

GOVERNANCE AND POLICY COMMITTEE REGULAR MEETING Public Session

AGENDA September 11, 2018

Angela Kennedy, Chair
Trustee Ward 11

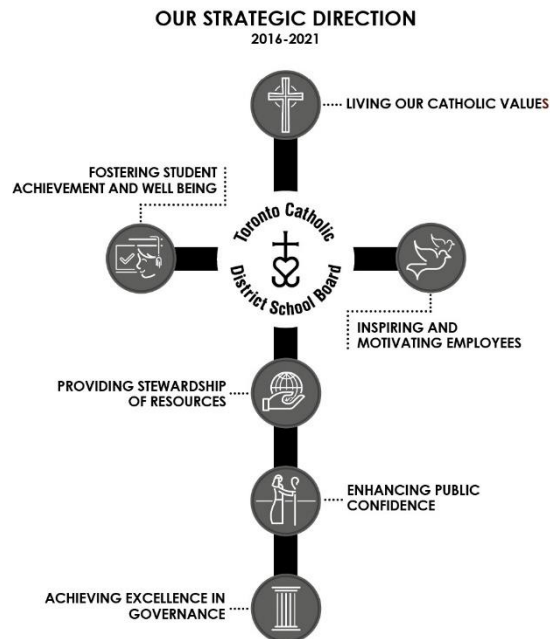
Jo-Ann Davis, Vice Chair
Trustee Ward 9

Ann Andrachuk
Trustee Ward 2

Nancy Crawford
Trustee Ward 12

Barbara Poplawski
Ex-Officio

Maria Rizzo
Ex-Officio



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

TERMS OF REFERENCE FOR GOVERNANCE AND POLICY COMMITTEE

The Governance Framework Committee is responsible for:

- A. Ensuring that governance structures, policies, protocols, processes and performance metrics:
 - a. advance the vision of the TCDSB, rooted in Catholic values and teachings.
 - b. support the achievement of our Multi-Year Plan.
 - c. conform to best practices.
 - d. provide strategic cohesion and consistency.
 - e. comply with the Education Act and other pertinent legislation.
- B. Providing a meta policy framework to ensure all policy formation, monitoring and evaluation follow a standard process that reflects exemplary practices in policy development.
- C. Carrying out a continuous review of the roster of existing policy to ensure conformity and advancement of (A) above.
- D. Identifying the supports (e.g. capacity training) needed to implement the governance framework.
- E. Ensuring ongoing governance reviews of the Board.
- F. Ensuring that the TCDSB by-laws and the Trustee Code of Conduct reflect the vision and mission of the Board and adhere to good governance practices, the Education Act and other pertinent legislation.

OUR MISSION

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AGENDA THE REGULAR MEETING OF THE GOVERNANCE AND POLICY COMMITTEE

PUBLIC SESSION

Angela Kennedy, Chair

Jo-Ann Davis, Vice Chair

Tuesday, September 11, 2018

7:00 P.M.

Pages

1. Call to Order
2. Opening Prayer
3. Roll Call & Apologies
4. Approval of the Agenda
5. Declarations of Interest
6. Approval & Signing of the Minutes of the Meeting held May 8, 2018 for Public Session. 1 - 14
7. Delegations
8. Presentation
9. Notices of Motion
10. Consent and Review
11. Unfinished Business
12. Matters referred or deferred

Deferred from Governance and Policy Committee May 8, 2018 Meeting

- 12.a Consideration of Motion from Trustee Davis regarding Planned Work of the Governance and Policy Committee 15

Referred from Student Achievement and Wellbeing, Catholic Education and Human Resources Committee May 31, 2018 Meeting

- 12.b Report of Governance and Policy Committee: Update to the Fair Practice in Hiring and Promotion Policy (H.M.40)

That it be referred to the Governance and Policy Committee for the concept of bias to be examined.

Referred from Corporate Services, Strategic Planning and Property Committee June 6, 2018 Meeting

- 12.c Ministry Memo 2018: B10 - Final Pupil Accommodation Review Guidelines (PARG) and Updated on Integrated Planning and Supports for Urban Education

That the Pupil Accommodation Review Policy and Operating Procedures *be referred to the Governance and Policy review committee* to be updated to reflect changes to the Pupil Accommodation Review Guidelines with extensive community consultation and Section E Implementation, Strategic Communications and Stakeholder Engagement Plan.

13. Staff Reports

- 13.a Access to Students in Schools Policy (S.S.04) 16 - 34
- 13.b Review of Community Engagement Handbook (T.07) - Catholic Parent Involvement Committee's (CPIC) Recommendations 35 - 38
- 13.c Update to Employee Involvement in Municipal, Provincial and Federal Elections Policy (H.M.25) 39 - 45
- 13.d Update to Provision of Requested Information to an Individual Trustee Policy (T.15) 46 - 52
- 13.e Update to Electronic Participation in Meetings of the Board, Committees of the Board, and the Committee of the Whole Board 53 - 60

Policy (T.19)

13.f	Whistleblower Policy (A.39)	61 - 103
13.g	Prevalent Medical Conditions Policy (S.M.17)	104 - 222
13.h	Update to Filling A Trustee Vacancy Policy (T.18)	223 - 230
14.	Listing of Communications	
15.	Inquiries and Miscellaneous	
16.	Updating of Pending List	231 - 232
17.	Adjournment	

**MINUTES OF THE REGULAR MEETING OF THE
GOVERNANCE AND POLICY COMMITTEE
TUESDAY, MAY 8, 2018**

PUBLIC SESSION

PRESENT:

Trustees: A. Kennedy, Chair
A. Andrachuk
N. Crawford

Staff: R. McGuckin
P. Matthews
P. Aguiar
S. Camacho
C. Kavanagh
M. Moffett
J. Yan

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

1. Call to Order

Sonia Tomaz, the new Assistant Recording Secretary, was introduced by Director McGuckin and received a warm welcome.

3. Roll Call and Apologies

Apologies were received on behalf of Trustees Davis, Poplawski and Rizzo.

4. Approval of the Agenda

MOVED by Trustee Andrachuk, seconded by Trustee Crawford, that the Agenda be approved.

Results of the Vote taken, as follows:

In favour

Opposed

Trustees Andrachuk
Crawford
Kennedy

The Motion was declared

CARRIED

6. Approval and Signing of the Minutes of the Meeting

MOVED by Trustee Crawford, seconded by Trustee Andrachuk, that the Minutes of the Regular Meeting held April 10, 2018 for PUBLIC Session be approved.

Results of the Vote taken, as follows:

In favour

Opposed

Trustees Andrachuk
Crawford
Kennedy

The Motion was declared

CARRIED

12. Matters Referred or Deferred

MOVED by Trustee Crawford, seconded by Trustee Andrachuk, that Item 12.a) be adopted as follows:

- 12a) Consideration of Motion from Trustee Davis regarding Planned Work of the Governance and Policy Committee** tabled until Trustee Davis is in attendance.

Results of the Vote taken, as follows:

In favour

Opposed

Trustees Andrachuk
Crawford
Kennedy

The Motion was declared

CARRIED

MOVED by Trustee Crawford, seconded by Trustee Andrachuk, that the Committee recommend to Board that Item 12b) be adopted as follows:

- 12b) Update to Hand-Held (Mobile) Wireless Communication Device Policy (A.31)** that the Hand-Held (Mobile) Wireless Communication Device policy (A.31) provided in Appendix A be adopted.

MOVED in AMENDMENT by Trustee Crawford, seconded by Trustee Andrachuk, that “*caution*” be replaced with “*discretion*” in Regulation 12, page 24, and that “*this*” be deleted in Regulation 19, page 25, second sentence.

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

In favour

Opposed

Trustees Andrachuk
Crawford
Kennedy

The Amendment was declared

CARRIED

MOVED in AMENDMENT by Trustee Andrachuk, seconded by Trustee Crawford, that “*should*” be replaced with “*shall*” in Regulation 12, page 24.

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

In favour

Opposed

Trustees Andrachuk
Crawford
Kennedy

The Amendment was declared

CARRIED

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

In favour

Opposed

Trustees Andrachuk
Crawford
Kennedy

The Motion, as amended, was declared

CARRIED

13. Staff Reports

MOVED by Trustee Andrachuk, seconded by Trustee Crawford, that the Committee recommend to Board that Item 13a) be adopted as follows:

- 13.a) Update to Fair Practice in Hiring and Promotion Policy (H.M.40)** that Fair Practice in Hiring and Promotion policy (H.M.40) provided in Appendix A be adopted including the Operational Procedures (Appendix B):

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

“*Sr.*” or “*Senior*”, Regulation 7, page 38, be used consistently throughout the policy;

Regulation 8, page 38, be added as follows:

“External candidates who have unsuccessfully interviewed for a designated executive position will be afforded an opportunity to request feedback from the Director of Education or designate no later than 3 weeks after the date from which they received notification of the assessment/interview results.”;

“*relatives*” be replaced with “*relative*”, Regulation 7, page 38;

Definition: Immediate family, page 38, be revised as follows:

Members consist of a person’s spouse, parent, parent-in-law, child, grandchild, brother or sister, son-in-law, daughter-in-law, and, in special circumstances recognized by the Director, a former legal guardian, or ward or fiancé.;

Definition, Relative, page 39, “*Relative*” be replaced with “*Family*”, and revised as follows:

Members consist of a person’s uncle, aunt, grandparent, brother-in-law, sister-in-law, niece or nephew.

“*them self*” be replaced with “*themselves*”, Regulation 4.6, page 41;

“*of*” be inserted after “*completion*”, Operational Procedure 5.3, page 42”;

Trustee Kennedy relinquished the Chair to Trustee Crawford.

Trustee Kennedy reassumed the Chair.

Regulation 6.3, Operational Procedure, page 42, be added and should be reflective of the wording as per the new Regulation 8.

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

In favour

Opposed

Trustees Andrachuk
Crawford
Kennedy

The Amendment was declared

CARRIED

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

In favour

Opposed

Trustees Andrachuk
Crawford
Kennedy

The Motion, as amended, was declared

CARRIED

MOVED by Trustee Crawford, seconded by Trustee Andrachuk, that the Committee recommend to Board that Item 13.b) be adopted as follows:

13.b) Review of Performance Appraisal: Director of Education Policy (H.C.06) that Trustees review the Performance Appraisal: Director of Education Policy (H.C.06) found in Appendix A.

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

Regulation 5, page 48, be replaced with *“The Annual Performance Review process will alternate between a limited reviewer pool and a more fulsome reviewer pool”* and renumbered as 5a); and

Regulation 5b) be added to state, *“The fulsome reviewer format will include an expanded reviewer pool and may include a 360-degree format.”*

Director McGuckin recused himself from the meeting.

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

In favour

Opposed

Trustees Andrachuk
Crawford
Kennedy

The Amendment was declared

CARRIED

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

In favour

Opposed

Trustees Andrachuk
Crawford
Kennedy

The Motion, as amended, was declared

CARRIED

The following additional changes were made:

Regulation 7, page 48:

That “*In the event there is*” be replaced with “*Should*”;

That “*arises*” be replaced with “*arise*”;

That “*would*” be replaced with “*will*”; and

That “*in an effort to*” be replaced with “*in order to*”;

Performance Review Process, First Week of October, Point 4, Page 51:

That “*A*” be inserted before “*Different*”; and that the comma (,) be deleted after “*Different*”; and

That “*is*” be inserted after “*appraisal*”

Director McGuckin returned to the table.

MOVED by Trustee Andrachuk, seconded by Trustee Crawford, that the Committee recommend to Board that Item 13.c) be adopted as follows:

13.c) Update to School Events Communications and Invitee Protocols Policy (S.02) that the School Events Communications and Invitee Protocols policy (S.02) provided in Appendix A be adopted with the addition of the following Definition, page 80:

School event:

At the TCDSB, school events consist of, but not limited to, New School Openings/Blessings, School Anniversaries, School Graduations (Elementary and Secondary), Ground Breaking Ceremonies, and Celebrations or Initiatives organised jointly with National, Provincial, Municipal, local and community partners.

MOVED in AMENDMENT by Trustee Andrachuk, seconded by Trustee Crawford, that Regulation 6, page 80, be added, along with the Order of Speakers at Toronto Catholic District School Board (TCDSB) school events, as follows:

The order of speakers for school events shall be consistent with Blessing and Official Opening of Schools Policy (S.08), Regulation 3;

Order of Speakers at TCDSB School Events:

- Principal of the School
- Chair of the Board (Vice-Chair or designate)
- Archbishop/Bishop (Archdiocese Representative)

- Minister of Education
- Appropriate Trustee
- Local Member of Provincial Parliament
- Local Member of Parliament
- Representative of the Municipality
- Director of Education
- Chair of Catholic School Advisory Council
- Parish Priest
- President of the Student Council, where applicable;

Staff was requested to add the policy to the Governance and Policy Committee work plan for the development of an Omnibus policy.

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

In favour

Opposed

Trustees Andrachuk
Crawford
Kennedy

The Amendment was declared

CARRIED

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

In favour

Opposed

Trustees Andrachuk
Crawford
Kennedy

The Motion, as amended, was declared

CARRIED

MOVED by Trustee Andrachuk, seconded by Trustee Crawford, that the Committee recommend to Board that Item 13.d) be adopted as follows:

- 13.d) Update to Indigenous Voluntary Self-Identification Policy (A.32)** received and that the Indigenous Voluntary Self-Identification policy (A.32) provided in Appendix A be adopted with an amendment to change “*Uptdate*” to “*Update*” in the name of the policy.

Results of the Vote taken, as follows:

In favour

Opposed

Trustees Andrachuk
Crawford
Kennedy

The Motion was declared

CARRIED

MOVED by Trustee Crawford, seconded by Trustee Andrachuk, that the Committee recommend to Board that Item 13.e) be adopted as follows:

- 13.e) Update to Logo Use Policy (T.16)** that the Logo Use policy (T.16) provided in Appendix A be adopted.

Results of the Vote taken, as follows:

In favour

Opposed

Trustees Andrachuk
Crawford
Kennedy

The Motion was declared

CARRIED

16. Updating of the Pending List

MOVED by Trustee Andrachuk, seconded by Trustee Crawford, that a report regarding Item 4, Catholic Parent Involvement Committee's recommendations to the TCDSB Community Engagement Handbook T.07) be brought to the June 5, 2018 GAP Committee meeting and that Item 5 (Update to Rental of Surplus School Space and Properties Policies B.R.01, B.R.03 and B.R.04) be removed from the Pending List given that it is captured in the Calendar of Annual Reports.

Results of the Vote taken, as follows:

In favour

Opposed

Trustees Andrachuk
Crawford
Kennedy

The Motion was declared

CARRIED

17. Adjournment

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

Results of the Vote taken, as follows:

In favour

Opposed

Trustees Andrachuk
Crawford
Kennedy

The Motion was declared

CARRIED

SECRETARY

CHAIR



Jo-Ann Davis
Trustee, Ward 9
Email: jo-ann.davis@tcdsb.org
Voicemail/Fax: (416) 512-3409

To: Governance and Policy Committee – Tuesday, January 16, 2018

From: Jo-Ann Davis – Trustee Ward 9

Subject: Consideration of Motion - Planned Work of the Governance and Policy Committee

MOVED BY: Jo-Ann Davis, Toronto Catholic District School Board (TCDSB)

That in keeping with our MYSP and our stated goals of good governance, strengthening public confidence in our board and effective stewardship of public resources that:

1. A list of all planned work for the Governance & Policy committee be added to the pending list of each meeting agenda along with target dates for reporting.
2. If staff are unable to meet a target date for a committee report, that the date be updated in the agenda's pending list NO LESS than one meeting prior to the listed target date, with a new target date provided.
3. A table entitled 'Policy Metrics,' which includes columns detailing the following, be maintained and added to the 'Board Committees' page of the board website directly after 'Policies':
 1. Each policy (hyper link to policy)
 3. The reporting cycle (e.g. annual) for the policies metrics
 4. The relevant Board of Trustee Board or Committee meeting at which the results of the metrics to be publicly reported are to be presented
 5. A link to the last report on the metrics for the policy.

Jo-Ann Davis
Trustee Ward 9



REPORT TO

GOVERNANCE AND POLICY
COMMITTEE

ACCESS TO STUDENTS IN SCHOOLS S.S.04

This, in turn, is education in the law, by which we learn divine matters reverently and human affairs to our advantage. 4 Maccabees 1:17

Created, Draft	First Tabling	Review
May 28, 2018	September 11, 2018	Click here to enter a date.

Peter Aguiar Superintendent of Education and Student Wellbeing, Area 4
Caitlin Kavanagh, Coordinator, Employee Relations and Policy Development

RECOMMENDATION REPORT

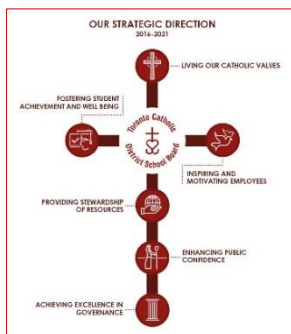
Vision:

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Rory McGuckin
Director of Education

D. Koenig
Associate Director
of Academic Affairs

D. Friesen
Acting Executive Superintendent
of Facilities Services

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

A. EXECUTIVE SUMMARY

This report recommends updating the current Access to Student in Schools Policy (S.S.04).

The cumulative staff time required to prepare this report was 30 hours

B. PURPOSE

This Recommendation Report is on the Order Paper of the Governance Policy Committee as it recommends policy revision.

C. BACKGROUND

The Access to Students in Schools Policy (S.S.04) was approved on June 2007 and has not been amended since.

D. EVIDENCE/RESEARCH/ANALYSIS

1. This policy has been amended in consultation with Safe Schools, Corporate Services and Partnership Development, Communications and Policy Development Departments.
2. Since this policy was written, there have been changes to applicable legislation. Revisions to this policy reflect those changes.

E. METRICS AND ACCOUNTABILITY

1. Recommendations in this report will be monitored by policy development staff.
2. Further reports will be brought to Board in accordance with the policy review schedule.

F. IMPLEMENTATION

The updated policy as approved will be posted on the TCDSB policy register.

G. STAFF RECOMMENDATION

Staff recommends that the revised Access to Students in Schools Policy (S.S.04) provided in Appendix A be adopted.



POLICY SECTION: SAFE SCHOOLS

SUB-SECTION:

POLICY NAME: ACCESS TO STUDENTS IN SCHOOLS

POLICY NO: S.S. 04

APPENDIX A

Date Approved: June 2007	Date of Next Review: April 2023	Dates of Amendments: January 29 th , 2015 April 30, 2018
<p>Consolidated in the current Policy: S. 13 Approved Access to Schools by Individuals and Organizations S. 15 Access to Pupils A. 13 Distribution of Advertisements A. 19 Distribution by Outside Agencies A. 25 Advertising in Schools S. 01—School Volunteers</p> <p>Cross References O. Reg 474/00 Access to School Premises O. Reg 521/01 Collection of Personal Information Education Act, Section 53 Education Act Part XIII, Behaviour, Discipline and Safety Education Act Part X, clause 265 (1) (m) Education Act Sections 212 and 471/07 Education Act, Reg. 298 sec. 11.1 (a) and (b) PPM 149 <i>Protocol for Partnerships with External Agencies for Provision of Services by Regulated Health Professionals, Regulated Social Service Professionals, and Paraprofessionals</i> S. 16 Access to Pupil Information H.M. 24 Catholic Equity and Inclusive Education H.M 25 Involvement in Municipal, Provincial and Federal Elections Toronto Police/School Board Protocol S.S. 14 Trespass B.R. 05 Permits S.M. 04 Fundraising in Schools S.S 09 Code of Conduct TCDSB Volunteer Manual Institute for Catholic Education <i>Guidelines for Partnership in Catholic Education</i> Protocol for Clergy and Laity Visiting the Archdiocese of Toronto CASL (Canadian Anti-Spam Legislation)</p>		
Appendix A – Protocol for Access to Pupils		



POLICY SECTION: SAFE SCHOOLS

SUB-SECTION:

POLICY NAME: ACCESS TO STUDENTS IN SCHOOLS

POLICY NO: S.S. 04

~~– Guiding Principles for Access to Schools and Students~~

~~– Protocol Governing Access to Students in Schools~~

~~Appendix B – Safe Schools – Principal's Guideline to Parents at School~~

~~Appendix C – All Candidates Meeting Guidelines~~

Purpose:

This policy affirms the need for students, **teachers**, staff and parents to feel safe in their school community. ~~and to have confidence that those individuals or groups granted access to schools and students are consistent with the vision and mission espoused in our Multi-Year Strategic Plan.~~ The purpose of this policy is to outline the steps to be followed where ~~an individual or organization requests~~ access is permitted to schools and school sites operated by the Board.

Scope and Responsibility:

This Policy extends to all visitors, organizations, or other individuals accessing or seeking access to Toronto Catholic District School Board schools or other TCDSB premises. The Director of Education, **supported by the Superintendent of Safe Schools and school principals**, is responsible for this policy.

Alignment with MYSP:

Fostering Student Achievement and Well-Being

Living Our Catholic Values

Strengthening Public Confidence

Inspired and Motivated Employees

Financial Impact:



POLICY SECTION: SAFE SCHOOLS

SUB-SECTION:

POLICY NAME: ACCESS TO STUDENTS IN SCHOOLS

POLICY NO: S.S. 04

~~Generally there is no significant financial impact on the TCDSB except to maintain building security requirements. Following sound professional judgement in the implementation of the policy and protocol outlined, will mitigate any legal liability which may carry financial implications.~~

Legal Impact:

~~The Education Act requires school boards and all schools of a board to maintain a positive and safe learning environment. The policy enables Principals and senior TCDSB staff to exercise judgement guided by the principles and protocols established through this policy. Schools may maintain local school practices to govern access of visitors, organizations or other individuals to Toronto Catholic District School Board schools or other TCDSB premises. When local school practices may be compromised, steps must be taken to protect the safety of pupils, teachers, school staff and other members of the school community. Failure to follow the policy or protocol could expose the TCDSB to legal liability.~~

Policy

The Toronto Catholic District School Board encourages access **visits** to the schools and school sites, operated by the Board, from those with a statutory right of access and from those whose outreach, presence, involvement or provision of services will be of benefit to the pupils and/or staff. ~~Direct or indirect access to or interviews with pupils of the TCDSB, other than by staff or consultants to the Board, shall only occur with the prior consent of the parent given to the principal, who will be supported by the Guiding Principles and Protocol found within this policy.~~

Access to school premises both during and after school hours shall also be governed by the Board Permit Policy **B.R.05** and procedures.



POLICY SECTION: SAFE SCHOOLS

SUB-SECTION:

POLICY NAME: ACCESS TO STUDENTS IN SCHOOLS

POLICY NO: S.S. 04

Regulations

1. The Board recognizes that the following persons are permitted to be on school premises pursuant to the Education Act and Ontario Regulation 474/00, Access to School Premises:
 - a. A person enrolled as a pupil;
 - b. A parent or guardian of such pupil;
 - c. A person employed or retained by Board;
 - d. A person who is otherwise on the premises for a lawful purpose;
 - e. A person who is invited to attend an event, a class or a meeting on school premises, provided the person is on the premises for that purpose;
 - f. A person who is invited onto school premises for a particular purpose by the principal, a vice-principal or another person authorized by the Board policy provided the person is on the premise for that purpose;
 - g. A trustee of the Board;
 - h. A Member of the Provincial Legislature for the school in his/her constituency; or
 - i. A member of the clergy for the Archdiocese of Toronto who has pastoral charge of the area in which the school is situated.
2. **Where permitted by law, the following** persons who may seek to have access to or to interview pupils enrolled in Board schools, other than school staff and Board consultants, **are include:**
 - a. Custodial parents, guardians and their identified delegates;
 - b. Non-custodial parents;
 - c. Police;
 - d. Public Health Nurses;
 - e. Immigration officers ~~in accordance with policy S. 18;~~



POLICY SECTION: SAFE SCHOOLS

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POLICY NO: S.S. 04

- f. Children's Aid Societies;
- g. Others, as deemed appropriate **and as approved by the Principal.**

Before permitting access, it is the responsibility of the principal to ascertain the aforementioned category into which the person seeking such access may fall, and to apply these Regulations and related Protocols/Guidelines accordingly.

3. Given the obligation of the Board, the principal, the teachers, and other staff, to safeguard the welfare of the students in appropriate cases, the principal must be satisfied that the visitor is the person who he/she purports to be and that, **if required by law**, the appropriate **vulnerable sector** criminal background check in accordance with O. Reg 521/01 has been ~~done~~ **provided to the Principal and appropriate TCDSB department(s)**. Unless the visitor is known to the principal, proper identification should, with sensitivity and discretion, be insisted upon. This may be accomplished, among other ways by:
 - a. Personal identification of the visitor by someone in the school;
 - b. Production of a driver's license; **and**
 - c. Verification of information given by the visitor against information contained in school records.
 - d. ~~In the case of an immigration officer, a legally valid authorized order for the apprehension of the pupil.~~
4. Visitors not known to the administration of the school shall be requested to produce proper identification and to follow locally established school access procedures, including reporting to the office upon arrival. Such persons will be requested to sign the Visitor's Book, stating name, address and reason for the visit. **Visitors known to the administration shall also follow locally established school access procedures, including reporting to the office upon arrival. Such persons will be requested to sign the Visitor's Book.**



POLICY SECTION: SAFE SCHOOLS

SUB-SECTION:

POLICY NAME: ACCESS TO STUDENTS IN SCHOOLS

POLICY NO: S.S. 04

5. Those individuals who are permitted on school premises in accordance with regulation 1 are not entitled to have access to all areas of the school premises. The principal shall determine access to pupils in a classroom, governed by and in accordance with Appendix A, *Protocol for Access to Pupils*.
6. **A pupil subject to suspension or expulsion is denied access to the school and to all school-related activities or events.**
7. In accordance with O. Reg. 474/00, where a principal, vice-principal, or another individual with delegated authority concludes that a person's continuing presence on school premises is detrimental to the safety or well-being of anyone on school premises, that person is not permitted to remain on school premises.
8. The Director, the appropriate supervisory officer, the principal or a teacher following consultation with the Principal, may invite visitors to make instructional or other presentations to and for the benefit of the pupils or the staff of the school. Presentations must be in harmony with the Ontario Catholic School Graduate Expectations and ~~be in harmony~~ with the Mission and Vision Statement and Multi-Year Strategic Plan of the TCDSB. For this reason, appropriate staff is required to scrutinize the aims, objectives and methods of those invited to make presentations in the school. *Guiding Principles for Access to Schools and Students* **Protocol Governing Access to Students in Schools** is found in Appendix A.
9. The principal, ~~will normally cooperate~~ **where appropriate, may permit** with a custodial parent or guardian ~~who wishes~~ to visit with one or more of his/her children at the school. ~~This cooperation will generally be extended to a person who has been authorized by the custodial parent/guardian to act in his or her place. Such authorization must have been received in writing or verbally by~~



POLICY SECTION: SAFE SCHOOLS

SUB-SECTION:

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POLICY NO: S.S. 04

~~school administration.~~ **Any such visits should be undertaken with the aim of minimizing disruption to the child's school day and routine.**

~~10. The Board permits access to students by the Toronto Police Service in accordance with the Police/School Board Protocol. Where Police wish to interview a student, whether as a suspect, victim, or witness, the following rules apply:~~

- ~~a. The principal will promptly contact the parent or guardian to advise of the Police request for the interview and invite the parent or guardian to be present.~~
- ~~b. Where the Police request that the parent or guardian of the student not be advised of the Police request for the interview, the principal may permit an interview to take place in the school and without prior parental consent if the principal is of the view that her/his discretion should be exercised in that way in accordance with the Police/School Board Protocol.~~
- ~~c. In some cases, the student may prefer to have a teacher, guidance counsellor, or principal present during a Police interview or when making a statement. When it is determined that the parent or guardian cannot or will not be contacted prior to the interview, the student shall be advised that he or she may request that such person be available to the student to attend and act *in loco parentis* during the interview. The Police have an obligation to advise a student of his or her rights under the *Charter of Rights and Freedoms* and the *Youth Criminal Justice Act*. As part of this duty to act *in loco parentis*, the principal, teacher, guidance counsellor or other person present at the interview can request the Police officer to explain these rights to the student.~~

~~11. The Canada Border Services Agency (the "CBSA") is not a signatory to the Police/School Board Protocol, but has advised the Toronto Catholic District School Board that it will respect the Protocol.~~



POLICY SECTION: SAFE SCHOOLS

SUB-SECTION:

POLICY NAME: ACCESS TO STUDENTS IN SCHOOLS

POLICY NO: S.S. 04

12. CBSA officers will only enter a school for reasons of national security or serious criminality. These exceptional circumstances will require approval from a senior CBSA official.
13. ~~In the case of~~ **The Regulations of this policy apply to** a student who is a ward of the Crown or a children's aid society, ~~all of the above Regulations that deal with the access to the student apply.~~ Children's aid societies have ~~an~~ **a legal** obligation ~~by law~~ to afford protection to children in need thereof, and for this purpose, have the power to apprehend such children. ~~Staff should consult the specific policies~~ **and protocols (including the Police/School Board Protocol)** of the Board related to these matters. ~~When investigating suspected child abuse, the Abuse Team (Children's Aid Society and Police Officer) may determine that it is in the child's best interest that the interview take place without prior knowledge, presence and consent of the parents. Staff should consult policy S.17, Suspected Child Abuse Reporting, for further details.~~
14. Between provincial elections, the Governing Party shall have the ability to hold announcements in our schools related to Education and Early Childhood policies. Requests for access shall be made through the Director of Education prior to the event.
15. During a writ period of a federal or provincial election, no political ~~parties~~ **party** may make public announcements in TCDSB schools.
16. The Board continues to encourage political awareness during election campaigns by means of "all-candidate meetings" for its secondary school students. These may be organized during the school day with the permission of the Principal and Superintendent. Such meetings are to be conducted under the *All Candidate Meeting Guidelines*. (See Appendix B).



POLICY SECTION: SAFE SCHOOLS

SUB-SECTION:

POLICY NAME: ACCESS TO STUDENTS IN SCHOOLS

POLICY NO: S.S. 04

17. The school principal will inform the local school trustee, prior to the visit, of notable invited visitors to the school in accordance with policy S. 02, School Events Communications and Invitee Protocols.

18. ~~Materials submitted for distribution~~ **Any communications, including communications pertaining to community events, approved for distribution by the principal** must be consistent with the mission and vision of the Toronto Catholic District School Board and the teachings of the Catholic Church.

19. In situations where access to schools is for the purpose of fundraising, all ~~procedures~~ **fundraising** shall be in accordance with Board Policy S. M. 04, Fund Raising in Schools and consistent with Canadian Anti-Spam Legislation ("CASL").

20. ~~Not for Profit individuals and organizations should follow the TCDSB Protocol for Partnerships with External Agencies for Provision of Services by Regulated Health Professionals, Regulated Social Service Professionals and Paraprofessional. Not for Profit individuals and organizations which fall outside of this protocol may approach the school principal or appropriate central staff (Program Coordinators or above) for approval for access, provided the students receive a beneficial learning experience. Requests by individuals or organizations shall then be vetted according to the Protocol, Criteria and Guiding Principles found in Appendix A.~~ **External mental health or social service agencies, professionals or paraprofessionals are required to follow the TCDSB Protocol for Partnerships with External Agencies for Provision of Services by Regulated Health Professionals, Regulated Social Service Professionals and Paraprofessionals.**

21. ~~For Profit Individuals and Organizations who wish to work with schools should be referred to the Partnership Development Department for consideration.~~



POLICY SECTION: SAFE SCHOOLS

SUB-SECTION:

POLICY NAME: ACCESS TO STUDENTS IN SCHOOLS

POLICY NO: S.S. 04

Individuals or organizations seeking access to schools may approach the principal for approval for access, provided the students receive a beneficial learning experience. All such requests by individuals or organizations require the approval of the principal in consultation with the Area Superintendent, as appropriate. All such requests are to be assessed in accordance with the *Protocol Governing Access to Students in Schools*.

22.~~For-Profit~~ Individuals and organizations who wish to work with schools **on a Board-wide basis** ~~should~~ **are to** be referred to the Partnership Development Department ~~for consideration~~.

23.A principal may use volunteers in the school to assist teachers with school activities:

- a. Volunteers will perform such duties as assigned by the principal. ~~and without remuneration~~.
- b. All volunteers who will be assisting students on a regular **and continuous** basis, ~~and/or including~~ on an overnight excursion, ~~will be~~ **are** required to complete a ~~Volunteer Registration Form and a Confidential Information and Communications Form as found in the TCDSB Volunteer Manual and shall be required by the Principal to submit a current Criminal Background Check~~ **submit a current vulnerable sector criminal background check** before the commencement of the **volunteer** assignment.
- c. **All volunteers will comply with the TCDSB Volunteer Manual.**
- d. Parent volunteers ~~may not be~~ **are not** permitted to work in the classroom of their own child on a regular basis, subject to the discretion of the principal.
- e. The cost of the background check is at the volunteer's expense, although Principals have the discretion to assume the costs when



POLICY SECTION: SAFE SCHOOLS

SUB-SECTION:

POLICY NAME: ACCESS TO STUDENTS IN SCHOOLS

POLICY NO: S.S. 04

deemed appropriate. The local Catholic School Council may also choose to fund the cost.

- f. Volunteer coaches must abide by the Ontario **Physical Education (OPHEA)** Safety Guidelines for the particular athletic activity and Board policies. ~~polices as posted on the Board's website.~~

~~24. The board will maintain a database in which principals can record those outside agencies that have gained access to the school(s), and can make note of any individual or organization that they would recommend against returning. The Protocol for Approval for Access notwithstanding, the board reserves the right to revoke permission to any individual or group that, based on feedback or lived experience, the board deems to be inappropriate and/or inconsistent with our TCDSB Access to Schools Guiding Principles.~~

Definitions

Access:

~~Access may include but is not limited to distribution of materials, presence, involvement or provision of services to students.~~

School Climate

~~The learning environment and relationships found within a school and school community. A positive school climate exists when all members of the school community feel safe, included, and accepted, and actively promote positive behaviours and interactions.~~

Central Staff:

~~For purposes of this policy, central staff are understood to be Program Coordinators Superintendents, Communication Department Staff, Associate Director or Director.~~



POLICY SECTION: SAFE SCHOOLS

SUB-SECTION:

POLICY NAME: ACCESS TO STUDENTS IN SCHOOLS

POLICY NO: S.S. 04

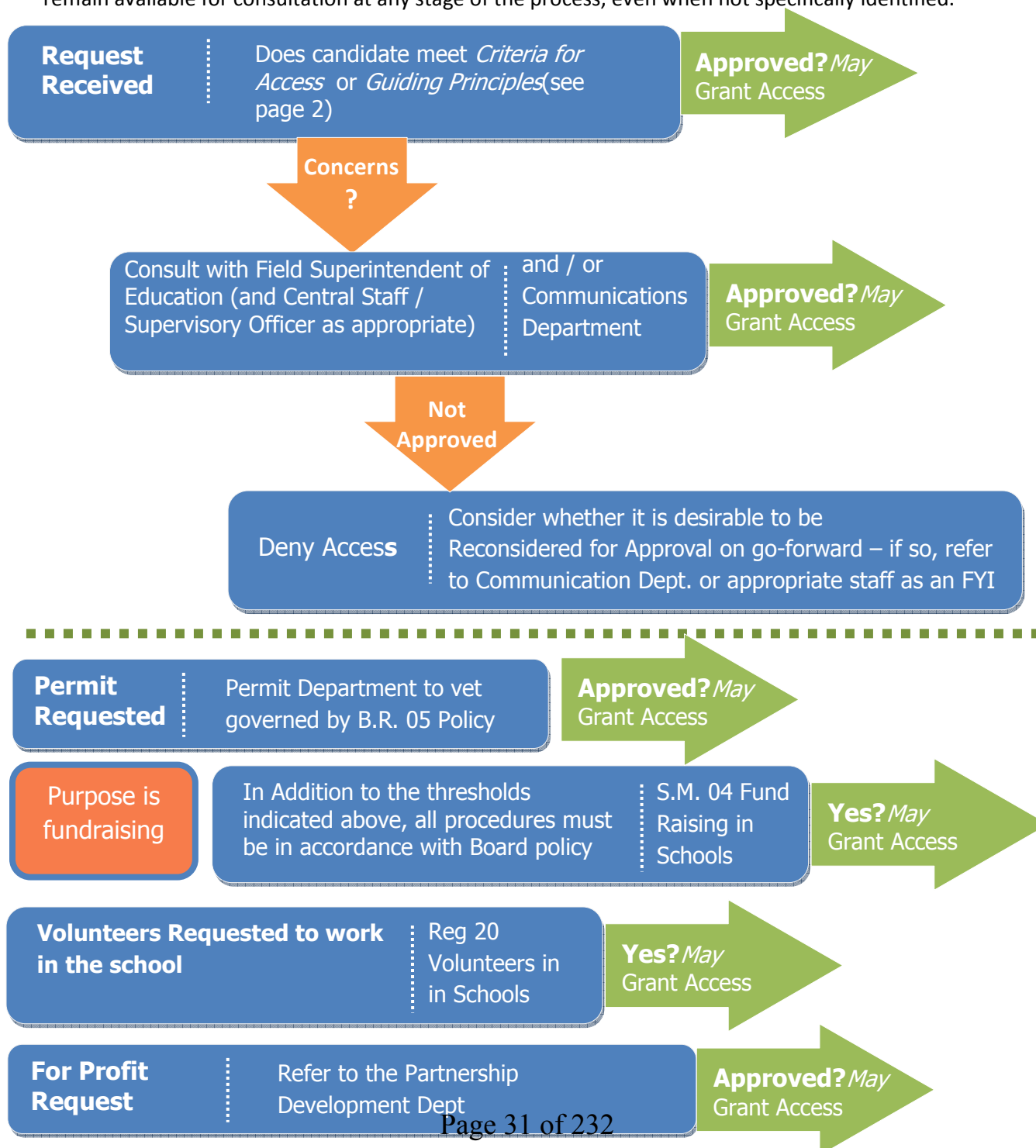
Evaluation & Metrics:

1. Anonymous school climate surveys conducted **annually with students. Parent voice survey conducted regularly.** ~~with Parents and Staff at least every two years.~~
2. ~~Safe Schools data: Reporting Forms Part I, Trespass Notices, Denial of Access Notifications, Suspensions, Expulsions, Visitor Notification Information.~~
3. ~~Database of Individuals or Organizations working with schools and students (presentations).~~

Protocol Governing Access to Students in Schools

The table and criteria below are intended to govern the decision making process Principals and Central Board Staff utilize in ascertaining whether access should be granted to individuals or groups/organizations who request access to schools or pupils in schools.

Principals and Central Board Staff are encouraged at all times to use their Professional Judgement while working through the protocol, acknowledging that no principal is under any obligation to grant access to the school or students, unless directed to do so by the Director of Education. Superintendents of Education also remain available for consultation at any stage of the process, even when not specifically identified.



Criteria for Access to Students in Schools

Individual/Organization must:

- comply with Board's Mission and Vision Statements and its commitment to Gospel Values and Catholic Teaching.
- be related to charitable, humanitarian, educational, or service activities consistent with the tenets of the Catholic church
- identify a need that will enhance learning opportunities for students
- comply with any Provincial laws or Municipal by-laws and TCDSB policies, *(including criminal background check as appropriate)*
- be at no incremental cost to TCDSB

Guiding Principles with respect to Access to Students in Schools by Individuals and Organizations:

When considering who may have access to students in schools the following need to be followed:

1. The board recognises the merit of engaging organizations and individuals to further enhance student achievement and well-being at TCDSB and welcomes such organizations and individuals.
2. There is deliberate consideration for the safety and well-being of students in determining access.
3. That access supports and is consistent with the Ontario Catholic School Graduate Expectations and Multi-year Strategic Plan including 'Fostering Student Achievement and Well-being' and 'Strengthening Public Confidence'.
4. That those groups being granted access are respectful of the Catholic Tradition and the tenets of our Catholic Social Teaching, which underpin the TCDSB Multi-Year Strategic Plan.
5. For those offering pastoral support that they be endorsed by the Archdiocese of Toronto.
6. That due diligence has been given to the social/emotional/physical /spiritual development of students when granting access.

7. Every effort shall be made to ensure that access to students is appropriate with respect to the age, maturity, experience, health, skill, physical abilities and student needs. As far as reasonably possible, those seeking access shall be sensitive to the diverse cultural backgrounds and experiences of students.
9. Parents will be informed in a timely manner when organizations are engaged with their children.
10. That access will comply with protection of privacy information as set out in legislation.

After exercising due diligence the principal or Central board staff member shall approve or not approve access, notwithstanding that a principal may seek additional approval or advice from senior board officials as required.

All Candidate Meetings Guidelines

1. All registered candidates must be invited to attend.
2. A panel of students is to be set up with questions to be reviewed by the supervising teacher or Principal.
3. The Principal, a designated teacher, or student may act as moderator.
4. Each candidate will be given an equal opportunity to speak and to answer questions.
5. The meeting is to be held for the education of the students on policy issues. Personal criticisms are not permitted.
6. Proper decorum must be maintained. There may be no interruptions by other candidates or students during a candidate's comments or answers.
7. Questions from the floor are permitted at the discretion of the moderator.
8. There may be no other forms of canvassing or recruiting of students or staff or other forms of partisan activity by candidates.
9. There may be no signage, or no candidate or party information material left in the school other than those that may be kept by students as part of a project or display.
10. All candidates will agree to this format before the meeting.
11. Media may be present. No pictures may be taken by or provided to candidates.
12. No student information may be provided to the candidates.
13. No meetings may be held within 2 days of the election.



REPORT TO

GOVERNANCE AND POLICY
COMMITTEE

REVIEW OF COMMUNITY ENGAGEMENT
HANDBOOK (T.07) CPIC RECOMMENDATIONS

Peace be to the whole community, and love with faith, from God the Father and the Lord Jesus Christ.
Ephesians 6:23

Created, Draft	First Tabling	Review
May 28, 2018	June 5, 2018	June 5, 2018

John Yan, Senior Coordinator, Communications, Public and Media Relations
Caitlin Kavanagh, Coordinator, Employee Relations & Policy Development

RECOMMENDATION REPORT

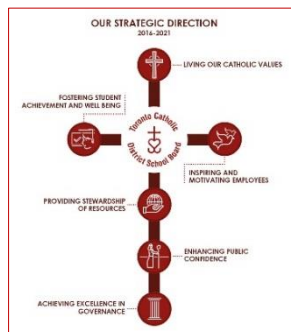
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Director of Education

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 reviews Toronto Catholic Parent Involvement Committee (CPIC) recommendations regarding the Community Engagement Handbook (T.07).

The cumulative staff time required to prepare this report was 3 hours

B. PURPOSE

1. At the May 8, 2018 GAP Meeting, Trustees requested that a report reviewing the CPIC recommendations regarding the Community Engagement Handbook (T.07) be brought to the June 5, 2018 Governance And Policy Committee meeting.

C. BACKGROUND

1. The Board of Trustees, referred recommendations related to the Community Engagement Handbook (T.07) arising from Toronto CPIC to the Governance and Policy Committee (GAP) for review and consideration. At the May 8, 2018 GAP meeting, Trustees requested that a report reviewing the CPIC recommendations to determine applicability to the Community Engagement Handbook be brought to the June 5, 2018 GAP Committee meeting.
2. Toronto CPIC recommended for consideration that Board Staff incorporate the recommendations (see Section D) in a new section of the TCDSB Community Engagement Handbook (T.07), in consultation with CPIC and OAPCE (Toronto).

D. EVIDENCE/RESEARCH/ANALYSIS

Board Communications staff continue to monitor and critically analyse metrics and accountability findings in its Annual Report on Communications and Community Engagement submitted to the Board of Trustees each September.

RECOMMENDATION	ANALYSIS	ACTION/STATUS
1. Surveys requesting parent feedback should allow sufficient time for parent response to permit a CSPC to discuss the issues and to send it out to the school parents.	<ul style="list-style-type: none"> • Scheduling of surveys to allow sufficient time for parent and community feedback is always a primary consideration and distribution is appropriately led by the school principal. • CSPCs generally only hold one meeting per month on average, during different dates of the month across 200 schools, which makes it impossible to restrict surveys to align with local school council meeting dates. 	Board staff has committed to strategically map out consultation dates and timelines in advance if possible to optimize parent engagement initiatives to minimize “consultation fatigue” among parents, staff and stakeholders.
2. Survey deadlines, where there are multiple surveys on different topics, should be staggered with discreet deadlines	<ul style="list-style-type: none"> • This is already being done, with an emphasis on staggering with firm (rather than discreet) deadlines in order to ensure equity and fairness. 	Board staff will continue to monitor for metrics and accountability, with findings gathered for the Annual Report to Trustees.
3. A form of an Executive Summary including a brief Problem Statement, and Requested Action, should be included in any solicitation for parent feedback.	<ul style="list-style-type: none"> • Details, rationale and requested action for each consultation is provided in the call to action letter/communication from the Director, or Board department. • A “Problem Statement” is not needed as community consultations are conducted to gauge opinion and gather feedback on Ministry or Board initiatives and not generally held to identify or solve a particular problem. 	No additional action required.

E. STAFF RECOMMENDATION

Staff recommends that ongoing monitoring and reporting of metrics and accountability findings related to surveys and other parent engagement best practices continue to be collected and highlighted in the Annual Report on Communications and Community Engagement submitted to the Board of Trustees each September.



REPORT TO

GOVERNANCE AND POLICY
COMMITTEE

UPDATE TO EMPLOYEE INVOLVEMENT IN MUNICIPAL, PROVINCIAL AND FEDERAL ELECTIONS POLICY (H.M. 25)

*If you will maintain your goodwill toward the government, I will endeavour in the future
to help promote your welfare. (2 Maccabees 11:19)*

Created, Draft	First Tabling	Review
August 23, 2018	September 11, 2018	Click here to enter a date.

Peter Aguiar, Superintendent of Student Wellbeing and Achievement, Area 4

RECOMMENDATION REPORT

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L. Noronha
Executive Superintendent
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A. EXECUTIVE SUMMARY

This report recommends updating the Employee Involvement in Municipal, Provincial and Federal Elections Policy (H.M.25) to reformat in meta policy format.

The cumulative staff time required to prepare this report was 2 hours

B. PURPOSE

This Recommendation Report is on the Order Paper of the Governance Policy Committee as it recommends policy revision.

C. BACKGROUND

The Employee Involvement in Municipal, Provincial and Federal Elections Policy (H.M.25) was approved on August 1982 and has not been amended since.

D. EVIDENCE/RESEARCH/ANALYSIS

Other than the changes necessary to reformat for meta policy format, no further changes are deemed necessary this time.

E. METRICS AND ACCOUNTABILITY

1. Recommendations in this report will be monitored by policy development staff.
2. Further reports will be brought to Board in accordance with the policy review schedule.

F. IMPLEMENTATION

The updated policy as approved will be posted on the TCDSB policy register.

G. STAFF RECOMMENDATION

Staff recommends that the revised Employee Involvement in Municipal, Provincial and Federal Elections Policy (H.M.25) provided in Appendix A be adopted.



POLICY SECTION: HUMAN RESOURCES

SUB-SECTION: MISCELLANEOUS

POLICY NAME: EMPLOYEE INVOLVEMENT IN MUNICIPAL, PROVINCIAL AND FEDERAL ELECTIONS

POLICY NO: H.M.25

Date Approved: August 19, 1982	Date of Next Review: 2023	Dates of Amendments:
Cross References: Municipal Elections Act, 1996 Election Act, R.S.O. 1990		
Appendix		

Purpose:

This policy sets out parameters for TCDSB employees regarding their involvement in elections when performing their duties as an employee.

Scope and Responsibility:

This policy applies to all employees of the TCDSB. The Director is responsible for this policy with the support of the Human Resources department.

Alignment with MYSP:

Living Our Catholic Values

Strengthening Public Confidence

Inspiring and Motivating Employees

Policy:

Toronto Catholic District School Board employees, when performing duties which are expected to be performed as employees of the Board, shall not support, or in



POLICY SECTION: HUMAN RESOURCES

SUB-SECTION: MISCELLANEOUS

POLICY NAME: EMPLOYEE INVOLVEMENT IN MUNICIPAL, PROVINCIAL AND FEDERAL ELECTIONS

POLICY NO: H.M.25

other ways assist, candidates for public office. As a private citizen, a Toronto Catholic District School Board employee is free to exercise all democratic privileges enjoyed by every Canadian citizen.

Regulations:

1. Toronto Catholic District School Board employees, in their capacity as employees of the Board:

- a) shall not assist in the distribution of campaign materials;
- b) shall not assist in recruiting workers for an election campaign;
- c) shall not allow election materials to be distributed or posted on Board premises except where the material is required in a subject area of the curriculum dealing with the election process;
- d) shall not provide lists of students, parents or staff to any person;

Between nomination and election day:

- e) shall not favour any candidate for public office in any school bulletin;
 - f) shall not engage in any political activity during normal working hours unless a leave of absence has been obtained.
2. Unless the needs of the Board otherwise dictate, and unless the applicable collective agreement provides specifically for leave for the purpose, Toronto Catholic District School Board employees who wish to become candidates for



POLICY SECTION: HUMAN RESOURCES

SUB-SECTION: MISCELLANEOUS

POLICY NAME: EMPLOYEE INVOLVEMENT IN MUNICIPAL, PROVINCIAL AND FEDERAL ELECTIONS

POLICY NO: H.M.25

election to public office may be granted leave of absence without pay or other benefits, upon written request.

- a) For the election process, a leave of absence shall not commence earlier than the last day for filing nomination papers for the office sought, and end on the day following the election day but, in any event, the period of leave shall not exceed:
 - i) for Member of Parliament of Canada or for Member of the Legislature of Ontario, 20 successive working days;
 - ii) for member of municipal council, or for local board thereof, where elected by electors from the whole of the municipality, 10 successive working days; and
 - iii) for other municipal office or school trustee, 5 successive working days.
- b) An employee who intends to seek election for, or is elected to public office and wishes leave for this purpose, shall deliver a written request to the Director of Education not less than 45 days prior to the date upon which the leave of absence is to commence.
- c) No later than 15 days after receipt of the request, the Director of Education shall advise the employee whether the leave will be granted and so report to the Board.

3. Employees Elected to Public Office

- a) If an employee is elected to office, such leave may be granted or extended at the discretion of the Director of Education, having regard to the position



POLICY SECTION: HUMAN RESOURCES

SUB-SECTION: MISCELLANEOUS

POLICY NAME: EMPLOYEE INVOLVEMENT IN MUNICIPAL, PROVINCIAL AND FEDERAL ELECTIONS

POLICY NO: H.M.25

of the employee and the needs of the Board from time to time, and will be so reported to the Board.

- b) An employee whose request for leave is refused may appeal in writing to the Board, whose decision shall be final.

Definitions:

Evaluation and Metrics:

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

Workplace supervisors as well as the Human Resources department will ensure employees abide by the parameters set out by this policy and keep record of employees elected to public office.



REPORT TO

GOVERNANCE AND POLICY COMMITTEE

UPDATE TO PROVISION OF REQUESTED INFORMATION TO AN INDIVIDUAL TRUSTEE POLICY (T.15)

For truly my words are not false; one who is perfect in knowledge is with you. (Job 36:4)

Created, Draft

September 4, 2018

First Tabling

September 11, 2018

Review

[Click here to enter a date.](#)

Peter Aguiar, Superintendent of Student Achievement and Well Being, Area 4

RECOMMENDATION REPORT

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

A. EXECUTIVE SUMMARY

This report recommends updating the Provision of Requested Information to an Individual Trustee Policy (T.15) to reformat in meta policy format.

The cumulative staff time required to prepare this report was 2 hours

B. PURPOSE

This Recommendation Report is on the Order Paper of the Governance Policy Committee as it recommends policy revision.

C. BACKGROUND

The Provision of Requested Information to an Individual Trustee Policy (T.15) was approved on December 1972, and was last revised on January 1991.

D. EVIDENCE/RESEARCH/ANALYSIS

Other than the changes necessary to reformat to meta policy format, no changes are deemed necessary to the policy at this time.

E. METRICS AND ACCOUNTABILITY

1. Recommendations in this report will be monitored by policy development staff.
2. Further reports will be brought to Board in accordance with the policy review schedule.

F. IMPLEMENTATION, STRATEGIC COMMUNICATIONS AND STAKEHOLDER ENGAGEMENT PLAN

The updated policy as approved will be posted on the TCDSB policy register.

G. STAFF RECOMMENDATION

Staff recommends that the revised Provision of Requested Information to an Individual Trustee Policy (T.15) provided in Appendix A be adopted.



POLICY SECTION: TRUSTEES

SUB-SECTION:

POLICY NAME: PROVISION OF REQUESTED INFORMATION TO AN INDIVIDUAL TRUSTEE

POLICY NO: T. 15

Date Approved: BM p 1915, Dec 72	Date of Next Review: June 2023	Dates of Amendments: BM p 48, 24 Jan 91; BM, Nov 90; BM, 19 Dec 87; December 13, 2012 - Board June 24, 2018
Cross References:		
Appendix		

Purpose:

This Policy outlines conditions under which information requested by an individual Trustee can be provided to the Trustee by staff of the Toronto Catholic District School Board.

Scope and Responsibility:

The policy extends to Trustees, the Director and staff of the Toronto Catholic District School Board. The Director of Education, with the assistance of the Senior Coordinator of Communications, is responsible for this policy.

Alignment with MYSP:

Strengthening Public Confidence

Achieving Excellence in Governance



POLICY SECTION: TRUSTEES

SUB-SECTION:

POLICY NAME: PROVISION OF REQUESTED INFORMATION TO AN INDIVIDUAL TRUSTEE

POLICY NO: T. 15

Policy:

Information requested by an individual Trustee will be provided to that Trustee upon request to the Director of Education in accordance with the regulations where the information is:

- (i) reasonably necessary under the exercise of an individual Trustee's duties and responsibilities in order for the Board of Trustees to exercise its powers and duties;
- (ii) readily available; and
- (iii) not sensitive.

Regulations:

1. Information is deemed to be readily available where:
 - a. information is already in the possession of a person employed by the TCDSB;
 - b. the retrieval of the information will not require more than one hour for one person to complete; and
 - c. the cost of retrieval, other than staff time, will not exceed \$25.00 in disbursements.
2. Information is deemed sensitive where:
 - a. it is required or permitted by law to be kept confidential;
 - b. it is person-identified, by name, position or otherwise;
 - c. its possession could be prejudicial to the interest of the Board; or
 - d. it is tentative, incomplete or misleading by reason that the subject matter is in the conceptual or developmental stage.



POLICY SECTION: TRUSTEES

SUB-SECTION:

**POLICY NAME: PROVISION OF REQUESTED
INFORMATION TO AN INDIVIDUAL
TRUSTEE**

POLICY NO: T. 15

3. All requests for information shall be submitted and provided through the Office of the Director of Education.
4. The Director of Education shall provide the requested information in a timely manner in all cases in which the information falls within the policy.
5. If, in the opinion of the Director of Education, the provision of the requested information would not fall within the policy, he/she shall:
 - a. request the Trustee to include the item on the appropriate agenda;
 - b. promptly so advise the requesting Trustee; and
 - c. unless the requesting Trustee withdraws the request, report his/her action directly to the Board.
6. The Board may direct the Director of Education to provide the requested information to the Trustee upon motion made and passed in accordance with By-laws of the Board, unless the disclosure of the information is precluded or otherwise restricted by law, or by reasonable expectations of confidentiality shared by the persons who gave and received the information in the first place.
7. Where information is provided to an individual Trustee, the Director will share the information with all Trustees when, in the Director's sole discretion, such information ought to come to the attention of all members of the Board.



POLICY SECTION: TRUSTEES

SUB-SECTION:

**POLICY NAME: PROVISION OF REQUESTED
INFORMATION TO AN INDIVIDUAL
TRUSTEE**

POLICY NO: T. 15

Definitions:

Evaluation and Metrics:

The effectiveness of the policy will be determined by measuring the following:
Trustees, the Director and the Communications Department shall assess the
policy to ensure that information is provided according the regulations.



REPORT TO

GOVERNANCE AND POLICY
COMMITTEE

UPDATE TO ELECTRONIC PARTICIPATION IN MEETINGS OF THE BOARD, COMMITTEES OF THE BOARD, AND THE COMMITTEE OF THE WHOLE BOARD POLICY (T.19)

Let no evil talk come out of your mouths, but only what is useful for building up, as there is need, so that your words may give grace to those who hear. (Ephesians 4:29)

Created, Draft	First Tabling	Review
August 30, 2018	September 11, 2018	Click here to enter a date.

Peter Aguiar, Superintendent of Student Wellbeing and Achievement, Area 4

RECOMMENDATION REPORT

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

A. EXECUTIVE SUMMARY

This report recommends updating the current Electronic Participation in Meetings of the Board, Committees of the Board, and the Committee of the Whole Board Policy (T.19) to comply with legislation.

The cumulative staff time required to prepare this report was 2 hours.

B. PURPOSE

This Recommendation Report is on the Order Paper of the Governance Policy Committee as it recommends policy revision.

C. BACKGROUND

The Electronic Participation in Meetings of the Board, Committees of the Board, and the Committee of the Whole Board Policy (T.19) was approved in October 2013 and has not been amended since.

D. EVIDENCE/RESEARCH/ANALYSIS

The changes in this policy ensure compliance with legislation.

E. METRICS AND ACCOUNTABILITY

1. Recommendations in this report will be monitored by policy development staff.
2. Further reports will be brought to Board in accordance with the policy review schedule.

F. IMPLEMENTATION

The updated policy as approved will be posted on the TCDSB register.

G. STAFF RECOMMENDATION

Staff recommends that the revised Electronic Participation in Meetings of the Board, Committees of the Board, and the Committee of the Whole Board Policy (T.19) provided in Appendix A be adopted.



POLICY SECTION: TRUSTEES

SUB-SECTION:

POLICY NAME: ELECTRONIC PARTICIPATION IN
MEETINGS OF THE BOARD,
COMMITTEES OF THE BOARD, AND
THE COMMITTEE OF THE WHOLE
BOARD

POLICY NO: T. 19

Date Approved: October 15, 2013	Date of Next Review: 2023	Dates of Amendments:
Cross References: Education Act, S. 208.1 Ontario Regulation 463/97, 1997 Municipal Conflict of Interest Act TCDSB Policy: T.02 Student Trustee TCDSB By-Law #175		
Appendix: Protocol for Participation in Meetings Using Electronic Means		

Purpose:

There may be occasions when Trustees and Student Trustees are unable to be physically present for a meeting of the Board or its committees, including a committee of the whole board. This policy confirms the ability of Trustees and Student Trustees to participate in meetings of the Board and its committees through electronic means.

Scope and Responsibility:

The policy extends to Trustees and Student Trustees of the TCDSB. The Director of Education is responsible for this policy.



POLICY SECTION: TRUSTEES

SUB-SECTION:

POLICY NAME: ELECTRONIC PARTICIPATION IN MEETINGS OF THE BOARD, COMMITTEES OF THE BOARD, AND THE COMMITTEE OF THE WHOLE BOARD

POLICY NO: T. 19

Alignment with MYSP:

Strengthening Public Confidence

Achieving Excellence in Governance

Policy:

The Toronto Catholic District School Board shall provide the electronic means for Board members and Student Trustees to participate in a meeting of the Board and its committees, including a committee of the whole board.

Regulations:

1. At the request of any Board Member or Student Trustee, the TCDSB shall provide the Trustees and Student Trustees with electronic means for participating in one or more meetings of the Board or of a committee of the Board, including a committee of the whole board.
2. At every meeting of the Board or of a committee of the whole board, the following persons must be physically present in the Board room:
 - i. the Chair of the board or his or her designate.
 - ii. at least one additional member of the board.
 - iii. the Director of Education of the board or his or her designate



POLICY SECTION: TRUSTEES

SUB-SECTION:

POLICY NAME: ELECTRONIC PARTICIPATION IN MEETINGS OF THE BOARD, COMMITTEES OF THE BOARD, AND THE COMMITTEE OF THE WHOLE BOARD

POLICY NO: T. 19

3. At every meeting of a committee of the board, except a committee of the whole board, the following persons must be physically present in the Board room:
 - i. the Chair of the committee or his or her designate.
 - ii. the Director of Education of the board or his or her designate
4. The Board is permitted to refuse to provide a member with electronic means of participation in a meeting of the Board, a meeting of a committee of the whole board or a committee of the Board, where to do so is necessary to ensure compliance with Regulation #2 and #3.
5. A Trustee or Student Trustee who participates in a meeting through electronic means shall be deemed to be present at the meeting and will be recorded in the attendance for the meeting. Minutes of the meeting will record the Board Members who participated in the meeting using electronic means.
6. In accordance with TCDSB By-Law #175 regarding quorum for Board or committee meetings, board members participating using electronic means will be included for as long as they remain electronically connected to the meeting. If quorum is not present within twenty minutes after the time appointed for any meeting, the Recording Secretary shall record the names of Trustees and officials of the board who are present, and the meeting shall stand adjourned.
7. To ensure quorum is maintained, Trustees using electronic means to participate in meetings shall inform the Chair of the Board or the Chair of the Board committee about their intentions to leave the meeting, either on a temporary or permanent basis.



POLICY SECTION: TRUSTEES

SUB-SECTION:

POLICY NAME: ELECTRONIC PARTICIPATION IN MEETINGS OF THE BOARD, COMMITTEES OF THE BOARD, AND THE COMMITTEE OF THE WHOLE BOARD

POLICY NO: T. 19

8. Trustees and Student Trustees using electronic means to participate in meetings must be able to hear and be heard by all participants of the meeting.
9. At all meetings of the Board or its committees, Trustees and Student Trustees participating by electronic means must comply with the requirements of the Municipal Conflict of Interest Act.
- 10.A Student Trustee participating through electronic means in meetings of the Board or its committees that are closed to the public is not permitted to participate in those proceedings.
- 11.Trustees and Student Trustees using electronic means for participation in meetings of the Board or its committees should follow the protocol for electronic meetings enforced by the Chair.
- 12.Public meetings of the Board and its committees comprised of all Trustees shall be web broadcast.
- 13.Copies of all materials shall be securely provided to Trustees electronically before the start of the meeting.
- 14.Trustees and Student Trustees participating in meetings closed to the public through electronic means must ensure confidentiality of all materials, discussions and decisions.



POLICY SECTION: TRUSTEES

SUB-SECTION:

POLICY NAME: ELECTRONIC PARTICIPATION IN MEETINGS OF THE BOARD, COMMITTEES OF THE BOARD, AND THE COMMITTEE OF THE WHOLE BOARD

POLICY NO: T. 19

15. Appropriate processes will be put in place to ensure the security and confidentiality of proceedings that are closed to the public in accordance with the Education Act.

Evaluation and Metrics:

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

An annual Information Report about participation at meetings of the Board and its committees will be presented to Trustees for consideration.



REPORT TO

GOVERNANCE AND POLICY
COMMITTEE

WHISTLEBLOWER POLICY (A.39)

“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 more as you see the Day approaching.”

Hebrews 10:24-25

Created, Draft	First Tabling	Review
August 28, 2018	September 11, 2018	Click here to enter a date

P. De Cock, Comptroller of Business Services & Finance

J. Yan, Senior Coordinator Communications, Public and Media Relations

M. Moffett, Senior Coordinator, Academic Services, Human Resources

RECOMMENDATION REPORT

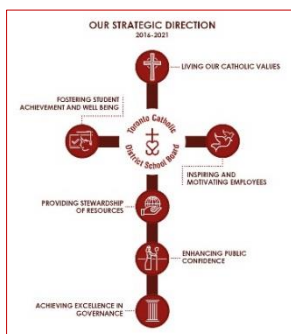
Vision:

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

At the meeting of the Regular Board on June 14th 2018, the Board of Trustees received the TCDSB Community Consultation results and referred the draft Policy and Operational Procedures to the Governance and Policy Committee. In addition, the Board of Trustees directed staff to provide additional examples of Whistleblower Policies.

This report summarizes and provides analysis of the feedback, comments and results gathered from the consultation process (Appendix A), and provides additional sample policies for comparative purposes (Appendices C & D). In addition, the report provides a draft Whistleblower Policy (A.39) and Operational Procedures (Appendix B) for reference.

Overall, the consultation feedback has provided confirmation for the need to provide informants with anonymity and protection from reprisals. The proposed use of a third party whistleblower service facilitates the anonymity of informants, ensures the confidentiality of information submitted, and protects the informants from any form of internal or external reprisal in a cost effective manner.

This report recommends the adoption and operationalization of the draft Whistleblower Policy and Operational Procedures.

The cumulative staff time required to prepare this report was 7 hours.

B. PURPOSE

1. Most large public organizations have policies and procedures like this in place to identify and prevent improper activities. The Whistleblower Policy (A.39) and Operational Procedures 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 Procedures drafted and submitted to the Governance and Policy Committee meeting on September 12th 2017 for consideration and review supports the Board's commitment to

integrity and accountability. 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 facilitates this commitment.

2. The goal of the policy is to encourage TCDSB stakeholders 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 protections 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 1st 2018 to May 22nd 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 invited input on the draft Whistleblower Policy (A.39) at meetings scheduled between February and April 2018 with the TCDSB's major employee and administrative groups, as well as employee unions.

D. EVIDENCE/RESEARCH/ANALYSIS

1. A total of 397 respondents completed the online survey which generated 254 individual comments (Appendix A). 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 (HM.14, HM.19 and HM.37), and reliability of a third party reporting service.
7. The full survey results appear in Appendix A. In general, the comments are negative with consistent themes about confidentiality, a duplication of existing legislation, cost implications, and the risk of reporting used to settle scores or engage in reprisals.
8. Additional Whistleblower Policies for the Toronto District School Board and York Catholic District School Board appear in Appendices C and D respectively for reference and comparative purposes.
9. The proposed Policy and Operational Procedures addresses the overall concerns collected by consultation exercise by the engagement of a third party Whistleblower agency. The agency will ensure the anonymity of informants and provide protection from any form of reprisal both internal and external to the TCDSB organization.
10. The third party Whistleblower agency can be procured and maintained in a cost effective manner as detailed below:
 - Annual maintenance cost estimated at \$20,000
 - One-time implementation and training costs estimated at \$26,000
 - Renewal and Contingency costs estimated at \$17,000

11. The 2018-19 Budget Estimates contains an approved funding provision of \$75,000.

E. STAFF RECOMMENDATION

This report recommends the adoption and operationalization of the proposed Whistleblower Policy (A.39) and Operational Procedures.

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:

Education Act, 1990, s. 301, 302

Ontario Human Rights Code, 1990

Occupational Health and Safety Act

Municipal Freedom of Information and Protection of Privacy Act

Criminal Code of Canada

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.

Toronto District School Board

Policy P066

Title: **REPORTING OF SUSPECTED WRONGDOING (WHISTLEBLOWING)**

Adopted: October 29, 2008

Effectuated: October 29, 2008

Revised: June 17, 2015; **June 17, 2016**

Reviewed: March 2012

Authorization: Board of Trustees

1. OBJECTIVE

- 1.1 To ensure ethical and professional conduct at the Toronto District School Board (Board) and to demonstrate the Board's commitment to maintaining and enhancing public confidence in the integrity of its trustees and employees;
- 1.2 To enable trustees, employees, and the general public, including parents and students, to raise concerns about suspected wrongdoing by a trustee or employee of the Board in respect to the business and operations of its schools, offices, and facilities;
- 1.3 To ensure protection against reprisal related to reporting of suspected wrongdoing.

2. RESPONSIBILITY

- 2.1 The Director of Education is responsible for establishing appropriate organizational structures, systems, practices, and controls to ensure compliance with this policy in relation to the Board's employees.
- 2.2 The Board of Trustees is responsible for the enforcement of this policy in relation to the Director of Education.
- 2.3 The Office of the Integrity Commissioner will deal with a complaint that a trustee has breached the Board Member Code of Conduct.

3. DEFINITIONS

3.1 *Reprisal* includes any harassment, intimidation, threats, or discipline against a person for making a report to the Board about a suspected wrongdoing by a trustee or employee of the Board in respect to the business and operations of its schools, offices, and facilities.

3.2 *Wrongdoing* means:

- a contravention of a federal or provincial act or regulation by a trustee or employee (for example: *Criminal Code of Canada*, *Education Act* and applicable regulations, etc.);
- an act or omission that creates danger to life, physical and mental health, safety of persons, or to the environment;
- mismanagement inconsistent with laws, regulations, and Board policies, including waste of financial resources, abuse of managerial authority, mismanagement, or loss/theft of public assets;
- financial fraud (e.g., an act of deception, manipulation, or trickery) in respect to the finances of the Board or a school/department operated by the Board;
- time theft (i.e., a fraudulent act where an employee collects pay for time not actually worked);
- deliberate non-compliance with Board policies and procedures; and
- directing or counseling a person to commit any of the above.

4. POLICY

4.1 This policy encourages anyone (including trustees, employees, the Board's permit holders, volunteers, students, parents, external organizations, and the general public) to report suspicions of wrongdoing by trustees or employees of the Board.

4.2 The Board is committed to the safety of the learning and working environments in all schools, offices, and facilities and the effective stewardship of its resources in accordance with all applicable laws.

4.3 The process for addressing and resolving a reporting of suspected wrongdoing must be neutral, appropriately independent, transparent, fair, and timely. This includes

informing the person who filed the report of the manner in which the disclosure was addressed.

- 4.4 All employees and trustees are expected to act with honesty and integrity in the fulfillment of their responsibilities in accordance with the Board's codes of conduct, policies, and procedures.
- 4.5 The Board shall make every reasonable effort to discourage wrongdoing and shall establish and maintain internal controls to prevent and detect wrongdoing.
- 4.6 A person who reasonably suspects wrongdoing as defined in this policy is strongly encouraged to report the suspicion in accordance with section 4.11.
- 4.7 A report of suspected wrongdoing may be made anonymously. Anonymous allegations will only be acted upon if the evidence collected during the preliminary investigation indicates the disclosure can be properly investigated and is in the public interest.
- 4.8 The Board shall make every effort to ensure that a person, who in good faith brings forward suspicions of wrongdoing under this policy, and any associated persons, including witnesses, is protected from harassment, retaliation, or adverse employment or contract consequence.
- 4.9 All participants in an investigation of a suspected wrongdoing, including persons who make a report of suspected wrongdoing, witnesses, and the persons suspected to be responsible for wrongdoing, are expected to keep the details and results of the investigation confidential, and only discuss the matter with those conducting the investigation.
- 4.10 The Board shall make every effort to ensure that confidentiality is maintained at all stages of the investigation for all individuals directly involved in the process, unless the issue requires investigation by law enforcement or unless disclosure is required by law.
- 4.11 Reporting suspected wrongdoing:
 - A person may submit information related to a suspected wrongdoing by an employee to an external third party through one of the following methods: designated email account, voice mail line or mail address as prescribed in the accompanying procedure.

- The external third party will assess the nature of the report of suspected wrongdoing and redirect it to the appropriate authority for review and investigation, as required, based on the following criteria:
 - Where an employee of the Board is suspected of wrongdoing, the reported information will be provided to the Director of Education or designate as prescribed in the accompanying procedure.
 - Where a member of the Senior Team is suspected of wrongdoing, the reported information will be provided to the Director of Education.
 - Where the Director of Education is suspected of wrongdoing, the reported information will be provided to the Chair of the Board of Trustees.
 - Information regarding suspected wrongdoing by a trustee (including the Chair of the Board) should be provided, in writing, directly to the Integrity Commissioner in accordance with the Complaint Protocol for the Board Member Code of Conduct.
- 4.12 Any person who knowingly and purposefully makes a false, frivolous, malicious, or vexatious report may be subject to legal proceedings to obtain redress. Any employee who knowingly and purposefully makes a false, frivolous, malicious, or vexatious report may be subject to discipline, up to and including dismissal.
- 4.13 A person who has reasonable grounds for believing he or she has suffered reprisal for making a complaint of suspected wrongdoing may make a complaint to the external third party as prescribed in the accompanying procedure.
- 4.14 An employee of the Board who retaliates against someone who has reported a suspected wrongdoing in good faith is subject to discipline, up to and including dismissal.
- 4.15 This policy does not affect or replace any duty to make a report that is required or permitted under legislation. This policy does not affect any rights under a collective agreement, legislation, the Ontario Human Rights Code, or the Canadian Charter of Rights and Freedoms. This policy does not supersede other Board policies, procedures, and protocols and a person making a report may be directed to use other available complaint resolution procedures and protocols.

5. SPECIFIC DIRECTIVES

The Director of Education has authority to issue operational procedures for reporting and investigating alleged wrongdoing involving employees.

6. REFERENCE DOCUMENTS

Policies:

Board Member Code of Conduct (P075)

Employee Conflict of Interest (P057)

Human Rights (P031)

Workplace Harassment (P034)

Workplace Violence Prevention (P072)

Procedures:

Board Code of Conduct (PR585)

Code of Online Conduct (PR571)

Complaint Protocol for the Board Member Code of Conduct (PR708)

Crisis and Incident Reporting (PR569)

Employee Conflict of Interest (PR673)

Freedom of Information (PR676)

Human Rights (PR657)

Parent Concern Protocol (PR505)

Promoting a Positive School Climate (PR697)

Reporting of Wrongdoing (Whistleblowing) Procedure (PR710)

Toronto District School Board

Operational Procedure PR710

Title: **REPORTING OF SUSPECTED WRONGDOING (WHISTLEBLOWING)**

Adopted: November 24, 2015

Effected: August 22, 2016

Revised: July 25, 2016

Reviewed: May 2016

Authorization: Executive Council

1.0 RATIONALE

This Reporting of Suspected Wrongdoing (Whistleblowing) operational procedure (the “Procedure”) is developed to support implementation of the Reporting of Suspected Wrongdoing (Whistleblowing) Policy (P066).

2.0 OBJECTIVE

To establish the process for reporting of suspected wrongdoing with regard to employees of the Toronto District School Board.

3.0 DEFINITIONS

- 3.1 *Board* is the Toronto District School Board, which is also referred to as the “TDSB”.
- 3.2 *External Third Party* means an independent and neutral service provider competitively procured by the Board to process and pre-screen reports of suspected wrongdoing prior to investigation.
- 3.3 *Parties Overseeing Investigation* means officials, i.e., Chair of the Board, Director of Education, and Executive Superintendent, Employee Services, who have authority to initiate investigation of suspected wrongdoing.
- 3.4 *Reprisal* includes any harassment, intimidation, threats, or discipline against a person for making a report to the Board about a suspected wrongdoing by a trustee or employee of the Board with respect to the business and operations of its schools, offices, and facilities.
- 3.5 *TDSB* is the Toronto District School Board, which is also referred to as the “Board”.

3.6 *Wrongdoing* means:

- a contravention of a federal or provincial act or regulation by a trustee or employee (for example: *Criminal Code of Canada*, *Education Act* and applicable regulations, etc.);
- an act or omission that creates danger to life, physical or mental health, safety of persons, or to the environment;
- mismanagement inconsistent with laws, regulations, and Board policies, including waste of financial resources, abuse of managerial authority, mismanagement, or loss/theft of public assets;
- financial fraud (e.g., an act of deception, manipulation, or trickery) with respect to the finances of the Board or a school/department operated by the Board;
- time theft (i.e., a fraudulent act where an employee collects pay for time not actually worked);
- deliberate non-compliance with Board policies and procedures; and
- directing or counseling a person to commit any of the above.

4.0 RESPONSIBILITY

Director of Education

5.0 APPLICATION AND SCOPE

- 5.1. This Procedure applies to reporting by persons (including trustees, employees, the Board's permit holders, volunteers, students, parents, external organizations, and the general public) of suspected wrongdoing by an employee of the Board in respect of the business and operations of the Board's schools, offices and facilities.
- 5.2. This Procedure does not apply to reporting of suspected wrongdoing with regard to trustees of the Board, which is governed by the Complaint Protocol for the Board Member Code of Conduct.

6.0 PROCEDURES

6.1. Reporting of Suspected Wrongdoing

- (a) Any act of suspected wrongdoing by an employee should be reported to the External Third Party.

- (b) Persons should report a suspected wrongdoing using one of the following confidential methods to be posted on the Board's website:
 - (i) Telephone Whistleblowing Hotline
 - (ii) Email
 - (iii) Direct Mail
- (c) The reporting should contain sufficient information and detail to clearly describe the situation and to enable assessment.
- (d) Persons making written submissions are encouraged to use form PR710A *Reporting Suspected Wrongdoing* (enclosed below in Appendix A).
- (e) The External Third Party will assess the nature of the report of suspected wrongdoing and redirect it to the appropriate authority for review and investigation, as required, based on the following criteria:
 - (i) Where an employee of the Board is suspected of wrongdoing, the reported information will be provided to the Executive Superintendent, Employee Services, acting as the designate of the Director of Education.
 - (ii) Where a member of the Senior Team is suspected of wrongdoing, the reported information will be provided to the Director of Education.
 - (iii) Where the Director of Education is suspected of wrongdoing, the reported information will be provided to the Chair of the Board of Trustees.
- (f) Anonymous reports of suspected wrongdoing will be accepted and investigated.

6.2. Investigation of Suspected Wrongdoing

- (a) The Executive Superintendent, Employee Services, the Director of Education, and the Chair of the Board, as appropriate, ("Parties Overseeing Investigation") shall initiate investigation of reports of suspected wrongdoing that have been determined as warranted investigation.
- (b) The Parties Overseeing Investigation will assess the reports of suspected wrongdoing to determine initially if the complaint falls under the definition of wrongdoing. The Parties Overseeing Investigation may determine that an investigation will not proceed in the following circumstances:
 - (i) the matter would more appropriately be dealt with through another existing process or protocol (e.g., Parent Concern Protocol (PR505), Handling Concerns About Learning Resources and Controversial Issues (PR532), Workplace Harassment (PR515), etc.)

- (ii) the matter is already being dealt with through another statutory process, e.g. a complaint already filed with the Ontario Human Rights Commission, or a law enforcement body;
 - (iii) the complaint expresses disagreement with a TDSB policy or procedure (the reporting of wrongdoing process is not designed to be an avenue for addressing disagreements with a policy decision);
 - (iv) the complaint is already subject to litigation or court proceedings;
 - (v) the complaint is related to an employment or labour relations matter that should be dealt with through another procedure;
 - (vi) the complaint is frivolous, vexatious or made in bad faith;
 - (vii) there is insufficient information to proceed.
- (c) The Executive Superintendent, Employee Services, may engage the services of internal staff and/or external resources, as appropriate, to investigate the suspected wrongdoing by Board employees (other than Senior Team members).
 - (d) The Director of Education shall engage an independent external investigator with regard to complaints involving Executives reporting directly to the Director of Education if it is determined that the report is warranted investigation. The Director of Education may engage the services of internal staff and/or external resources, as appropriate, to investigate the suspected wrongdoing involving other members of the Senior Team.
 - (e) The Chair of the Board shall engage an independent external investigator with regard to complaints involving the Director of Education if it is determined that the report is warranted investigation. The external investigator will be provided by the TDSB through the General Counsel. The General Counsel will not participate in the investigation.
 - (f) A person who is the subject of the complaint will be given an opportunity to respond to the allegations made against him/her and will be provided with information on the results of the investigation.

6.3. Outcome of Investigation

- (a) If a wrongdoing is confirmed by the investigation, appropriate disciplinary action shall be taken, up to and including termination of employment.
- (b) In the event of criminal conduct, the police shall be notified immediately.
- (c) Subject to the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA), the Parties Overseeing Investigation will notify the person who filed the report (unless it was anonymous) of the manner in which the complaint was addressed:
 - (i) not accepted, as the disclosure did not fall under definition of wrongdoing;

- (ii) accepted but not investigated under this Procedure, as the disclosure was defined as wrongdoing but would be managed under another procedure; or
- (iii) investigated and resolved, as the disclosure was defined as wrongdoing and investigated under this Procedure.

6.4. Interference with an Investigation

A person who wilfully obstructs an investigation of suspected wrongdoing may be subject to disciplinary measures, up to and including termination of employment and/or to legal proceedings to obtain redress.

6.5. Reprisal or Retaliation

- (a) A person who has reasonable grounds for believing he or she has suffered a reprisal can make a complaint to the appropriate Party Overseeing Investigation.
- (b) The Party Overseeing Investigation shall investigate complaints of reprisal engaging internal staff and/or external resources, as appropriate.
- (c) A person who retaliates against someone who reported a suspected wrongdoing in good faith is subject to discipline, up to and including termination of employment and/or to legal proceedings to obtain redress.
- (d) Under certain circumstances, when an employee believes that it would not be appropriate, given the nature of the allegations, to report a reprisal to the Executive Superintendent, Employee Services, he/she may submit this information directly to the Director of Education.

6.6. Retention of Records

- (a) All electronic and paper records obtained through the investigation must be treated as highly confidential and will only be accessed by authorized officials.
- (b) The Parties Overseeing Investigation will retain records related to the respective investigations of suspected wrongdoing.
- (c) Records will be retained for a term specified in the Board's records retention schedule, unless other legal requirements necessitate a longer term.
- (d) Upon expiry of the retention term, records will be disposed of securely so that they cannot be retrieved or reconstructed.

6.7. Reporting to the Board of Trustees

- (a) The Chair of the Board and the Director of Education will report in the fall of each year to the Board of Trustees on the complaints made and subsequent actions taken.
- (b) The report will include:

- (i) number and types of concerns raised;
- (ii) number and types of concerns investigated;
- (iii) outcomes of investigations;
- (iv) complaints of reprisal or failures to maintain confidentiality;
- (v) relevant litigation information.

7.0 EVALUATION

This operational procedure will be reviewed at a minimum every four (4) years after the effective date.

8.0 APPENDICES

Appendix A: Form 710A Reporting Suspected Wrongdoing

9.0 REFERENCE DOCUMENTS

Policies:

- Board Member Code of Conduct (P075)
- Employee Conflict of Interest (P057)
- Human Rights (P031)
- Reporting of Suspected Wrongdoing (Whistleblowing) (P066)
- Workplace Harassment (P034)
- Workplace Violence Prevention (P072)

Procedures:

- Board Code of Conduct (PR585)
- Code of Online Conduct (PR571)
- Complaint Protocol for the Board Member Code of Conduct (PR708)
- Crisis and Incident Reporting (PR569)
- Employee Conflict of Interest (PR673)
- Freedom of Information (PR676)
- Human Rights (PR657)
- Promoting a Positive School Climate (PR697)

Legislative Acts:

- *Municipal Freedom of Information and Protection of Privacy Act*



Reporting Suspected Wrongdoing

In accordance with the Reporting of Suspected Wrongdoing Policy (P066) and Operational Procedure (PR710)

The Toronto District School Board encourages trustees, employees and other individuals to raise concerns of suspected wrongdoing, in good faith, with protection from reprisal or retaliation.

All complaints will be investigated with strict confidentiality. The process has been designed to protect your identity when communicating your concern. The investigation of suspected wrongdoing will be most effective if your contact information is provided in the report. Please provide sufficient information especially if you submit an anonymous report.

Please submit your report or provide information to:

Online : www.integritycounts.ca

Phone: 1-866-921-6714

E-mail: tdsb@integritycounts.ca

PART A: REPORTER'S CONTACT INFORMATION

Association with the Board:

- Staff** ☐
Student ☐
Parent ☐
Other ☐ (please explain) _____

NAME	CONTACT PHONE #
ADDRESS	CONTACT EMAIL
BEST TIME/PLACE TO CONTACT YOU	

PART B: OTHER REPORTER OR WITNESS CONTACT INFORMATION (if applicable)

Association with the Board:

- Staff** ☐
Student ☐
Parent ☐
Other ☐ (please explain) _____

NAME	CONTACT PHONE #
ADDRESS	CONTACT EMAIL
BEST TIME/PLACE TO CONTACT THEM	

Reporting Suspected Wrongdoing

In accordance with the Reporting of Suspected Wrongdoing Policy (P066) and Operational Procedure (PR710)

PART C: REPORT OF SUSPECTED WRONGDOING

Briefly describe the alleged wrongdoing with details about when, where and how the wrongdoing occurred. If there is more than one allegation, number each allegation and use as many pages as necessary.

Date and Time of Submission (DD/MM/YY):

a) What wrongdoing occurred? Describe the incident(s) in detail.

b) When and where did this incident occur?

c) For how long has the wrongdoing been taking place?

d) Who committed the wrongdoing? Provide the individual's name and current position.

e) How did you come to know about this suspected wrongdoing?

Reporting Suspected Wrongdoing

In accordance with the Reporting of Suspected Wrongdoing Policy (P066) and Operational Procedure (PR710)

PART D: EVIDENCE

Please attach a copy of any evidence you may have in your possession; describe how an investigator could locate the evidence or supporting documentation for the matters described above; or, list any documentation that you are aware of that supports your allegation.

Note that you should **not** attempt to obtain evidence or access information protected under the *Municipal Freedom of Information and Protection of Privacy Act*.

PROVIDE ANY ADDITIONAL INFORMATION IN THE SPACE BELOW:

YORK CATHOLIC DISTRICT SCHOOL BOARD



BOARD POLICY	
<i>Policy Section</i> Work Environment – Respectful Workplace	<i>Policy Number</i> 614
<i>Former Policy #</i>	<i>Page</i> 1 of 5
<i>Original Approved Date:</i>	<i>Last Approval Date:</i>
	December 15, 2015

POLICY TITLE: ETHICS AND COMPLIANCE REPORTING (WHISTLEBLOWING)

SECTION A

1. PURPOSE

The York Catholic District School Board is committed to the highest standards of ethical conduct, integrity and accountability. The Board is responsible for the stewardship of financial resources and the public support that enables it to pursue its Mission and Vision.

The purpose of this policy is to provide a framework for the disclosure and investigation of alleged wrongdoing as it relates to financial business at York Catholic District School Board while protecting employees from reprisal or threat of reprisal for making a disclosure.

Furthermore, this policy will provide information to ensure that all individuals are familiar with the procedures to confidentially report actual or alleged occurrences of wrongdoing through a third party certified ethics reporting service.

To this end, the York Catholic District School Board is committed to safeguarding confidence and trust in public education. All internal and external stakeholders for the York Catholic District School Board community are expected to uphold the public trust and demonstrate integrity in all of their dealings.

2. POLICY STATEMENT

York Catholic District School Board will achieve effective utilization and protection of all resources through the sound application and management of all financial systems and internal controls.

This policy will enable Trustees, employees and the general public to raise concerns about alleged wrongdoings by a Trustee or employee of the Board in respect to the financial business and operations of its schools, offices and facilities.

3. PARAMETERS

All individuals to whom this policy applies are expected to adhere to the parameters and procedures outlined in this policy when making a disclosure of alleged wrongdoing and during any subsequent investigation.

- 3.1 Any individual who has knowledge of an occurrence of a wrongdoing, or has reason to suspect that an alleged wrongdoing has occurred, has the right and obligation:
 - 3.1.1 To report the actual or alleged occurrence to the third party certified ethics reporting service as outlined in the procedures to this policy.
- 3.2 The third party certified ethics reporting service will assess the nature of the reported the alleged wrongdoing and redirect it to the appropriate authority for review and investigation, as required, based on the following criteria:
 - 3.2.1 Where a Trustee/employee of the Board is alleged to have committed or participated in an act of wrongdoing, the reported information will be provided to the Director of Education or designate.
 - 3.2.2 Where the Director of Education is alleged to have committed or participated in an act of wrongdoing, the reported information will be provided to the Chair of the Board, who will report to the entire Board of Trustees.
 - 3.2.3 Information regarding alleged wrongdoing should be provided, in writing, and addressed in accordance with Board Policies.
- 3.3 Any alleged act of wrongdoing shall be investigated in accordance with this policy as prudently and expeditiously as possible.
- 3.4 The Board shall make every effort to ensure that an individual, who in good faith makes a report under this policy, is protected from harassment, retaliation or adverse actions and/or results.
- 3.5 An individual who has reasonable grounds for believing he or she has suffered a reprisal shall be entitled to make a complaint following the process outlined in the procedures to this policy.
- 3.6 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.
- 3.7 An individual who makes an unsubstantiated report, which is knowingly false, frivolous, or made with vexatious or malicious intent, shall be subject to discipline, up to and including termination of employment or vendor/contractor services.
- 3.8 The York Catholic District School Board shall investigate any and all incidents of alleged acts of wrongdoing when a report is received by the third party certified ethics reporting service. An objective and impartial investigation will be conducted as per the procedures to this policy, regardless of the position, title, length of service, or relationship with the Board, of any party who becomes the subject of such investigation.
- 3.9 No individual shall willfully obstruct management or any others involved in an investigation of alleged wrongdoing.

- 3.10 No individual shall direct, counsel or cause in any manner any person to obstruct management or any others involved in an investigation of alleged wrongdoing.
- 3.11 No individual 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 alleged wrongdoing.
- 3.12 When an alleged wrongdoing is confirmed by the investigation, appropriate disciplinary action shall be taken, up to and including termination of employment and/or contract where appropriate.
- 3.13 In the event of criminal misconduct, the Police shall be notified immediately.
- 3.14 A report of the number and classification of disclosures of information shall be provided to the Board on an annual basis.
- 3.15 Annual budget provision will be made to support compliance with the policy.

4 RESPONSIBILITIES

4.1 **Board of Trustees**

- 4.1.1 To provide oversight accountability with respect to ensuring that all reported allegations of wrongdoing are investigated as expeditiously as possible.

4.2 **Director of Education**

- 4.2.1 To oversee compliance with the Ethics and Compliance Reporting (Whistleblowing) policy and procedure.
- 4.2.2 To acquire external services as deemed necessary.
- 4.2.3 To regularly report to the Board the results of investigations and confirmed wrongdoings.
- 4.2.4 To provide the Board with annual updates from the third party certified ethics reporting service related to the number and types of disclosure reported.

4.3 **Associate Director of Corporate Services**

- 4.3.1 To ensure system awareness and compliance with this policy in adherence with generally accepted accounting principles, sound business practices and applicable Provincial and Federal Statutes and Regulations.
- 4.3.2 To oversee the management and maintenance of comprehensive operational procedures to guide and safeguard York Catholic District School Board assets in its day to day operations.

4.4 **Superintendent of Human Resources**

- 4.4.1 To work in conjunction with the Ethics and Compliance Committee to ensure that proper protocol is followed when an investigation is confirmed regarding any employee wrongdoing.
- 4.4.2 To work with all parties to ensure an effective resolution.
- 4.4.3 To review final reports and determine resolution(s), when required and in consultation with the Director of Education.

4.5 **Administration**

- 4.5.1 To implement and maintain operational procedures to guide and safeguard York Catholic District School Board assets in its day to day operations.

5. DEFINITIONS

5.1 Administration

For the purpose of this policy, Administration will include employees who have direct supervisory responsibility for a group of employees including, but not limited to:

- (a) Associate Director
- (b) Superintendents of Education
- (c) School Administration
- (d) Senior Managers
- (e) Managers
- (f) Supervisors

5.2 Certified Ethics Reporting Service

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.

5.3 External Stakeholders

A person, group of people or organization that holds a vested interest in the school community, including, but not limited to:

- (a) All levels of Government
- (b) Community Members
- (c) Education partners/organizations
- (d) Ministry of Education
- (e) Media
- (f) Vendor/Contractors

5.4 Internal Stakeholders

A person, group of people or organization that holds a vested interest in the school community, including, but not limited to:

- (a) Parents
- (b) Parishes
- (c) School Administrators
- (d) Senior Administrators
- (e) Staff (School, Centrally assigned and/or Contract)
- (f) Students
- (g) Trustees

5.5 Reprisal

Any measure taken against an individual or employee 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.

5.6 Whistleblower

An individual, who reports that a person or organization is, or has been, engaged in an illicit or alleged illicit activity.

5.7 Wrongdoing

A 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. The list below is not exhaustive but is intended to provide guidance to individuals, who suspect wrongdoing, as to the kind of conduct which constitutes wrongdoing under this policy. Wrongdoing includes, but is not limited to:

- (a) Fraud as defined in the Criminal Code of Canada;
- (b) Misappropriation of funds, supplies, resources, or other assets;
- (c) Any computer related activity involving the alteration, destruction, forgery, manipulation of data or unauthorized access for wrongdoing purposes, in violation of Board policies and procedures as it relates to financial matters;
- (d) Irregular and/or improper accounting, internal controls, or auditing practices or conduct;
- (e) Conflicts of interest (personal or otherwise) influencing the objectives and decision-making of one's duties;
- (f) Time theft (ie: fraudulent act where an employee collects pay for time not actually worked)
- (g) An actual or suspected violation or contravention of any federal or provincial law, regulations, Board policy or Board administrative procedure as they relate to the safeguarding of the Board's assets as well as the Board's fiduciary responsibility; or,
- (h) Knowingly directing or counseling a person to commit a wrongdoing of illegal or inappropriate conduct.

6. CROSS REFERENCES

YCDSB Policy 423 Conflict of Interest of Employees

YCDSB Policy 501 Respectful Workplace

Criminal Code of Canada

Education Act

Municipal Freedom of Information and Protection of Privacy Act

Ontario Human Rights Code

**Approval by
Board**

December 15, 2015

Date

Effective Date

December 16, 2015

Date

Revision Dates

December 15, 2015

Date

Review Date

December 2020

Date

York Catholic District School Board



PROCEDURE:

**ETHICS AND COMPLIANCE REPORTING
(WHISTLEBLOWING)**

**Addendum to Policy 614: Ethics and Compliance Reporting
(Whistleblowing)**

Effective: December 2015

POLICY TITLE: ETHICS AND COMPLIANCE REPORTING

PURPOSE

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

This operational procedure supports that commitment by providing a framework for the disclosure and investigation of alleged wrongdoing by third party certified ethics reporting service as well as protection from reprisal or threat of reprisal for those who make disclosures of such information.

RATIONALE

This operational procedure applies to all internal and external stakeholders of the YCDSB Community. This operational procedure extends to all individuals or organizations engaged in education or other activities while in facilities or representing the York Catholic District School Board.

OPERATIONAL PROCEDURES

1. Reporting an Alleged Wrongdoing

- 1.1 Any individual who has knowledge of an occurrence of a wrongdoing, or has reason to suspect that an alleged wrongdoing has occurred, must report immediately to the third party certified ethics reporting service.
- 1.2 The third party certified ethics reporting service 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:
 - 1.2.1 Where an Trustee/employee of the Board is suspected of the alleged wrongdoing, the reported information will be provided to the Director of Education or designate.
 - 1.2.2 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.
 - 1.2.3 Information regarding alleged wrongdoing should be provided, in writing, and addressed in accordance with the Board Policy.
- 1.3 Where the Director of Education is suspected of alleged wrongdoing, the investigation will be conducted by a third party investigator and reported to the entire Board of Trustees.
- 1.4 The individual can report their concerns to the third party certified ethics reporting service via email, fax, mail, or phone.
- 1.5 The third party certified ethics reporting service collects the information from the individual, 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

- 2.1 The Director of Education shall ensure that all instances of alleged wrongdoing shall be appropriately investigated and reported to the Board on an ongoing basis.
- 2.2 Investigations will be addressed in accordance with the appropriate Board policy.
- 2.3 The Director of Education, in consultation with the Board's forensic consultants and/or the Board's legal counsel, may solicit the services of internal staff and/or external resources as appropriate.
- 2.4 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.
- 2.5 In the event that the investigation was conducted in good faith yet is not to the informant's satisfaction, then 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.
- 2.6 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.

3. Duty to Protect

- 3.1 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.
- 3.2 A person who has reasonable grounds for believing he or she has suffered a reprisal is entitled to make a complaint to the Board.
- 3.3 The Board shall implement the procedures to investigate complaints as outlined in the "Disposition of Complaints Policy".
- 3.4 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.
- 3.5 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.

4. Duty to Report

- 4.1 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. Duty to Investigate

- 5.1 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.
- 5.2 When a wrongdoing is confirmed by the investigation, appropriate disciplinary action shall be taken, up to and including termination of employment and/or contract where appropriate.
- 5.3 In the event of criminal misconduct, the police shall be notified immediately.

6. Prohibition Against Interfering with an Investigation

- 6.1 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.
- 6.2 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.
- 6.3 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.

7. Prohibition Against Counseling Interference with an Investigation

- 7.1 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.
- 7.2 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.

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

- 8.1 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.
- 8.2 The Third Party Certified Ethics Reporting Service 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 8.1.

9. Investigating A Complaint From An Individual Who Believes That They Have Suffering From Retaliation Or Reprisal

- 9.1 The complaint will be processed as per Board policies and procedures related to the disposition of complaints.



REPORT TO

GOVERNANCE AND POLICY COMMITTEE

PREVALENT MEDICAL CONDITIONS S.M. 17

As God's chosen ones, holy and beloved, clothe yourselves with compassion, kindness, humility, meekness, and patience. (Colossians 3:12)

Created, Draft	First Tabling	Review
September 4, 2018	September 11, 2018	Click here to enter a date.

Peter Aguiar – Superintendent of Education and Student Wellbeing, Area 4 and Policy Development
Linda Maselli-Jackman – Superintendent of Special 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

This report recommends rescinding the Anaphylaxis Policy (S.M.15) and the Asthma Policy (S.M.16) in order to create a consolidated Prevalent Medical Conditions Policy (S.M. 17) that will reflect changes to current legislation.

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

B. PURPOSE

This Recommendation Report is on the Order Paper of the Governance and Policy Committee as it recommends policy revision.

C. BACKGROUND

1. The Anaphylaxis Medical Conditions Policy (S.M.15) was approved on February 2006 and has not been amended since.
2. The Asthma Policy (S.M. 16) was approved on August 2015 and has not been amended since.
3. P.P.M 161, issued on February 28, 2018, mandated all school boards in Ontario to maintain a policy to support students with prevalent medical conditions (asthma, diabetes, and/or epilepsy, and/or at risk for anaphylaxis).
4. The Protocol for Prevalent Medical Conditions found in Appendix B was presented and received at the June 13, 2018 meeting of SEAC.
5. The Protocol for Prevalent Medical Conditions found in Appendix B was presented and received at the June 14, 2018 meeting of SEAC.

D. EVIDENCE/RESEARCH/ANALYSIS

1. This policy has been amended in consultation with the TCDSB Department of Special Services, the Special Education Advisory Committee, the Toronto Secondary Unit, the Toronto Elementary Catholic Teachers Unit and the Canadian Union of Public Employees.
2. Since this policy was written, there have been changes to applicable legislations. Revisions in this policy and the accompanying protocol reflect these changes.

E. METRICS AND ACCOUNTABILITY

1. The school principal will ensure that this policy is implemented at their local school.
2. The recommendations of this report and the accompanying protocol will be monitored by the Superintendent of Special Services.
3. Further reports will be brought to Board in accordance with the policy review schedule.

F. IMPLEMENTATION, STRATEGIC COMMUNICATIONS AND STAKEHOLDER ENGAGEMENT PLAN

1. A presentation on the revised policy and protocol will be made to Principals at a K-12 meeting.
2. Presentations will also be made to Education Council, Assessment and Programing Teachers, Programs and Assessment Teachers, and Special Education Department Heads.
3. The updated policy as approved will be posted on the TCDSB policy register.

G. STAFF RECOMMENDATION

Staff recommends that the Prevalent Medical Conditions Policy (S.M. 17) provided in Appendix A be adopted and that Anaphylaxis Policy (S.M.15) provided in Appendix C and the Asthma Policy (S.M.16) provided in Appendix D be rescinded.

POLICY SECTION: **STUDENTS MISCELLANEOUS**

SUB-SECTION:

POLICY NAME: **PREVALENT MEDICAL
CONDITIONS**POLICY NO: **S.M. 17**

Date Approved:	Date of Next Review:	Dates of Amendments:
<p>Cross References:</p> <ol style="list-style-type: none"> 1. Policy/Program Memorandum No. 161, - Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, And Epilepsy) 2. Policy/Program Memorandum No. 81, July 19, 1984: Provision Of Health Support Services In School Settings 3. Policy/Program Memorandum No. 150, October 4, 2010: School Food And Beverage Policy 4. Policy/Program Memorandum No. 149, September 25, 2009: Protocol for Partnerships with External Agencies for Provision of Services by Regulated Health Professionals, Regulated Social Services Professionals, and paraprofessionals 5. Sabrina's Law, 2005, S.O. 2005, Chapter 7 - An Act to Protect Anaphylactic Pupils 6. Ryan's Law, 2015, Ensuring Asthma Friendly Schools 7. S.M. 08, Food and Beverages Sold in Schools 8. S.M. 13, Cafeteria's-Secondary Schools 9. B.B. 04, Smoke Free Space 10.B.G. 03, Weed Control 11.B.P. 01, Carpet 12.TCDSB Safety Manual 13.TCDSB Excursion Handbook 14.Education Act Part X, Section 265 - Duties of Principal: care of pupils and property – to give assiduous attention to the health and comfort of the pupils, 15.Education Act Regulation 298, Section 20 - Duties of Teachers: ensure that all reasonable safety procedures are carried out in courses and activities for which the teacher is responsible. 		



POLICY SECTION: STUDENTS MISCELLANEOUS

SUB-SECTION:

POLICY NAME: PREVALENT MEDICAL CONDITIONS

POLICY NO: S.M. 17

- 16.Guidelines for the Care of Students Living with Diabetes at School, 2014: Canadian Diabetes Association (PDF)
- 17.Canadian Paediatric Society Positioning Statement, 2015: Managing type 1 diabetes in school-Recommendations for policy and practice:
<http://www.cps.ca/en/documents/position/type-1-diabetes-in-school>
- 18.<http://epilepsyontario.org/at-work-school/epilepsy-and-education/for-educators>
- 19.Canadian Paediatric Society Positioning Statement, 2015: Managing type 1 diabetes in school-Recommendations for policy and practice:
<http://www.cps.ca/en/documents/position/type-1-diabetes-in-school>
- 20.<https://www.diabetesatschool.ca/> (Diabetes at School is a resource for families, schools and caregivers to help school-aged children with type 1 diabetes. 2016 by Canadian Paediatric Society, Canadian Paediatric Endocrine Group, Diabetes Canada)
- 21.Ontario Human Rights Code, Part I, Freedom from Discrimination - Services: Every person has a right to equal treatment with respect to services, goods and facilities, without discrimination because of disability.
- 22.Ontario Human Rights Code, Accommodating Students with Disabilities - Roles and Responsibilities (Fact sheet): Education providers have a duty to accommodate students with disabilities up to the point of undue hardship.
- 23.<http://epilepsyontario.org/at-work-school/epilepsy-and-education/for-educators>

Appendix

Protocols for Prevalent Medical Conditions

Purpose:

This policy replaces the Anaphylaxis Policy (S.M. 15) last updated in 2013 and the Asthma Policy (S.M. 16) last updated August 2015. According to Program/Policy Memorandum 161, there is a need to implement processes to address the needs of students with prevalent medical conditions (specifically, Anaphylaxis, Asthma, Diabetes and Epilepsy).



POLICY SECTION: STUDENTS MISCELLANEOUS

SUB-SECTION:

POLICY NAME: PREVALENT MEDICAL CONDITIONS

POLICY NO: S.M. 17

Scope and Responsibility:

This policy and its protocols must be implemented by September 1, 2018. It is the responsibility of the School Principal to ensure that all relevant medical information is collected and disseminated to the appropriate staff as per the Student Plan of Care.

Alignment with MYSP:

Living Our Catholic values

Strengthening Public Confidence

Fostering Student Achievement and Well-Being

Providing Stewardship of Resources

Policy:

A significant number of students are coming to the school system with various medical conditions. This policy addresses four prevalent medical conditions as outlined in PPM 161- Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, And Epilepsy) in Schools.

The Toronto Catholic District School Board (TCDSB) endeavours:

- To support students with prevalent medical conditions and other 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-management of their medical condition(s), according to their Student Plan of Care



POLICY SECTION: STUDENTS MISCELLANEOUS

SUB-SECTION:

POLICY NAME: PREVALENT MEDICAL CONDITIONS

POLICY NO: S.M. 17

Regulations:

The procedures and guidelines for the implementation of this policy shall include the following:

1. A specific Student Plan of Care for students with prevalent medical conditions as outlined in PPM 161 (Anaphylaxis, Asthma, Diabetes, and Epilepsy).
2. A generic Student Plan of Care for students with medical conditions other than those outlined in PPM 161.
3. A communication plan for the dissemination of information on prevalent medical conditions to parents, pupils and employees.
4. Regular training on dealing with prevalent medical conditions for all employees and others who are in direct contact with pupils on a regular basis.
5. A requirement that every school principal develop a Student Plan of Care for each student who has an anaphylaxis, asthma, diabetes and/or epilepsy/seizure disorders.
6. A requirement that every school principal maintain a file for each anaphylactic pupil with a prevalent medical condition, of current treatment and other information, including any/all appropriate medical forms and instructions from the pupil's physician or nurse as needed.
7. A requirement that every school principal review the current TCDSB Policy on Medical Conditions with school staff upon appointment and regularly as recommended in the document.
8. A requirement that every school principal keep a record of training sessions and participants in a location within the school.



POLICY SECTION: STUDENTS MISCELLANEOUS

SUB-SECTION:

POLICY NAME: PREVALENT MEDICAL CONDITIONS

POLICY NO: S.M. 17

Definitions:

1. 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).
2. School Staff refers to all school employees, including occasional staff.
3. “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.
4. A Student Plan of Care refers to a form that contains individualized information on a student with a prevalent medical condition.
5. 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.

Evaluation and Metrics:

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

1. Ongoing consultation with stakeholders during the implementation year.
2. Tracking of the number of students with a medical condition as identified through the student information system.



POLICY SECTION: STUDENTS MISCELLANEOUS

SUB-SECTION:

**POLICY NAME: PREVALENT MEDICAL
CONDITIONS**

POLICY NO: S.M. 17

3. Once the online versions of the Student Plan of Care are in effect, track the incidence of each condition board wide and in each school.



Protocols for Prevalent Medical Conditions

September 2018



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r) Appendix R Emergency Evacuation Form	
s) Appendix S Principals' Action List	
t) Appendix T Parent Letter	

Policy

A significant number of students are coming to the school system with various medical conditions. This policy addresses four prevalent medical conditions as outlined in **PPM 161- Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, And Epilepsy) in Schools.**

The Toronto Catholic District School Board (TCDSB) endeavours:

- To support students with prevalent medical conditions and other 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-management of their medical condition(s), according to their Student Plan of Care

Regulations

The procedures and guidelines for the implementation of this policy shall include the following:

1. A specific Student Plan of Care will be created for students with prevalent medical conditions as outlined in PPM 161 (Anaphylaxis, Asthma, Diabetes, and Epilepsy).
2. A generic Student Plan of Care will be created for students with medical conditions other than those outlined in PPM 161.
3. A communication plan for the dissemination of information on life-threatening conditions to parents, pupils and employees.
4. Regular training on dealing with life-threatening conditions for all employees and others who are in direct contact with pupils on a regular basis.
5. A requirement that every school principal develop a Student Plan of Care for each student who has an anaphylactic allergy, asthma, diabetes and/or epilepsy/seizure disorders.
6. A requirement that every school principal maintain a file for each pupil with a medical condition of current treatment and other information, including a administration of medications, copy of any prescriptions and instructions from the pupil's physician or nurse and a current emergency contact list.
7. A requirement that every school principal review the current TCDSB Policy on Medical Conditions with school staff upon appointment and regularly as recommended in the document.
8. A requirement that every school principal keep a record of training sessions and participants in a location within the school.

Cross References

1. Policy/Program Memorandum No. 161, - Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, And Epilepsy)
2. Policy/Program Memorandum No. 81, July 19, 1984: Provision Of Health Support Services In School Settings
3. Policy/Program Memorandum No. 150, October 4, 2010: School Food And Beverage Policy
4. Policy/Program Memorandum No. 149, September 25, 2009: Protocol for Partnerships with External Agencies for Provision of Services by Regulated Health Professionals, Regulated Social Services Professionals, and paraprofessionals
5. Sabrina's Law, 2005, S.O. 2005, Chapter 7 - An Act to Protect Anaphylactic Pupils
6. Ryan's Law, 2015, Ensuring Asthma Friendly Schools
7. S.M. 08, Food and Beverages Sold in Schools
8. S.M. 13, Cafeteria's-Secondary Schools
9. B.B. 04, Smoke Free Space
10. B.G. 03, Weed Control
11. B.P. 01, Carpet
12. TCDSB Safety Manual
13. TCDSB Excursion Handbook
14. Education Act Part X, Section 265 - Duties of Principal: care of pupils and property – to give assiduous attention to the health and comfort of the pupils,
15. Education Act Regulation 298, Section 20 - Duties of Teachers: ensure that all reasonable safety procedures are carried out in courses and activities for which the teacher is responsible
16. Guidelines for the Care of Students Living with Diabetes at School, 2014: Canadian Diabetes Association (PDF)
17. Canadian Paediatric Society Positioning Statement, 2015:
Managing type 1 diabetes in school-Recommendations for policy and practice:
<http://www.cps.ca/en/documents/position/type-1-diabetes-in-school>
18. <http://epilepsyontario.org/at-work-school/epilepsy-and-education/for-educators>
19. Canadian Paediatric Society Positioning Statement, 2015:
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20. <https://www.diabetesatschool.ca/> (Diabetes at School is a resource for families, schools and caregivers to help school-aged children with type 1 diabetes. 2016 by Canadian Paediatric Society, Canadian Paediatric Endocrine Group, Diabetes Canada)
21. Ontario Human Rights Code, Part I, Freedom from Discrimination - Services: Every person has a right to equal treatment with respect to services, goods and facilities, without discrimination because of disability.
22. Ontario Human Rights Code, Accommodating Students with Disabilities - Roles and Responsibilities (Fact sheet): Education providers have a duty to accommodate students with disabilities up to the point of undue hardship.
23. <http://epilepsyontario.org/at-work-school/epilepsy-and-education/for-educators>

Overview**Protocol 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 semi-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 9-1-1 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 voice
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:

- 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.
- 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.
- 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.
- The principal, in consultation with the parent/guardian will develop a **Student Plan of Care for Anaphylaxis** form.
- 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.
- 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. Refer to Appendix Q Medical Conditions Training Log.
- 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:

- a) 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.
- b) 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.
- c) 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:
 - i) **Opening School Assembly**- when speaking with students about Safety such as fire drills etc. include reminders about medical safety such as food allergies;
 - ii) **School Agenda** ensure that a section on food allergies is included. Include description of reaction and how to help prevent incidents among peers;
 - iii) **Healthy and Active Living** addressed as part of the Health and Physical Education (HPE) curriculum;
 - iv) **Poster Campaign**: Put up posters around the school reminding the students of food allergies;
 - v) **Bulletin Board** Awareness of Medical Conditions;
 - vi) **Toronto Public Health Nurse**- schools may invite the TPH nurse to present on Food Allergies;
 - vii) Communication about Food Allergies/Keeping Our Students Safe should be sent home as part of a **newsletter**;
 - viii) **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:

- i) www.cdnsba.org “Anaphylaxis: A Handbook for School Boards”;
- ii) <https://thefoodallergychronicles.wordpress.com/2013/11/11/allerject-educational-materials-for-all-ontario-school-and-public-health-units/>
- iii) www.allergyfoundation.ca brochures—“Anaphylaxis in Schools”; (see links in Appendix B)
- iv) 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 or instructional posters, videos and presentations.
- v) Anaphylaxis Resource Kit Website: www.eworkshop.on.ca/allergies
- vi) For relevant videos, Visit the Allergy Food Canada site at: <http://www.youtube.com/anaphylaxiscanada>
- vii) 10 tips for Managing food allergy in schools <https://www.youtube.com/watch?v=FzxUd-Ey8Xo>
- viii) Food Allergy Canada has an education resource at www.allergyaware.ca that offers a course that may be accessed annually.
- ix) Information on how to use an EpiPen and practice units are available at www.epipen.ca
- x) *Anaphylaxis in Schools and Other Settings 3rd Edition*. <http://foodallergycanada.ca/anaphylaxis-in-schools-and-other-settings/english/mobile/index.html>

4. Parent Responsibilities

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 known 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, regarding 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 under the following circumstances:
 - i) with the consent of the parent/guardian for students under 16,
 - ii) or if completion of the required consent is not yet available, yet 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.
 - i) 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>
 - ii) Reference the Ophea guide “Creating Asthma Friendly Schools” www.asthmainschools.com
 - iii) 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:
 - i) 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;
 - ii) An emergency contact information;
 - iii) A copy of the prescription and instructions from the student’s physician;
 - iv) 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);
 - v) Confirmation of the plan to involve emergency services by calling 9-1-1 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.
 - i) Asthma resources for schools and educators are available at www.ophea.net.
 - ii) A copy of the OPHEA guide “Creating Asthma Friendly Schools” is available electronically to schools as a resource.
 - iii) 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 constant 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 9-1-1 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 provided by parents should be made available if required by Emergency Medical 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;
 - i) the Request and Consent for the Administration of Injections of Medication in an Emergency (Appendix C)
 - ii) the Student Plan of Care for Diabetes (Appendix G).
 - iii) School personnel 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 9-1-1 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 an 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 the 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 9-1-1 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:
 - i) 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;
 - ii) Treat hypoglycemia with fast-acting sugar;
 - iii) Self-inject insulin when necessary;

- iv) Eat snacks when necessary;
 - v) Eat lunch at an appropriate time and have enough time to finish the meal;
 - vi) Have free and unrestricted access to water and the bathroom;
 - vii) Participate fully in physical education (gym class) and other extracurricular activities including field trips
 - viii) 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:

- a) 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.
- b) Contact the Human Resources Sick Leave and Disability department with the medical information if there is a need that requires accommodation for their diabetes.
- c) 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 gate, 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 9-1-1 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:

- a) Request and Consent for the Administration of Oral Medication form (Appendix A)
- b) 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.
 - c) **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
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:

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)*

Possible Symptoms:

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

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

- ☐ 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 _____ Distribution: Original: OSR
Classroom/lunchroom/staff room/office/with student



Protocols for Prevalent Medical Conditions *Appendices & Forms*





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)



REQUEST AND CONSENT FOR THE ADMINISTRATION OF ORAL MEDICATION

SURNAME	FIRSTNAME
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1. Diagnosis:

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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):

Student's Name

Doctor's Signature

Date: Y-M-D

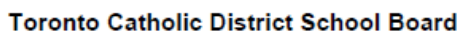
PLEASE USE DOCTOR'S STAMP

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)



Page 1 of 2



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

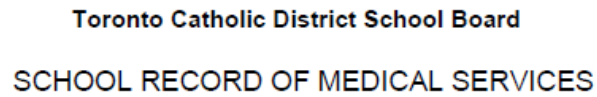
The administration of an injection of medication in an emergency will be implemented as described above. At the same time, school personnel will contact emergency ambulance services.

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)



Distribution: Original: OSR Copy: 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)*



Student Plan of Care for ANAPHYLAXIS

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 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

The supervising teachers will have back up reliever inhaler during sporting events, excursions, and all other out of school activities to be used in emergency situations.

Each time staff administer prescribed asthma medication information must be recorded on the: **Student Log of Administered Medication form.**

Reliever Inhaler use at school and during school related activities

A **reliever inhaler** is a **fast acting medication** (usually blue in colour) that is used when someone is having asthma symptoms. The reliever inhaler should be used:

☐ when student is experiencing asthma symptoms (i.e. trouble breathing, coughing, wheezing).

☐ other (explain): _____

Use of reliever inhaler _____ in the dose of _____
(Name of Medication) (# of puffs)

Spacer (valved holding chamber) provided ☐ Yes ☐ No

Place a check mark beside the type of **reliever inhaler** that the student uses:

☐ salbutamol ☐ airomir ☐ ventolin ☐ bricanyl

☐ other (specify): _____

Controller Medication use at school and during school related activities

Controller medications are taken regularly every day to control asthma. Usually, they are taken in the morning and at night, so generally not taken at school (unless student will be participating in an overnight activity). Place a check mark beside the type of prescribed **controller medication** that the student uses:

☐ flovent ☐ advair ☐ qvar ☐ pulmicort

☐ other (specify): _____

Use/administer _____ in the dose of _____ at the following time(s): _____
(Name of Medication)

Use/administer _____ in the dose of _____ at the following time(s): _____
(Name of Medication)

Use/administer _____ in the dose of _____ at the following time(s): _____
(Name of Medication)

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)	
<input type="checkbox"/> can carry prescribed medications and delivery devices to manage asthma while at school and during school-related activities.	
<input type="checkbox"/> can self-administer prescribed medications and delivery devices to manage asthma while at school and during school-related activities.	
<input type="checkbox"/> 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)

	Student Plan of Care for DIABETES 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)

DRAFT

Toronto Catholic District School Board

Protocol for Prevalent Medical Conditions

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
Blood Glucose Monitoring (GM) <input type="checkbox"/> student requires trained individual to check BG/read meter <input type="checkbox"/> student needs supervision to check BG/read meter <input type="checkbox"/> student can independently check BG/read meter	Target Blood Glucose (BG) Range _____ Times to check BG: Check and Record time below <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Before AM break _____ <input type="checkbox"/> Before lunch _____ <input type="checkbox"/> Before PM break _____ <input type="checkbox"/> Before leaving school _____ </div> <div> <input type="checkbox"/> At before-school program _____ <input type="checkbox"/> Before breakfast program _____ <input type="checkbox"/> At after-school program _____ <input type="checkbox"/> Before sports or exercise _____ </div> </div> Contact Parent(s)/Guardian(s) if BG is: _____

<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>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><input type="checkbox"/> Injection</p> <p><input type="checkbox"/> Pump</p> <p><input type="checkbox"/> Insulin is given by:</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Student with supervision</p> <p><input type="checkbox"/> Parent/Guardian</p> <p><input type="checkbox"/> Trained Individual</p> <p><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> <ol style="list-style-type: none"> 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>Location of insulin: _____</p> <p>Required times for insulin:</p> <p><input type="checkbox"/> Before school: _____ <input type="checkbox"/> Morning Break: _____</p> <p><input type="checkbox"/> Lunch Break: _____ <input type="checkbox"/> Afternoon Break: _____</p> <p><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> <ol style="list-style-type: none"> 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>OR</p> <ol style="list-style-type: none"> 4. Student may independently adjust insulin to accommodate amount of food Yes <input type="checkbox"/> No <input type="checkbox"/> <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

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.

Comments: _____

EMERGENCY PROCEDURES**DO NOT LEAVE STUDENT UNATTENDED****HYPOGLYCEMIA – LOW BLOOD GLUCOSE
(4 mmol/L OR LESS)**

Student will be allowed extra juice/snacks any time they feel low as per hypoglycemic plan

Causes:

- Insufficient carbohydrates due to delayed or missed food
- More exercise than usual without a corresponding increase in food
- Too much insulin

Usual Symptoms of **Hypoglycemia** for my child are: (Select all that apply)

- | | | |
|--|---|---|
| <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: _____ | | |

Predicted times/activities common to low blood sugar for my child:

Steps to take for Mild Hypoglycemia (student is responsive)

1. Check blood glucose, give _____ grams of fast acting carbohydrate (e.g. ½ cup of juice, 15 skittles)

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

We agree that _____
(student name)

- ☐ 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.

Principal Name: _____ Signature: _____ Date: _____

- ☐ A kit for Low Blood Sugar, Hypoglycemia
- ☐ Emergency Contact
- ☐ Cell phone (if parent/guardian chooses)

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:

- 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)

DRAFT

Toronto Catholic District School Board

Protocol for Prevalent Medical Conditions

	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

Name of trained individuals who will provide support with epilepsy and seizure disorder-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. _____

Has an emergency rescue medication been prescribed? ☐ Yes ☐ No

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.

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.

KNOWN SEIZURE TRIGGERS

✓ **CHECK ALL THOSE THAT APPLY**

- | | | |
|--|--|---|
| <input type="checkbox"/> Stress | <input type="checkbox"/> Menstrual Cycle | <input type="checkbox"/> Inactivity |
| <input type="checkbox"/> Changes In Diet | <input type="checkbox"/> Lack Of Sleep | <input type="checkbox"/> Electronic Stimulation (TV, Videos, Florescent Lights) |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Improper Medication Balance | |
| <input type="checkbox"/> Change In Weather | <input type="checkbox"/> Other _____ | |

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? ☐ Yes ☐ No

If yes, describe process for returning student to classroom:

BASIC SEIZURE FIRST AID:

- 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:

- 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)



General Student Plan of Care for
Other Medical Conditions

Please Specify: _____
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
<p>Name of trained individuals who will provide support with _____-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>

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: _____ _____ _____ _____
<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 ☐ 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

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

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



Canadian
Paediatric
Society

**DIABETES
CANADA**

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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



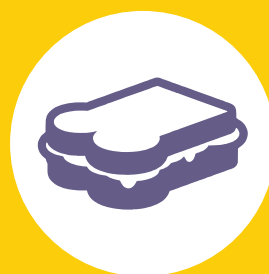
Sweating



Blurry vision



Headache



Hunger



Weakness/Fatigue



Pale skin



Confusion

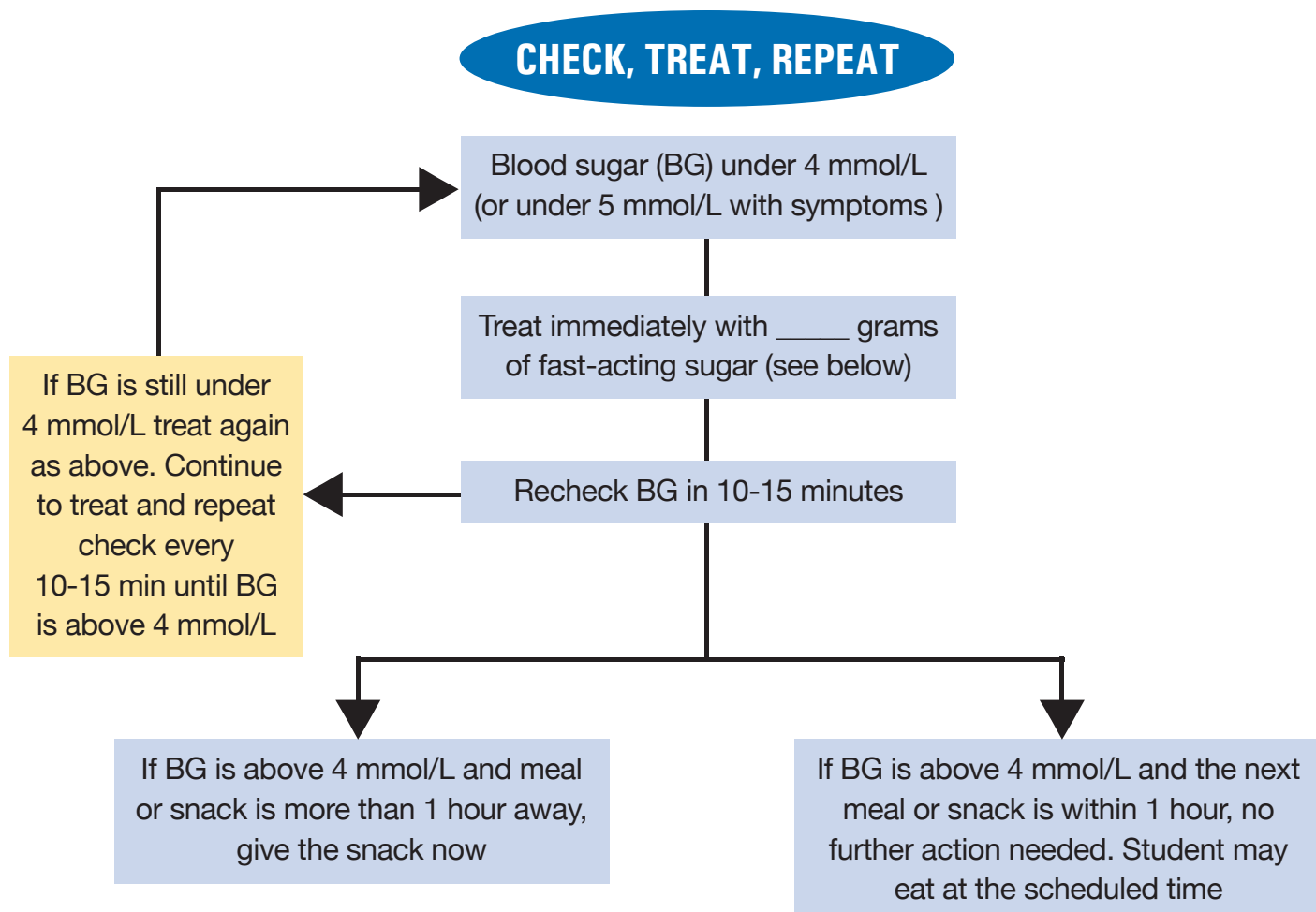
See other side for steps to take when you suspect a student has low blood sugar.

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



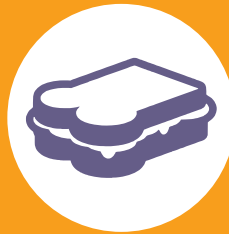
Extreme thirst



Frequent urination



Headache



Hunger



Abdominal pain



Blurry vision



Warm, flushed skin



Irritability

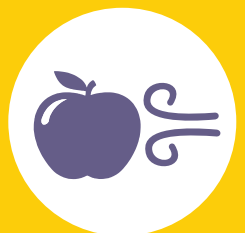
Symptoms of VERY high blood sugar



Rapid, shallow breathing



Vomiting



Fruity breath

SUPPORTING

Ontario Children and Students
with Medical Conditions

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

O Elementary to Secondary

O Secondary to Secondary

Appendix P
APPENDIX B

(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		MEDICAL CONDITIONS	
SIP Claim YES <input type="checkbox"/> NO <input type="checkbox"/>		R: _____		Anaphylaxis <input type="checkbox"/> Asthma <input type="checkbox"/>	
SEA Claim YES <input type="checkbox"/> NO <input type="checkbox"/>		W: _____		Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/>	
Transportation YES <input type="checkbox"/> NO <input type="checkbox"/>		M: _____		Other _____	
		Grade 7 CAT 4 Stanine: _____			
STUDENT'S STRENGTHS	STUDENT'S CHALLENGES	INTERVENTIONS TO DATE	ACCOMODATIONS and /or MODIFICATIONS IN IEP	SUGGESTED FUTURE SCHOOL INTERVENTIONS	SUGGESTED FUTURE CLASSROOM INTERVENTIONS
<input type="checkbox"/> Attendance/punctuality	<input type="checkbox"/> Attendance/punctuality	<input type="checkbox"/> Attendance Counsellor	<input type="checkbox"/> Tracking homework/assign	<input type="checkbox"/> Attendance Counsellor	<input type="checkbox"/> Class seating arrangement
<input type="checkbox"/> Submitting assignments	<input type="checkbox"/> Submitting assignments	<input type="checkbox"/> Parent conferences	<input type="checkbox"/> Resource re: tests/assignments	<input type="checkbox"/> Parent conferences	<input type="checkbox"/> Set clear expectations
<input type="checkbox"/> Homework completion	<input type="checkbox"/> Homework completion	<input type="checkbox"/> Remedial support	<input type="checkbox"/> Extra time for test/assignments	<input type="checkbox"/> Remedial support	<input type="checkbox"/> Monitor note/homework
<input type="checkbox"/> General learning skills	<input type="checkbox"/> General learning skills	<input type="checkbox"/> Peer mentor/buddy	<input type="checkbox"/> Peer helper in class/resource	<input type="checkbox"/> Peer mentor/buddy	<input type="checkbox"/> Monitor assignment
<input type="checkbox"/> Test performance	<input type="checkbox"/> Test performance	<input type="checkbox"/> Board services support	<input type="checkbox"/> Audio tape texts/voice to print	<input type="checkbox"/> Board services support	<input type="checkbox"/> Daily use of agenda
<input type="checkbox"/> Conduct/attitude	<input type="checkbox"/> Conduct/attitude	<input type="checkbox"/> Community agency	<input type="checkbox"/> Study Skills/Modify homework	<input type="checkbox"/> Community agency	<input type="checkbox"/> Engage in lesson
<input type="checkbox"/> Focus and attention	<input type="checkbox"/> Focus and attention	<input type="checkbox"/> Accommodations	<input type="checkbox"/> Photocopied notes	<input type="checkbox"/> Accomodations	<input type="checkbox"/> "Chunk" assignments
<input type="checkbox"/> Co-curricular activities	<input type="checkbox"/> "At Risk" activities	<input type="checkbox"/> ESL/ELD Support	<input type="checkbox"/> Reduction of content as needed	<input type="checkbox"/> ESL/ELD Support	<input type="checkbox"/> Variety teaching strategies
<input type="checkbox"/> Social relationships	<input type="checkbox"/> Social relationships	<input type="checkbox"/> In-class support	<input type="checkbox"/> Oral assessment	<input type="checkbox"/> Review student schedule	<input type="checkbox"/> Restrict out of class time
<input type="checkbox"/> EQAO/ Report Results	<input type="checkbox"/> Anxiety/Stress/Health	<input type="checkbox"/> Guidance	<input type="checkbox"/> Computer Assistance	<input type="checkbox"/> Alternative education	<input type="checkbox"/> Notify parents re: progress
<input type="checkbox"/> Literacy skills	<input type="checkbox"/> Motivation	<input type="checkbox"/> School Psychologist	<input type="checkbox"/> E.A. assistance	<input type="checkbox"/> Guidance support	<input type="checkbox"/> Ongoing praise/feedback
<input type="checkbox"/> Math skills	<input type="checkbox"/> EQAO/Report Results	<input type="checkbox"/> School Social Worker	<input type="checkbox"/> Spell checker/Help with editing	<input type="checkbox"/> Review course selection	<input type="checkbox"/> In-class peer support
<input type="checkbox"/> Self Motivated	<input type="checkbox"/> Student Plan of Care	<input type="checkbox"/> PHAST	<input type="checkbox"/> Use of calculator	<input type="checkbox"/> Substitution/deferral	<input type="checkbox"/> Curriculum/life experience
<input type="checkbox"/> Dance/Drama/Music/Art	<input type="checkbox"/> Behaviour Safety Plan	<input type="checkbox"/> Settlement Worker		<input type="checkbox"/> Peer/class placement	<input type="checkbox"/> Varierty assessment strategies

Student Name:

Student Number:

Comments

APPENDIX B

- ☐ 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: _____

Training must be completed at *minimum* twice a year

☐ Diabetes

Page 209 of 232



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.) ☐ yes ☐ no

b. Vision impairment/loss ☐ yes ☐ no

c. Hearing impairment/loss ☐ yes ☐ no

d. Other (please specify): ☐ yes ☐ no

3. COMMUNICATION NEEDS & ACCOMMODATIONS

Indicate the student's preferred method of communication in an emergency situation. List any assistive communication devices and/or accommodations required. *Example: student with hearing impairment may require assistive device to receive emergency evacuation information.*

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).

Principal's Action List

Protocols for Prevalent Medical Conditions: Anaphylaxis, Asthma, Diabetes, Epilepsy/Seizure Disorders, Other Medical Conditions

School Year 20__ - 20__

- ☐ Communicate to parent/guardian and appropriate staff the process for parents to notify the school of their child's medical condition(s), at minimum during the time of registration, each year during the first week of school, or when a child is diagnosed and/or returns to school following a diagnosis
- ☐ Co-create, review, or update the Student Plan of Care with the parent/guardian, in consultation with school staff (as appropriate) and with the student (as appropriate) **during the first 30 school days of every school year** and for secondary schools that have **semesters within 30 school days of the start of the term**
- ☐ Maintain a file with the Student Plan of Care and supporting documentation for each student with a prevalent medical condition
- ☐ Schedule and participate in training with staff, during instructional day, on prevalent medical conditions, at a minimum bi-annually, as required by the board
- ☐ Maintain a record of training sessions & participants: Medical Conditions Staff Training Log (Appendix Q)
- ☐ Complete the Emergency Evacuation Form (Appendix R)
- ☐ 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 and document the date shared
- ☐ 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
- ☐ Communicate with parent in medical emergencies, as outlined in the Student Plan of Care
- ☐ 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 in the information folders prepared for Occasional Teachers and other staff working with the student
- ☐ Follow school board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extra-curricular activities, in accordance with the Student's Plan of Care



Student Plan of Care

Insert Current Date

Dear Parent(s)/Guardian(s):

According to our information, your child requires a ***Student Plan of Care*** for his/her diagnosis of (insert medical condition) if medication is required during the school day.

We will require permission for the administration of this medication at school.

Please complete the attached forms and return them to the school by (insert due date).

Sincerely,

Principal's Name & Title

Encl.

School's Full Address & Tel. (###) ###-####

TCDSB Policy Register

Anaphylaxis S.M. 15

Date Approved:

February 8, 2006 - Board

Dates of Amendment:

Cross Reference:

- (1) Sabrina's Law, 2005, S.O. 2005, Chapter 7
- (2) TCDSB Anaphylaxis Policy/Protocol & Guidelines
- (3) S.M. 08, Food and Beverages Sold in Schools
- (4) S.M. 13, Cafeteria's-Secondary Schools
- (5) B.B. 04, Smoke Free Space
- (6) B.G. 03, Weed Control
- (7) B.P. 01, Carpet
- (8) TCDSB Safety Manual
- (9) TCDSB Excursion Handbook

Policy:

A significant number of students are coming to the school system with anaphylaxis. When exposed to an allergen to which they have sensitivity, these students will have a severe and potentially life threatening allergic reaction. It is the policy of TCDSB to create allergen-aware environments in our schools and workplaces. In order to protect the health and safety of our students and staff, the TCDSB will develop Regulations and Administrative Procedures which will comply with Sabrina's Law, 2005, S.O. 2005, Chapter 7.

Anaphylaxis Policy/Protocol & Guidelines

Regulations:

The procedures and guidelines for the implementation of this policy shall include the following:

1. Strategies that reduce the risk of exposure to anaphylactic causative agents in classrooms and common school areas.
2. A communication plan for the dissemination of information on life-threatening allergies to parents, pupils and employees.
3. Regular training on dealing with life-threatening allergies for all employees and other who are in direct contact with pupils on regular basis.
4. A requirement that every school principal develop an individual plan for each student who has an anaphylactic allergy.
5. A requirement that every school principal maintain a file for each anaphylactic pupil of current treatment and other information, including a copy of any prescriptions and instructions from the pupil's physician or nurse and a current emergency contact list.
6. A requirement that every school principal review the current TCDSB Anaphylaxis Policy/Protocol and Guidelines with school staff upon appointment and regularly as recommended in the document.



POLICY SECTION: Schools

SUB-SECTION: Miscellaneous

POLICY NAME: Asthma

POLICY NO: S. M. 16

Date Approved: (on interim basis) August 27, 2015	Date of Next Review: 2018	Dates of Amendments:
Cross References: Ryan's Law, 2015 – Ensuring Asthma Friendly Schools Education Act, Sec 265 (Duties of a Principal) Education Act, Sec 298 (Duties of Teachers) TCDSB Policy S. M. 15 Anaphylaxis TCDSB Policy B.B. 04 Smoke Free Space		
Appendix A – Operational Procedures TBD		

Purpose

All students of the TCDSB are children of God and as a board we value and prioritize their care. Under the auspices of Ryan's Law, school boards are obligated to develop and maintain policy to support and intervene for students suffering from asthma.

Scope and Responsibility

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. The Director of Education is responsible for this policy.



POLICY SECTION:	Schools
SUB-SECTION:	Miscellaneous
POLICY NAME:	Asthma
POLICY NO:	S. M. 16

Alignment with MYSP:

Fostering Student Achievement and Well-Being
Strengthening Public Confidence

Financial Impact:

There is generally no financial impact connected with the implementation of this policy. Lapses in the appropriate standard of caution and care outlined in the policy and procedure may result in some financial impact connected to legal liability.

Legal Impact:

The Board has an obligation to provide an appropriate standard of care to all students. Adherence to the directives provided within this policy and the corresponding operational procedures will ensure that this standard of care will be maintained and that there is no liability to the Board.

Policy

In accordance with Ryan's Law- Ensuring Asthma Friendly Schools – 2015, the Toronto Catholic District School Board will maintain a policy for students diagnosed with asthma. This policy outlines the board's commitment to students with asthma.

Regulations

1. The Board shall ensure that all students have easy access to their prescribed reliever inhaler medications.



POLICY SECTION: Schools

SUB-SECTION: Miscellaneous

POLICY NAME: Asthma

POLICY NO: S. M. 16

2. All schools will review school grounds and identify asthma triggers in classrooms, common school areas and in planning field trips, and implement strategies to reduce the risk of exposure.
3. School Principals will establish a communication plan to share information on asthma to parents/guardians, students, employees and include any other person who has direct contact with a student with asthma.
4. The Superintendent of Special Services will provide annual training reminders to all staff regarding the requirement for asthma education and provide regular training opportunities on recognizing and preventing asthma triggers, recognizing when symptoms are worsening and managing asthma exacerbations for all employees and others who are in direct contact with students on a regular basis.
5. All school principals will establish a process to identify students with asthma at the time of registration or following diagnosis and gather the necessary asthma related information from the parents/guardians and student.
6. All school principals will develop an individual student asthma management plan for each student diagnosed with asthma, based on the recommendation of the student's health care provider.
7. All school principals will maintain a file for each student diagnosed with asthma. The file main contain personal medical information, treatment plans and/or other pertinent information about the student, if that information is obtained with the consent of the student or the parent/guardian, in accordance with applicable legislation, including relevant privacy legislation. This file shall also include current emergency contact information.
8. All school principals will inform school board personnel and others who are in direct contact on a regular basis regarding a student with asthma about the contents of the student's asthma management plan.



POLICY SECTION:	Schools
SUB-SECTION:	Miscellaneous
POLICY NAME:	Asthma
POLICY NO:	S. M. 16

Definitions:

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.

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.”



POLICY SECTION: Schools

SUB-SECTION: Miscellaneous

POLICY NAME: Asthma

POLICY NO: S. M. 16

Metrics

1. All school principals will review local data related to the number of incidents involving asthma attacks to ensure that proper precautions were taken in terms of the learning environment and that responses to the asthma attack were appropriate. In short, that all preventative and reactive measures were reasonable and responsible.



REPORT TO

GOVERNANCE AND POLICY
COMMITTEEUPDATE TO FILLING A TRUSTEE VACANCY
POLICY (T.18)

Therefore, brothers and sisters, be all the more eager to confirm your call and election, for if you do this, you will never stumble. (2 Peter 1:10)

Created, Draft	First Tabling	Review
August 29, 2018	September 11, 2018	Click here to enter a date.

Peter Aguiar, Superintendent of Student Achievement and Wellbeing, Area 4

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

This report recommends updating the Filling a Trustee Vacancy Policy (T.18) to reformat in meta policy format.

The cumulative staff time required to prepare this report was 1 hours

B. PURPOSE

This Recommendation Report is on the Order Paper of the Governance Policy Committee as it recommends policy revision.

C. BACKGROUND

The Filling a Trustee Vacancy Policy (T.18) was approved on September, 2012 and has not been updated since.

D. EVIDENCE/RESEARCH/ANALYSIS

No additional changes are deemed necessary to the policy at this time.

E. METRICS AND ACCOUNTABILITY

1. Recommendations in this report will be monitored by policy development staff.
2. Further reports will be brought to Board in accordance with the policy review schedule

F. IMPLEMENTATION, STRATEGIC COMMUNICATIONS AND STAKEHOLDER ENGAGEMENT PLAN

The updated policy as approved will be posted on the TCDSB policy register.

G. STAFF RECOMMENDATION

Staff recommends that the revised Filling a Trustee Vacancy Policy (T.18) provided in Appendix A be adopted.



POLICY SECTION: TRUSTEES

SUB-SECTION:

POLICY NAME: FILLING A TRUSTEE VACANCY

POLICY NO: T. 18

Date Approved: September 26, 2012	Date of Next Review: 2023	Dates of Amendments:
Cross References: Education Act, R.S.O. 1990, c. E.2 Municipal Elections Act, 1996,		
Appendix		

Purpose:

The policy outlines the options available to the board when choosing to fill a trustee vacancy that has occurred prior to the end of the term of the trustee.

Scope and Responsibility:

The Board of Trustees is responsible for this policy and will be supported by staff when called upon. The policy extends to the filling of the vacancy of a trustee position when the vacancy occurs during the term of the trustee.

Alignment with MYSP:

Living Our Catholic Values

Strengthening Public Confidence

Achieving Excellence in Governance



POLICY SECTION: TRUSTEES

SUB-SECTION:

POLICY NAME: FILLING A TRUSTEE VACANCY

POLICY NO: T. 18

Policy:

The Toronto Catholic District School Board (TCDSB) is committed to a transparent, fair and equitable process in filling the vacancy of a trustee when that vacancy occurs during the term of the trustee.

The Board of Trustees will retain unfettered discretion in determining whether to appoint or to hold a by-election at the time the trustee vacancy occurs, subject to the relevant provisions of the Education Act.

Regulations:

1. The secretary of the Board shall report the cause of a trustee vacancy at the first regular meeting of the Board or Standing Committee comprised of all Trustees after the cause is known.
2. The remaining trustees shall pass a resolution declaring the office vacant.
3. A communication will be sent to the vacant ward schools and parishes advising them of the vacancy and the go forward process.

Any other Trustee will be authorized to act on behalf of ratepayers in the vacant ward.

4. A by-election may be held to fill a trustee vacancy and the cost of the election shall be funded through an identified source.
5. If at the time a trustee vacancy occurs and the Board resolves to appoint an individual to fill the trustee vacancy by appointment, a variety of methods could be used including, but not limited to, the invitation and ratepayer consultation.



POLICY SECTION: TRUSTEES

SUB-SECTION:

POLICY NAME: FILLING A TRUSTEE VACANCY

POLICY NO: T. 18

6. Ratepayer Survey:

- a) Eligible voters in the vacant ward will be invited to attend at a school to cast a preferential vote or other electronic means.
- b) The survey will be conducted by an independent third party.
- c) The Board in its absolute discretion could resolve to appoint or not appoint the individual who received the most preferential votes. The Board will determine the minimum criteria at the time.

7. Appointment by Invitation:

- a) The Board will invite applications eligible to serve as a Catholic School Board Trustee from the City of Toronto.
- b) Eligible candidates will appear before a special meeting of the Board of Trustees and interviewed.
- c) The Board could invite applications eligible to serve only from residents in the ward where the vacancy occurs.
- d) The Board could open the position to nominations from the Trustees of the Board. Once nominations of individuals who are eligible to serve have been made and closed, those nominated would be invited to declare their interest and submit relevant information about themselves.
- e) The Board will decide if all eligible candidates who submit a completed package by the determined deadline will be invited to present and be interviewed by the Board of Trustees at a Special Board meeting to be scheduled through the Chair of the Board.
- f) Only those eligible candidates selected through a pre-screening of completed packages submitted by the deadline date will be invited to present and be interviewed by the Board of Trustees. In the event that the Board chooses to use a screening process; the screening committee will be determined by the Board and may include parents, clergy and staff or other stakeholders.



POLICY SECTION: TRUSTEES

SUB-SECTION:

POLICY NAME: FILLING A TRUSTEE VACANCY

POLICY NO: T. 18

Relevant Sections of the Education Act

Vacancies

221. (1) Subject to section 224, if the office of a member of a board becomes vacant before the end of the member's term,

(a) the remaining elected members shall appoint a qualified person to fill the vacancy within 90 days after the office becomes vacant, if a majority of the elected members remain in office; or

(b) a by-election shall be held to fill the vacancy, in the same manner as an election of the board, if a majority of the elected members do not remain in office. 1997, c. 31, s. 112; 2009, c. 25, s. 26.

Optional election

(2) Despite clause (1) (a), if members of the board are elected under the Municipal Elections Act, 1996, the remaining elected members may by resolution require that an election be held in accordance with that Act to fill the vacancy if the vacancy occurs,

(a) in a year in which no regular election is held under that Act;

(b) before April 1 in the year of a regular election; or

(c) after the new board is organized in the year of a regular election. 2002, c. 18, Sched. G, s. 10.

Same

(3) The secretary of the board shall promptly send to the clerk of the appropriate municipality a certified copy of the resolution under subsection (2). 1997, c. 31, s. 112.



POLICY SECTION: TRUSTEES

SUB-SECTION:

POLICY NAME: FILLING A TRUSTEE VACANCY

POLICY NO: T. 18

Notice re clause (1) (b)

(4) Where clause (1) (b) applies, the secretary of the board shall promptly send to the clerk of the appropriate municipality a notice that clause (1) (b) applies and the notice shall be deemed to be a resolution indicating a by-election is required for the purposes of section 65 of the Municipal Elections Act, 1996. 1997, c. 31, s. 112.

Term of office

(5) A member appointed or elected to fill a vacancy shall hold office for the remainder of the term of the member who vacated the office. 1997, c. 31, s. 112.

Vacancies near election times

224. Where a vacancy occurs on a board,

- (a) within one month before the next election, it shall not be filled; or
- (b) after the election, but before the new board is organized, it shall be filled immediately after the new board is organized in the same manner as for a vacancy that occurs after the board is organized. 1997, c. 31, s. 112.

Tie vote

227. If two or more candidates receive an equal number of votes at a meeting held under clause 221 (1) (a) to appoint a person to fill a vacancy or at a meeting to elect a person to fill a vacancy, the chair of the meeting shall provide for the drawing of lots to determine which of the candidates shall be appointed or elected. 1997, c. 31, s. 112.



POLICY SECTION: TRUSTEES

SUB-SECTION:

POLICY NAME: FILLING A TRUSTEE VACANCY

POLICY NO: T. 18

Definitions:

Evaluation and Metrics:

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

An evaluation of the process will occur upon completion to ensure that it was transparent, fair and equitable.

GOVERNANCE AND POLICY COMMITTEE

PENDING LIST TO SEPTEMBER 11, 2018

#	Date Requested & Committee/Board	Report Due Date	Destination of Report Committee/Board	Subject	Delegated To
1	Mar-2017 GAP	TBC	Governance and Policy	Report regarding consultations with CLSIT and conversations with the Archdiocese in regards to the content of the policy (Update to Chaplaincy Program Policy)	Legal Counsel
2	June-2017 GAP	TBC	Governance and Policy	Staff to bring back after the Ministry of Education's Transportation report is considered (Update to Transportation Policies S.T.01, 03, 04 and 05)	Legal Counsel
3	Sep-2017 GAP	TBC	Governance and Policy	Staff to look at options to improve efficiencies for Trustees, staff and the public to gain greater Order Paper, report and back-up materials (Inquiry from Trustee Crawford regarding Gaining greater Order Paper, Report, and Backup Materials Efficiencies with e-Scribe)	Director of Education
4	Mar-2018 Regular Board	TBC	Governance and Policy	That the matter be referred to the Governance and Policy Committee (Photographing and Filming of	Legal Counsel

#	Date Requested & Committee/Board	Report Due Date	Destination of Report Committee/Board	Subject	Delegated To
				Individuals at Board and Committee Meetings)	
5	2018-05-31 Student Achievement	TBC	Governance and Policy	That it be referred to the Governance and Policy Committee for the concept of bias to be examined (Update to the Fair Practice in Hiring and Promotion Policy (H.M.40))	Legal Counsel
6	2018-06-06 Corporate Services	TBC	Governance and Policy	That the Pupil Accommodation Review Policy and Operating Procedures be referred to the Governance and Policy Committee to be updated to reflect changes to the Pupil Accommodation Review Guidelines with extensive community and Section E Implementation, Strategic Communications and Stakeholder Engagement Plan (Ministry Memo 2018: B10 – Final Pupil Accommodation Review Guidelines and Updated on Integrated Planning and Supports for Urban Education))	Legal Counsel