to the student's prevalent medical condition(s) that school staff will follow.

Schools will review and implement the medical emergency procedures that are in line with evidence-based materials that have been developed by health professionals and education partners.

Please refer to FACT Sheets in the appendices for more information:

- Appendix K – Anaphylaxis Fact Sheet
- Appendix L – Asthma Fact Sheet
- Appendix M – Diabetes Fact Sheet
- Appendix N – Epilepsy and Seizure Disorders Fact Sheet

5. Raising Awareness of Board Policy and Resources

Awareness of Prevalent Medical Conditions are raised at system, school and classroom level through a variety of strategies.

At a system level, development of the awareness of medical conditions may include but is not limited to:

- Providing information of prevalent medical conditions on the TCDSB web portal
- Bi-annual communication with administrators or as needed
- Training for all staff
- Sharing of legislation (e.g. Sabrina’s law for Anaphylaxis; Ryan’s law for Asthma; PPM 161 – Prevalent Medical Conditions)

School level awareness can include but is not limited to:

- Communication through newsletters
- Staff meetings
- Student assemblies
- Catholic School Parent Council (CSPC) meetings
- Partnerships with Toronto Public Health or other organizations, as appropriate

Classroom awareness can be developed through the following:

- Classroom presentations
- Accessing evidence-based resources
- Poster Campaigns, Bulletin Boards
- Awareness Day (e.g., Epilepsy- Purple Day)

The TCDSB ensures awareness of the policies on prevalent medical conditions through a variety of communication methods. This protocol will assist to inform school staff on evidence-based resources that provide information on various aspects of prevalent medical conditions, including triggers or causative agents, signs and symptoms characteristic of medical incidents and of medical emergencies, and TCDSB emergency procedures. Many of the resources included in this document have been developed by health and education partners, and are available through the Ministry of Education in Ontario’s Prevalent Medical Conditions web portal.

<http://www.edu.gov.on.ca/eng/healthyschools/medicalconditions.html>

<http://www.edugains.ca/newsite/SafeHealthySchools/medical-conditions/Prevalent-Medical-Conditions.html>

Schools, also raise awareness of prevalent medical conditions that affect students. They can do so, for example, through curriculum content in classroom instruction, other related learning experiences, and classroom leadership opportunities.

Awareness is especially important at times of transition (e.g., the move to a new school, the move from elementary to secondary school), when students have to face social, physiological, and environmental changes. The TCDSB makes appropriate resources available to occasional staff and service providers, such as food service and transportation providers.

6. Training Sessions

The TCDSB policy includes strategies for providing training related to prevalent medical conditions, at a **minimum** bi-annually, for school staff who have direct contact with students with medical condition(s). Particular consideration is given at the school level to the training needs of occasional staff. **Training should take place within the student's first 30 days of school**, where possible, to ensure the safety and well-being of the student, and should be reviewed as appropriate.

The scope of training should include the following:

- strategies for preventing risk of student exposure to triggers and causative agents
- strategies for supporting inclusion and participation in school
- recognition of symptoms of a medical incident and a medical emergency
- information on school staff supports, in accordance with board policy
- medical incident response and medical emergency response
- documentation procedures

TCDSB, in consultation with teachers' federations, principals' associations, and education workers' unions, will determine the scope of training required to support implementation of their policies, as well as the mode of delivery of the training and any privacy implications that may arise. The scope of training should be consistent with expected duties of school board staff, as outlined in school board policy.

To support school board training needs, evidence-based materials are available online through the ministry's Prevalent Medical Conditions web portal.

<http://www.edu.gov.on.ca/eng/healthyschools/medicalconditions.html>

7. Safety Considerations

TCDSB Schools will allow the student to carry their medication(s) (including controlled substances) and supplies, as outlined in their Student Plan of Care.

Schools will support the storage (according to the item's recommended storage conditions) and safe disposal of medication and medical supplies in an appropriate place in the school. Schools will develop a response protocol that considers the needs of students with prevalent medical conditions in the event of a school emergency (e.g., bomb threat, evacuation, fire, "hold and secure", lockdown).

Additionally, schools will ensure that appropriate procedures are in place and recorded in the Student's Plan of Care for activities that take place off school property (e.g., field trip, sporting

event). These procedures will be shared with any staff that will be supervising the student outside of school property regardless if they are permanent or occasional staff.

Safe storage includes the recommended storage condition(s) for medication and medical supplies. Part of the purpose of safe storage is to enable students to have ready access to their medication and medical supplies when they are not carrying the medication and supplies with them. Safe storage should also include storage considerations when the student is attending board-sponsored activities and travelling to and from such activities. Schools may be required to obtain appropriate supplies to support safe disposal of medication and medical supplies as appropriate when required.

In accordance with the requirement of the Child and Family Services Act, 1990, where board employees have reason to believe that a child may be in need of protection, board employees must call the Catholic Children's Aid Society and file a formal report.

8. Privacy and Confidentiality

The TCDSB follows the regulations for collection of personal medical information as outlined in the Personal Health Information Protection Act (PHIPA), 2004 and Municipal Freedom of Information and Protection of Privacy Act.

TCDSB obtains parental consent in the Student Plan of Care prior to sharing student health information with school staff or other students. *Parents and school staff should be informed of the measures to protect the confidentiality of students' medical records and information.*

9. Reporting

Subject to relevant privacy legislation, school boards should develop a process to collect data regularly, including, but not limited to, data on the number of students with prevalent medical conditions at their schools, and should monitor the number of occurrences of medical incidents and medical emergencies, as well as the circumstances surrounding these events. School boards should use this data as part of their cyclical policy reviews.

Under the authority of paragraph 27.1 of subsection 8(1) of the Education Act, school boards will be required to report to the Minister of Education upon implementation and, upon request thereafter, on their activities to achieve the expectations outlined in this memorandum.

10. Liability

In 2001, the Ontario government passed the Good Samaritan Act to protect individuals from liability with respect to voluntary emergency medical or first-aid services. Subsections 2(1) and (2) of this act state the following with regard to individuals:

2. (1) Despite the rules of common law, a person described in subsection (2) who voluntarily and without reasonable expectation of compensation or reward provides the services described in that subsection is not liable for damages that result from the person's negligence in acting or failing to act while providing the services, unless it is established that the damages were caused by the gross negligence of the person.

(2) Subsection (1) applies to,
... (b) an individual ... who provides emergency first aid assistance to a person who is ill, injured or unconscious as a result of an accident or other emergency, if the individual provides the assistance at the immediate scene of the accident or emergency.

As well, Sabrina's Law and Ryan's Law each include provisions limiting the liability of individuals who respond to an emergency relating to anaphylaxis or asthma, respectively, as cited below.

Subsection 3(4) of Sabrina's Law states:

No action for damages shall be instituted respecting any act done in good faith or for any neglect or default in good faith in response to an anaphylactic reaction in accordance with this Act, unless the damages are the result of an employee's gross negligence.

Subsection 4(4) of Ryan's Law states:

No action or other proceeding for damages shall be commenced against an employee for an act or omission done or omitted by the employee in good faith in the execution or intended execution of any duty or power under this Act.

Definitions

A **Medical incident** is a circumstance that requires an immediate response and monitoring, since the incident may progress to an emergency requiring contact with Emergency Medical Services.

Health Care professional refers to a member of a College under the Regulated Health Professions Act, 1991 (e.g., medical doctor, nurse practitioner, registered nurse, pharmacist).

School staff refers to all school staff, including occasional staff.

“**Self-management**” of medical conditions can be understood to exist along a continuum where students’ cognitive, emotional, social, and physical capacity and stage of development are determinants of their ability to confidently and independently manage their medical condition(s). The students’ journey to reach their full potential along the self-management continuum is not linear and can require varying levels of support over time. A student’s capacity for self-management may be compromised during certain medical incidents, and additional support will be required. As a student’s needs change, the Student Plan of Care would need to be adjusted accordingly.

A **Student Plan of Care** is a form that contains individualized information on a student with a prevalent medical condition.

Safe storage includes the recommended storage condition(s) for medication and medical supplies. Part of the purpose of safe storage is to enable students to have ready access to their medication and medical supplies when they are not carrying the medication and supplies with them. Safe storage should also include storage considerations when the student is attending board-sponsored activities and travelling to and from such activities.

A **controlled substance** is a drug or narcotic, as set out under the federal Controlled Drugs and Substances Act.

ANAPHYLAXIS

As per Sabrina's Law, if an employee has reason to believe that a pupil is experiencing an anaphylactic reaction, the employee may administer an epinephrine auto-injector or other medication prescribed to the pupil for the treatment of an anaphylactic reaction. The parent/guardian will be informed by the school of such an emergency treatment as soon as possible after the treatment is administered and steps taken within the Student's Plan of Care for Anaphylaxis.

TCDSB and all its employees play an important role in providing a safe environment for anaphylactic students. It is essential that all members of the school community are aware of issues facing students with anaphylaxis and develop strategies to minimize the risk of an allergic reaction, and are equipped to respond appropriately in the event of an emergency in all our schools.

These procedures need to be flexible enough to respond to the age and cognitive ability of the student (e.g. significant differences in issues faced by elementary and secondary schools), the nature and prevalence of the allergen, and the organizational and physical properties of the school itself.

While the school community recognizes the right of the parent/guardian to feed their child whatever they choose, it must assert that the right to life and safety is greater, and provide for the safety of anaphylactic children accordingly.

"Anaphylaxis" is a severe, life-threatening allergic reaction. It can be triggered by certain types of food (e.g. peanuts and shellfish), insect stings, latex, medicine, exercise and sometimes, unknown causes. It requires appropriate avoidance strategies and immediate response in the event of an emergency.

Anaphylaxis can occur within minutes or hours after initial contact. It is systemic in nature (involving one or more body systems, i.e., the skin – hives and swelling, respiratory – hoarseness, wheezing, difficulty breathing, rapid drop in blood pressure, leading to unconsciousness); it is life threatening and if left untreated or under treated, can result in death.

Possible Symptoms of Anaphylaxis

One or more of these symptoms may occur within minutes or several hours after exposure to an allergy trigger:

BODY SYSTEM	SYMPTOMS
SKIN	hives (red itchy welts or swelling on skin), itching, warmth, redness
EYES	swollen, itchy, running, or bloodshot, or with mucous
NOSE	nasal congestion or hay fever-like symptoms, running, itchy, stuffy, sneezing
THROAT	sore, swollen
STOMACH/DIGESTIVE SYSTEM	vomiting, cramps, bloating, nausea, diarrhea
URINARY SYSTEM	incontinence
RESPIRATORY SYSTEM	difficulty breathing, severe asthmatic reaction, coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, trouble swallowing, hoarse
CIRCULATORY SYSTEM	drop in blood pressure, unconsciousness, dizziness/lightheadedness, pale/blue colour, weak pulse, fainting, shock, loss of consciousness
NEUROLOGICAL	anxiety, headache
OTHER	disorientation, sense of foreboding, fear or apprehension, sense of doom; uterine cramps

1. Procedures for Staff

The following procedure is to be followed for students with anaphylaxis:

- a) As part of the online application for registration (SOAR) to a TCDSB school, the parent/guardian will be asked to identify allergies or medical conditions.
- b) The principal (or designate) will ask that upon registration at the school for the parent/guardian to inform the school of their child's allergies and clarify if any of these are life threatening.
- c) The principal will then ensure that the parent/guardian is asked to supply information on life- threatening allergies on the **Request and Consent for the Administration of Injection of Medication in an Emergency** form.
- d) The principal, in consultation with the parent/guardian will develop a **Student Plan of Care for Anaphylaxis** form.

- e) The principal will ensure parent/guardian is provided the contact information for Transportation Services to ensure that pertinent school information is shared if/when the student is transported.
- f) The principal will require that students with anaphylaxis, for whom epinephrine auto-injectors are prescribed, carry them on their person at all times, and will inform parent/guardian and student of this requirement.
- g) The principal will obtain a back-up epinephrine auto-injector for emergency use in the school that is in a readily accessible location that is unlocked, and is shared with staff.
- h) The emergency administration of epinephrine by way of auto-injector is permitted, in the absence of completion of required consent if the principal or another employee has **reasonable grounds to believe** that the student is experiencing an anaphylactic reaction and is at an immediate risk of harm.
- i) The principal will review the procedure on safety of students with Anaphylaxis with entire staff a **minimum** of two times each year (at the beginning of each term or at the beginning of each semester in semestered secondary schools) and, throughout the school year as required.
- j) The principal will ensure that staff responsible for the welfare of the students (i.e., teachers, custodians, administrative assistants, educational assistants, long term occasional staff, etc.) are aware of anaphylactic students in their care and have received appropriate training in prevention, symptom recognition, and the use of epinephrine.
- k) **All staff** will be expected to participate in annual training. This can occur as part of a staff meeting or individually. The principal will maintain a record of training sessions in a binder in the school labelled **Medical Conditions**, which all staff will be expected to sign annually, once they have completed training for that year. [In secondary schools, department heads may assist with ensuring training records are completed for their department and submitted to the principal.]
- l) Training on anaphylaxis for all staff is available in an e-learning format on the Ministry of Education website at the following link:

<http://www.eworkshop.on.ca/edu/anaphylaxis/sc00.cfm?L=1>
- m) Further information can be obtained from the Toronto Public Health.
- n) The principal will ensure that all occasional teachers and support staff are aware of the **Student Plan of Care for Anaphylaxis** including the listed emergency medical procedures for any students with anaphylaxis in their assigned classroom and that they are asked to review these prior to student arrival.
- o) The principal will ensure that each **Student Plan of Care for Anaphylaxis**, is posted in a non-public area of the school (i.e. staff room and/or school office, etc.) and that a copy is kept in the teacher's day book and/or in supply binders for any staff (teacher or

support staff) working directly with the student in all school settings.

- p) The principal will ensure that staff are made aware of any students that may have a need for emergency medical intervention. (i.e.: Students who have a **Student Plan of Care for Anaphylaxis** posted in a non-public place).
- q) The principal will maintain a file for each student with anaphylaxis including all pertinent forms in the main office.
- r) In the case of an anaphylaxis occurrence, an Incident of anaphylactic reaction is documented and reported on the Ontario School Boards Insurance Exchange (OSBIE) Incident Report Form available on the OSBIE website (Appendix C).
<http://osbie.on.ca/english/index.cfm>.
- s) **Excursions:** Please refer to the **Board's Excursion Handbook** for specific recommendations regarding students with anaphylaxis while on excursions (**pages 53-55 Section 7.13 and 7.14 "Anaphylaxis-The Life-Threatening Allergic Reaction and Emergency Procedures for Students without a Medical Diagnosis of Anaphylaxis and Prescribed Medication**). It is advisable to have a parent or other adult relative of an anaphylactic student accompany all class trips where possible. Parents shall be informed of excursions as early as possible in order to research excursion sights for allergic risks.

A minimum of two (2) EpiPens®/Allerjects® must accompany the student on all excursions.

2. Student Plan of Care for Anaphylaxis

The **Student Plan of Care for Anaphylaxis form** shall contain the following:

- 1) Details regarding the type of allergy, monitoring and avoidance strategies, symptom recognition and appropriate treatment, which will be provided to the school for staff who are in direct contact with the student on a regular basis.
- 2) Emergency contact information, and a copy of the prescription and/or instructions from the student's physician and consent for the administration of epinephrine should it be required as outlined in the **Request and Consent for the Administration of Injection of Medication in an Emergency form**.
- 3) Information about storage of epinephrine auto-injectors, for which the parents/guardians will be responsible for supplying and ensuring that they remain in good working condition and within any expiration dates (Parents are encouraged to provide two single dose epinephrine auto-injectors or one dual-dose epinephrine auto-injector).

3. Risk management strategies for students with anaphylaxis

- a) Schools are required to develop strategies to promote an allergen aware environment that reduce the risk of exposure to anaphylactic causative agents in a manner which preserves normal peer interactions for the student who is subject to anaphylactic

reaction. At the same time, such strategies must strive to avoid placing unreasonable restrictions on the normal activities of other children in the school.

- b) As an example, the proactive strategies to support developing an awareness of allergens among students may include but is not limited to the following:
1. **Opening School Assembly**- when speaking with students about Safety such as fire drills etc. include reminders about medical safety such as food allergies;
 2. **School Agenda** ensure that a section on food allergies is included. Include description of reaction and how to help prevent incidents among peers;
 3. **Healthy and Active Living** addressed as part of the Health and Physical Education (HPE) curriculum;
 4. **Poster Campaign**: Put up posters around the school reminding the students of food allergies;
 5. **Bulletin Board** Awareness of Medical Conditions;
 6. **Toronto Public Health Nurse**- schools may invite the TPH nurse to present on Food Allergies;
 7. Communication about Food Allergies/Keeping Our Students Safe should be sent home as part of a **newsletter**;
 8. **School Website**- reminders can be posted.
- c) A communication plan must be put into place to share information on life-threatening allergies with parents, students and the staff. Parents should be encouraged to support the student who is subject to an anaphylactic reaction by not sending foods to school which could cause an anaphylactic reaction.
- d) Superintendent of Special Services to send a semi-annual email to administrators in schools as a reminder.
- e) Some useful references include:
- 1) www.cdnsba.org “Anaphylaxis: A Handbook for School Boards”;
 - 2) <https://thefoodallergychronicles.wordpress.com/2013/11/11/allerject-educational-materials-for-all-ontario-school-and-public-health-units/>
 - 3) www.allergyfoundation.ca brochures—“Anaphylaxis in Schools”; (see links in Appendix B)
 - 4) Sample newsletter items and parent letters can be found in the “Anaphylaxis in Schools & Other Settings” resource kit that was distributed to all schools by the Ministry of Education in 2006, revised August 2014, 3rd Edition. This kit also contains auto-injector training devices, awareness/instructional posters, videos and presentations.
 - 5) Anaphylaxis Resource Kit Website: www.eworkshop.on.ca/allergies
 - 6) For relevant videos, Visit the Allergy Food Canada site at: <http://www.youtube.com/anaphylaxiscanada>

- 7) 10 tips for Managing food allergy in schools
<https://www.youtube.com/watch?v=FzxUd-Ey8Xo>
- 8) Food Allergy Canada has an education resource at www.allergyaware.ca that offers a course that may be accessed annually.
- 9) Information on how to use an EpiPen and practice units are available at www.epipen.ca
- 10) *Anaphylaxis in Schools and Other Settings 3rd Edition.*
<http://foodallergycanada.ca/anaphylaxis-in-schools-and-other-settings/english/mobile/index.html>

4. Parent Responsibilities

- a. Parents of students who have been diagnosed with Anaphylaxis must:
 - ◆ Ensure that the student with anaphylaxis is provided with two epinephrine auto-injectors or one dual dose epinephrine auto-injector in good working condition and within any expiration dates. It is the parent's/guardian's responsibility to ensure that epinephrine auto-injectors are always within expiration dates. Certain school excursions may require the parent to provide more than one injector for the trip.
 - ◆ Exchange information **yearly** with the principal about the student's medical condition including medical forms outlined in this manual. This will enable the principal to communicate and plan effectively with the school staff in providing for the safety and welfare of the student.
 - ◆ Provide **proprietary medication** as prescribed by a physician. This means that the medication can only be used for the student named in the prescription. **Failure to provide this medication can result in the removal of the student from the school until the medication is available at the school.**

5. Anaphylaxis in the workplace

Employees must also have strategies to stay safe and are encouraged to:

- a) Inform their principal or supervisor about their allergies and where to find their epinephrine auto-injectors. As they may require assistance during an emergency, they are advised to teach other colleagues how to recognize symptoms of anaphylaxis and proper use of an auto-injector.
- b) Contact the Human Resources Sick Leave and Disability department with the Medical Information when they require an accommodation for allergies. The principal or supervisor will participate in the development of the employee's accommodation and safety plan.

6. Forms used to document student needs with respect to Anaphylaxis are the following:

- a) Request and Consent forms for the Administration of Injection of Medication in an Emergency form (Appendix C)
- b) Student Plan of Care for Anaphylaxis form (Appendix F)

c) Emergency Allergy form- EpiPen Only (Appendix B)

Definitions related to Anaphylaxis:

Anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death. Anaphylaxis, the medical term for "allergic shock" or "generalized reaction", can be rapid and deadly. It can develop within seconds of exposure, beginning with itching, hives or swelling of the lips, tongue and face. Within minutes, the throat may begin to close, choking off breathing and leading to death.

Allergens are any substance or condition that can bring on an allergic reaction leading to a severe, life- threatening, allergic reaction know as anaphylaxis.

Anaphylactic reaction can develop within seconds to minutes of exposure or may be delayed for several hours. Delayed reactions can be extremely dangerous because the initial symptoms could be mild, but serious symptoms can occur several hours later.

Epinephrine is the drug form of a hormone (adrenaline) that the body produces naturally and is the treatment or drug of choice to treat anaphylaxis. This treatment is life-saving.

ASTHMA

In accordance with *Ryan's Law – Ensuring Asthma Friendly Schools – 2015*, TCDSB has established a procedure for students diagnosed with asthma. The safety of students with a medical condition such as asthma is a shared responsibility of the board, school, family, health care provider and community partners.

TCDSB employees play an important role in providing a safe environment for students with asthma. It is essential that all members of the school community are aware of the issues facing students with asthma and develop strategies that reduce the risk of exposure to asthma triggers in classrooms and common school areas, and are equipped to respond appropriately in the event of an emergency.

1. Procedures for Staff:

The following steps are followed when supporting students with asthma:

- a) As part of the online application for registration (SOAR) to a TCDSB school, the parent/guardian will be asked to identify allergies or medical conditions, including asthma.
- b) The principal (or designate) will ask that upon registration at the school the parent/guardian will inform the school if their child has any medical conditions including asthma.
- c) The principal will then ensure that the parent/guardian is asked to supply information on any medical conditions on the **Request and Consent for the Administration of Oral Medication** form.
- d) The principal, in consultation with the parent/guardian will develop a **Student Plan of Care for Asthma** form.
- e) The parent/guardian will ensure that the student with asthma is provided with necessary medication (reliever inhalers) that are in good working condition and within any expiration dates. Certain school excursions may require the parent to provide more than one reliever inhaler. Please refer to the **Board's Excursion Handbook** for specific recommendations regarding students with asthma.
- f) The principal will ensure that all students have easy access to their prescribed reliever inhaler medication.

- g) The principal will ensure that asthma reliever inhalers are kept in a readily accessible place that is **not** locked. The **Student Plan of Care for Asthma** will include signed permission, if the student is under 16 years old, on whether he/she has permission from the parent/guardian to carry his or her asthma medication.
- h) The principal will ensure parent/guardian is provided the contact(s) information for Transportation Services to ensure that pertinent school information is shared if/when the student is transported.
- i) The emergency administration of reliever medication is permitted with the consent of the parent/guardian for students under 16 or if completion of required consent is not yet available and the principal or another employee has reason to believe that the student is experiencing an asthma attack and is at an immediate risk of harm.
- j) The principal will review the procedure on safety of students with asthma with the entire staff each year in September and throughout the school year when required. The principal will complete the Record of Training Sessions form and keep a record of this training in a binder labelled Medical Conditions.
- k) The principal will ensure that staff responsible for the welfare of the students (teachers, long term occasional staff, custodians, administrative, educational assistants, lunch room monitors, child and youth workers, secretary etc.) are aware of students with asthma in their care and have received appropriate training in prevention, symptom recognition, and the use of an asthma reliever inhaler.
 - 1) Training on asthma for all staff is available in an e-learning format on the Ministry of Education website at the following link:
<http://www.edu.gov.on.ca/eng/healthyschools/anaphylaxis.html>
 - 2) Reference the Ophea guide “Creating Asthma Friendly Schools”
www.asthmainchools.com
 - 3) Obtain support from Toronto Public Health.
- l) The principal will ensure that all occasional teachers and support staff review as appropriate, each **Student Plan of Care for Asthma** form for any students they will be supporting that have asthma.
- m) The principal will ensure **Student Plan of Care for Asthma** form is posted in a non-public area of the school (i.e. staff room and/or school office) and a copy is kept in the Teacher’s Day Book (or alternate) and/or in supply binders for all staff working with the student.

- n) The principal will maintain a file for each student with asthma including all pertinent forms.
- o) The **Student Plan of Care for Asthma** shall contain the following:
- 1) Details regarding the asthma condition, monitoring and avoidance strategies, symptom recognition and appropriate treatment, which will be provided to school and transportation personnel who are in direct contact with the student on a regular basis;
 - 2) An emergency contact information;
 - 3) A copy of the prescription and instructions from the student's physician;
 - 4) Information about storage of asthma reliever inhaler medications, for which the parents/guardians will be responsible for supplying and ensuring that they remain in good working condition and within any expiration dates (Parents are encouraged to provide additional reliever inhalers);
 - 5) Confirmation of the plan to involve emergency services by calling 911 should an asthma attack be deemed an emergency.
- p) Excursions: Please refer to the Board's Excursion Handbook. It is advisable to have a parent or other adult relative of a student with asthma accompany all class trips where possible. Parents shall be informed of excursions as early as possible in order to research excursion sights for allergic risks.

2. Risk Management Strategies for Students with Asthma

- a. Schools are required to develop strategies that reduce the risk of exposure to asthma triggers in the classrooms and common school areas.
- b. As an example, encourage frequent hand washing to prevent the spread of viral infections, use non-toxic cleaning products, schedule building repairs and cleaning when students and staff are least likely to be exposed and uphold the Smoke-Free Ontario Act by making sure that students, staff and visitors do not smoke on school property.
- c. A Student Plan of Care must be put into place and information on life-threatening asthma conditions is to be shared with parent/guardian, student and the staff.
 - 1) Asthma resources for schools and educators are available at www.ophea.net.
 - 2) A copy of the OPHEA guide "Creating Asthma Friendly Schools" is available electronically to schools as a resource.
 - 3) Free asthma resources are available to order from the Ontario Lung Association at www.on.lung.ca and from Ophea at www.asthmainschools.com.

3. Asthma in the Workplace

Employees must also have strategies to stay safe and are encouraged to:

- a. Tell their principal or supervisor about their asthma and where to find their reliever inhaler medication. As they may require assistance during an emergency, they are advised to teach other colleagues how to recognize symptoms of asthma and use a reliever inhaler properly.
- b. Contact the Human Resources Sick Leave and Disability department with the appropriate medical information when an accommodation is required for asthma.
- c. The principal or supervisor will participate in the development of the employee's accommodation and safety plan.

4. Forms for Asthma

Forms used to document student needs with respect to Asthma are the following:

- a. Request and Consent for the Administration of Oral Medication form (Appendix A)
- b. Student Plan of Care for Asthma form (Appendix G)

Definitions

What is Asthma?

According to the Ontario Lung Association, asthma is a very common chronic (long-term) lung disease that can make it hard to breathe.

People with asthma have sensitive airways that react to triggers. There are many different types of triggers for example poor air quality, mold, dust, pollen, viral infections, animals, smoke and cold air. Symptoms of asthma are variable and can include coughing, wheezing, difficulty breathing, shortness of breath and chest tightness. The symptoms can range from mild to severe and sometimes could be life threatening.

For the purposes of this document, the following words have the following definitions:

Causes/Triggers can be considered in two categories. **Common allergens** include molds, dust mites, animals and pollen. **Common irritants** include tobacco smoke, extremes in weather, strong odours (i.e., scented products, cleaning products, art supplies, paint fumes), viral infections (i.e., colds and flu, physical activity, stress, air pollution)

Emergency Medication

“Emergency Medication” refers to medication that is administered by a staff member to a student at the time of an asthma exacerbation - for example - reliever inhaler or stand-by-medication.

Medication

“Medication” refers to medications that are prescribed by a health care provider and, by necessity, may be administered to a student, or taken by the student during school hours or school related activities.

Immunity

The Act to Protect Pupils with Asthma states that “No action or other proceeding for damages shall be commenced against an employee for an act or omission done or omitted by the employee in good faith in the execution or intended execution of any duty or power under this Act.”

Bill 20 Ryan’s Law (Ensuring Asthma Friendly Schools), 2015 is legislation now in place to help ensure that students with asthma have a safe school environment where they can learn, play and grow. Requirements include developing an asthma procedure for school boards, developing individual student asthma management plans which principals can use for each student with asthma and provision for training sessions for teachers and other staff.

DIABETES

The ultimate responsibility for diabetes management rests with the family and the child. However, managing diabetes is a full-time job for the family and student with diabetes. It is important that the people who care for children with diabetes understand their unique needs.

School-age students with diabetes most often have Type 1 diabetes and require insulin by injection or by an insulin pump. Type 1 diabetes mellitus is a condition in which the pancreas is unable to make insulin. Without insulin, the body cannot transform glucose (sugar) into energy for its various functions. To compensate for the lack of natural insulin, children require must take insulin to every time they eat. Children with diabetes have to constantly manage their blood sugar by balance food, exercise and insulin to achieve their ideal safe and health target range. This consent balancing act can cause the blood sugars to go high or very low.

School-age students with diabetes spend 30-35 hours per week in the school setting. This represents more than half of their waking weekday hours. It is therefore vital that school personnel, parent/guardian and students are clear and confident in their roles and responsibilities during school time.

Diabetes is an unstable medical condition and care is unique for each individual student. It is important that the needs of each student with diabetes be recognized and accommodated through careful planning with all parties. Completion and regular updating of the Student Plan of Care for Diabetes form is essential to provide school staff with accurate information about how to manage diabetes for individual students and how to respond to incidences that may occur due to diabetes, which can place the student's health and safety at risk.

The goal for all students with diabetes is to become as independent as possible depending on their cognitive, emotional, social and physical stage of development. The students should carry out their daily self-management to their full potential as outlined in their Student Plan of Care.

In an emergency situation the student will always require adult supervision and assistance.

The role of the school is to provide support for the student as he/she moves from dependence to independence of care and to encourage the development of a supportive environment for making such a transition. As part of that role, it is imperative for staff to recognize that even students who are independent in their daily diabetes management may need help sometimes, especially when experiencing low or high blood sugar.

Additionally staff should be aware that any time a student's blood sugar is outside the target range (low or high) the student's mood, behaviour, learning and participation may be affected; therefore students who experience low or high blood sugar during a test/exam may require accommodations.

1. Procedures for staff

The following steps are followed when supporting students with diabetes:

- a) As part of the online application for registration (SOAR) to a TCDSB school, the parent/guardian will be asked to identify allergies or medical conditions, including diabetes.
- b) The principal (or designate) will ask that upon registration at the school the parent/guardian will inform the school if their child has any medical conditions including diabetes.
- c) The principal will then ensure that the parent/guardian is asked to supply information on any medical conditions on the Request and Consent for the Administration of Oral Medication Form.
- d) The principal will ensure that upon registration, parent/guardian is asked to supply information on the support required for diabetes. In such circumstances parent/guardian will be given **Request and Consent for the Administration of Oral Medication** form or the **Request and Consent for the Administration of Injection of Medication in an Emergency** form, **contingent of student's type of Diabetes**.
- e) The principal, in consultation with the parent/guardian, will develop an individual Student Plan of Care for Diabetes outlining the medical and emergency plan for the student to assist in managing their diabetes while at school.
- f) The principal will ensure that blood glucose monitoring kits and supplies are kept in an easily accessible location, where the student will be able to within sufficient time, test their blood/or be tested as required. The principal and school community will support inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in school locations (e.g., classroom, gymnasium, library, on a school bus, at a field trip location) as outlined in their Student Plan of Care.
- g) The principal will designate staff to be responsible for the administration of medication and/or medical procedures, and routine health management associated with the student's diabetic management plan.
- h) The principal or designate will request additional support as required from a Public Health Nurse or other agencies supporting the school community.
- i) The principal will review the procedure on safety of students with diabetes with entire staff each year in September and throughout the school year as required at **minimum** twice a year.

- j) The principal will ensure that staff responsible for the welfare of the students (i.e., teachers, custodians, administrative assistants, educational assistants, long term occasional staff, support staff etc.) are aware of students with diabetes in their care and have been briefed in prevention, symptom recognition, and the provision of emergency medical interventions.
- k) The principal will arrange for training of all staff in general diabetes management when there is a student in the school with diabetes, ensuring that staff including occasional staff have a comprehensive understanding of the Student Plan of Care. Annual awareness training for all staff regarding diabetes early in the school year is a good practice to establish even if students are not identified.
- l) For staff supporting an individual student with their management plan for their diabetes as outlined on Student Plan of Care for Diabetes, specific training for individual needs will need to be arranged through the Public Health Nurse. The principal will arrange training for new staff to the school or if there have been significant changes to the student's diabetic management plan.
- m) The principal will ensure that Student Plan of Care for Diabetes form is posted in a non-public area of the school (i.e. staff room and/or school office) and a copy is kept in the teacher's day book (or alternate) and/or in supply binders for all staff working with the student.
- n) The principal will ensure that medical information has been communicated to occasional teachers, supply educational assistants, and supply office support staff.
- o) In non-emergency situations, including routine care, students with diabetes or their parents or a third party health care professional that the parent has identified (e.g. diabetic care nurse) will administer insulin injections. The administration of injections to students with diabetes is outside the scope of the duties of education staff. Therefore, injections are not to be administered by staff as outlined in Policy/Program Memorandum No. 81.
- p) In an emergency, follow the Student Plan of Care for Diabetes, or follow 911 emergency procedures as appropriate. Staff are to remain with the student and place them in a side lying position. Do not restrain movements or put anything in his/her mouth. Have a glucagon kit on site for use by Emergency Measures Services (EMS) personnel.
- q) It is within the scope of duties for designated staff to assist with insulin pump management; where necessary and as clearly defined within the Student Plan of Care for Diabetes.
- r) Where routine administration of medication for diabetes management occurs at school, parents will complete;
 - 1) the Request and Consent for the Administration of Injections of Medication in an Emergency (Appendix C)
 - 2) the Student Plan of Care for Diabetes (Appendix G).

3) The school will log the administration of medication in the School Record of Medical Services (Appendix D).

- s) In emergency, life-threatening situations, where a student is unresponsive, unconscious, or unable to self-administer the appropriate treatment, the school response shall be a 911 call to Emergency Medical Services (EMS).
- t) Excursions: Please refer to the Board's Excursion Handbook. It is advisable to have a parent or other adult relative of a student with diabetes accompany all class trips where possible. Parents shall be informed of excursions as early as possible in order to research excursion sights for allergic risks.

5. Medical/Emergency Medical Plan for Students with Diabetes

The **Student Plan of Care for Diabetes** shall contain the following:

- a) Details regarding the type of diabetes that the student has, management and monitoring requirements for tracking blood glucose levels and avoidance strategies for low or high levels outside the target range. Hyperglycemic and hypoglycemic symptom recognition and appropriate treatment interventions (e.g. orange juice or glucose tablets kept in accessible location known to student and staff).
- b) Location of the Student Plan of Care for Diabetes, including emergency contact information, and a copy of the prescription and/or instructions from the student's physician (Request and Consent for the Administration of Injections of Medication in an Emergency form) for any medication required to be administered at school. Parents will be responsible for ensuring that any medications are within expiration dates.
- c) Information about storage of insulin if being kept at school for student self-administration or assistance from a health care professional.
- d) Information about glucometer, lancets, test strips and disposal containers for sharps, for which the parents/guardians will be responsible for supplying and ensuring that supplies are within any expiration dates.
- e) Information from parents/guardians or student will need to be included if any required changes from the usual regime during periods of physical activity, sports, or extracurricular activities and provide clear instructions to the school. For example, any changes to insulin doses should be specified.
- f) The plan will need to include clear instructions regarding when physical activity should be restricted based on blood sugar levels being too low. (Note: physical activity is encouraged when it is too high)
- g) Provisions for extra snacks (carbohydrates) will need to be clearly outlined whether this is a daily requirement or for times when blood sugar levels are too low or when student is going to be involved in extra activity.
- h) Confirmation of the plan to involve emergency services through a call to 911 should an emergency arise related to the student's diabetes.

6. Risk Management Strategies for Students with Diabetes

- a) Schools will work to develop strategies that support the daily routine management for a student with diabetes, which includes daily blood glucose monitoring and a schedule of food, insulin and activities. While at school, each student with diabetes must be allowed to:
- 1) Perform blood glucose (sugar) checks whenever and wherever needed (e.g., classroom, gymnasium, etc). The ages at which students are able to perform self-care tasks are individual and varied. A student's capabilities and willingness to provide self-care should be respected;
 - 2) Treat hypoglycemia with fast-acting sugar;
 - 3) Self-inject insulin when necessary;
 - 4) Eat snacks when necessary;
 - 5) Eat lunch at an appropriate time and have enough time to finish the meal;
 - 6) Have free and unrestricted access to water and the bathroom;
 - 7) Participate fully in physical education (gym class) and other extracurricular activities including field trips
 - 8) Carry blood sugar monitoring supplies and source of fast-acting sugar at all times (including on school bus, field trips, and extracurricular activities), unless otherwise specified by the parent/guardian in the student's Student Plan of Care
- b) Establish a formal communication system with all school staff who come into contact with the student with diabetes. This will include appointing at least one staff member to be a point of contact for the student and parent/guardian. Plan for communicating with parents and the student's medical providers, agree on emergency procedures and list phone numbers required. School staff to notify parent/guardian in advance of any upcoming changes in school routine that may impact the student's daily diabetes management – e.g. special events involving food or physical activity, changes to school snack/lunch schedule, etc.
- c) Board procedures for administering medications and handling equipment such as meters and pumps must be followed. (e.g. Board employees are not currently authorized to perform injections of insulin).
- d) Display posters symptoms of hypoglycemia/hyperglycemia in key locations throughout the school (e.g. gymnasium, auditorium, staff room, main office, student's classroom).
- e) The school needs to have a readily available supply of fast-acting glucose (provided by the parent/guardian) for treatment of low blood sugar, stored in multiple locations throughout the school (e.g. student's classroom, gymnasium, main office) Location of supplies of fast-acting glucose should be listed in student's Plan of Care. Notify parent/guardian when supplies running low.
- f) A Student Plan of Care must be put in place for students with type1 and type 2 diabetes. Resources for schools are available at www.diabetesatschool.ca, including

printable display posters and short animated training videos. Additional information on diabetes is also available from Diabetes Canada at <https://www.diabetes.ca/>.

- g) Health care providers can be a source for posters that identify symptoms of hypoglycemia/hyperglycemia. They can act as a resource to provide or arrange diabetes education and training. They can assist and be a partner in the development of the Student Plan of Care for Diabetes.
- h) Accommodation of diabetes management technology in the schools including and not limited to continuous glucose monitors, Flash Glucose Monitoring System. These devices may include personal devices such as cell phones etc to display blood glucose information those must be accommodate in school including during academic testing
- i) Accommodation during tests high and low blood sugars.

7. Diabetes in the Workplace

Employees must also have strategies to stay safe and are encouraged to:

- i) Tell their principal or supervisor about their diabetes, Type 1 or Type 2 and where to find their glucose tablets or such, as they may require assistance during an emergency. They are advised to teach other colleagues how to recognize symptoms of hypoglycemia/hyperglycemia and recognize when they might need assistance.
- ii) Contact the Human Resources Sick Leave and Disability department with the medical information if there is a need that requires accommodation for their diabetes.
- iii) The principal or supervisor will participate in the development of the employee's accommodation and safety plan.

8. Forms for Diabetes

Forms used to document student needs with respect to Diabetes are the following:

- a) Request and Consent for the Administration of Oral Medication form (Appendix A)
- b) Request for the Administration of Injection of Medication in an Emergency Form (Appendix C)
- c) Student Plan of Care for Diabetes form (Appendix H)
- d) Emergency Evacuation Form (Appendix R)

Definitions:

Blood glucose is the amount of glucose (sugar) in the blood at a given time.

Blood glucose control is the proper balance of food and insulin in the body in addition to the effects of physical activity or lack thereof on the body. The balance will be impacted by missing a meal/snack, eating more/less than planned and being more/less physically active than planned. The rapid fluctuation in blood glucose control could be a serious problem as it can easily result in very low blood glucose (hypoglycemia) and requires immediate treatment.

Blood glucose monitoring is a regular part of the process for a person with diabetes to assist in achieving their target blood glucose level. Levels will change depending on food consumption, physical activity, stress, illness, problems with insulin delivery system and many other factors. One way to test blood glucose, an individual pricks his or her finger with a lancing device and places a drop of blood on a blood glucose strip, which is inserted into a blood glucose meter to obtain a reading. Individuals may also use Continuous Glucose Monitor or Flash Glucose Monitor systems.

Continuous Glucose Monitoring (CGM) is a means of measuring blood glucose levels continuously in order to gain insight into patterns and trends in glucose levels throughout the day and night. A CGM System sensor is worn separately to the pump, inserted under the skin, and measures the level of glucose in the interstitial fluid (fluid in the tissue). The sensor is disposable and changed according to manufacturer recommendations.

Carbohydrate is one of the main sources of energy (calories). All forms of carbohydrates are broken down into glucose during digestion and increase blood glucose. Carbohydrates are found in fruits, vegetables, milk and grains/starches such as rice, potatoes, corn, and legumes and refined sugars.

Diabetic ketoacidosis (DKA) is an acute and severe complication of diabetes that is the result of high levels of blood glucose and ketones. It is often associated with poor control of diabetes or occurs as a complication of other illnesses. It can be life threatening and requires emergency treatment. Signs and symptoms include fruity odour on the breath, shortness of breath, confusion, nausea, vomiting and weight loss.

Fast-acting carbohydrate is a carbohydrate that a person eats or drinks for treatment of mild to moderate hypoglycemia (e.g. orange juice, glucose tablets)

Flash Glucose Monitoring is a means of measuring blood glucose levels. Individuals have a sensor inserted on their upper arm and a separate touchscreen reader device. When the reader device is swiped close to the sensor, the sensor transmits both an instantaneous

glucose level and eight-hour trend graph to the reader.

Glucagon is a hormone that raises blood glucose. An injectable form of glucagon is used to treat severe hypoglycemia.

Glucometer is a medical device used to measure the concentration of sugar in the blood.

Glucose is a hormone that the body needs to produce energy. Glucose (sugar) comes from carbohydrates such as breads, cereals, fruit and milk.

Hyperglycemia or high blood glucose is a situation that occurs when the amount of blood glucose (sugar) is higher than an individual's target range. **Symptoms** can include frequent urination, increased thirst, blurred vision, fatigue, headache, fruity-smelling breath, nausea and vomiting, shortness of breath, dry mouth, weakness, confusion, abdominal pain.

Hypoglycemia or low blood glucose occurs when the amount of blood glucose (sugar) is lower than 4.0 mmol/L. Hypoglycemia can be mild, moderate or severe. It can happen within minutes of a person appearing healthy and normal and therefore must be taken care of right away as it may become an emergency situation. **Symptoms** can include irritability, hostility and poor behavior, difficulty concentrating, cold clammy or sweaty skin, pallor, shakiness, lack of coordination, staggering gait, fatigue, nervousness, excessive hunger, headache, blurred vision and dizziness, abdominal pain or nausea, fainting and unconsciousness.

Severe Hypoglycemia typically occurs when the amount of blood glucose (sugar) is lower than 2.8 mmol/L. Severe hypoglycemia requires the assistance of another person as unconsciousness may occur. Parents/Caregivers should call emergency services immediately. Symptoms of severe hypoglycemia include fainting, a seizure and difficulty speaking.

Insulin is a hormone that facilitates the conversion of glucose to energy and is normally produced by the pancreas. People with type 1 diabetes cannot produce their own insulin, and glucose builds up in the blood instead of being used for energy. Therefore children with diabetes administer insulin by syringe, insulin pens, or insulin pumps.

Insulin pump management is a type of pump often used for children with type 1 diabetes to manage their blood glucose. It allows for more flexibility and eliminates the need for multiple daily insulin injections by delivering a continuous infusion of insulin. A small glucose pump is attached to the child directly and provides insulin to the pancreas.

Sharps are used syringes, insulin pen needles and lancets. These items must be carefully disposed of in appropriate sharp containers.

Target blood glucose range is acceptable blood glucose levels based on the Canadian Diabetes Association's *Clinical Practice Guidelines* and is personalized for the student by the parent/caregiver and other health services professionals (their diabetes care team).

Type 1 diabetes is an autoimmune disease that occurs when the pancreas no longer produces any insulin or produces very little insulin. Type 1 diabetes usually develops in childhood or adolescence and affects approximately 10% of people with diabetes. There is no cure. It is usually treated with lifelong insulin injections and careful attention to diet and physical activity.

Type 2 diabetes is a disease that occurs when the pancreas still produces insulin but does not produce enough to meet the body's needs and/or the body is unable to respond properly to the actions of insulin (insulin resistance). Type 2 diabetes usually occurs later in life (although it can occur in children) and affects approximately 90% of people with diabetes. There is no cure. It is treated with careful attention to diet and exercise and usually requires medication (oral antihyperglycemic agents) and/or insulin.

EPILEPSY AND SEIZURE DISORDERS

TCDSB and all its employees play an important role in providing a safe environment that accommodates for the careful monitoring of students that experience epilepsy or other seizure disorders. It is important that all members of the school community are aware of issues facing students with epilepsy and seizure disorders and develop strategies to minimize the risk for students experiencing seizures. Staff need to be prepared to respond appropriately in the event of an emergency in schools.

More than 300 000 Canadians live with epilepsy, 1% of the total population. 44% of people with epilepsy are diagnosed before age 5, 55% by age 10 and 75-80 % by age 18. About 50% of students diagnosed tend to outgrow their epilepsy.

These procedures need to be flexible enough to respond to the age and cognitive ability of the student, the nature and prevalence of the seizures that tend to be experienced by the student, and the organizational and physical properties of the school.

1. Procedure for Staff

The following procedure is to be followed for students with epilepsy and seizure disorders:

- a) As part of the online application for registration (SOAR) to a TCDSB school, the parent/guardian will be asked to identify allergies or medical conditions, including Epilepsy and Seizure Disorders.
- b) The principal (or designate) will ask that upon registration at the school, the parent/guardian will inform the school if their child has any medical conditions including Epilepsy and Seizure Disorders.
- c) The principal will then ensure that the parent/guardian is asked to supply information on any medical conditions on the Request and Consent for the Administration of Oral Medication form (Appendix A).
- d) The principal, in consultation with the parent/guardian will develop a Student Plan of Care for Epilepsy and Seizure Disorders form.
- e) The principal will ensure parent/guardian is provided the contact information for Transportation Services to ensure that pertinent school information is shared if/when the student is transported.
- f) There may be times with students experiencing seizures as with any emergency medical situation the school staff will determine that this is a medical emergency requiring emergency medical personnel. Staff will call 911 in case of an emergency.
- g) The principal will review the procedures on safety of students with epilepsy or seizure

disorders with entire staff twice each year and throughout the school year as required.

- h) The principal will ensure that staff responsible for the welfare of the students (i.e., teachers, custodians, administrative assistants, educational assistants, long term occasional staff, support staff, etc.) are aware of students in their care that have epilepsy or seizure disorders and that they have received appropriate training symptom recognition, and treatment response should a student experience a seizure.
- i) The principal will ensure that all occasional teachers and support staff are aware the Student Plan of Care for Epilepsy and Seizure Disorders for students in their assigned classroom and that they are asked to review these prior to student arrival.
- j) The principal will ensure that the Student Plan of Care for Epilepsy and Seizure Disorders be posted in a non-public area of the school (i.e. staff room and/or school office, etc.) and that a copy is kept in the teacher's day book (or alternative) and in supply binders for both teachers and all staff working with the student.
- k) The principal will ensure that staff are made aware of any students that may have a need for emergency medical intervention (i.e. Students who have a Student Plan of Care for Epilepsy or Seizure disorders posted in a non-public place).
- l) The principal will maintain a file for each student with Epilepsy and Seizure Disorders including all pertinent forms in the main office.
- m) Excursions: Please refer to the Board's Excursion Handbook. It is advisable to have a parent or other adult relative of a student with epilepsy/seizure disorders accompany all class trips where possible. Parents shall be informed of excursions as early as possible in order to research excursion sights for allergic risks.

2. Medical/emergency medical plan for students with Epilepsy/Seizure Disorders

The Student Plan of Care for Epilepsy and Seizure Disorder shall contain the following:

- a) Emergency contact(s) information;
- b) Details regarding the type of seizures that the student typically has encountered and actions required;
- c) Regimen for any medications required during school hours. A copy of the **Request and Consent for the Administration of Oral Medication** form will be available for completing any directions regarding medications required;
- d) Any known triggers;
- e) Warning signals that indicated seizure may be about to occur;
- f) Symptom recognition and appropriate treatment/response if seizure occurs, which will be provided to the school for staff who are in direct contact with the student on a regular basis;

- g) Information from parents/guardians or student will need to be included if any required changes from the usual daily routines (e.g. any restrictions on physical activity, sports, or extracurricular activities). Clear instructions for the school will need to be included in the Student Plan of Care.
- h) Confirmation of the plan to involve emergency services by calling 9-1-1 should an emergency occur related to the student's Epilepsy and Seizure Disorders. Specific information about alternate transportation if there is a need for one.

3. Risk Managements Strategies for Students with Epilepsy and Seizure Disorders

- a) Schools are required to develop strategies that allow for monitoring students for signs of seizures, which preserves normal peer interactions for the student who is subject to seizures.
- b) Useful references include: <http://epilepsyontario.org> and <http://www.epilepsy.ca>
- c) A communication plan must be put into place to share information on epilepsy and seizures with parents, students and the staff. All parties should be encouraged to support the student who is subject to seizures.

4. Epilepsy and Seizure Disorders in the Workplace

Employees must also have strategies to stay safe and are encouraged to:

- a) Tell their principal or supervisor about their epilepsy or seizure disorder and what type of seizure symptoms to watch for and usual treatment plan when they experience one. As they may require assistance during an emergency, they are advised to teach other colleagues how to recognize symptoms of seizures and how to respond should they need assistance.
- b) Contact the Human Resources Sick Leave and Disability department with the Medical Information that requires an accommodation for epilepsy or seizure disorders. Accommodation requirements will be managed by the Human Resources.
- c) The principal or supervisor will participate in the development of the employee's accommodation and safety plan.

5. Forms for Epilepsy and Seizure Disorders

Forms used to document student needs with respect to Epilepsy and Seizure Disorders are the following:

- e) Request and Consent for the Administration of Oral Medication form (Appendix A)
- f) Student Plan of Care for Epilepsy and Seizure Disorders Form form (Appendix I)

Definitions

AEDs are antiepileptic drugs that are used to control and prevent seizures. Includes anticonvulsant drugs.

Aura is a sensation that happens before a seizure – a strange taste or striking smell, a sound or lightheadedness. It may act as a warning sign but is not always followed by a full-scale seizure.

Causes of seizures

- brain injury (caused by tumour, stroke or trauma)
- epilepsy
- birth trauma
- poisoning from substance abuse or environmental contaminants, e.g. lead poisoning
- aftermath of infection, e.g. meningitis
- alteration in blood sugar, e.g. hypoglycemia.

Computerized tomography (CT scan) is a computerized test that shows the relationships of different parts of the brain in order to detect the cause of epilepsy.

Electroencephalograph (EEG) is a test that records and indirectly measures the brain's electrical activity (brain waves) on the skin's surface. An important tool for the detection and diagnosis of epilepsy.

Electrode is a small instrument that is usually attached to the scalp in order to record the brain's electrical activity

Epileptologist is a neurologist who specializes in epilepsy

Epilepsy is a disorder of the central nervous system, characterized by spontaneous, repeated seizures, caused by sudden, brief malfunctions of the brain

Magnetic resonance imaging (MRI) is a scanning test that uses a powerful magnet to look inside the body. The images show abnormalities in the brain and other areas of the body.

Neurology is the specific study of the nervous system, brain and spine.

Positron emission tomography (PET) is a scanning test that uses low-energy radiation to create computer images of the brain's metabolic activity.

Seizures are periods of sustained hyperactivity in the brain. During, a seizure, the nerve cells leave their normal activities, in synchronized bursts. Seizures may include muscle spasms, mental confusion, distortion of senses, dizziness, loss of consciousness, uncontrolled or aimless body movement (e.g. walking, mumbling), incontinence, and vomiting. Generally behaviours experienced during a seizure cannot be recalled afterwards.

Single photon emission computed tomography (SPECT) is a scanning test that uses low-level radioactivity to measure the blood flow through the brain.

Types of Seizures

1. **Generalized Seizures** involve the entire brain. A secondarily generalized seizure begins in one part, and then spreads throughout the brain.
 - a) **Generalized Tonic Clonic** previously called Grand Mals are convulsions in which the body stiffens, student may cry out, fall down, become rigid and lose consciousness. Their arms and legs may jerk, breathing become shallow. The student may lose bladder or bowel control, drool or bite their tongue. This seizure lasts anywhere from 30 seconds to a few minutes. Afterwards the student may feel confused or drowsy, need to sleep or have a headache.
 - b) **Absence** previously called petit mal seizures resembles daydreaming. It happens so fast that it often goes unnoticed. The student looks like they are not paying attention. When this happens at school, the student may miss information or instructions. Typical Absence seizures are non-convulsive and muscle tone is usually preserved. The seizure event usually lasts for less than 10 seconds. Atypical Absence seizures are longer in duration and may or may not involve a loss of muscle tone and often tonic/clonic like movements are observed.
 - c) **Myoclonic** is a sudden startle movement that may cause the student to drop objects. There is no loss of consciousness during this type of seizure. It is often associated with single or repetitive jerking motions of the muscles (myoclonus). Myoclonic seizures are primarily in young children and infants, rarer in adults.
 - d) **Tonic** usually lasts less than one minute. The student may lose consciousness. Their muscles stiffen but there is no jerking of arms or legs. If the student is standing they may fall to the ground.
 - e) **Atonic (also known as akinetic)** are often called drop attacks/seizures. These seizures are often characterized by sudden loss of muscle control, resulting in an inability to stand and they fall.

Astatic seizures involve this loss of muscle tone resulting in the inability to stand. This seizure lasts a very short time. While the actual seizures cause little injury to the student, most resulting harmful injuries after the event are usually related to the student falling or injuring themselves from the fall. To help prevent more serious injuries, some parents choose to have the student wear a protective helmet as well as restrict their involvement in certain activities. Atonic seizures are not always astatic in nature.
2. **Partial seizures** start in one specific part of focal point of the brain.
 - a) **Simple Partial Seizures** are limited to one area of the brain. Consciousness is not lost, though the child may experience unusual sensations or movements while fully conscious, such as:

- Uncontrolled stiffening or jerking of the arms and legs.
 - An odd taste, smell or pins and needles
 - Feeling like you want to throw up
 - Intense emotions – like fear, sadness or anger
 - A ‘rising’ feeling in your tummy
- b) **Complex Partial Seizure**, also called temporal lobe or psychomotor epilepsy are often preceded by an “aura”. They are often identified by the manifestation of complicated motor and sensory action. The student may appear dazed or confused – random walking, mumbling, head turning, or pulling at clothing may be observed. These repeated idiosyncratic motions are often called automatisms and are usually not recalled by the student. There may be some change in consciousness or memory. In children, do not confuse this with absence seizures. CPS often originates in the temporal or frontal lobes of the brain.
3. **Photosensitive Seizures** are rare, even for students with epilepsy (less than 5%). These are not a distinct type of seizure; rather they result of a light related stimulus that may induce the triggering of a seizure. They usually occur around the ages of 8-20 with a higher frequency of cases during puberty. They may be triggered by both natural and artificial light – oscillating or moving patterns.
 4. **Postictal States** commonly follow both tonic-clonic and complex partial seizures. As a student regains consciousness after the seizure, they experience fatigue, confusion and disorientation lasting from 5 minutes, up to hours or even days and rarely, as long as one to two weeks. The student may fall asleep or gradually become less confused until full consciousness is regained.
 5. **Status Epilepticus**, continuous seizure activity is a life-threatening medical emergency. Seizures occur one after another, lasting 5 minutes or more without recovery of consciousness between seizures. **Immediate medical care is required.**

OTHER MEDICAL CONDITIONS

There may be situations where medical conditions beyond those listed in PPM 161 may require a school response. For convenience, this protocol includes a Generic Student Plan of Care (Appendix J) to support schools who are working with a student who requires support for an alternate medical condition. It is important to ensure that the appropriate medical practitioners are consulted for medical conditions beyond the scope of this protocol.



Toronto Catholic District School Board

REQUEST AND CONSENT FOR THE ADMINISTRATION OF ORAL MEDICATION
--

Student Name _____ Student No. _____
SURNAME FIRSTNAME

Birthdate _____ Grade/Placement _____ School _____
YYYY/MM/DD

SCHOOL ADDRESS _____

I/WE, THE PARENT(S)/GUARDIAN REQUEST AND CONSENT FOR THE ADMINISTRATION OF ORAL MEDICATION.

Home Tel. _____ Home Tel. _____

I/We _____ Bus. Tel. _____ Bus. Tel. _____

request that the TCDSB provide for the administration of medication for my /our son/daughter.

I/We understand that:

- a) a medical doctor must consent to this request in accordance with Section 2 of this form.
- b) only a limited supply of the medication may be kept at the school as prescribed by the doctor;
- c) the medication must be brought to the school in a closed container and the label must detail the name of the student, the type/name of the medication, and the size of the dosage;
- d) if the medication is not provided to the school, contact will be made with the parent(s)/guardian or doctor, and will also be made with parent(s)/guardian or doctor under any other exceptional circumstances, e.g. pupil refuses medication;
- e) it is the responsibility of the school to establish fall back positions for the administration of oral medication.

I/We consent to:

- a) the establishment of a service at the school to administer prescribed medication to my/our son/daughter named above;
- b) school personnel responsible for the administration of medication discussing any aspect of the service with a public health nurse where the need arises.

 Date Y-M-D

 Signature of Parent/Guardian

 Signature of Parent/Guardian

Please have the family doctor complete Part 2 on reverse side of this form.

 Distribution: Original: OSR Copy: Parent(s)/Guardian, Special Program Files(s)



Toronto Catholic District School Board

REQUEST AND CONSENT FOR THE ADMINISTRATION OF ORAL MEDICATION

Student Name _____ Student No. _____
SURNAME FIRSTNAME

II. DOCTOR'S APPROVAL FOR THE ADMINISTRATION OF ORAL MEDICATION IN THE SCHOOL

1. Diagnosis:

2. Medication Prescribed	Dosage	Time of Administration			Amount to be Maintained at School
		Mid - AM	Noon	Mid - PM	
a)					
b)					

3. The parent(s)/guardian of the above named pupil have requested the Toronto Catholic District School Board to offer a service for the administration of medication to their child in the school. The Board requires a doctor's approval before implementing such a program. Your signature below will provide required approval with the following specific directions (if any, e.g. refrigeration, reactions):

I approve the administration of oral medication as described above for:

Student's Name

Doctor's Signature

Date: Y-M-D

PLEASE USE DOCTOR'S STAMP

III. TCDSB STAFF APPROVAL FOR IMPLEMENTATION

The administration of oral medication service will be implemented as of:

Date Y-M-D

Principal's Signature

Signature of Parent/Guardian

Personal information contained on this form is collected under the authority of Sections 8 and 11 of the Education Act, and will be used as an authorization for prescribed medication. Questions about this collection should be directed to the above doctor through the parent(s)/guardian.

Distribution: Original: OSR Copy: Parent(s)/Guardian, Special Program Files(s)



Toronto Catholic District School Board
School Based Student Support Services
EMERGENCY ALLERGY FORM
EPI-PEN ONLY

Name:
Address:
Home Phone:
Emergency Phone
Parent/Guardian Work Phone:
Parent/Guardian Work Phone:
Teacher:
Class: Room #
Health Card #:
Physician
Physician's Telephone

Allergy-Description: This child has a DANGEROUS, life threatening allergy to the following items and to all foods containing them in any form in any amount:

[Blank area for Allergy-Description]

Avoidance: The key to preventing an emergency is Absolute Avoidance of those foods at all times Without An EPI-PEN This Child Must Not Be Allowed to EAT Anything.

Eating Rules: (list eating rules for child, if any, in this space)

[Blank area for Eating Rules]

Possible Symptoms:

- Flushed face, hives, swelling or itchy lips, tongue, eyes
tightness in throat, mouth, chest
Difficulty breathing or swallowing, wheezing, coughing, choking pains
Vomiting, nausea, diarrhea, stomach pain
Dizziness, unsteadiness, sudden fatigue, rapid heartbeat
Loss of consciousness

Action - Emergency At any sign of difficulty(e.g. hives, swelling, difficulting breathing);

Plan:

- Use EPI-PEN immediately
Have Someone Call An Ambulance to advise the dispatcher that the child is having an anaphylactic reaction.
If ambulance has not arrived in 15-20 minutes and symptoms reappear or become worse, give a second EPI-P
Even if symptoms subside entirely, this child must be taken to a hospital immediately.

EPI-PENS are kept in Classroom/lunchroom/staff room/office/with student

Distribution: Original: OSR



Toronto Catholic District School Board

**REQUEST AND CONSENT FOR THE ADMINISTRATION OF
INJECTION OF MEDICATION IN AN EMERGENCY**

Student Name _____ Student No. _____
SURNAME FIRSTNAME

Birthdate _____ Grade/Placement _____ School _____
YYYY/MM/DD

I. THE PARENT(S)/GUARDIAN REQUEST AND CONSENT FOR THE ADMINISTRATION OF AN INJECTION OF MEDICATION IN AN EMERGENCY IN THE SCHOOL.

Home Tel. _____

Home Tel. _____

Bus. Tel. _____

Bus. Tel. _____

I/We request that the TCDSB provide for the administration of an emergency injection of medication for my /our son/daughter in the event that the following should happen:

I/We understand that:

- a medical doctor must consent to this request in accordance with Section 2 of this form.
- only a limited supply of the medication may be kept at the school as prescribed by the doctor;
- the medication must be brought to the school in a closed container and the label must detail the name of the student, the type/name of the medication, and the size of the dosage;
- if the medication is not provided to the school, contact will be made with the parent(s)/guardian or doctor, and will also be made with parent(s)/guardian or doctor under any other exceptional circumstances, e.g. pupil refuses medication
- it is the responsibility of the school to establish fall back positions for the administration of emergency medication

I/We consent to:

- the establishment of a service at the school to administer an emergency injection of medication to my/our son/daughter named above in the event of an emergency situation as outlined above;
- school personnel responsible for the administration of medication in an emergency situation discussing any aspect of the service with a public health nurse where the need arises.

Date Y-M-D

Signature of Parent/Guardian

Signature of Parent/Guardian

Personal information contained on this form is collected under the authority of Section 8 and 11 of the Education Act, and will be used as an authorization for prescribed medication. Question about this collection should be directed to the parent(s)/guardian.

Please have the family doctor complete Part 2 on reverse side of this form.

Distribution: Original: OSR Copy: Parent(s)/Guardian, Special Program Files(s) (if applicable)



Toronto Catholic District School Board

REQUEST AND CONSENT FOR THE ADMINISTRATION OF INJECTION OF MEDICATION IN AN EMERGENCY

Student Name _____ Student No. _____
SURNAME FIRSTNAME

II. DOCTOR'S APPROVAL FOR THE ADMINISTRATION OF MEDICATION IN THE SCHOOL

- 1. Diagnosis: _____
- 2. Reason for injection: _____
- 3. When should the injection of medication be administered? _____
- 4. Where should the injection be administered? _____
- 5. Additional directions _____

Medication Prescribed	Dosage	Amount to be Maintained at School
a)		
b)		

6. The parent(s)/guardian of the above named pupil have requested the Toronto Catholic District School Board to offer a service for the administration of an injection of medication in an emergency to their child in the school. The Board requires a doctor's approval before implementing such a program. Your signature below will provide required approval with the following specific directions (if any, e.g. refrigeration, reactions):

I approve the administration of an injection of medication in an emergency as described above for:

Student's Name

Doctor's Signature

Date: Y-M-D

PLEASE USE DOCTOR'S STAMP

III. TCDSB STAFF APPROVAL FOR IMPLEMENTATION

The administration of an injection of medication in an emergency will be implemented as described above. At the same time, school personnel will contact emergency ambulance services.

Date Y-M-D Principal's Signature

Personal information contained on this form is collected under the authority of Sections 8 and 11 of the Education Act, and will be used as an authorization for prescribed medication. Questions about this collection should be directed to the above doctor through the parent(s)/guardian.

Distribution: Original: OSR Copy: Parent(s)/Guardian, Special Program Files(s) (if applicable)



TORONTO CATHOLIC DISTRICT SCHOOL BOARD
East

Consent to Disclose Personal Health Information
Pursuant to the personal Health Information Protection Act, 2004 (PHIPA)

I, _____, authorize _____
(print full name of person) *(print name of health information custodian)*

to disclose

my personal health information consisting of:

(Describe the personal health information to be disclosed)

or

the personal health information of _____
(Name of person for whom you are the substitute decision-maker)*

consisting of:

(Describe the personal health information to be disclosed)

to _____
(Print name and address of person requiring the information)

I understand the purpose for disclosing this personal health information to the person noted above. I understand that I can refuse to sign this consent form.

My Name: _____ Address: _____

Home Tel: _____ Work Tel: _____

Signature: _____ Date: _____

My Name: _____ Address: _____


Home Tel: _____ Work Tel: _____

Signature: _____ Date: _____

*Please note: A substitute decision-maker is a person authorized under PHIPA to consent, on behalf of an individual, to disclose personal health information about the individual.

7530-4979

6434-41(00/12)*

	<h2 style="margin: 0;">Student Plan of Care for ANAPHYLAXIS</h2> <p style="margin: 0;">School Year: 20__ - 20-__</p>
---	--

Student Name	Date of Birth	Gender	Student Photo
Address		Student #	
Exceptionality	Teacher(s) _____ _____ _____	Medic Alert I.D. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Grade	Age	OEN #	

EMERGENCY CONTACT (LIST IN PRIORITY)			
NAME:	RELATIONSHIP	MAIN CONTACT #	ALTERNATE #
1.			
2.			
3.			
4.			

(HAVE ABILITY TO ADD MORE CONTACTS)

SUPPORTS FOR ANAPHYLAXIS

Name of trained individuals who will provide support with Anaphylaxis-related tasks:

Designated Staff: _____

Local Health Integration Network (LHIN) Care Workers (if applicable):

Method of home-school communication: _____

Any other medical condition or allergy? No Yes (Please list below)

1. _____
2. _____
3. _____

DAILY/ROUTINE ANAPHYLAXIS MANAGEMENT

SYMPTOMS

A STUDENT HAVING AN ANAPHYLACTIC REACTION MIGHT HAVE ANY OF THESE SIGNS AND SYMPTOMS:

- **Skin system:** hives, swelling (face, lips, tongue), itching, warmth, redness.
- **Respiratory system:** (breathing): coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing.
- **Gastrointestinal system** (stomach): nausea, vomiting, diarrhea, pain or cramps.
- **Cardiovascular system** (heart): paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or light-headedness, shock.
- **Other:** anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste, _____.

EARLY RECOGNITION OF SYMPTOMS AND IMMEDIATE TREATMENT COULD SAVE A PERSON'S LIFE.

Avoidance of an allergen is the main way to prevent an allergic reaction.

Food Allergen(s): eating even a small amount of a certain food can cause a severe allergic reaction.

Food(s) to be avoided: _____

Safety measures: _____

Insect Stings: (Risk of insect stings is higher in warmer months. Avoid areas where stinging insects nest or congregate. Destroy or remove nests, cover or move trash cans, keep food indoors.)

Designated eating area inside school building _____

Safety measures: _____

Other information: _____

**EMERGENCY PROCEDURES
(DEALING WITH AN ANAPHYLACTIC REACTION)**

ACT QUICKLY. THE FIRST SIGNS OF A REACTION CAN BE MILD, BUT SYMPTOMS CAN GET WORSE QUICKLY.

STEPS:

1. Give epinephrine auto-injector (e.g., EpiPen®) at the first sign of a known or suspected anaphylactic reaction.
2. Call 9-1-1 or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
3. Give a second dose of epinephrine as early as **five (5) minutes** after the first dose if there is no improvement in symptoms.
4. Go to the nearest hospital immediately (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4-6 hours).
5. Call emergency contact person; e.g. Parent(s)/Guardian(s).

EXCURSION PROTOCOL

Please refer to the Excursion Handbook when planning for excursions and ensure that accommodations are made for the student with Anaphylaxis:

<https://www.tcdsb.org/ProgramsServices/SchoolProgramsK12/HealthOutdoorPhysEd/ExcursionHandbook/Documents/Excursion-Handbook-updated-Nov-30-2015.pdf>

During all trips off school property, the parent/guardian will provide an excursion kit which will consist of:

- Epi-pens (refer to Excursion Handbook for further information)
- Emergency Contact
- Cell phone (if parent/guardian chooses)

HEALTHCARE PROVIDER INFORMATION (MANDATORY)

Healthcare provider may include: Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name: _____

Profession/Role: _____

Signature: _____ Date: _____

Special Instruction/Notes/Prescription Labels: _____

If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects. This medication **cannot** be beyond the expiration date. This information may remain on file if there are no changes to the student's medical condition.

AUTHORIZATION/PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Other Individuals To Be Contacted Regarding Plan of Care:

Before-School Program Yes No _____

After-School Program Yes No _____

School Bus Driver/Route # (If Applicable) _____

Other: _____

This plan remains in effect for the 20__ - 20__ school year without change and will be reviewed on or before: _____.


It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care and to inform the school of any change of medication or delivery device during the school year.

Consent to treatment: I am aware that school staff are not medical professionals and perform all aspects of the plan to the best of their abilities and in good faith.

Parent(s)/Guardian(s): _____ Date: _____
(signature)

Student: _____ Date: _____
(signature for student 16 years of age or older)

Principal: _____ Date: _____
(signature)



Student Plan of Care for ASTHMA

School Year: 20__-20__

Student Name	Date of Birth	Gender	Student Photo
Address		Student #	
Exceptionality	Teacher(s) _____ _____ _____	Medic Alert I.D. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Grade	Age	OEN #	

EMERGENCY CONTACT (LIST IN PRIORITY)

NAME:	RELATIONSHIP	MAIN CONTACT #	ALTERNATE #
1.			
2.			
3.			
4.			

(HAVE ABILITY TO ADD MORE CONTACTS)

SUPPORTS FOR ASTHMA

Name of trained individuals who will provide support with asthma-related tasks:

Designated Staff: _____

Local Health Integration Network (LHIN) Care Workers (if applicable):

Method of home-school communication: _____

Any other medical condition or allergy? No Yes (Please list below)

1. _____

2. _____

3. _____

Known Asthma Triggers Check all those that apply

colds/flu/illness change in weather pet dander strong smells

smoke (i.e. tobacco, fire, cannabis, second-hand smoke)

mould dust pollen cold weather

physical activity/exercise

allergies (specify): _____

at risk for anaphylaxis (specify allergen):

asthma trigger avoidance instructions:

Use of Reliever Medication and Controller Medication at school and during out of school activities

A. student **will carry and/or self-administer** reliever/controller medication in all settings as prescribed.

Reliever/controller medication is kept:

pocket/person backpack/fanny pack case/pouch

other: (specify) _____

B. student **requires assistance to administer** reliever/controller medication in all settings as prescribed.

Please explain: _____

back-up reliever inhaler is available and will be kept in the main office

EMERGENCY PROCEDURES DURING ASTHMA ATTACK

IF ANY OF THE FOLLOWING OCCUR:

- Continuous coughing
- Trouble breathing
- Chest tightness
- Wheezing (whistling sound in chest)
- Student may also be restless, irritable and/or quiet

TAKE ACTION:

STEP 1: Immediately use fast-acting reliever inhaler (usually a blue inhaler). Use a spacer if provided.

STEP 2: Check symptoms. Only return to normal activity when all symptoms are gone. If symptoms persist, do not improve within 10 minutes or get worse, this is an **EMERGENCY!** Follow the steps below:

IF ANY OF THE FOLLOWING OCCUR:

- Breathing is difficult and fast
 - Cannot speak in full sentences
 - Lips or nail beds are blue or grey
 - Skin or neck or chest sucked in with each breath
- (Student may also be anxious, restless and/or quiet)

THIS IS AN EMERGENCY:

STEP 1: IMMEDIATELY USE ANY FAST-ACTING RELIEVER (USUALLY A BLUE INHALER). USE A SPACER IF PROVIDED.

Call 9-1-1 for an ambulance. Follow 9-1-1 communication protocol with emergency responders.

STEP 2: If symptoms continue, use reliever inhaler every 5-15 minutes until medical attention arrives.

While waiting for medical help to arrive:

- ✓ Have student sit up with arms resting on a table (do not have student lie down unless it is an anaphylactic reaction)
- ✓ Do not have the student breathe into a bag
- ✓ Stay calm, reassure the student and stay by his/her side
- ✓ Notify parent(s)/guardian(s) or emergency contact

Consent for student to carry and self-administer asthma medication

We agree that _____,
(student name)

- can **carry** prescribed medications and delivery devices to manage asthma while at school and during school-related activities.
- can **self-administer** prescribed medications and delivery devices to manage asthma while at school and during school-related activities.
- requires assistance** with administering prescribed medications and delivery devices to manage asthma while at school and during school-related activities.

Parent/Guardian Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

Student Name: _____ Signature: _____ Date: _____

Principal Name: _____ Signature: _____ Date: _____

EXCURSION PROTOCOL

Please refer to the Excursion Handbook when planning for excursions and ensure that accommodations are made for the student with Asthma:

<https://www.tcdsb.org/ProgramsServices/SchoolProgramsK12/HealthOutdoorPhysEd/ExcursionHandbook/Documents/Excursion-Handbook-updated-Nov-30-2015.pdf>

During all trips off school property, the parent/guardian will provide an excursion kit which will consist of:

- Inhalers (refer to Excursion Handbook for further information)
- Emergency Contact
- Cell phone (if parent/guardian chooses)

HEALTHCARE PROVIDER INFORMATION (MANDATORY)

To be included by healthcare professional (I.E.: Pharmacist, Respiratory Therapist, Certified Asthma Educator, Certified Respiratory Educator, Nurse, Medical Doctor or other clinician working within their scope of practice)

Healthcare Provider's Name: _____

Profession/Role: _____

Signature: _____ Date: _____

Special Instructions/Notes/Prescription Labels/Comments:

If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects. This medication **cannot** be beyond the expiration date. This information may remain on file if there are no changes to the student's medical condition.

AUTHORIZATION/PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1.	2.	3.
4.	5.	6.

Other individuals to be contacted regarding Plan of Care:

Before-School Program Yes No _____

After-School Program Yes No _____

School Bus Driver/Route # (If applicable) _____

Other: _____

This plan remains in effect for the 20__ - 20__ school year without change and will be reviewed on or before: _____.


It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care and to inform the school of any change of medication or delivery device during the school year.

Consent to treatment: I am aware that school staff are not medical professionals and perform all aspects of the plan to the best of their abilities and in good faith.

Parent(s)/Guardian(s): _____ Date: _____
(signature)

Student: _____ Date: _____
(signature for student 16 years of age or older)

Principal: _____ Date: _____
(signature)

	<h2 style="margin: 0;">Student Plan of Care for</h2> <h1 style="margin: 0;">DIABETES</h1> <p style="margin: 0;">School Year: 20__ - 20__</p>
---	--

Student Name	Date of Birth	Gender	Student Photo
Address		Student #	
Exceptionality	Teacher(s) _____ _____ _____	Medic Alert I.D. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Grade	Age	OEN #	

EMERGENCY CONTACT (LIST IN PRIORITY)			
NAME:	RELATIONSHIP	MAIN CONTACT #	ALTERNATE #
1.			
2.			
3.			
4.			

(HAVE ABILITY TO ADD MORE CONTACTS)

TYPE 1 DIABETES SUPPORTS

Name of trained individuals who will provide support with diabetes-related tasks:

Designated Staff: _____

Local Health Integration Network (LHIN) Care Workers (if applicable):

Method of home-school communication: _____

Any other medical condition or allergy? No Yes (Please list below)

1. _____
2. _____
3. _____

DAILY/ROUTINE TYPE 1 DIABETES MANAGEMENT

Student is able to manage their diabetes care independently and does not require any special care from the school.

Yes If yes, go directly to page (6): Emergency Procedures

No If no, complete below

ROUTINE	ACTION for TYPE 1 DIABETES
<p>Blood Glucose Monitoring (GM)</p> <p><input type="checkbox"/> student requires trained individual to check BG/read meter</p> <p><input type="checkbox"/> student needs supervision to check BG/read meter</p> <p><input type="checkbox"/> student can independently check BG/read meter</p>	<p>Target Blood Glucose (BG) Range _____</p> <p>Times to check BG: Check and Record time below</p> <p><input type="checkbox"/> Before AM break _____ <input type="checkbox"/> At before-school program _____</p> <p><input type="checkbox"/> Before lunch _____ <input type="checkbox"/> Before breakfast program _____</p> <p><input type="checkbox"/> Before PM break _____ <input type="checkbox"/> At after-school program _____</p> <p><input type="checkbox"/> Before leaving school _____ <input type="checkbox"/> Before sports or exercise _____</p> <p>Contact Parent(s)/Guardian(s) if BG is: _____</p>

<p>*Students should be able to check blood glucose anytime, anyplace, respecting their preference for privacy</p>	<p>Parent(s) Guardian(s) Responsibilities:</p> <hr/> <hr/> <p>School Responsibilities: _____</p> <hr/> <p>Student Responsibilities: _____</p> <hr/> <p>Outside Agency Responsibilities:</p>
<p>Nutrition Breaks</p> <p><input type="checkbox"/> student requires supervision during meal times to ensure completion</p> <p><input type="checkbox"/> student can independently manage food intake</p> <p>* Reasonable accommodation must be made to allow student to eat all of the provided meals and snacks on time.</p> <p>Students should not trade or share food/snacks with other students</p>	<p>Recommended times for meals/snacks: _____</p> <hr/> <p>Parent(s) Guardian(s) Responsibilities _____</p> <hr/> <p>School Responsibilities: _____</p> <hr/> <p>Student Responsibilities: _____</p> <hr/> <p>Special Instructions for meal days/special events _____</p> <hr/> <p>Outside Agency Responsibilities: _____</p> <hr/>

ROUTINE	ACTION
<p>INSULIN</p> <p style="background-color: yellow;">Always double-check the insulin dose before injecting to make sure the appropriate dose has been selected and is dialed correctly into the pen.</p> <p><input type="checkbox"/> Student does not take insulin at school</p> <p><input type="checkbox"/> Student takes insulin at school by :</p> <p style="padding-left: 20px;"><input type="checkbox"/> Injection <input type="checkbox"/> Pump</p> <p><input type="checkbox"/> Insulin is given by:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Student <input type="checkbox"/> Student with supervision <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Trained Individual <input type="checkbox"/> Nurse</p> <p>*All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal/nutrition breaks</p> <p>* Parent/Guardian should be notified of changes to daily snack or activity time(s)</p>	<p>Please complete either A or B:</p> <p>A. <u>Injection Delivery:</u></p> <p>1. Student must be able to eat according to daily schedule 2. Student must be able to eat all required food sent by parents 3. Supervision will be required: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Location of insulin: _____</p> <p>Required times for insulin:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Before school: _____ <input type="checkbox"/> Morning Break: _____ <input type="checkbox"/> Lunch Break: _____ <input type="checkbox"/> Afternoon Break: _____ <input type="checkbox"/> Other (Specify) _____</p> <p>Parent(s) Guardian(s) Responsibilities _____</p> <p>_____</p> <p>School Responsibilities: _____</p> <p>_____</p> <p>Student Responsibilities: _____</p> <p>_____</p> <p>Outside Agency Responsibilities _____</p> <p>Additional Comments _____</p> <p>B. <u>Insulin Pump Delivery:</u></p> <p>1. Student must be able to eat according to daily schedule 2. Supervision will be required: Yes <input type="checkbox"/> No <input type="checkbox"/> 3. Student must be able to eat all required food sent by parents</p> <p style="text-align: center;">OR</p> <p>4. Student may independently adjust insulin to accommodate amount of food Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Use of insulin pump before each snack/meal Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Carbohydrate/insulin ratio: _____</p>

	<p>Student may unhook pump for a maximum of one hour during intense physical activity Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>While disconnected pump will be stored: _____</p> <p>Parent(s) Guardian(s) Responsibilities _____</p> <p>School Responsibilities: _____</p> <p>Student Responsibilities: _____</p> <p>Outside Agency Responsibilities _____</p> <p>Additional Comments _____</p>
<p>ACTIVITY PLAN</p> <p>Physical activity lowers blood glucose. BG is often checked before activity. Carbohydrates may need to be eaten before/after physical activity. A source of fast-acting sugar must always be within students' reach.</p>	<p>Please indicate what this student must do prior to physical activity to prevent low blood sugar:</p> <ol style="list-style-type: none"> 1. Before activity _____ 2. During activity _____ 3. After activity _____ <p>Parent(s) Guardian(s) Responsibilities _____</p> <p>School Responsibilities: _____</p> <p>Student Responsibilities: _____</p> <p>For special events, notify parent(s)/guardian(s) in advance so that appropriate adjustments or arrangements can be made (e.g. extracurricular, Terry Fox Run)</p>

ROUTINE	ACTION
<p>DIABETES MANAGEMENT KIT</p> <p>*Parents must provide, maintain, and refresh supplies. School must ensure this kit is accessible at all times. (e.g. field trips, fire drills, lockdowns) and advise parents when supplies are low</p>	<p>Kits will be available in different locations but will include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Supplies: <ul style="list-style-type: none"> <input type="checkbox"/> Blood Glucose meter and strips <input type="checkbox"/> Lancing device and lancets <input type="checkbox"/> Glucagon Needle <input type="checkbox"/> Sharps Disposal Container <input type="checkbox"/> For syringe delivery students <ul style="list-style-type: none"> <input type="checkbox"/> Insulin pen/syringe <input type="checkbox"/> Insulin <input type="checkbox"/> For pump delivery students: <p>Supplies as decided: _____</p> <p>_____</p> <input type="checkbox"/> Source of fast-acting sugar (e.g. juice, candy glucose tabs) <p>Fast acting sugars to be stored. Provide specific locations:</p> <p>In classroom: _____</p> <p>In office: _____</p> <p>In gym: _____</p> <input type="checkbox"/> Carbohydrate containing snacks <input type="checkbox"/> Other (Please list) _____ <p>Location of supplies: _____</p> <p>Location of kit: _____</p> <p>Location of Sharps Disposal Container: _____</p>
<p>SPECIAL NEEDS</p> <p>A Student with special considerations may require more assistance than outlined in this plan.</p>	<p>Comments:</p>

ILLNESS
<p>When students with diabetes become ill at school, the parent/guardian/caregiver should be notified immediately so that they can take appropriate action. Nausea and vomiting (flu-like symptoms) and the inability to retain food and fluids are serious situations since food is required to balance the insulin. This can lead to Hypoglycaemia or be the result of hyperglycaemia.</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>

EMERGENCY PROCEDURES DO NOT LEAVE STUDENT UNATTENDED HYPOGLYCEMIA – LOW BLOOD GLUCOSE (4 mmol/L OR LESS)															
<p>Student will be allowed extra juice/snacks any time they feel low as per hypoglycemic plan</p> <p>Causes:</p> <ul style="list-style-type: none"> Insufficient carbohydrates due to delayed or missed food More exercise than usual without a corresponding increase in food Too much insulin <p>Usual Symptoms of Hypoglycemia for my child are: (Select all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Cold/Clammy/Sweaty skin</td> <td><input type="checkbox"/> Shakiness, poor coordination</td> <td><input type="checkbox"/> Headache</td> </tr> <tr> <td><input type="checkbox"/> Lack of concentration</td> <td><input type="checkbox"/> Dizziness</td> <td><input type="checkbox"/> Blurred Vision</td> </tr> <tr> <td><input type="checkbox"/> Reports feeling low</td> <td><input type="checkbox"/> Irritability, Poor behaviour</td> <td><input type="checkbox"/> Weak/Fatigue</td> </tr> <tr> <td><input type="checkbox"/> Pale</td> <td><input type="checkbox"/> Confused</td> <td><input type="checkbox"/> Hungry</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other: _____</td> </tr> </table> <p>Predicted times/activities common to low blood sugar for my child:</p> <p>_____</p> <p>_____</p> <p>Steps to take for <u>Mild</u> Hypoglycemia (student is responsive)</p> <p>1. Check blood glucose, give _____ grams of fast acting carbohydrate (e.g. ½ cup of juice, 15 skittles)</p>	<input type="checkbox"/> Cold/Clammy/Sweaty skin	<input type="checkbox"/> Shakiness, poor coordination	<input type="checkbox"/> Headache	<input type="checkbox"/> Lack of concentration	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Blurred Vision	<input type="checkbox"/> Reports feeling low	<input type="checkbox"/> Irritability, Poor behaviour	<input type="checkbox"/> Weak/Fatigue	<input type="checkbox"/> Pale	<input type="checkbox"/> Confused	<input type="checkbox"/> Hungry	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Cold/Clammy/Sweaty skin	<input type="checkbox"/> Shakiness, poor coordination	<input type="checkbox"/> Headache													
<input type="checkbox"/> Lack of concentration	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Blurred Vision													
<input type="checkbox"/> Reports feeling low	<input type="checkbox"/> Irritability, Poor behaviour	<input type="checkbox"/> Weak/Fatigue													
<input type="checkbox"/> Pale	<input type="checkbox"/> Confused	<input type="checkbox"/> Hungry													
<input type="checkbox"/> Other: _____															

Agreement to provide glucagon: School staff, parents and my child (if age-appropriate) agree that glucagon can be given in the event of severe hypoglycemia. Note: School personnel must sign below to indicate pre-agreement to provide this emergency injection.

Yes, glucagon can be given **No, glucagon cannot be given**

If yes, please complete authorization to administer glucagon:

Parent/guardian signature: _____ Date: _____

Parent/guardian name (print): _____ Relationship: _____

Student signature: _____

Health Care Professional (HCP) signature: _____ Date: _____

HCP name (print): _____ Role: _____

Principal signature: _____

Principal name: _____

Designated and trained staff to administer glucagon (minimum 2):

1. _____
2. _____
3. _____

2. Re-check blood glucose in 15 minutes

3. If still below 4 mmol/L, repeat steps 1 and 2 until BG is above 4 mmol/L. Give a starchy snack, for example _____ if next meal/snack is more than one (1) hour away

Steps for Severe Hypoglycemia (student is unresponsive)

1. Place the student on their side in the recovery position.
2. Call 9-1-1. Do **not** give food or drink (choking hazard). Supervise student until EMS arrives.
3. Trained Staff Member to administer glucagon, if authorized
4. Contact parent(s)/guardian(s) or emergency contact.

HYPERGLYCEMIA – HIGH BLOOD GLUCOSE (14 mmol/L OR ABOVE)

- Blood sugars are 14.0 or above

Causes:

- Too many carbohydrates
- Less than the usual amount of activity
- Not enough insulin
- Illness

Usual Symptoms of **Hyperglycemia** for my child are: (Select all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Extreme Thirst | <input type="checkbox"/> Frequent Urination | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Hungry | <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Blurred Vision |
| <input type="checkbox"/> Warm, Flushed Skin | <input type="checkbox"/> Irritability | |
| <input type="checkbox"/> Other: _____ | | |

For pump delivery students: correct with insulin bolus: **Yes** **No** **N/A**

Steps to take for Mild Hyperglycemia

1. Allow student free use of bathroom
2. Encourage student to drink water only
3. Inform the parent/guardian if BG is above _____

Symptoms of Severe Hyperglycemia (Notify parent(s)/guardian(s) immediately)

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> Rapid, Shallow Breathing | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Fruity Breath |
|---|-----------------------------------|--|

Steps for Severe Hyperglycemia

1. If possible, confirm hyperglycemia by testing blood glucose
2. Call parent(s)/guardian(s) or emergency contact

Consent for student to carry and self-administer Diabetes medication		
<p>We agree that _____, (student name)</p> <p><input type="checkbox"/> can carry prescribed medications and delivery devices to manage Diabetes while at school and during school-related activities.</p> <p><input type="checkbox"/> can self-administer prescribed medications and delivery devices to manage Diabetes while at school and during school-related activities.</p> <p><input type="checkbox"/> requires assistance with administering prescribed medications and delivery devices to manage Diabetes while at school and during school-related activities.</p> <p><input type="checkbox"/> It is the parent/guardian responsibility to notify the principal if there is a need to change the plan of care during the school year and to inform the school of any change of medication or delivery device. This medication cannot be beyond the expiration date.</p>		
Parent/Guardian Name: _____	Signature: _____	Date: _____
Parent/Guardian Name: _____	Signature: _____	Date: _____
Student Name: _____	Signature: _____	Date: _____
Principal Name: _____	Signature: _____	Date: _____

EXCURSION PROTOCOL
<p>Please refer to the Excursion Handbook when planning for excursions and ensure that accommodations are made for the student with Diabetes:</p> <p>https://www.tcdsb.org/ProgramsServices/SchoolProgramsK12/HealthOutdoorPhysEd/ExcursionHandbook/Documents/Excursion-Handbook-updated-Nov-30-2015.pdf</p> <p>During all trips off school property, the parent/guardian will provide an excursion kit which will consist of:</p> <p><input type="checkbox"/> A kit for Low Blood Sugar, Hypoglycemia</p> <p><input type="checkbox"/> Emergency Contact</p> <p><input type="checkbox"/> Cell phone (if parent/guardian chooses)</p>

HEALTHCARE PROVIDER INFORMATION (MANDATORY)
To be included by healthcare professional (I.E.: Medical Doctor, Pharmacist, Nurse, or other clinician working within their scope of practice)
Healthcare Provider's Name: _____
Profession/Role: _____
Signature: _____ Date: _____
Special Instructions/Notes/Prescription Labels/Comments: _____ _____ _____
<ul style="list-style-type: none"> If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects. This medication cannot be beyond the expiration date. This information may remain on file if there are no changes to the student's medical condition.

AUTHORIZATION/PLAN REVIEW		
INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED		
1.	2.	3.
4.	5.	6.
Other individuals to be contacted regarding Plan of Care:		
Before-School Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No _____
After-School Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No _____

School Bus Driver/Route # (If applicable) _____

Other: _____

This plan remains in effect for the 20__ - 20__ school year without change and will be reviewed on or before: _____.


It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care and to inform the school of any change of medication or delivery device during the school year.

Consent to treatment: I am aware that school staff are not medical professionals and perform all aspects of the plan to the best of their abilities and in good faith.

Parent(s)/Guardian(s): _____ Date: _____
(signature)

Student: _____ Date: _____
(signature for student 16 years of age or older)

Principal: _____ Date: _____
(signature)



Student Plan of Care for

EPILEPSY and SEIZURE DISORDER

School Year: 20__ - 20__

Student Name	Date of Birth	Gender	Student Photo
Address		Student #	
Exceptionality	Teacher(s)	Medic Alert I.D. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Grade	Age	OEN #	

EMERGENCY CONTACT (LIST IN PRIORITY)			
NAME:	RELATIONSHIP	MAIN CONTACT #	ALTERNATE #
1.			
2.			
3.			
4.			

(HAVE ABILITY TO ADD MORE CONTACTS)

EPILEPSY AND SEIZURE DISORDER SUPPORTS
<p>Name of trained individuals who will provide support with epilepsy and seizure disorder-related tasks:</p> <p>Designated Staff: _____</p> <p>Local Health Integration Network (LHIN) Care Workers (if applicable): _____</p> <p>Method of home-school communication: _____</p> <p>Any other medical condition or allergy? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please list below)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
<p>Has an emergency rescue medication been prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, attach the rescue medication plan, healthcare providers' orders and authorization from the student's parent(s)/guardian(s) for a trained person to administer the medication.</p> <p>Note: Rescue medication training for the prescribed rescue medication and route of administration (e.g. buccal or intranasal) must be done in collaboration with a regulated healthcare professional.</p>

KNOWN SEIZURE TRIGGERS	
✓ CHECK ALL THOSE THAT APPLY	
<input type="checkbox"/> Stress <input type="checkbox"/> Changes In Diet <input type="checkbox"/> Illness <input type="checkbox"/> Change In Weather	<input type="checkbox"/> Menstrual Cycle <input type="checkbox"/> Lack Of Sleep <input type="checkbox"/> Improper Medication Balance <input type="checkbox"/> Other _____
<input type="checkbox"/> Inactivity <input type="checkbox"/> Electronic Stimulation (TV, Videos, Florescent Lights)	

DAILY ROUTINE EPILEPSY AND SEIZURE DISORDER MANAGEMENT	
DESCRIPTION OF SEIZURE (NON-CONVULSIVE)	ACTION:
	(e.g. description of dietary therapy, risks to be mitigated, trigger avoidance)
DESCRIPTION OF SEIZURE (CONVULSIVE)	ACTION

SEIZURE MANAGEMENT	
Note: It is possible for a student to have more than one seizure type. Record information for each seizure type.	
SEIZURE TYPE	ACTIONS TO TAKE DURING SEIZURE
(e.g. tonic-clonic, absence, simple partial, complex partial, atonic, myoclonic, infantile spasms) Type: _____ Description: _____	
Frequency of seizure activity: _____	
Typical Seizure Duration: _____	

BASIC FIRST AID: CARE AND COMFORT
First Aid procedure(s): _____
Does student need to leave classroom after a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe process for returning student to classroom: _____
BASIC SEIZURE FIRST AID: <ul style="list-style-type: none"> ➤ Stay calm and track time and duration of seizure ➤ Keep student safe ➤ Do not restrain or interfere with student’s movements ➤ Do not put anything in student’s mouth ➤ Stay with student until fully conscious
FOR TONIC-CLONIC SEIZURE: <ul style="list-style-type: none"> ➤ Protect student’s head ➤ Keep airway open/watch breathing ➤ Turn student on side

EMERGENCY PROCEDURES

DO NOT LEAVE STUDENT UNATTENDED

Students with epilepsy will typically experience seizures as a result of their medical condition.

Call 9-1-1 when:

- Convulsive (tonic-clonic) seizure lasts longer than five (5) minutes
- Student has repeated seizures without regaining consciousness
- Student is injured or has diabetes
- Student has a first-time seizure
- Student has breathing difficulties
- Student has a seizure in water
- Notify parent(s)/guardian(s) or emergency contact

ILLNESS

When students with epilepsy have a seizure at school, the parent/guardian/caregiver should be notified immediately so that they can take appropriate action.

Comments: _____

EXCURSION PROTOCOL

Please refer to the Excursion Handbook when planning for excursions and ensure that accommodations are made for the student with Epilepsy and Seizure Disorders:

<https://www.tcdsb.org/ProgramsServices/SchoolProgramsK12/HealthOutdoorPhysEd/ExcursionHandbook/Documents/Excursion-Handbook-updated-Nov-30-2015.pdf>

- Emergency Contact
- Cell phone (if parent/guardian/caregiver chooses)

HEALTHCARE PROVIDER INFORMATION (MANDATORY)

Healthcare provider may include: Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider’s Name: _____

Profession/Role: _____

Signature: _____ Date: _____

Special Instructions/Notes/Prescription Labels/Comments:

- If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects. This medication **cannot** be beyond the expiration date.
- This information may remain on file if there are no changes to the student’s medical condition.

AUTHORIZATION/PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Other individuals to be contacted regarding Plan of Care:

Before-School Program Yes No

After-School Program Yes No

School Bus Driver/Route # (If applicable) _____

Other: _____

This plan remains in effect for the 20__ - 20__ school year without change and will be reviewed on or before: _____.


It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care and to inform the school of any change of medication or delivery device during the school year.

Consent to treatment: I am aware that school staff are not medical professionals and perform all aspects of the plan to the best of their abilities and in good faith.

Parent(s)/Guardian(s): _____ Date: _____
(signature)

Student: _____ Date: _____
(signature for student 16 years of age or older)

Principal: _____ Date: _____
(signature)

	<h2 style="margin: 0;">General Student Plan of Care for Other Medical Conditions</h2> <p style="margin: 0;">Please Specify: _____</p> <p style="margin: 0;">School Year: 20__ - 20__</p>
---	--

Student Name	Date of Birth	Gender	Student Photo
Address		Student #	
Exceptionality	Teacher(s)	Medic Alert I.D. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Grade	Age	OEN #	

EMERGENCY CONTACT (LIST IN PRIORITY)			
NAME:	RELATIONSHIP	MAIN CONTACT #	ALTERNATE #
1.			
2.			
3.			
4.			

(HAVE ABILITY TO ADD MORE CONTACTS)

SUPPORTS	
Name of trained individuals who will provide support with _____-related tasks:	
Designated Staff: _____	
Local Health Integration Network (LHIN) Care Workers (if applicable): _____	
Method of home-school communication: _____	
Any other medical condition or allergy? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please list below)	
1.	_____
2.	_____
3.	_____

HEALTHCARE PROVIDER INFORMATION (MANDATORY)

Healthcare provider may include: Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name: _____

Profession/Role: _____

Signature: _____ Date: _____

Special Instructions/Notes/Prescription Labels/Comments:

- If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects. This medication **cannot** be beyond the expiration date.
- This information may remain on file if there are no changes to the student's medical condition.

AUTHORIZATION/PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1.	2.	3.
4.	5.	6.

Other individuals to be contacted regarding Plan of Care:

Before-School Program Yes No

After-School Program Yes No

School Bus Driver/Route # (If applicable) _____

Other: _____

This plan remains in effect for the 20__ - 20__ school year without change and will be reviewed on or before: _____.

It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care and to inform the school of any change of medication or delivery device during the school year.

Consent to treatment: I am aware that school staff are not medical professionals and perform all aspects of the plan to the best of their abilities and in good faith.

Parent(s)/Guardian(s): _____ Date: _____
(signature)

Student: _____ Date: _____
(signature for student 16 years of age or older)

Principal: _____ Date: _____
(signature)

SUPPORTING

Ontario Children and Students with Medical Conditions

QUICK FACTS



Supporting children and students at risk for anaphylaxis in Ontario

Promoting child and student well-being is one of the four key goals in “Achieving Excellence: A Renewed Vision for Education in Ontario.” Ensuring the health and safety of children and students with medical conditions requires partnership among families, members of the school community and community partners, including health care professionals.

Anaphylaxis overview

Anaphylaxis (pronounced anna-fill-axis) is a serious and possibly life-threatening allergic reaction that requires immediate recognition and intervention. Symptoms can vary from person to person and may include:

- **Skin:** hives, swelling (face, lips and tongue), itching, warmth, redness
- **Breathing (respiratory):** coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- **Stomach (gastrointestinal):** nausea, pain/cramps, vomiting, diarrhea
- **Heart (cardiovascular):** paler than normal/blue skin colour, weak pulse, passing out, dizziness or light-headedness, shock
- **Other:** anxiety, sense of “doom” (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste

Food allergy and anaphylaxis facts

- More than 1 million Ontarians are affected by a food allergy.
- There are about 138,000 students in Ontario with food allergies.
- There is no cure for food allergy, so avoidance is still the main way to prevent an allergic reaction.
- Food is one of the most common causes of anaphylaxis, but insect stings, medications, latex and exercise (alone or sometimes after eating a specific food) can also cause reactions.
- The recommended treatment for anaphylaxis is epinephrine (e.g., EpiPen®).



Living with allergies and the risk for anaphylaxis

Families with children who are at risk for anaphylaxis have to plan ahead and take precautionary measures. They can take preventive steps such as:

- being careful when reading food labels;
- avoiding cross-contamination when preparing food; and
- asking questions before eating or drinking foods.

Children who are allergic to stinging insects should avoid areas near nests, particularly during warmer months. It is important that students at risk for anaphylaxis carry epinephrine (e.g., EpiPen®) when age appropriate and/or have it available at their school to be administered in case of a severe reaction. Students at risk for anaphylaxis can participate in all regular school activities. Teachers, staff and administration should be aware of students' medical conditions in case of emergency.

Creating an inclusive environment at school

All children at risk for anaphylaxis — no matter how independent they are — need the support of trusted, caring adults at school and elsewhere.

[Sabrina's Law](#) requires all district school boards and school authorities in Ontario to have an anaphylaxis policy in place to support students with potentially life-threatening allergies.

Anaphylaxis can cause a great deal of anxiety for students, families, teachers and other school staff. When speaking to children about anaphylaxis, it is important that they know you are comfortable talking about the issue, or they may keep questions or concerns private.

Ongoing communication between the school, the student and the family is essential, beginning when a student is diagnosed and starts school. Maintaining an open exchange of information is also important throughout the school year, especially if there are changes to the child's medical condition.

Families should work with the school to create an individualized Plan of Care for their child. The plan will include support strategies or ways to accommodate the student (e.g., regular hand washing for all children) so that they can participate to their full potential in school activities.

The Ministry of Education expects all district school boards and school authorities in Ontario to develop and maintain policies to support students with asthma, anaphylaxis, diabetes and epilepsy in schools.

Emergencies

In the case of an emergency related to anaphylaxis, school staff should refer to the child's individualized Plan of Care. In all emergency situations:

1. Stay calm.
2. Give epinephrine auto-injector (e.g., EpiPen®) at the first sign of a known or suspected anaphylactic reaction.
3. Dial 9-1-1.
4. Give a second dose of epinephrine as early as 5 minutes after the first dose if there is no improvement in symptoms.

5. Go to the nearest hospital right away (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could get worse or come back.
6. Inform the emergency contact, as outlined in the student's Plan of Care.

Since anaphylaxis can be life-threatening, it must always be considered a medical emergency and treated promptly. If a child appears to be having an anaphylactic reaction, but you are not sure, it is better to err on the side of caution and use epinephrine. The drug will not cause harm if given unnecessarily to normally healthy children, and side effects are generally mild.

If a child has asthma and is also at risk for anaphylaxis, and it is unclear which emergency the child is experiencing:

1. first give epinephrine (e.g., EpiPen®) and dial 9-1-1 for an ambulance,
2. then give the reliever inhaler (usually a blue inhaler).

Where to find more information

Food Allergy Canada:

<http://foodallergycanada.ca/resources/print-materials/>

Allergy Aware:

www.allergyaware.ca (Free online courses about food allergy and anaphylaxis for school, child care and community settings)

Sabrina's Law:

<https://www.ontario.ca/laws/statute/05s07>

Healthy Schools, Ministry of Education:

<http://www.edu.gov.on.ca/eng/healthyschools/medicalconditions.html>

Developed in partnership with



SUPPORTING

Ontario Children and Students with Medical Conditions

QUICK FACTS



Supporting children and students with asthma in Ontario

Promoting child and student well-being is one of the four key goals in “Achieving Excellence: A Renewed Vision for Education in Ontario.” Ensuring the health and safety of children and students with medical conditions requires a partnership among families, members of the school community and community partners, including health care professionals.

Asthma overview

Asthma is a common chronic (long-term) lung disease that can make it hard to breathe. People with asthma have extra sensitive airways, that when triggered can tighten up, become swollen, produce extra mucus and make it hard to breathe.

Different people have different asthma symptoms, which can change over time and vary depending on the situation. Common asthma signs and symptoms include:

- shortness of breath
- wheezing (whistling sound from inside the chest)
- difficulty breathing
- chest tightness
- coughing

Asthma facts

- Asthma is typically managed with inhalers or “puffers.”
- Asthma can be fatal. In 2013, 259 Canadians died from asthma (100 in Ontario).
- Asthma is most common during childhood and affects at least 13% of Canadian children.
- Over 2 million Ontarians have asthma, including one out of every five children.

Living with asthma

Asthma can't be cured. It is always present even when symptoms aren't. However, asthma can be managed, so that individuals can enjoy a full and active life. In consultation with a health-care professional, an asthma action plan should be developed. This plan outlines:

- What types of medications your children should take;
- Teaching your children to know when their asthma is starting to get out of control and when it is an emergency and what to do in an emergency; and
- Changes to the medications your child takes when having asthma symptoms.



Creating an inclusive environment at school

All children with asthma — no matter how independent they are — need the support of trusted, caring adults at school and elsewhere.

[Ryan’s Law](#) requires all district school boards and school authorities to develop and maintain a policy to support students with asthma.

Ongoing communication between the school, the student and the family is essential, beginning when a student is diagnosed and starts school. Maintaining an open exchange of information is also important throughout the school year, especially if there are changes to their medical condition.

Families should work with the school to create an individualized Plan of Care for their child. The plan will include support strategies or ways to accommodate the students so that they can participate to their full potential in school activities.

The Ministry of Education expects all district school boards and school authorities in Ontario to develop and maintain policies to support students with asthma, anaphylaxis, diabetes and epilepsy in schools.

Emergencies

In the case of an emergency related to asthma, school staff should refer to the child’s individualized Plan of Care. This plan has information about the child’s emergency asthma medication, where it is kept, and when it should be used. In an emergency, the child should be taken to the hospital as soon as possible.

In all emergency situations:

1. Stay calm.
2. Immediately use reliever inhaler (usually a blue inhaler).
3. Dial 9-1-1.
4. If the symptoms continue, use the reliever inhaler every 5 - 15 minutes until medical help arrives.
5. Inform the emergency contact, as identified in the student’s Plan of Care.

The [Lung Association Managing Asthma Attacks poster](#) has general instructions to follow when asthma symptoms increase or become severe.

If a child has asthma and is also at risk for anaphylaxis and it is unclear which emergency the child is experiencing:

1. first give epinephrine (e.g., EpiPen®) and dial 9-1-1 for an ambulance,
2. then give the reliever inhaler (usually a blue inhaler) as indicated above.

Where to find more information

Asthma Canada:

<https://www.asthma.ca>

The Lung Association – Ontario:

www.lungontario.ca/resources

www.ryanslaw.ca

Lung Health Information Line: 1-888-344-LUNG (5864)

Ryan’s Law:

<https://www.ontario.ca/laws/statute/15r03>

Healthy Schools, Ministry of Education:

<http://www.edu.gov.on.ca/eng/healthyschools/medicalconditions.html>

Developed in partnership with

B R E A T H E
the lung association



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SUPPORTING

Ontario Children and Students with Medical Conditions

QUICK FACTS



Supporting children and students with diabetes in Ontario

Promoting child and student well-being is one of the four key goals in “Achieving Excellence: A Renewed Vision for Education in Ontario.” Ensuring the health and safety of children and students with medical conditions requires a partnership among families, members of the school community and community partners, including health care professionals.

Diabetes overview

Type 1 diabetes is a chronic condition where the pancreas stops producing insulin, a hormone that helps the body control the level of glucose (sugar) in your blood. The body produces glucose, and also gets it from foods that contain carbohydrates, such as bread, potatoes, rice, pasta, milk and fruit. Without insulin, glucose builds up in the blood instead of being used by your cells for energy. A lack of insulin can cause both short-term and long-term health problems. Symptoms of undiagnosed type 1 diabetes include:

- increased thirst
- increased urination
- a lack of energy
- weight loss

Type 1 diabetes occurs in about 1 in 300 children in Ontario. The cause of type 1 diabetes is not known. We do know that it is not caused by eating too much sugar, and it cannot be prevented. People with type 1 diabetes must receive insulin daily, either by injection or pump.

Type 2 diabetes can also affect children and youth, but it’s more common in adults. With type 2 diabetes, the body does not respond well to insulin, and the pancreas cannot produce enough insulin to compensate. Type 2 diabetes can often be managed through changes to diet and lifestyle, as well as with oral medications (pills). Some children with type 2 diabetes may need insulin injections.

Living with diabetes

Blood sugar levels change throughout the day, and are affected by everyday activities like eating, walking, playing sports and writing tests. A healthy pancreas automatically releases just the right amount of insulin to keep blood sugar levels in a healthy range. It constantly adjusts, minute to minute, responding to how much food we eat, activity, stress and other factors.



Giving insulin by injection or through a pump cannot match the precision of a healthy pancreas. No matter how closely people with type 1 diabetes manage the condition, they still experience swings in blood sugar levels. This is why it is important to check blood sugar several times a day.

- If blood sugar goes too low, a fast-acting sugar (like juice or candy) must be consumed to raise blood sugar. Low blood sugar (**hypoglycemia**) can be dangerous if it is not treated right away.
- If blood sugar goes too high, it causes thirst and frequent urination. If high blood sugar (**hyperglycemia**) is left untreated, it can become dangerously high. Children should always be allowed access to water and the bathroom.

Younger children may require hands-on support to help with daily tasks such as checking their blood sugar or administering insulin.

Creating an inclusive environment at school

All children with diabetes — no matter how independent they are — need the support of trusted, caring adults at school and elsewhere.

Children with diabetes can participate in all activities, but may need some advanced planning and additional monitoring. Ongoing communication between the school, the student and the family is essential when a student is diagnosed with diabetes and starts school. Maintaining an open exchange of information remains important throughout the school year, particularly when there are significant changes in diabetes care or school routines.

Families are encouraged to work with the school to create an individualized Plan of Care for their child. The plan will include support strategies or ways to accommodate the students so they can participate to their full potential in school activities.

The Ministry of Education expects all district school boards and school authorities in Ontario to develop and maintain policies to support students with asthma, anaphylaxis, diabetes and epilepsy in schools.

Emergencies

In the case of an emergency related to diabetes, school staff should refer to the child's individualized Plan of Care. This plan has information about the child's condition and emergency contacts.

If mild low blood sugar is not treated right away, it can become severe. A child with severe low blood sugar may be confused, uncooperative (unable/unwilling to take food or drink), unresponsive, unconscious or have a seizure. This is an emergency. It is important to act immediately.

In all emergency situations:

1. Stay calm.
2. Do not leave the student alone.
3. Dial 9-1-1.
4. Inform the emergency contact, as identified in the student's Plan of Care.

Where to find more information

Diabetes at School:

<http://www.diabetesatschool.ca/>

Healthy Schools, Ministry of Education:

<http://www.edu.gov.on.ca/eng/healthyschools/medicalconditions.html>

Developed in partnership with



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Low blood sugar

What it is and what to do

When blood sugar is below 4 mmol/L, you must act **IMMEDIATELY**.
Do not leave a student alone if you think blood sugar is low.

Low blood sugar is also called **hypoglycemia**. It can be caused by:

- Too much insulin, and not enough food
- Delaying or missing a meal or a snack
- Not enough food before an activity
- Unplanned activity, without adjusting food or insulin

Some of the most common symptoms of low blood sugar are:



Shakiness



Irritability/grouchiness



Dizziness



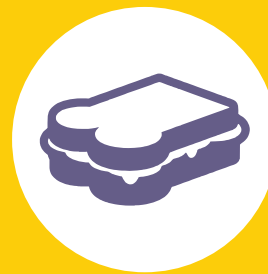
Sweating



Blurry vision



Headache



Hunger



Weakness/Fatigue



Pale skin



Confusion

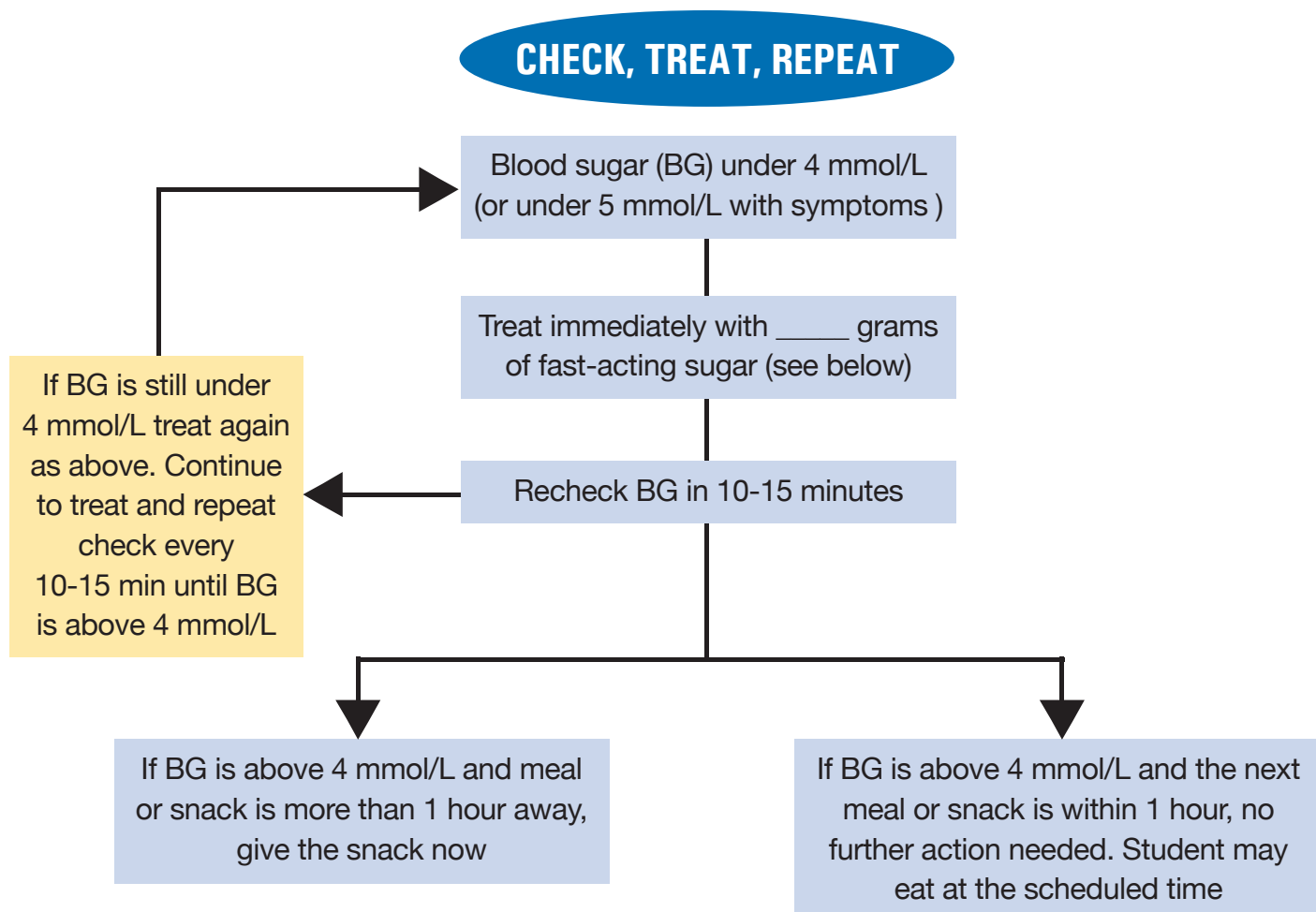
See other side for steps to take when you suspect a student has low blood sugar.

How to treat low blood sugar

Remember:

1. Low blood sugar must be treated **IMMEDIATELY**
2. **DO NOT** leave a student alone if you suspect low blood sugar
3. Treat the low blood sugar **WHERE IT OCCURS**. Do not bring the student to another location. Walking may make blood sugar go even lower.
4. Even students who are independent **may need help** when their blood sugar is low

CHECK, TREAT, REPEAT



Give fast-acting sugar according to the student's care plan: either 10 g or 15 g

Amount of fast-acting sugar to give		
	10 g	15 g
Glucose tablets	2 tablets	4 tablets
Juice/pop	½ cup	¾ cup
Skittles	10 pieces	15 pieces
Rockets candy	1 pkg = 7 g	2 pkgs = 14 g
Table sugar	2 tsp / 2 pkgs	1 Tbsp / 3 pkgs

High blood sugar

What it is and what to do

High blood sugar (or hyperglycemia) occurs when a student's blood sugar is higher than the target range. It is usually caused by:

- extra food, without extra insulin
- not enough insulin
- decreased activity

Blood sugar also rises because of illness, stress, or excitement. Usually, it is caused by a combination of factors.

Students are not usually in immediate danger from high blood sugar unless they are vomiting, breathing heavily or lethargic. They may have difficulty concentrating in class.

What to do

Check blood sugar. Even students who are independent may need help if they are unwell.

Contact parents immediately if a student is unwell, has severe abdominal pain, nausea, vomiting or symptoms of severe high blood sugar.

If the student is well, follow instructions for high blood sugar in their care plan. Allow unlimited trips to the washroom, and encourage them to drink plenty of water.

Symptoms of high blood sugar



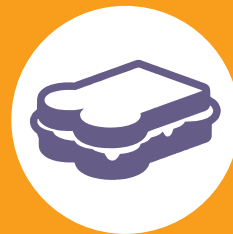
Extreme thirst



Frequent urination



Headache



Hunger



Abdominal pain



Blurry vision



Warm, flushed skin



Irritability

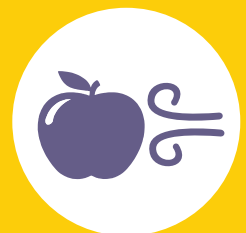
Symptoms of VERY high blood sugar



Rapid, shallow breathing



Vomiting



Fruity breath

SUPPORTING

Ontario Children and Students with Medical Conditions

QUICK FACTS



Supporting children and students with epilepsy in Ontario

Promoting child and student well-being is one of the four key goals in “Achieving Excellence: A Renewed Vision for Education in Ontario.” Ensuring the health and safety of children and students with medical conditions requires a partnership among families, members of the school community and community partners, including health care professionals.

Epilepsy overview

Epilepsy results from sudden bursts of hyperactivity in the brain; this causes “seizures” which vary in form, strength, and frequency, depending on where in the brain abnormal activity is found. **Epilepsy is the diagnosis and seizures are the symptom.** If a person has two or more seizures that are not related to another condition, that person will be diagnosed as having epilepsy.

Epilepsy facts

- Each year 15,500 Canadians are diagnosed as having epilepsy.
- Epilepsy affects over 300,000 Canadians and approximately 1 in 100 Canadian students.
- Seizures can range from a prolonged stare in which the student is fully aware, to a loss of awareness, physical convulsions, or the student’s whole body becoming stiff. While surgery is sometimes an option, the most common way of managing epilepsy is single or multiple drug therapies.

Living with epilepsy

When managed effectively an individual with epilepsy can pursue a regular and productive life. Often times, the social anxiety and stigma around epilepsy is more detrimental to an individual’s quality of life than the physical symptoms of the condition. Some triggers for epilepsy include alcohol, unmanaged stress and environmental conditions (e.g., flashing lights). When avoiding these triggers, an individual should not be prevented from participating fully in any form of activity. With effective management and accommodation, living with epilepsy should not be a barrier to success.

Creating an inclusive environment at school

All children with epilepsy — no matter how independent they are — need the support of trusted, caring adults at school and elsewhere.



Making children aware of different medical conditions is essential to creating an inclusive environment. Once a child is diagnosed with epilepsy, parents should explain to the child in simple language what the condition is and why it happens. Encouraging children and students to speak to their friends about their condition will help them to find support and understanding amongst their peers.

Ongoing communication between the school, the student and the family is essential when a student is diagnosed with epilepsy and is starting school. Maintaining an open exchange of information is also important throughout the school year, especially if there are changes to the student's medical condition.

Families should work with the school to create an individualized Plan of Care for their child. The plan will include support strategies or ways to accommodate student's so they can participate to their full potential in school activities.

The Ministry of Education expects all district school boards and school authorities in Ontario to develop and maintain policies to support students with asthma, anaphylaxis, diabetes, and epilepsy in schools.

Emergencies

In the case of an emergency related to epilepsy, school staff should refer to the child's individualized Plan of Care. When an epileptic event is happening, it is important to stay calm and support the individual having the seizure. It is not essential to call 9-1-1 when someone is having a seizure; however, if the seizure lasts more than 5 minutes, or repeats without full recovery, seek medical assistance immediately. If you witness a student having a seizure, do not restrain the child, but try to move sharp and cornered objects away in order to prevent injury, and let the seizure run its course.

In all emergency situations:

1. Stay calm.
2. Dial 9-1-1.
3. Inform the student's emergency contact, as outlined in their Plan of Care.

Where to find more information

Epilepsy Ontario:

<http://epilepsyontario.org/>

Healthy Schools, Ministry of Education:

<http://www.edu.gov.on.ca/eng/healthyschools/medicalconditions.html>



Toronto Catholic District School Board - Exchange of Information for Students

Elementary to Secondary

Secondary to Secondary

(To be completed by the grade 8 Teacher, SS Teacher in consultation with the Special Education Teacher (as applicable) and the School Principal)

THIS DOCUMENT IS INTENDED TO BE AN O.S.R INSERT AND, AS SUCH, IS SUBJECT TO THE SAME SECURITY AND PROTECTION AFFORDED ALL SUCH INFORMATION

"Personal information contained on this form is collected under the authority of Section 170 of the Education Act, R.S.O 1990 and will be used to place the student in secondary school. Questions about this collection should be directed to the school principal or the parent/guardian."

Student Name:		Current School:		French in Grade 9:	
Student D.O.B:		Student O.E.N Number:		Requesting Immersion: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Date of Entry to Canada if applicable:		New School Applied To:		Requesting Extended: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Requesting French Exemption: YES <input type="checkbox"/> NO <input type="checkbox"/>					
Special Education		Current Level of Achievement:		English Language Learners	
IPRC: YES <input type="checkbox"/> NO <input type="checkbox"/>		1=50-59% 2=60-69% 3=70-79% 4=80-100%		English Language Learner: YES <input type="checkbox"/> NO <input type="checkbox"/>	
IEP: YES <input type="checkbox"/> NO <input type="checkbox"/>		Mathematics Level: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		ESL Support: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Accommodations: YES <input type="checkbox"/> NO <input type="checkbox"/>		Grade Level Achieved for IEP Students: _____		ELD Support: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Modifications: YES <input type="checkbox"/> NO <input type="checkbox"/>		Language Arts: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		ELL Step Level of Proficiency:	
Alternative: YES <input type="checkbox"/> NO <input type="checkbox"/>		Grade Level Achieved for IEP Students: _____		Current Placement: _____ Secondary Placement: _____	
Exceptionality: _____		Recommended Level of Study in High School		Step 1 <input type="checkbox"/> ESL/ELD AO <input type="checkbox"/>	
_____		Academic <input type="checkbox"/> Applied <input type="checkbox"/>		Step 2 <input type="checkbox"/> ESL/ELD BO <input type="checkbox"/>	
_____		Locally Developed <input type="checkbox"/>		Step 3 <input type="checkbox"/> ESL/ELD CO <input type="checkbox"/>	
Class Placement: _____		Combination <input type="checkbox"/> (Please describe below in comments)		Step 4 <input type="checkbox"/> ESL/ELD DO <input type="checkbox"/>	
				* Step 5 and 6 take grade 9 regular applied or Academic English courses	
Referral Pending YES <input type="checkbox"/> NO <input type="checkbox"/>		Gr. 6 EQAO	Grade 7 CAT 4 Stanine:	MEDICAL CONDITIONS	
SIP Claim YES <input type="checkbox"/> NO <input type="checkbox"/>		R: _____	Math: _____	Anaphylaxis <input type="checkbox"/> Asthma <input type="checkbox"/>	
SEA Claim YES <input type="checkbox"/> NO <input type="checkbox"/>		W: _____	Language: _____	Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/>	
Transportation YES <input type="checkbox"/> NO <input type="checkbox"/>		M: _____	Reading: _____	Other _____	
STUDENT'S STRENGTHS	STUDENT'S CHALLENGES	INTERVENTIONS TO DATE	ACCOMODATIONS and /or MODIFICATIONS IN IEP	SUGGESTED FUTURE SCHOOL INTERVENTIONS	SUGGESTED FUTURE CLASSROOM INTERVENTIONS
C Attendance/punctuality	C Attendance/punctuality	C Attendance Counsellor	C Tracking homework/assign	C Attendance Counsellor	C Class seating arrangement
C Submitting assignments	C Submitting assignments	C Parent conferences	C Resource re: tests/assignments	C Parent conferences	C Set clear expectations
C Homework completion	C Homework completion	C Remedial support	C Extra time for test/assignments	C Remedial support	C Monitor note/homework
C General learning skills	C General learning skills	C Peer mentor/buddy	C Peer helper in class/resource	C Peer mentor/buddy	C Monitor assignment
C Test performance	C Test performance	C Board services support	C Audio tape texts/voice to print	C Board services support	C Daily use of agenda
C Conduct/attitude	C Conduct/attitude	C Community agency	C Study Skills/Modify homework	C Community agency	C Engage in lesson
C Focus and attention	C Focus and attention	C Accommodations	C Photocopied notes	C Accomodations	C "Chunk" assignments
C Co-curricular activities	C "At Risk" activities	C ESL/ELD Support	C Reduction of content as needed	C ESL/ELD Support	C Variety teaching strategies
C Social relationships	C Social relationships	C In-class support	C Oral assessment	C Review student schedule	C Restrict out of class time
C EQAO/ Report Results	C Anxiety/Stress/Health	C Guidance	C Computer Assistance	C Alternative education	C Notify parents re: progress
C Literacy skills	C Motivation	C School Psychologist	C E.A. assistance	C Guidance support	C Ongoing praise/feedback
C Math skills	C EQAO/Report Results	C School Social Worker	C Spell checker/Help with editing	C Review course selection	C In-class peer support
C Self Motivated	Student Plan of Care	C PHAST	C Use of calculator	C Substitution/deferral	C Curriculum/life experience
C Dance/Drama/Music/Art	Behaviour Safety Plan	C Settlement Worker		C Peer/class placement	C Varierty assessment strategies

Student Name:

Student Number:

Comments

- A copy of the Behaviour/Safety Plan has been shared with receiving school.
- Student Plan of Care has been shared with receiving school.
- Transition plan has been completed.

Copies to: Student OSR
Parent

Student Success Teacher
Special Education Teacher

Guidance Teacher
ESL Teacher

Sending School Principal Signature: _____

Date: _____



STUDENT SCHOOL EMERGENCY EVACUATION RESPONSE PLAN

1. STUDENT INFORMATION	
Name:	EA Name(s) (if applicable) :
Grade:	CYW Name(s) (if applicable) :
Daily Schedule and Classroom Locations (attachment if necessary):	

2. EMERGENCY EVACUATION ASSESSMENT	
Does the student experience any of the following that could impede the ability to quickly evacuate the workplace?	
a. Mobility limitations; interference with walking, using stairs, joint pain, use of mobility device (i.e. wheelchair, scooter, cane, crutches, walker, etc.)	<input type="checkbox"/> yes <input type="checkbox"/> no
b. Vision impairment/loss	<input type="checkbox"/> yes <input type="checkbox"/> no
c. Hearing impairment/loss	<input type="checkbox"/> yes <input type="checkbox"/> no
d. Other (please specify):	<input type="checkbox"/> yes <input type="checkbox"/> no
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

3. COMMUNICATION NEEDS & ACCOMMODATIONS
<p>Indicate the student's preferred method of communication in an emergency situation. List any assistive communication devices and/or accommodations required. <i>Example: student with hearing impairment may require assistive device to receive emergency evacuation information.</i></p>

4. CONDITIONS, SENSITIVITIES, DISABILITIES & ACCOMMODATIONS SUMMARY

Indicate any temporary or long term conditions, sensitivities and/or disabilities that may affect the well-being and safety of the student during emergency response.

Emergency Assistance Required:

5. STUDENT PERSONAL EMERGENCY PREPAREDNESS KIT

Student Personal Emergency Preparedness Kit required? yes no

List Contents (i.e. emergency supply of medication, food for specific dietary needs, personal assistive equipment and batteries, emergency health & contact information, etc.):

Location of Student's Personal Emergency Preparedness Kit:

6. EMERGENCY EVACUATION ROUTES

Indicate **primary** accessible evacuation route from workplace, noting any accessibility accommodations required. Where applicable, attach site map/fire safety plan and identify meeting location.

Indicate **alternative** evacuation route from classroom, noting any accessibility accommodations required. Where applicable, attach site map/fire safety plan and identify meeting location.

7. EMERGENCY ASSISTANCE NETWORK

Establish staff to assist the student with a disability during emergencies. Staff should:

- be physically and mentally capable of performing the task and not require assistance themselves
- share the same hours in the same area as the student they will be assisting

The student requiring a School Emergency Evacuation Response Plan should be aware of those who will be notified to assist them during an emergency. **A minimum of 2 people is recommended for the Emergency Assistance Network.**

Network Leader Name: Classroom/Department: Contact Info:	Name: Classroom/Department: Contact Info:
Name: Classroom/Department: Contact Info:	Name: Classroom/Department: Contact Info:

8. ACKNOWLEDGEMENT & RELEASE

Reason for review: new admission change in classroom location change in student's condition

Principal's Signature

Date

I acknowledge that the information contained on this form is accurate and hereby authorize Toronto Catholic District School Board to release applicable personal information contained within the Student School Emergency Response Plan to designated individuals within my son's or daughter's Emergency Assistance Network and emergency/first responders, in the event of a school emergency evacuation situation.

Parent's Signature

Date

PLEASE ENSURE THAT THE ORIGINAL COMPLETED STUDENT SCHOOL EMERGENCY EVACUATION RESPONSE FORM (WITH ATTACHMENTS) IS ACCESSIBLE TO ALL STAFF IN THE EVENT OF AN EMERGENCY AND A COPY FILED IN THE SCHOOL OFFICE.

All personal information collected on this form and any attachments herein will be used for Student School Emergency Evacuation Response purposes only and will remain confidential as per MFIPPA unless written consent is obtained from the student's parent(s) or guardians (completion of Section 8).

Date of Issue: February 28, 2018

Effective: September 1, 2018

Subject: SUPPORTING CHILDREN AND STUDENTS WITH PREVALENT MEDICAL CONDITIONS (ANAPHYLAXIS, ASTHMA, DIABETES, AND/OR EPILEPSY) IN SCHOOLS

Application: Directors of Education
Supervisory Officers and Secretary-Treasurers of School Authorities
Principals of Elementary Schools
Principals of Secondary Schools
Principals of Provincial and Demonstration Schools

INTRODUCTION

To promote the safety and well-being of students,¹ the Ministry of Education expects all school boards² in Ontario to develop and maintain a policy or policies to support students in schools³ who have asthma, diabetes, and/or epilepsy, and/or are at risk for anaphylaxis. These medical conditions, hereafter referred to as prevalent medical conditions,⁴ have the potential to result in a medical incident⁵ or a life-threatening medical emergency.

The purpose of this memorandum is to provide direction to school boards about the components that should be included in their policy or policies to support students with prevalent medical conditions in schools. This memorandum must not be implemented in a manner that violates existing provisions of collective agreements and related memoranda of understanding among parties to such agreements.

School board policies should be implemented as soon as possible, but no later than September 1, 2018.

As stipulated in Sabrina's Law, 2005, and Ryan's Law, 2015, all school boards must have policies to support students at risk for anaphylaxis and students with asthma. School boards should review their policies on anaphylaxis and asthma and ensure that their policies, at a minimum, meet the expectations outlined in this memorandum.

If school boards currently have policies to support students with diabetes or epilepsy, boards should ensure that their policies, at a minimum, meet the expectations outlined in this memorandum.

1. In this memorandum, unless otherwise stated, *student(s)* includes children in Kindergarten and students in Grades 1 to 12.

2. In this memorandum, *school board(s)* and *board(s)* refer to district school boards and school authorities.

3. In this memorandum, *school* refers to all school and school-board activities, including field trips, overnight excursions, board-sponsored sporting events, and board-operated before- and after-school programs for children aged 4 to 12 years.

4. In this memorandum, unless otherwise stated, *prevalent medical conditions* are limited to asthma, diabetes, epilepsy, and anaphylaxis, when diagnosed for a student by a medical doctor or a nurse practitioner.

5. A *medical incident* is a circumstance that requires an immediate response and monitoring, since the incident may progress to an emergency requiring contact with Emergency Medical Services. See also "Emergency Response" on page 8.

This memorandum complements other Ministry of Education policies and programs, including those that serve students with special education needs. Its implementation should be aligned with that of other memoranda, including Policy/Program Memoranda Nos. 81 and 149.⁶

ROLES AND COLLECTIVE RESPONSIBILITIES

Supporting students with prevalent medical conditions in schools is complex. A whole-school approach is needed where education and community partners, including health care professionals,⁷ have important roles to play in promoting student health and safety and in fostering and maintaining healthy and safe environments in which students can learn.

To support school boards, the Ministry of Education is providing evidence-based resources online, on the ministry's Prevalent Medical Conditions web portal. These resources have been developed by various health and education partners (Asthma Canada, Diabetes Canada, Canadian Paediatric Society, Epilepsy Ontario, Food Allergy Canada, The Lung Association – Ontario, Ophea, and Ontario Education Services Corporation).

The ministry will continue to engage in dialogue with school boards and education partners, sharing information and best practices, to ensure successful implementation of board policies.

SCHOOL BOARD POLICIES ON PREVALENT MEDICAL CONDITIONS

In developing, revising, implementing, and maintaining their policies to support students with prevalent medical conditions, school boards must respect their obligations under all applicable legislation, policies, and collective agreements. School boards should also take into account local needs and circumstances, such as geographical considerations, demographics, and cultural considerations, as well as the availability of supports and resources, including school staff,⁸ within the school board and the community.

A culture of collaborative professionalism is grounded in a trusting environment where schools, school boards, federations, unions, and the ministry create the necessary conditions, including consideration of time and resources, that enable education stakeholders to learn with, and from, each other.

In developing or revising their policies, school boards should consult with students, parents,⁹ principals' associations, teachers' federations, education workers' unions, school staff, volunteers working in the schools, their school councils, Joint Health and Safety Committees, and community health care

6. Policy/Program Memorandum No. 81, "Provision of Health Support Services in School Settings", July 19, 1984, and Policy/Program Memorandum No. 149, "Protocol for Partnerships with External Agencies for Provision of Services by Regulated Health Professionals, Regulated Social Service Professionals, and Paraprofessionals", September 25, 2009.

7. In this memorandum, *health care professional* refers to a member of a College under the Regulated Health Professions Act, 1991 (e.g., medical doctor, nurse practitioner, registered nurse, pharmacist).

8. In this memorandum, unless otherwise noted, *school staff* refers to all school staff, including occasional staff. This memorandum does not intend to prescribe, duplicate, or remove any duties already performed by these staff.

9. In this memorandum, *parent(s)* refers to parent(s) and guardian(s).

professionals. This consultation should also include Parent Involvement Committees¹⁰ and Special Education Advisory Committees.

Components of School Board Policies

All school board policies on supporting students with prevalent medical conditions are expected to contain, at a minimum, the following components.

1. Policy Statement

The school board policy statement on supporting students with prevalent medical conditions should, at a minimum, include the following goals:

- to support students with prevalent medical conditions to fully access school in a safe, accepting, and healthy learning environment that supports well-being
- to empower students, as confident and capable learners, to reach their full potential for self-management¹¹ of their medical condition(s), according to their Plan of Care¹²

2. Roles and Responsibilities

School board policies should clearly articulate the expected roles and responsibilities of parents and school staff in supporting students with prevalent medical conditions, as well as the roles and responsibilities of the students themselves. School board policies should also contain a requirement that schools communicate the roles and responsibilities clearly to parents, students, and school staff.

a) Parents of Children with Prevalent Medical Conditions

As primary caregivers of their child, parents are expected to be active participants in supporting the management of their child's medical condition(s) while the child is in school. At a minimum, parents should:

- educate their child about their medical condition(s) with support from their child's health care professional, as needed;
- guide and encourage their child to reach their full potential for self-management and self-advocacy;
- inform the school of their child's medical condition(s) and co-create the Plan of Care for their child with the principal or the principal's designate;

10. Parent Involvement Committees are established under O. Reg. 612/00.

11. "Self-management" of medical conditions can be understood to exist along a continuum where students' cognitive, emotional, social, and physical capacity and stage of development are determinants of their ability to confidently and independently manage their medical condition(s). The students' journey to reach their full potential along the self-management continuum is not linear and can require varying levels of support over time. A student's capacity for self-management may be compromised during certain medical incidents, and additional support will be required. As a student's needs change, the Plan of Care would need to be adjusted accordingly.

12. A Plan of Care is a form that contains individualized information on a student with a prevalent medical condition. See section 3 for details.

- communicate changes to the Plan of Care, such as changes to the status of their child's medical condition(s) or changes to their child's ability to manage the medical condition(s), to the principal or the principal's designate;
- confirm annually to the principal or the principal's designate that their child's medical status is unchanged;
- initiate and participate in annual meetings to review their child's Plan of Care;
- supply their child and/or the school with sufficient quantities of medication and supplies in their original, clearly labelled¹³ containers, as directed by a health care professional and as outlined in the Plan of Care, and track the expiration dates if they are supplied;
- seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate.

b) Students with Prevalent Medical Conditions

Depending on their cognitive, emotional, social, and physical stage of development, and their capacity for self-management, students are expected to actively support the development and implementation of their Plan of Care. Students should:

- take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social, and physical stage of development and their capacity for self-management;
- participate in the development of their Plan of Care;
- participate in meetings to review their Plan of Care;
- carry out daily or routine self-management of their medical condition to their full potential, as described in their Plan of Care (e.g., carry their medication and medical supplies; follow school board policies on disposal of medication and medical supplies);
- set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parent(s) and health care professional(s);
- communicate with their parent(s) and school staff if they are facing challenges related to their medical condition(s) at school;
- wear medical alert identification that they and/or their parent(s) deem appropriate;
- if possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs.

c) School Staff

School staff should follow their school board's policies and the provisions in their collective agreements related to supporting students with prevalent medical conditions in schools. School staff should, for example:

- review the contents of the Plan of Care for any student with whom they have direct contact;
- participate in training, during the instructional day, on prevalent medical conditions, at a minimum annually, as required by the school board;

13. In Ontario, the labelling requirements, i.e., identification markings on a container in which a drug is dispensed, are set out in section 156(3) of the Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H.4.

- share information on a student's signs and symptoms with other students, if the parents give consent to do so and as outlined in the Plan of Care and authorized by the principal in writing;
- follow school board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's Plan of Care;
- support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in board policies and procedures (in situations where school board staff already provide supports to students with prevalent medical conditions, and are already trained appropriately, this memorandum does not intend to prescribe, duplicate, or remove those duties or training);
- support inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location (e.g., classroom), as outlined in their Plan of Care, while being aware of confidentiality and the dignity of the student;
- enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plan of Care.

d) Principal

In addition to the responsibilities outlined above under "School Staff", the principal should:

- clearly communicate to parents and appropriate staff the process for parents to notify the school of their child's medical condition(s), as well as the expectation for parents to co-create, review, and update a Plan of Care with the principal or the principal's designate. This process should be communicated to parents, at a minimum:
 - during the time of registration;
 - each year during the first week of school;
 - when a child is diagnosed and/or returns to school following a diagnosis;
- co-create, review, or update the Plan of Care for a student with a prevalent medical condition with the parent(s), in consultation with school staff (as appropriate) and with the student (as appropriate);
- maintain a file with the Plan of Care and supporting documentation for each student with a prevalent medical condition;
- provide relevant information from the student's Plan of Care to school staff and others who are identified in the Plan of Care (e.g., food service providers, transportation providers, volunteers, occasional staff who will be in direct contact with the student), including any revisions that are made to the plan;
- communicate with parent(s) in medical emergencies, as outlined in the Plan of Care;
- encourage the identification of staff who can support the daily or routine management needs of students in the school with prevalent medical conditions, while honouring the provisions within their collective agreements.

e) School Board

School boards are expected to communicate, on an annual basis, their policies on supporting students with prevalent medical conditions to parents, school board staff, and others in the school community who are in direct contact with students (e.g., food service providers, transportation providers, volunteers). At a minimum, school boards are expected to make their policies and their Plan of Care templates available on their public website in the language of instruction.

School boards are also expected to:

- provide training and resources on prevalent medical conditions on an annual basis;
- develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas;
- develop expectations for schools to support the safe storage¹⁴ and disposal of medication and medical supplies, and communicate these expectations to schools and support schools in the implementation of the expectations;
- communicate expectations that students are allowed to carry their medication and supplies to support the management of their medical condition, as outlined in their Plan of Care;
- consider this memorandum and related board policies when entering into contracts with transportation, food service, and other providers.

3. Plan of Care

A Plan of Care is a form that contains individualized information on a student with a prevalent medical condition. School board policies and procedures must include a Plan of Care form. The ministry is providing school boards with a sample Plan of Care, which is available online through the ministry's Prevalent Medical Conditions web portal. This sample has been developed in consultation with health and education partners.

If they are adapting the sample Plan of Care, school boards should include, at a minimum, all of the following elements:

- preventative strategies to be undertaken by the school to reduce the risk of medical incidents and exposure to triggers or causative agents in classrooms and common school areas
- identification of school staff who will have access to the Plan of Care
- identification of routine or daily management activities that will be performed by the student, parent(s), or staff volunteer(s), as outlined in school board policy, or by an individual authorized by the parent(s)
- a copy of notes and instructions from the student's health care professional, where applicable
- information on daily or routine management accommodation needs of the student (e.g., space, access to food) (where possible, a student should not be excluded from the classroom during daily or

14. Safe storage includes the recommended storage condition(s) for medication and medical supplies. Part of the purpose of safe storage is to enable students to have ready access to their medication and medical supplies when they are not carrying the medication and supplies with them. Safe storage should also include storage considerations when the student is attending board-sponsored activities and travelling to and from such activities.

- routine management activities, unless the student or the parent(s) indicate they prefer exclusion)
- information on how to support or accommodate the student to enable participation to their full potential in all school and school board activities (e.g., field trips, overnight excursions, board-sponsored sporting events)
 - identification of symptoms (emergency and other) and response, should a medical incident occur
 - emergency contact information for the student
 - clear information on the school board's emergency policy and procedures
 - details related to storage and disposal of the student's prescribed medication(s) and medical supplies, such as:
 - parental permission for the student to carry medication and/or medical supplies
 - location of spare medication and supplies stored in the school, where applicable
 - information on the safe disposal of medication and medical supplies
 - requirements for communication between the parent(s) and the principal (or the principal's designate) and/or school staff, as appropriate, including format and frequency
 - parental consent (at the discretion of the parents) to share information on signs and symptoms with other students

The Plan of Care for a student with a prevalent medical condition should be co-created, reviewed, and/or updated by the parent(s) in consultation with the principal or the principal's designate, designated staff (as appropriate), and the student (as appropriate), during the first thirty school days of every school year and, as appropriate, during the school year (e.g., when a student has been diagnosed with a prevalent medical condition). Health care provider information and signature(s) are optional.

Parents have the authority to designate who is provided access to the Plan of Care. With authorization from the parents, the principal or the principal's designate should share the Plan of Care with school staff who are in direct contact with students with prevalent medical conditions and, as appropriate, others who are in direct contact with students with prevalent medical conditions (e.g., food service providers, transportation providers, volunteers).

4. Facilitating and Supporting Daily or Routine Management

In their policies, school boards should outline board expectations for providing supports¹⁵ to students with prevalent medical conditions in order to facilitate their daily or routine management activities in school.

Facilitating and supporting daily or routine management involves, but is not limited to, supporting inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location (e.g., within a classroom, gymnasium, library, schoolyard; on a school bus; at a field trip location), as outlined in their Plan of Care.

15. In situations where school board staff already provide supports (daily or routine management or other support) to students with diabetes and/or epilepsy, and are already trained appropriately, this memorandum does not intend to prescribe, duplicate, or remove those duties or training.

5. Emergency Response

In their policies, school boards should outline board expectations for school staff responses to medical incidents and/or medical emergencies at school that involve students with prevalent medical conditions. At a minimum, the response should align with existing school board medical emergency procedures (e.g., immediate response, including use of emergency medication, and monitoring and/or calling Emergency Medical Services). The response should also align with the Plan of Care established for the student.

School boards should review their medical emergency procedures, consulting evidence-based materials that have been developed by health and education partners. See the resources available online through the ministry's Prevalent Medical Conditions web portal, referred to on page 2 of this memorandum.

6. Raising Awareness of Board Policy and of Evidence-Based Resources

School boards should raise awareness of their policies on prevalent medical conditions. They should also raise awareness of the range of evidence-based resources that provide information on various aspects of prevalent medical conditions, including triggers or causative agents, signs and symptoms characteristic of medical incidents and of medical emergencies, and school board emergency procedures. As stated above, such resources have been developed by health and education partners, and are available through the ministry's Prevalent Medical Conditions web portal.

Schools, also, should raise awareness of prevalent medical conditions that affect students. They can do so, for example, through curriculum content in classroom instruction, other related learning experiences, and classroom leadership opportunities. Awareness is especially important at times of transition (e.g., the move to a new school, the move from elementary to secondary school), when students have to face social, physiological, and environmental changes.

School boards should also make appropriate resources available to occasional staff and service providers, such as food service and transportation providers.

7. Training

School board policies should include strategies for providing training related to prevalent medical conditions,¹⁶ at a minimum annually, for school staff who have direct contact with students with medical condition(s). Particular consideration should be given to the training needs of occasional staff. Training should take place within the student's first thirty days of school, where possible, to ensure the safety and well-being of the student, and should be reviewed as appropriate.

The scope of training should include the following:

- strategies for preventing risk of student exposure to triggers and causative agents
- strategies for supporting inclusion and participation in school
- recognition of symptoms of a medical incident and a medical emergency
- information on school staff supports, in accordance with board policy

16. As set out in Sabrina's Law, 2005, and Ryan's Law, 2015.

- medical incident response and medical emergency response
- documentation procedures

It is expected that school boards, in consultation with teachers' federations, principals' associations, and education workers' unions, will determine the scope of training required to support implementation of their policies, as well as the mode of delivery of the training and any privacy implications that may arise. The scope of training should be consistent with expected duties of school board staff, as outlined in school board policy.

To support school board training needs, evidence-based materials are available online through the ministry's Prevalent Medical Conditions web portal.

8. Safety Considerations

School board policies should:

- allow for students to carry their medication(s) (including controlled substances¹⁷) and supplies, as outlined in the Plan of Care;
- set expectations for schools to support the storage (according to the item's recommended storage conditions) and safe disposal of medication and medical supplies;
- include a process and appropriate resources to support students with prevalent medical conditions in the event of a school emergency (e.g., bomb threats, evacuation, fire, "hold and secure", lockdown)¹⁸ or for activities off school property (e.g., field trip, sporting event) (this process should also include considerations for occasional staff).

School boards are expected to provide schools with appropriate supplies to support safe disposal of medication and medical supplies.

In accordance with the requirement of the Child and Family Services Act, 1990, where board employees have reason to believe that a child may be in need of protection, board employees must call the Children's Aid Society and file a formal report.

9. Privacy and Confidentiality

School boards should have a policy in place regarding the confidentiality of students' medical information within the school environment, including practices for accessing, sharing, and documenting information. School boards must comply with applicable privacy legislation and obtain parental consent in the individual Plan of Care prior to sharing student health information with school staff or other students. Parents and school staff should be informed of the measures to protect the confidentiality of students' medical records and information.

17. A *controlled substance* is a drug or narcotic, as set out under the federal Controlled Drugs and Substances Act.

18. The process should be aligned with the requirements set out in "Appendix B: Provincial Policy for Developing and Maintaining Lockdown Procedures for Elementary and Secondary Schools in Ontario" of the ministry document *Provincial Model for a Local Police/School Board Protocol*, revised 2015.

10. Reporting

Subject to relevant privacy legislation, school boards should develop a process to collect data regularly, including, but not limited to, data on the number of students with prevalent medical conditions at their schools, and should monitor the number of occurrences of medical incidents and medical emergencies, as well as the circumstances surrounding these events. School boards should use these data as part of their cyclical policy reviews.

Under the authority of paragraph 27.1 of subsection 8(1) of the Education Act, school boards will be required to report to the Minister of Education upon implementation and, upon request thereafter, on their activities to achieve the expectations outlined in this memorandum.

11. Liability

In 2001, the Ontario government passed the Good Samaritan Act to protect individuals from liability with respect to voluntary emergency medical or first-aid services. Subsections 2(1) and (2) of this act state the following with regard to individuals:

2. (1) Despite the rules of common law, a person described in subsection (2) who voluntarily and without reasonable expectation of compensation or reward provides the services described in that subsection is not liable for damages that result from the person's negligence in acting or failing to act while providing the services, unless it is established that the damages were caused by the gross negligence of the person.

(2) Subsection (1) applies to,
... (b) an individual ... who provides emergency first aid assistance to a person who is ill, injured or unconscious as a result of an accident or other emergency, if the individual provides the assistance at the immediate scene of the accident or emergency.

As well, Sabrina's Law and Ryan's Law each include provisions limiting the liability of individuals who respond to an emergency relating to anaphylaxis or asthma, respectively, as cited below.

Subsection 3(4) of Sabrina's Law states:

No action for damages shall be instituted respecting any act done in good faith or for any neglect or default in good faith in response to an anaphylactic reaction in accordance with this Act, unless the damages are the result of an employee's gross negligence.

Subsection 4(4) of Ryan's Law states:

No action or other proceeding for damages shall be commenced against an employee for an act or omission done or omitted by the employee in good faith in the execution or intended execution of any duty or power under this Act.



REPORT TO

REGULAR BOARD

MAY 30, 2018 REMOVAL OF ST. CYRIL CROSSING GUARD

Let every person be subject to the governing authorities; for there is no authority except from God, and those authorities that exist have been instituted by God.

Romans 13:1 (NRSVCE)

Created, Draft	First Tabling	Review
June 6, 2018	June 14, 2018	

J. Volek, Acting Comptroller of Planning and Development Services

RECOMMENDATION REPORT

Vision:

At Toronto Catholic we transform the world through witness, faith, innovation and action.

Mission:

The Toronto Catholic District School Board is an inclusive learning community uniting home, parish and school and rooted in the love of Christ.

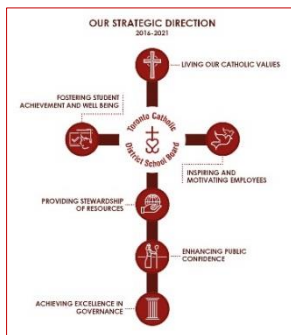
We educate students to grow in grace and knowledge to lead lives of faith, hope and charity.

Rory McGuckin
Director of Education

D. Koenig
Associate Director
of Academic Affairs

T. Robins
Acting Associate Director
of Planning and Facilities

L. Noronha
Executive Superintendent
of Business Services and
Chief Financial Officer



A. EXECUTIVE SUMMARY

On the afternoon of Wednesday, May 30, 2018, the crossing guard for St. Cyril Catholic elementary school was removed by the Toronto Police Service (TPS). The TCDSB was not given formal notice or prior warning.

A 3-day pedestrian traffic study conducted by the TPS indicated that there was not enough pedestrian traffic to warrant a crossing guard.

Due to significant fear and anxiety with members of the St. Cyril school community stemming from the tragic events of the Toronto van attack, which was in close proximity to St. Cyril school, members of the parent community raised concerns with the local Trustee, who, in turn, approached board staff to investigate, insisting that the crossing guard be reinstated.

This report recommends that staff prepare a letter, signed by the Chair and the Director of Education, to the mayor of the City of Toronto requesting that the St. Cyril crossing guard be reinstated.

The cumulative staff time dedicated to developing this report was 2 hours.

B. PURPOSE

Arising out of a Trustee inquiry at Corporate Services, Strategic Planning and Real Property Committee, June 6, 2018, a Trustee inquiry was referred to staff to prepare a report about the events surrounding the removal of the crossing guard at St. Cyril and to prepare a letter signed by the Chair and Director of Education to the mayor of the City of Toronto requesting that the St. Cyril crossing guard be reinstated as soon as possible.

C. BACKGROUND

1. On the afternoon of Wednesday, **May 30, 2018**, the crossing guard for St. Cyril Catholic elementary school was removed without prior notice to the TCDSB.

2. The deployment of crossing guards in the City of Toronto is currently under the jurisdiction of the Toronto Police Service (TPS), but that responsibility will transition to the City of Toronto in approximately one year.
3. **May 31, 2018**—Staff contacted the Principal of St. Cyril to gain a better understanding of the situation and to assure the Principal that staff would immediately investigate and advise.
4. **June 1, 2018**—Staff contacted a lead Constable at Toronto Police Service (TPS). The Constable confirmed the crossing guard was removed by TPS on the basis of an apparent lack of pedestrian traffic, as observed over a 3-day period by Toronto police officers. The Constable assured Board staff that their study spanned 3 days to ascertain a reliable average of pedestrian crossings.
5. Staff requested that the TPS provide the Board with the results of the pedestrian traffic study.
6. Furthermore, staff are investigating whether or not there is an appeals process to follow.
7. Due to the tragic events surrounding the Toronto van attack, which was in close proximity to St. Cyril school, there is significant fear and anxiety with the parent community. As such, the parent community is insisting that the TPS reinstate the St. Cyril crossing guard as a public safety measure.

D. RECOMMENDATION

That staff prepare a letter, signed by the Chair and the Director of Education, to the mayor of the City of Toronto requesting that the St. Cyril crossing guard be reinstated.



REPORT

REGULAR BOARD

**ST. SIMON CATHOLIC SCHOOL CAPITAL PROJECT
REVISED PROJECT BUDGET APPROVAL (WARD 3)**

*“I can do all things through Him who strengthens me.”
Philippians 4:13 (NRSVCE)*

Created, Draft	First Tabling	Review
June 12, 2018	June 14, 2018	

M. Zlomislíc, (Acting) Senior Coordinator, Capital Development
 M. Farrell, Coordinator, Materials Management
 P. de Cock, Comptroller, Business Services
 F. Cifelli, Superintendent of Learning, Student Achievement and Well-Being
 D. Friesen, (Acting) Executive Superintendent of Facilities Services

RECOMMENDATION REPORT

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Rory McGuckin
 Director of Education

D. Koenig
 Associate Director
 of Academic Affairs

T. Robins
 Acting Associate Director
 of Planning and Facilities

L. Noronha
 Executive Superintendent
 of Business Services and
 Chief Financial Officer



A. EXECUTIVE SUMMARY

This report recommends approval of a revised project budget of \$12,636,416.00 for the construction of the new St. Simon Catholic School, with an increase of \$174,921.00, funded from Education Development Charges as detailed in Table 1.

At the outset of the project, only 43.6% of site preparation cost were eligible to be funded from Education Development Charges (EDC) under the EDC by-law in place at the time. Under the new EDC by-law to come into effect July 1, 2018, 100% of site preparation cost for St. Simon are EDC-eligible.

The cumulative staff time required to prepare this report was 13 hours.

B. BACKGROUND

1. On June 2, 2016, the Board approved award of a construction contract for the new St. Simon Catholic School to Everstrong Construction Ltd. in the amount of \$10,441,875.76, including net HST, and approved the total project budget of \$12,445,827.00.
2. At the outset of the project, EDC-eligible costs could only be funded for 43.6% of their value, while the Ministry of Education approved funding for designated items as unique site costs for the remaining 56.4% of their value.
3. During the course of construction, additional EDC-eligible costs have arisen related to poor soils, changes related to special foundations, testing and inspection for special foundations and higher than anticipated costs for municipal service connections.
4. On September 6, 2017, Associate Directors' Council approved the use of additional EDCs in the amount of \$13,902.00 beyond the approved contingency allowance for Change Orders related to an unforeseen sewer crossing conflict and removal of soft soils, for a revised project budget of \$12,459,729.00.
5. On December 19, 2017, senior staff sent a request to the Ministry of Education (EDU) for additional unique site cost funding for the 56.4% of the above-noted costs that could not be charged to EDCs. This additional funding was

required to restore the Capital Priorities-funded contingency allowance required for other non-EDC Change Orders.

6. The Ministry has not yet responded to the request for additional funding.
7. On January 17, 2018, Associate Directors' Council approved the use of additional EDCs in the amount of \$1,766.00 for additional work related to municipal services connections for a revised project budget of \$12,461.495.00.
8. On May 30, 2018, Quadrant Advisory Group confirmed that the St. Simon site will become 100% EDC eligible under the new EDC by-law effective July 1, 2018, pending approval by the Board of Trustees, and that the additional costs can be funded through EDCs.
9. If the use of EDCs for the additional site preparation costs for St. Simon is approved, staff will inform EDU that the requested additional funding is no longer required.

C. METRICS AND ACCOUNTABILITY

1. Based on receiving confirmation that 100% EDC funds can be applied to site preparation costs, staff have adjusted the project budget to reallocate the applicable costs. This adjustment has increased the available project contingency required to fund the remaining Change Orders to complete the project.
2. The revised project budget is outlined in Table 1 below:

TABLE 1

St. Simon Catholic School Revised Project Budget	<i>All amounts include net HST where applicable</i>				
	Capital Priorities + FDK	EDC eligible	Ministry Capital Lands	Ministry Unique Site Costs	Total Cost
A. Construction Cost	\$9,237,761	\$804,883	\$254,927	\$833,232	\$11,130,802
B. Consulting Fees and Expenses	\$769,240	\$85,111	\$34,834	\$30,433	\$919,618
C1: Total Municipal Permits and Fees	\$163,165	\$18,852	\$6,073	\$2,876	\$190,966
C2: Total TCDSB Allowances	\$68,281	\$7,771	\$1,793	\$9,565	\$87,410
C. Total Other Soft Costs	\$231,446	\$26,623	\$7,866	\$12,441	\$278,376
D. Remaining Contingency Allowance	\$250,314		\$19,794	\$37,511	\$307,619
TOTAL PROJECT COST	\$10,488,760	\$916,618	\$317,420	\$913,618	\$12,636,416
APPROVED FUNDING	\$10,488,760	\$741,697	\$317,420	\$913,618	\$12,461,495
Additional Funding Required	\$0	\$174,921			\$12,636,416

D. STAFF RECOMMENDATION

1. That the revised project budget of \$12,636,416.00, as detailed in Table 1, for the construction of the new St. Simon Catholic School be approved.
2. That funding for the increase of \$174,921.00 be made available from Education Development Charges (EDCs).



REPORT TO

REGULAR BOARD

PORTABLE CLASSROOMS – ADDITIONAL PROJECTS (WARDS 4, 7, 11, AND 12)

*“I can do all things through Him who strengthens me.”
Philippians 4:13 (NRSVCE)*

Created, Draft	First Tabling	Review
June 12, 2018	June 14, 2018	
M. Iafrate, Senior Coordinator, Renewal M. Farrell, Coordinator, Materials Management P. de Cock, Comptroller, Business Services P. Aguiar, M. Caccamo, S. Campbell Superintendents of Learning, Student Achievement and Well-Being J. Volek, (Acting) Comptroller of Planning and Development D. Friesen, (Acting) Executive Superintendent of Facilities Services		
<h3>RECOMMENDATION REPORT</h3>		

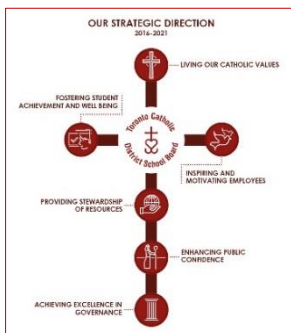
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(Acting) Associate Director
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L. Noronha
Executive Superintendent
of Business Services and
Chief Financial Officer

A. EXECUTIVE SUMMARY

The report “*Annual Portable and Other Accommodation Needs 2018-19*” was approved at the April 12, 2018 meeting of the Corporate Services, Strategic Planning and Property Committee. A budget amount of \$2,319,824.00 was approved for the 2018-19 Portable Needs.

Subsequent additional requests for portable classrooms and moves required to accommodate construction schedules have resulted in a need to increase the approved budget in the amount of \$495,241.04.

This report recommends that an amount of \$495,241.04 be approved to increase the approved Portable Plan Budget of \$2,319,824.00 for a revised total budget of \$2,815,065.04 to be funded from the School Renewal Program.

The cumulative staff time required to prepare this report was 2 hours.

B. BACKGROUND

1. Due to enrollment pressures, additional portable classrooms have been requested and assessed for need at St. Wilfrid, St. Matthias, Our Lady of Wisdom and St. Martin de Porres. Portable classrooms have been identified within the existing portable inventory for relocation to these sites as part of the Portable Plan 2018-19.
2. Construction of an addition at St. Augustine has been delayed resulting in the need to relocate the existing three (3) portables on site to allow for completion of site work throughout the summer. The portables will be required to accommodate students in September until work on the addition is completed (anticipated for December 2018).
3. An increased budget in the amount of \$495,241.04 is required to complete the above portable relocations, summarized below and detailed in *Appendix ‘A’*.

School	Action	Budget	
Our Lady of Wisdom	Add 1 portable	\$55,401.37	
St. Augustine	Relocate 3 portables	\$124,737.36	*
St. Jane Frances	Relocate 3 portables	\$33,712.80	
St. Martin de Porres	Add 1 portable	\$55,401.37	
St. Matthias	Add 1 portable	\$102,037.41	*
St. Jane Frances	Site Repair	\$39,331.60	
St. Wilfrid	Add 1 portable	\$84,619.13	*
TOTAL		\$495,241.04	

* **Note:** Additional costs associated with site preparation challenges, including site restoration, grading and electrical hook-up.

C. STAFF RECOMMENDATION

That an amount of \$495,241.04 be approved to increase the approved Portable Plan Budget of \$2,319,824.00 for a revised total budget of \$2,815,065.04 to be funded from the School Renewal Program.

Our Lady of Wisdom Catholic School		
Consulting - Site Plan	\$ 4,700.00	
Consulting - Electrical Engineer (Technical Development)	\$ 1,850.00	
Building Permits	\$ 750.00	
Electrical and services connections	\$ 15,000.00	
Portable Classroom relocation and set-up	\$ 12,000.00	
Placement logistics (fence open/close, roof seal, locks)	\$ 15,000.00	
Contingency	\$ 4,930.00	
HST (net)	\$ 1,171.37	
Total	\$ 55,401.37	\$ 55,401.37
St. Augustine Catholic School		
Electrical disconnections and services connections	\$ 14,000.00	
Site preparation for portables, stone, walkways	\$ 25,000.00	
Site restoration, removal of stone, walkways, planting sod	\$ 18,000.00	
Portable Classroom relocations	\$ 33,000.00	
Portable Classroom removal to Regina Pacis (December)	\$ 21,000.00	
Contingency	\$ 11,100.00	
HST (net)	\$ 2,637.36	
Total	\$ 124,737.36	\$ 124,737.36
St. Jane Frances Catholic School		
Electrical and services disconnections for removal	\$ 5,000.00	
Placement logistics (fence open/close, restoration)	\$ 25,000.00	
Contingency	\$ 3,000.00	
HST (net)	\$ 712.80	
Total	\$ 33,712.80	\$ 33,712.80
St. Martin de Porres Catholic School		
Consulting - Site Plan	\$ 4,700.00	
Consulting - Electrical Engineer (Technical Development)	\$ 1,850.00	
Building Permits	\$ 750.00	
Electrical and services connections	\$ 15,000.00	
Portable Classroom relocation and set-up	\$ 12,000.00	
Placement logistics (fence open/close, roof seal, locks)	\$ 15,000.00	
Contingency	\$ 4,930.00	
HST (net)	\$ 1,171.37	
Total	\$ 55,401.37	\$ 55,401.37
St. Matthias Catholic School		
Consulting - Site Plan	\$ 4,700.00	
Consulting - Electrical Engineer (Technical Development)	\$ 1,850.00	
Building Permits	\$ 750.00	
Electrical and services connections	\$ 7,500.00	

Portable Classroom relocation and set-up	\$ 12,000.00	
Site work, portable classroom asphalt pads	\$ 49,000.00	
Placement logistics (fence open/close, roof seal, locks)	\$ 15,000.00	
Contingency	\$ 9,080.00	
HST (net)	\$ 2,157.41	
Total	\$ 102,037.41	\$ 102,037.41
St. Jane Frances Catholic School		
Electrical and services connections	\$ 15,000.00	
Site repairs	\$ 15,000.00	
Placement logistics (fence open/close, roof seal, locks)	\$ 5,000.00	
Contingency	\$ 3,500.00	
HST (net)	\$ 831.60	
Total	\$ 39,331.60	\$ 39,331.60
St. Wilfrid Catholic School		
Consulting - Site Plan	\$ 4,700.00	
Consulting - Electrical Engineer (Technical Development)	\$ 1,850.00	
Building Permits	\$ 750.00	
Electrical and services connections	\$ 36,000.00	
Portable Classroom relocation and set-up	\$ 12,000.00	
Placement logistics (fence open/close, roof seal, locks)	\$ 20,000.00	
Contingency	\$ 7,530.00	
HST (net)	\$ 1,789.13	
Total	\$ 84,619.13	\$ 84,619.13
		\$ 495,241.04

MASTER PENDING LIST AND ROLLING CALENDAR TO JUNE 14, 2018

#	Date Requested & Committee/Board	Report Due Date	Destination of Report Committee/Board	Subject	Delegated To
1	May-18 Regular Board	Nov-18	Corporate Services	Updated Report regarding School Cash Suite Implementation Progress	Executive Superintendent of Business Services and CFO
2	April-18 Regular Board	Sep-18	Corporate Services	Report regarding Revision to Priority Ranking for Elementary School Gymnasium Additions (Delegation Marianna Kaminska)	Associate Director, Planning and Facilities
3	April-18 Regular Board	Sep-18	Corporate Services	Updated list of all Gymnasium projects (Application of Gymnasium Addition Matrix – Phase 1)	Associate Director, Planning and Facilities

REVISED LIST OF ANNUAL CALENDAR OF REPORTS & POLICY METRICS

A = Annual Report

P = Policy Metric Report

Q = Quarter Report

#	Due Date	Committee/Board	Subject	Responsibility of
1	January (A)	Student Achievement	Mental Health Report	Associate Director Academic Services
2	January (P)	Student Achievement	<u>A.35 Accessibility Standards</u> Policy Metric	Associate Director Academic Services
3	January (Q)	Corporate Services	Financial Status Update Report #1	Executive SO Business Services
4	January (P)	Corporate Services	<u>B.R.01 Rental of Surplus School Space & Properties</u> Policy Metric	Associate Director Planning & Facilities
5	February (A)	Corporate Services	Annual Investment Report	Executive SO Business Services
6	February (A)	Regular Board	School Year Calendar	Associate Director Academic Services
7	February (P)	Student Achievement	<u>S. 19 External Research</u> Policy Metric	Associate Director Academic Services
8	March (A)	Regular Board	Staffing Projections Report	Associate Director Academic Services
9	March (A)	Corporate Services	Budget Report: Financial Planning and Consultation Review	Executive SO Business Services
10	March (A)	Corporate Services	Planning Enrolment Projection	Associate Director of Planning and Facilities
11	March (A/P)	Corporate Services	Transportation Annual Report and <u>S.T.01 Transportation</u> Policy Metric	Associate Director Planning & Facilities
12	April (A)	Student Achievement	Non-Resident VISA Student Fees	Associate Director Academic Services
13	April (Q)	Corporate Services	Financial Status Update Report #2	Executive SO Business Services

REVISED LIST OF ANNUAL CALENDAR OF REPORTS & POLICY METRICS

14	April (A)	Regular Board	Education Development Charges Policy Review	Associate Director of Planning and Facilities
15	May (A)	Student Achievement	Staffing Status Report for Next School Year	Executive SO Business Services
16	May (A)	Student Achievement	Ratification of Student Trustee Nominees	Associate Director Academic Services
17	May (P)	Corporate Services	<u>A.18 Development Proposals, Amendments and Official Plans and Bylaws</u> Policy Metric	Associate Director Planning & Facilities
18	June (P)	Student Achievement	<u>B.B.04 Smoke & Vapour Free</u> Policy Metric	Associate Director Academic Services
19	June (Q)	Corporate Services	Financial Status Update Report #3	Executive SO Business Services
20	June (A)	Corporate Services	Report: Annual Budget Estimates	Executive SO Business Services
21	August (P)	Regular Board	<u>T.19 Electronic Participation in Meetings of the Board, Committees of the Board, and Committee of the Whole Board</u> Policy Metric	Regular Board
22	August (P)	Regular Board	<u>H.M. 19</u> Conflict Resolution Department	Associate Director Academic Services
23	September (A/P)	Student Achievement	Annual Safe Schools Report <u>S.S.12 Fresh Start</u> Policy Metric	Associate Director Academic Services
24	September (A)	Student Achievement	Community Advisory Committees Report	Associate Director Academic Services
25	September (P)	Student Achievement	<u>H.M. 40 Fair Practice in Hiring and Promotion</u> Policy Metric	Associate Director Academic Services
26	September (P)	Student Achievement	<u>T.07 Community Engagement</u> Policy Report <u>A.37 Communications</u> Policy Metric	Director of Education
27	October (A)	Student Achievement	Student Trustees: Voices that Challenge	Associate Director Academic Services

REVISED LIST OF ANNUAL CALENDAR OF REPORTS & POLICY METRICS

28	October (A)	Student Achievement	ECLIST Report - Elementary Leaders	Associate Director Academic Services
29	October (P)	Student Achievement	<u>S.10 Catholic School Parent Council Policy Metric</u>	Associate Director Academic Services
30	October (A)	Student Achievement	CPIC Annual Report including Financial Report	Associate Director Academic Services
31	October (A)	Student Achievement	International Languages Program Report	Associate Director Academic Services
32	October (A)	Student Achievement	Primary and Junior Division Assessments Of Reading, Writing and Mathematics (EQAO) · Grade 9 Assessment of Mathematics and OSSLT Assessment (EQAO)	Associate Director Academic Services
33	October (A/P)	Corporate Services	Preliminary Enrolment Reports Elementary and Secondary Schools and S.A.01 <u>Elementary Admission and Placement Policy Metric</u>	Associate Director Planning & Facilities
34	October (A)	Corporate Services	Trustee Honorarium Report	Executive SO Business Services
35	October (P)	Regular Board	<u>H.M.33 Acceptance of Hospitality or Gifts Policy Metric</u>	Director of Education
36	October (A)	Regular Board	Annual Report on the Multi Year Strategic Plan	Associate Director Planning & Facilities
37	October (A)	Regular Board	Ongoing Exit and Entry Surveys for all students either changing schools within the Board or entering or exiting the Board	Associate Director Planning & Facilities
38	October (A)	Special Board	Director's Performance Appraisal (over 3 consecutive Special Board Meetings)	Director of Education
39	November (A)	Student Achievement	Board Learning Improvement Plan (BLIP)	Associate Director Academic Services

REVISED LIST OF ANNUAL CALENDAR OF REPORTS & POLICY METRICS

40	November (A)	Student Achievement	K-12 Professional Development Plan for Student Achievement and Well-Being	Associate Director Academic Services
41	November (P)	Student Achievement	<u>S.22 Religious Accommodation</u> Policy Report <u>S.S.02 Opening or Closing Exercises</u> Policy Report	Associate Director Academic Services
42	November (P)	Student Achievement	<u>S.24 Combined (Split) Grade Classes for Elementary Schools</u> Policy Report	Associate Director Academic Services
43	November (A)	Corporate Services	Legal Fees Report	Executive SO Business Services
44	November (Q)	Corporate Services	Financial Status Update #4 and Audited Financial Statements	Executive SO Business Services
45	November (A)	Regular Board	Annual Calendar of Meetings	Director of Education
46	December (A/P)	Student Achievement	Accountability Framework for Special Education and <u>S.P.01 Special Education Programs and Services</u> Policy Metric	Associate Director Academic Services
47	December (A)	Corporate Services	Budget Report: Revised Budget Annual Estimate	Executive SO Business Services
48	December (A)	Regular Board	Director's Annual Report	Director of Education