

# TORONTO CATHOLIC DISTRICT SCHOOL BOARD REGULAR MEETING Public Session

## AGENDA September 20, 2018

**Barbara Poplawski, Chair**  
Trustee Ward 11

**Maria Rizzo, Vice Chair**  
Trustee Ward 6

**Ann Andrachuk**  
Trustee Ward 2

**Patrizia Bottoni**  
Trustee Ward 4

**Nancy Crawford**  
Trustee Ward 12

**Frank D'Amico**  
Trustee Ward 6

**Taylor Dallin**  
Student Trustee

**Jo-Ann Davis**  
Trustee Ward 9

**Michael Del Grande**  
Trustee Ward 7

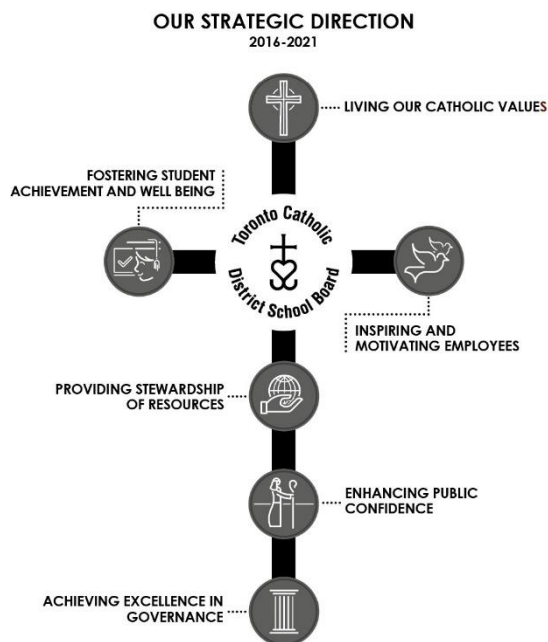
**Angela Kennedy**  
Trustee Ward 11

**Joseph Martino**  
Trustee Ward 1

**Sal Piccininni**  
Trustee Ward 3

**Garry Tanuan**  
Trustee Ward 8

**Joel Ndongmi**  
Student Trustee



### MISSION

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

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

### VISION

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

**Recording Secretary: Sophia Harris, 416-222-8282 Ext. 2293**  
**Assistant Recording Secretary: Sonia Tomaz, 416-222-8282 Ext. 2298**

**Rory McGuckin**  
Director of Education

**Barbara Poplawski**  
Chair of the Board



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

**Barbara Poplawski, Chair**

**Maria Rizzo, Vice Chair**

Thursday, September 20, 2018

7:00 P.M.

---

	Pages
1. Call to Order	
2. Memorials and Opening Prayer	
3. Singing of O Canada	
4. Roll Call & Apologies	
5. Approval of the Agenda	
6. Reports from Private Session	
7. Notices of Motions	
8. Declarations of Interest	
9. Approval and Signing of Minutes of the Previous Meeting held August 23, 2018	1 - 22
10. Presentations	
10.a Monthly Report from the Chair of the Board	23
10.b Monthly Report from the Director of Education	24 - 25

10.c	Monthly Report from Student Trustees	26
11.	Delegations	
12.	Consideration of Motions for which previous notice has been given	
12.a	From Trustee Piccininni regarding Uniform Policy for Caretaking Staff	27
12.b	From Trustee Piccininni regarding Security Cameras at Toronto Catholic District School Board Facilities	28
13.	Unfinished Business from Previous Meetings	
14.	Matters recommended by Statutory Committees of the Board	
14.a	Minutes of the Toronto Catholic Parent Involvement Committee (Nil)	
14.b	Approved Minutes of the Special Education Advisory Committee Meeting held June 13, 2018 (To Be Distributed)	
15.	Matters referred/deferred from Committees/Board	
	<u>From August 23, 2018 Regular Board Meeting</u>	
15.a	Ontario Association of Parents in Catholic Education (OAPCE) Toronto Year-End Report 2018	29 - 35
	<u>From September 13, 2018 Corporate Services Committee Meeting</u>	
15.b	Inquiry from Trustee Andrachuk regarding Jump Math Pilot Program	
15.c	Inquiry from Trustee Andrachuk regarding Vision Zero	
15.d	Inquiry from Trustee Andrachuk regarding Air Conditioning	
15.e	Inquiry from Trustee Andrachuk regarding Earth Day Funding	
15.f	Inquiry from Trustee Piccininni regarding Air Conditioning	

- 15.g Inquiry from Trustee Poplawski regarding Newspaper Article about Alternative Use of Playground
- 15.h Inquiry from Trustee Rizzo regarding Safe School Zones
- 15.i Inquiry from Trustee Rizzo regarding Facility Work
- 15.j Inquiry from Trustee Rizzo regarding Behavioral and Treatment programs
- 15.k Inquiry from Trustee Rizzo regarding Crossing Guards
- 15.l Inquiry from Trustee Crawford regarding November 8, 2018 Corporate Services Meeting conflicting with Cardinal's Dinner
- 15.m Inquiry from Trustee Rizzo regarding Bussing
- 16. Reports of Officials for the Information of the Board of Trustees
  - 16.a Annual Report on Communications and Community Engagement 36 - 62  
NB. Moved from Student Achievement Annual Report - data is still being collected
- 17. Reports of Officials Requiring Action of the Board of Trustees
  - 17.a Caucus Meeting Date 63 - 64
  - 17.b Appointment of Trustees to the Selection Committee for Associate Director of Planning, Facilities and Stewardship 65 - 67
  - 17.c Report of the Governance and Policy Committee: Update to Employee Involvement in Municipal, Provincial and Federal Elections Policy (H.M.25) 68 - 73
  - 17.d Report of the Governance and Policy Committee: Update of Provision of Requested Information to an Individual Trustee Policy (T.15) 74 - 79
  - 17.e Report of the Governance and Policy Committee on Update to Access to Electronic Participation in Meetings of the Board, Committees of the Board and the Committee of the Whole Board 80 - 87



(T.19)

17.f	Report of the Governance and Policy Committee: Whistleblower Policy (A.39)	88 - 101
17.g	Report of the Governance and Policy Committee: Prevalent Medical Conditions Policy (S.M.17)	102 - 212
18.	Listing of Communications	
19.	Inquiries and Miscellaneous	
20.	Updating of Pending Items Lists	
20.a	Master Pending List and Rolling Calendar	213
20.b	Annual Calendar of Reports and Policy Metrics	214 - 217
21.	Closing Prayer	
22.	Adjournment	

## **OUR 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.*

## **OUR VISION**

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



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

**Held Thursday, August 23, 2018**

## **PRESENT:**

**Trustees:**

- M. Rizzo, Acting Chair
- A. Andrachuk
- N. Crawford
- F. D'Amico
- J. A. Davis
- M. Del Grande
- A. Kennedy
- J. Martino
- S. Piccininni
- G. Tanuan

**Student Trustees:**

- J. Ndongmi
- T. Dallin

**Staff:**

- R. McGuckin
- D. Koenig
- T. Robins
- L. Noronha
- P. Matthews
- A. Della Mora
- P. Aguiar

M. Caccamo  
S. Camacho  
S. Campbell  
F. Cifelli  
N. D'Avella  
P. De Cock  
L. DiMarco  
D. Friesen  
G. Iuliano Marrello  
P. Keyes  
K. Malcolm  
L. Maselli-Jackman  
J. Shanahan  
J. Yan

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

**External Guests:** A. Robertson, Parliamentarian  
E. Roher (for Item 11d)

**4. Roll Call & Apologies**

Apologies were extended on behalf of Trustees Bottoni and Poplawski.

**5. Oath of Office – Student Trustee Taylor Dallin**

Mr. Paul Matthews, Legal Counsel, administered the Oath of Office and the Oath of Allegiance to Taylor Dallin, Student Trustee.

**6. Approval of the Agenda**

MOVED by Trustee Andrachuk, seconded by Trustee Davis, that the Agenda, as amended to include the Addendum, Item 20a) Inquiry from Trustee Davis regarding Premier Doug Ford's Announcement on Snitch Line, and the Deferral of Item 11c) Presentation from the Ontario

Association of Parents in Catholic Education (OAPCE) Toronto Year-End Report 2018 to the September 20, 2018 Regular Board meeting, be approved.

Trustee Martino requested that the Motion be split

Results of the Vote taken on the Addition of Item 20a) Trustee Davis' Inquiry, as follows:

**In Favour**

**Opposed**

Trustees Andrachuk  
Crawford  
D'Amico  
Davis  
Kennedy  
Piccininni  
Tanuan  
Rizzo

Del Grande  
Martino

The Motion was declared

CARRIED

Results of the Vote taken on the Agenda, as amended to include the Addendum, and the Deferral of Item 11c), as follows:

**In Favour**

**Opposed**

Trustees Andrachuk  
Crawford  
D'Amico  
Davis  
Del Grande  
Kennedy

Martino  
 Piccininni  
 Tanuan  
 Rizzo

The Motion was declared

CARRIED

## 7. Reports from Private Session

MOVED by Trustee Davis, seconded by Trustee Tanuan, that the items dealt with in PRIVATE Session regarding a Delegation concerning admission to one of our schools, a Human Resources matter and two inquires, be approved.

Results of the Vote taken, as follows:

### **In Favour**

### **Opposed**

Trustees Andrachuk  
 Crawford  
 D'Amico  
 Davis  
 Del Grande  
 Kennedy  
 Martino  
 Piccininni  
 Tanuan  
 Rizzo

The Motion was declared

CARRIED

## **8. Notices of Motions**

**8a) From Trustee Piccininni regarding Security Cameras at Toronto Catholic District School Board Facilities** will be considered at the September 20, 2018 Regular Board meeting.

**8b) From Trustee Piccininni regarding Uniform Policy for Caretaking Staff** will be considered at the September 20, 2018 Regular Board meeting.

## **9. Declarations of Interest**

There were none.

## **10. Approval and Signing of Minutes of the Previous Meetings**

MOVED by Trustee D'Amico, seconded by Trustee Tanuan, that Items 10a) to 10g) be adopted as follows:

**10a) Regular Student Achievement Committee May 31, 2018** approved.

**10b) Special Board (Student Achievement) May 31, 2018** approved.

**10c) Regular Meeting Corporate Services Committee June 6, 2018** approved.

**10d) Special Board (Corporate Services) June 6, 2018** approved.

**10e) Regular Board June 14, 2018** approved.

**10f) Special Board July 12, 2018** approved.

**10g) Special Board August 8, 2018** approved.

Results of the Vote taken, as follows:

**In Favour**

**Opposed**

Trustees Andrachuk  
Crawford  
D'Amico  
Davis  
Del Grande  
Kennedy  
Martino  
Piccininni  
Tanuan  
Rizzo

The Motion was declared

CARRIED

**11. Presentations**

MOVED by Trustee Kennedy, seconded by Trustee Davis, that Items 11a) and 11b) be adopted, as follows:

**11a) Monthly Report from the Chair of the Board** received.

**11b) Monthly Report from the Director of Education** received.

Results of the Vote taken, as follows:

**In Favour**

**Opposed**

Trustees Andrachuk  
Crawford  
D'Amico

Davis  
 Del Grande  
 Kennedy  
 Martino  
 Piccininni  
 Tanuan  
 Rizzo

The Motion was declared

CARRIED

Trustee Piccininni left the horseshoe at 8:00 pm.

MOVED by Trustee Crawford, seconded by Trustee Kennedy, that Item 11d) be adopted, as follows:

- 11.d Regulation 406/18 Compensation Framework - Eric Roher, General Legal Counsel** received and referred to staff to come back to the September 20, 2018 Board meeting with a report.

Trustee Piccininni returned to the horseshoe at 8:03 pm.

Trustee Piccininni left the horseshoe at 8:06 pm.

Results of the Vote taken, as follows:

**In Favour**

**Opposed**

Trustees Andrachuk  
 Crawford  
 D'Amico  
 Davis  
 Del Grande  
 Kennedy



Martino  
Tanuan  
Rizzo

The Motion was declared

CARRIED

## **12. Delegations**

MOVED by Trustee Davis, seconded by Trustee Tanuan, that Item 12a) be adopted as follows:

**12a) Val DiGregorio regarding International Languages** received and referred to staff and that the Agenda be reopened.

Trustee Piccininni returned to the horseshoe at 8:14 pm.

Results of the Vote taken, as follows:

### **In Favour**

### **Opposed**

Trustees Andrachuk  
Crawford  
D'Amico  
Davis  
Del Grande  
Kennedy  
Martino  
Piccininni  
Tanuan  
Rizzo

The Motion was declared

CARRIED

MOVED by Trustee Davis, seconded by Trustee Kennedy, that Item 18b) Implementation of the New Integrated International Language Program be reordered as the next item of business for discussion.

Results of the Vote taken, as follows:

**In Favour**

**Opposed**

Trustees Andrachuk  
Crawford  
D'Amico  
Davis  
Del Grande  
Kennedy  
Martino  
Piccininni  
Tanuan  
Rizzo

The Motion was declared

CARRIED

**18. Reports of Officials Requiring Action of the Board of Trustees**

MOVED by Trustee Andrachuk, seconded by Trustee Martino, that Item 18b) be adopted as follows:

**18.b Implementation of the New Integrated International Language Program**

1. That the survey be conducted in all schools starting November 18 and completed by January 2019;
2. That a summary communication regarding the benefits of International Language (IL) be included with the survey;
3. That Trustees Piccininni and Rizzo be the liaisons on all issues related to International Languages; and
4. That the Board approve Trustees Piccininni and Rizzo to communicate with the Minister of Education and political Ministry officials regarding issues related to the IL program.

MOVED in AMENDMENT by Trustee Tanuan, seconded by Trustee Del Grande, that a survey be conducted in all 44 IL schools in September and completed in all schools by January 2019.

MOVED in AMENDMENT by Trustee Del Grande, seconded by Trustee Tanuan, that a survey be conducted in all 44 IL schools in September and completed by November 17.

With the consent of the Board, Trustee Tanuan withdrew his Amendment.

Time for business expired and the Chair called for the debate to be extended by 15 minutes, as per Article 12.6, which was approved by majority consent as follows:

Results of the Vote taken, as follows:

**In Favour**

**Opposed**

Trustees Andrachuk	Martino
Crawford	
D'Amico	
Davis	
Del Grande	
Kennedy	
Piccininni	
Tanuan	
Rizzo	

The Motion was declared

CARRIED

Trustee Rizzo relinquished the Chair to Trustee Davis.

MOVED in AMENDMENT to the AMENDMENT by Trustee Kennedy, seconded by Trustee Tanuan, that where schools wish to conduct a survey, the results of such survey be considered at the October 18, 2018 Board meeting and a decision be made at that time based on the results of the survey.

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

**In Favour**

**Opposed**

Trustees Kennedy	Andrachuk
Tanuan	Crawford
	D'Amico
	Davis
	Del Grande
	Martino
	Piccininni
	Rizzo

The Amendment to the Amendment was declared

LOST

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

**In Favour**

**Opposed**

Trustees Kennedy	Andrachuk
Crawford	D'Amico
Del Grande	Davis
Tanuan	Martino
	Piccininni
	Rizzo

The Amendment was declared

LOST

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

**In Favour**

**Opposed**

Trustees Andrachuk	Kennedy
Crawford	
D'Amico	
Davis	
Del Grande	
Martino	
Piccininni	
Tanuan	
Rizzo	

The Main Motion was declared

CARRIED

Trustee Piccininni left the meeting at 9:21 pm.

**15. Matters recommended by Statutory Committees of the Board**

MOVED by Trustee Andrachuk, seconded by Trustee Martino, that Item 15a) be adopted as follows:

- 15a) Approved Minutes of the Catholic Parent Involvement Committee (CPIC) Meeting held May 14, 2018** received.

Results of the Vote taken, as follows:

**In Favour**

**Opposed**

Trustees Andrachuk  
Crawford  
D'Amico  
Davis  
Del Grande  
Kennedy  
Martino  
Tanuan  
Rizzo

The Motion was declared

CARRIED

**17. Reports of Officials for the Information of the Board of Trustees**

MOVED by Trustee Andrachuk, seconded by Trustee Martino, that Item 17a) be adopted as follows:

**17a) T.19 Electronic Participation in Board and Committee Meetings 2017-2018 School Year** received.

Results of the Vote taken, as follows:

**In Favour**

**Opposed**

Trustees Andrachuk  
Crawford  
D'Amico  
Davis  
Del Grande  
Kennedy  
Martino  
Tanuan  
Rizzo

The Motion was declared

CARRIED

Trustee Crawford left the horseshoe at 9:23 pm.

The Chair reviewed the Order Paper and the following items were questioned/held:

17b) Trustee Davis

17c) Trustee Davis

17d) Trustee Rizzo

17e) Trustee Rizzo

17f) Trustee Davis

18a) Trustee Davis

18d) Trustee Davis

Trustee Davis relinquished the Chair to Trustee Del Grande

Trustees Rizzo and Kennedy left the horseshoe at 9:25 pm

The Chair declared a five-minute recess.

The meeting resumed with Trustee Del Grande in the Chair.

Trustee Crawford returned to the meeting.

**PRESENT:**

**Trustees:** M. Del Grande, Acting Chair  
A. Andrachuk  
N. Crawford  
F. D'Amico  
J. A. Davis  
J. Martino  
G. Tanuan

MOVED by Trustee Davis, seconded by Trustee Tanuan, that Item 17b) be adopted as follows:

**17b) H.M.19 Conflict Resolution Annual Report** received.

Trustee Kennedy returned to the meeting at 9:44 pm.

Trustee D'Amico left the horseshoe at 9:44 pm.



Results of the Vote taken, as follows:

**In Favour**

**Opposed**

Trustees Andrachuk  
Crawford  
Davis  
Del Grande  
Kennedy  
Martino  
Tantuan

The Motion was declared

CARRIED

Trustee D'Amico returned to the horseshoe at 9:45 pm.

MOVED by Trustee Davis, seconded by Trustee Andrachuk, that Item 17c) be adopted as follows:

**17c) Greenhouse Gas Reduction Fund Update received.**

Results of the Vote taken, as follows:

**In Favour**

**Opposed**

Trustees Andrachuk  
Crawford  
D'Amico  
Davis  
Del Grande  
Kennedy  
Martino  
Tantuan

The Motion was declared

CARRIED

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

**17d) Parent Voice Survey Results** received.

Results of the Vote taken, as follows:

**In Favour**

**Opposed**

Trustees Andrachuk  
Crawford  
D'Amico  
Davis  
Del Grande  
Kennedy  
Martino  
Tanuan

The Motion was declared

CARRIED

MOVED by Trustee Kennedy, seconded by Trustee Tanuan, that Item 17e) be adopted as follows:

**17e) Review of the Process for Policy Approval** received.

Results of the Vote taken, as follows:

**In Favour**

**Opposed**

Trustees Andrachuk  
Crawford  
D'Amico  
Davis  
Del Grande  
Kennedy  
Martino  
Tanuan

The Motion was declared

CARRIED

**17f) 2018 Catholic Parent Involvement Committee (CPIC) Elections and New Ward Boundaries received.**

Results of the Vote taken, as follows:

**In Favour**

**Opposed**

Trustees Crawford	Andrachuk
D'Amico	Davis
Del Grande	Martino
Kennedy	
Tanuan	

The Motion was declared

CARRIED

**18. Reports of Officials Requiring Action of the Board of Trustees**

MOVED by Trustee Davis, seconded by Trustee Tanuan, that Item 18a) be adopted as follows:

- 18a) Consultation Survey Results: Proposed Sharing of School Fundraising Revenue** that staff pursue and report back by the March 2019 Regular Board meeting on a community market or similar 'services-in-kind' approach, as an enhancement for fundraising and donations in an attempt to close the wide gap that currently exists between our schools related to learning enhancements available for our students.

Results of the Vote taken, as follows:

**In Favour**

**Opposed**

Trustees Andrachuk  
Crawford  
D'Amico  
Davis  
Del Grande  
Kennedy  
Martino  
Tanuan

The Motion was declared

CARRIED

MOVED by Trustee Tanuan, seconded by Trustee Martino, that Item 18c) be adopted as follows:

- 18c) Appointment of Trustees to the Selection Committee for Chief Communications Officer** that the Board appoint four (4) Trustees namely

Trustees Andrachuk, D'Amico, Kennedy and Rizzo to serve on the Communications Steering Committee.

Results of the Vote taken, as follows:

**In Favour**

**Opposed**

Trustees Andrachuk  
Crawford  
D'Amico  
Davis  
Del Grande  
Kennedy  
Martino  
Tanuan

The Motion was declared

CARRIED

MOVED by Trustee Kennedy, seconded by Trustee Andrachuk, that Item 18d) be adopted as follows:

- 18d) Liquor Waiver Request for Senator O'Connor College School Staff Social Event, September 6, 2018** that Regulation 6, of Appendix A of the Permits Policy B.R.05, be waived in order to be able to serve alcohol at Senator O'Connor College School on Thursday September 6, 2018, for the Staff Social event.

Results of the Vote taken, as follows:

**In Favour**

**Opposed**

Trustees Andrachuk  
Crawford  
D'Amico  
Davis  
Del Grande

Kennedy  
Martino  
Tanuan

The Motion was declared

CARRIED

The Chair declared a five-minute recess prior to resolving back into DOUBLE PRIVATE Session.

**PRESENT: (After DOUBLE PRIVATE Session)**

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

MOVED by Trustee Crawford, seconded by Trustee Tanuan, that all matters discussed in DOUBLE PRIVATE Session regarding Performance Goals and Director Performance Appraisal, be approved.

Results of the Vote taken, as follows:

**In Favour**

**Opposed**

Trustees Andrachuk  
Crawford  
D'Amico  
Del Grande  
Kennedy

Tanuan  
Rizzo

The Motion was declared

CARRIED

### 23. 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  
D'Amico  
Del Grande  
Kennedy  
Tanuan  
Rizzo

The Motion was declared

CARRIED

The meeting adjourned at 12:05 am.

---

SECRETARY

---

CHAIR



## **Chair's Monthly Report August - September 2018**

Following are highlights for the period of August 27<sup>th</sup> to September 19<sup>th</sup>

### **August 28**

- Delivered greetings at the Director's Annual General Meeting at Cardinal Carter Academy of the Arts





## **Director's Monthly Report August - September 2018**

Following are highlights for the period of August 27<sup>th</sup> to September 19<sup>th</sup>

### **August 27**

- Delivered greetings at the Opening Day In-service for Elementary School Secretaries at Msgr. Fraser Norfinch

### **August 28**

- Held this year's Director's Annual General Meeting at Cardinal Carter Academy of the Arts

### **August 29**

- Addressed new and returning Special Services staff at their Commencement gathering at the CEC
- Along with Trustees and Senior Staff attended the 17<sup>th</sup> Annual Education Mass at St. Paul's Basilica

### **August 30**

- Delivered greetings at the Opening Day In-Service for Secondary School Secretaries at Brebeuf College

### **August 31**

- Attended and delivered greetings at the Nigerian Family Orientation

### **September 4**

- Welcomed students and staff at St. Augustine Catholic School on the first day of school

### **September 7**

- Attended the Teaching and Learning Collaborative Spiritual Retreat at St. Bonaventure Parish Hall

### **September 12**

- Attended and delivered greetings at the Heart of Welcome Mass at the CEC

**September 13**

- Attended the K-12 Principals' meetings for Areas 1-4 at Archbishop Romero and Brebeuf College

**September 14**

- Attended the Teaching and Learning Collaborative Spiritual Retreat at St. Bonaventure Parish Hall

**September 19**

- Attended and delivered greetings at the New School Blessing for St. Josaphat

## **September Student Trustee Board Report**

### **CSLIT General Assembly:**

On September 25, the Student Trustees will host the first CSLIT General Assembly.



General assemblies give to the opportunity to students to network with like-minded peers while learning about ways they can foster change in their communities.

### **Consultations:**

The CSLIT Executive had the opportunity to consult with Nick D'Avella to further incorporate student voice in the three year Equity Plan draft. The CSLIT Executive had the opportunity to comment on topics such as equitable classroom practices and the importance of culturally responsive pedagogy.

### **Upcoming Events:**

- The CSLIT Executive is looking forward to attending the Ontario Catholic Student Leadership Conference in Niagara from October 17 to October 19.
- As motioned last year, the Student Trustees are having preliminary discussions about hosting a discussion panel focused on brining awareness about allergic reactions to secondary students. This conference will serve students to empower students to make sure safe school environments become the norm in our secondary schools.



***SAL PICCININNI***

***Trustee, Ward 3***

***Email: Sal.Piccininni@tcdsb.org***

***Voicemail/Fax: (416) 512-3407***

**To: Regular Board Meeting, September 20, 2018**

**From: Trustee Sal Piccininni, Ward 3**

**Subject: Consideration of Motion – Uniform Policy for Caretaking Staff**

**MOVED BY:** Sal Piccininni, Toronto Catholic District School Board (TCDSB)

**WHEREAS:** Toronto regularly experiences extreme heat alerts in the summer months;

**WHEREAS:** Many TCDSB facilities are not equipped with air conditioning;

**WHEREAS:** In discharging their duties, TCDSB Caretakers are often required to work outdoors;

**BE IT RESOLVED THAT:** That TCDSB Caretakers be allowed to wear shorts as part of their work attire from May 15 – September 15 annually.



***SAL PICCININNI***

***Trustee, Ward 3***

***Email: Sal.Piccininni@tcdsb.org***

***Voicemail/Fax: (416) 512-3407***

**To: Regular Board, September 20, 2018**

**From:** Trustee Sal Piccininni, Ward 3

**Subject: Consideration of Motion – Security Cameras at TCDSB facilities**

**MOVED BY:** Sal Piccininni, Toronto Catholic District School Board (TCDSB)

**WHEREAS:** Security cameras serve as an effective deterrent to vandalism and other criminal activity;

**BE IT RESOLVED THAT:** Staff include the installation of security cameras to existing TCDSB facilities when developing the annual renewal budget

**FURTHER BE IT RESOLVED THAT:** Installation of security cameras be included as part of the Elementary and Secondary School Design Standards



# OAPCE Toronto 2017/20178 Year End Report

---

## **Submitted to TCDSB Board of Trustees and TCDSB Director of Education**

OAPCE is an association, established to respond to and represent the interests and concerns of parents/guardians who have children enrolled in Toronto's publicly funded Catholic schools. Our focus includes all aspects of our children's education: spiritual, academic, health and safety, as well as other issues which may arise out of parent concerns brought to the attention of the organization.

The Executive is comprised of a President, Vice-President, Treasurer and Secretary, the executive members are:

President - Annalisa Crudo-Perri

Vice President - Jana Seymour

Secretary – Natalia Marriot

Treasurer – Luisa Polidoro

Three individuals represent the parents of the TCDSB on the OAPCE Board of Directors table; their responsibility is to bring the parent voice to the provincial discussions. Our OAPCE Directors are:

OAPCE Director East – Jana Seymour

OAPCE Director West – Nick Giovanelli

OAPCE Director Central – Joe Fiorante.

We are honoured that Annalisa Crudo-Perri was elected this year as well as the OAPCE Provincial President. Her new role as president positions her to represent all the parents, both in the TCDSB and across the province.

## ACCOMPLISHMENTS

---

### **Increasing Membership:**

OAPCE Toronto has further increased its membership base over this past year: The numbers represented below are a testament to the connection and value in supporting student achievement and Catholic Education at the local level:

2012/2013 40 schools had official representatives

2016/2017 137 schools have official representatives

2017/18 167 schools have official representatives

This is based on the number of parents identified on our email subscription list, as well in total our distribution list reaches out to over 1,200 parents in the TCDSB.

Our objective has been to reach out to every single TCDSB CSPC to inform them of the legislated requirement for membership and to ask for a representative contact and we thank those Trustees who have assisted us in this process. Our goal is to have a dedicated voting member position as a part of the required School Council membership of which the purpose is to provide a point of contact between the school council and the regional and provincial Association. These OAPCE Liaison Representatives sit as part of our Regional Council and become the conduit through which we share parent's views and concerns with the OAPCE. We have had a marked increase in attendance at our meetings and have had the pleasure of welcoming many new parents at these meetings. Our central mandate

is to share information with and for parents, to have then better informed of TCDSB and Ministry of Education policies. As advocates for Catholic Education, we hope that providing the proper information and resources for parents they can help their children succeed in school, and if all our children succeed, then Catholic Education succeeds.

This part of our mandate was fulfilled through formal and informal presentations at our monthly meetings. Our meetings included a number of outside speakers, informative reports from our own OAPCE Directors and presentations and consultations by TCDSB Staff. We continue to drive the organization forward through positive succession planning by including new members to the Executive and as Directors using transparent methods of accountability.

### **Presentations, Events and Resource Sharing:**

This past year, OAPCE Toronto invited a number of presenters to speak on topics of interest and of concern to TCDSB parents. OAPCE Toronto has had an increase in Trustee and Director of Education presence at all events and we continue to encourage and welcome this presence.

**September 2017** – New Director of Education Rory McGuckin welcomed all parents and discussed TCDSB creating new policies in alignment with the Ministry of Education's new Education Equity Plan. At this meeting we had round table discussions about several important policies and information pieces for CSPC's (by-laws, treasurer reports, fundraising, new parents etc.).

**December 2017** – Cash Online and Cashless system presentation by L. DiMarco, P. DeCock and D. Bilenduke joined OAPCE Toronto in consulting with many TCDSB parents on the Cash Online system.

**OAPCE Toronto's first parent-to-parent survey** was created and implemented – all TCDSB parents were asked to participate in it until the end of January. The findings of our survey were presented to the TCDSB on April 19<sup>th</sup> and OAPCE is looking forward to meeting with members of the Board to discuss the findings as well as future action plans. After correlating the survey we have discovered existing gaps, and have created an action plan to bridge the gaps and hope n working with the TCDSB in implementing them.

**The survey presentation is posted on our OAPCE Toronto website.**



**January 2017** – Special Presentation on TCDSB Partnership and Grants – OAPCE Toronto led an informative session on the many grants that parents can apply for their school communities and how the partnership office can support.

**January 2017** – met with Director of Education and Superintendent of Parent Engagement to discuss OAPCE Toronto's role in the TCDSB and in the province and our continued importance relationship as partners in Catholic Education.

**February 2017** – TCDSB Safe Schools Department presented valuable workshop to explore the components of resiliency as it relates to family with a focus on active listening skills. Safe Schools Team was also discussed to parents as integral committee at the school in which parent participation is required.

**April 2017** – The OAPCE Toronto annual PRO-Grant workshop was held with many veterans and some new to the application process. Ministry of Education representatives attended provided parents with valuable information to apply for the grant. Overall always a benefit to our local CSPC communities.

#### **OAPCE Toronto Commissioning and Principal of Excellence Ceremony:**

OAPCE Toronto held its 12th Annual Commissioning and Principal of Excellence Awards in November. This year, we continued with the implementation of the Parent Volunteer of Excellence Award of which 10 parents were recognized for their volunteer work. There was an increase in attendance of participants and we honored some wonderful administrators and dedicated parents in the TCDSB who help to sustain that parent engagement is prevalent at the school level.

#### **OAPCE Toronto Catholic Education Week Celebration:**

This year's Catholic Education Week celebration, "Getting Parents in the Know" was co-hosted with CPIC. The event drew in parents and staff alike in the format of a summit with keynote speaker Paul Davis and offered a varied of workshops to parents informing them around items such as Special Education, Jump Math and Mental health awareness for their children, overall well attended and lots of great feedback.

**Participation in TCDSB Committees and Delegations:**

Throughout the year we have participated in a number of ways to provide value added input to policy changes, consultations and issues at the TCDSB. We have always engaged our parents as best as we can to ensure they are aware of what is going on at the TCDSB, as well as seek their input when needed. We have joined the Nurturing Our Catholic Community committee and always seek opportunities to inform ourselves of any items of importance for parents to share.

OAPCE Toronto attended a Budget consultation with TCDSB Senior Staff and provided a report to Board this past week as well.

**Increased Communications via the OAPCE Toronto Newsletter and Social Media:**

This publication provides parents with regular updates on how the organization is supporting Catholic Education at our regional and provincial level, as well as sharing with everyone our current and future activities. Each month, there are new resource links for CSPCs and for parents according to trends in parent requests. We continue to build on tools and strategies to best communicate with and for our parents, including updating information on our website, building on communications tools that help us reach out to parents. We are also very active on social media on both Facebook and Twitter, and are currently working on updating our website. We also develop and distribute information packages for our representatives that enable them to share information with their councils.

**CSPC Resource and Presentations:**

Through our regular and ongoing orientation to all CSPC members we have provided many parents with the tools and strategies to effectively strengthen their council and help them to overcome barriers in supporting student achievement at the local level. Through these presentations, emails, and phone calls, we have provided support to parents and helped them directly or we have connected them with the appropriate staff member in order to resolve issues and concerns that they may have encountered. Our scope has always been to help them reach resolutions that are intact with our Catholic values.

## **OAPCE Toronto: In the Province:**

All three OAPCE Toronto Directors have contributed to the provincial organization in a number of ways. We have attended all of our Director meetings that have taken place over a variety of weekends with our Board of Directors from across the province. In October 2017, OAPCE hosted its 78th Anniversary AGM and Conference in York Region in which many TCDSB parents participated. This two-day event held at St. Joan Of Arc High School and Hilton Garden Inn was a wonderful success drawing parents from across the province. As OAPCE Directors representing Toronto we take this role with great responsibility and have made several recommendations to the Board of Directors to find improvements to eliminate barriers for parents and to ensure financial efficiencies. We are continually sharing our information received from the organization to TCDSB parents, and will continue to advocate for all parents in Toronto in support of Catholic Education.

## **OUR FOCUS FOR 2018/19:**

---

OAPCE Toronto continues to build on its successes and looks to make improvements for the future, and to find strategies to help implement them:

- Continue to increase membership. Our goal is to have one official OAPCE representative on all our schools.
- Continue to hold informative presentations and meetings for parents. Our current relationship with Director of Education Rory McGuckin is that of mutual respect and we look forward to building this relationship to help continue all of our efforts supporting and nurturing Catholic Education at the TCDSB.
- Increase communication between OAPCE Toronto and CPIC and TCDSB Parent Engagement staff in order to eliminate any duplication of efforts thereby reducing financial expenditures and helping to bring forth a clear definition to parents as to who we are and what we do.

- Continue to sit on TCDSB committees in an effort to build partnerships so as to continue to advise and be consulted and provide valuable input on issues that affect our local parent communities.
- Continue to support succession planning for new executive members.

In The fall of 2018 we will once again host our All Trustee Candidates meeting as we did in previous years.

- Organize our 13<sup>th</sup> Annual Commissioning Ceremony and Principal of Excellence and Parent Volunteer of Excellence Awards.

We are currently working on our own Parent-to-Parent Engagement Manual that we will launch in the Fall of 2018. This resource we hope will become a valuable tool for parents and CSPC's.

**APRIL 2019 – OAPCE Toronto and the TCDSB will host the 80<sup>th</sup> Annual OAPCE Conference “CELEBRATE OAPCE 80”; this huge milestone will be celebrated in Toronto on April 5 and 6 with His Eminence Cardinal Collins leading us in Holy Mass.**

We truly appreciate that OAPCE has become an integral part of this Board, and look forward as always to working together with Staff and Trustees to represent the views of parents and stakeholders at the Toronto Catholic District School Board.

OAPCE Toronto is truly honored to represent the many parents and stakeholders in Catholic Education. As President of this amazing organization we appreciate the help, guidance and support given to us by everyone at the TCDSB. We thank you for your time and look forward to another wonderful year as advocates for parents in Catholic Education.

Yours in Catholic Education,

Annalisa Crudo-Perri OAPCE President



REPORT TO

REGULAR BOARD

## ANNUAL REPORT 2017-2018: COMMUNICATIONS AND COMMUNITY ENGAGEMENT

*Talk no more so very proudly, let not arrogance come from your mouth;  
for the Lord is a God of knowledge, and by him actions are weighed.*

1 Samuel 2:3

Created, Draft	First Tabling	Review
August 29, 2018	September 20, 2018	September 20, 2018
John W. Yan, Senior Coordinator Communications, Public and Media Relations Nick D'Avella, Superintendent of Equity, Diversity and Indigenous Education John Wujek, Superintendent, Area 5, and Parent Engagement Manuela Sequeira, Coordinator, Parent Engagement and Community Outreach		
<b>INFORMATION REPORT</b>		

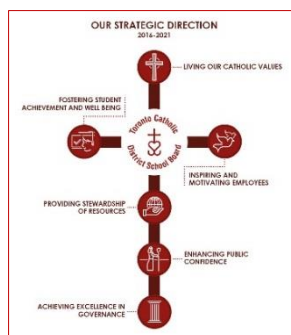
### Vision:

*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 Annual Report highlights the key Board-wide Communications initiatives and Community Engagement/Outreach and Learning and Cultural Engagement activities undertaken by staff during the 2017-2018 school year (September 1, 2017 – August 31, 2018).

Activities are reviewed yearly and key highlights, analysis and findings are documented to ensure that communication and community engagement across the TCDSB is well-coordinated, effectively managed and continue to be responsive to the diverse information needs of over half-a-million Catholic stakeholders and supports the Board's faith-based mission, vision and values as outlined in the Multi-Year Strategic Plan (MYSP).

*The cumulative staff time required to prepare this report was 21 hours*

## B. PURPOSE

1. This Annual Report is submitted to comply with the mandatory reporting requirement as prescribed in Communications policy (A.37):

*“The effectiveness of this policy in supporting comprehensive best practice communications across the Toronto Catholic District School Board (TCDSB) will be evaluated annually. The highlights, analysis and findings will be documented and published in a formal annual report and presented to the Board of Trustees in September of each year for review.”*

2. Community Engagement policy (T.07) stipulates:

*A report of the community engagement process as reported by staff is to be reviewed by the Board annually*

3. This report summarizes the communications initiatives and highlights best practices utilized by the TCDSB to provide community engagement opportunities that remain true to our Catholic values by being open, honest, transparent and accessible to all as central to obtaining input as part of its decision making process. The overview highlights the Board's dual commitment to effective communications and ongoing community engagement achieved through community learning and cultural events.

## **C. BACKGROUND**

In September 2016, the Board instructed that future Communications and Community Engagement Annual Reports be restructured in two parts:

1. Communications Report related Community Engagement to include description levels, purpose and outcome (**see Appendix A**);
2. A separate listing of Community Engagement featuring major Learning Opportunities and Cultural Events (**see Appendix B**).

Both report appendices highlight best practices as part of a “continuous improvement” philosophy with regards to the Board’s communications and community engagement activities.

## **D. EVIDENCE/RESEARCH/ANALYSIS**

1. Community engagement at the TCDSB strives to involve parents and community members in meaningful ways on matters under the Board’s governance to allow deeper conversations about values, beliefs and concerns in order to support the decision making process (Appendix A). Community relations outreach and parent engagement efforts are designed to build on past successes while establishing effective networks/relationships that help foster a cohesive Catholic education community are outlined in Appendix B.
2. Introduction of innovative, web-based and online strategies such as the newly deployed TCDSB Community Consultation web-based microsite continue to widen involvement. In addition, Communications staff regularly evaluate the use and impact of existing and new social media tools.
3. Community engagement activities in 2017-2018 were designed to align with all six (6) pillars of the Multi-Year Strategic Plan. The 2018-2019 pre-budget consultation survey was a prime example of this commitment to maintain a direct correlation between MYSP goals and fiscal commitments and priorities.
4. Community engagement initiatives are designed to support the goal of ensuring our Catholic schools and the TCDSB are accessible and welcoming to parents and other community members. Catholic ratepayers and

community members have a right and the responsibility to be involved in decisions made on their behalf. Authentic consultation and engagement relies on open dialogue, transparent access to information and opportunities to enrich the understanding of educational policies, programs and services. The first-ever *Parent Voice Survey* initiative sent to all TCDSB principals to lead community engagement through a comprehensive survey translated in top 6 TCDSB languages was an example of this core commitment.

## **E. METRICS AND ACCOUNTABILITY**

1. Impact and accountability summaries for each community engagement initiative is summarized in Appendix A and provide both quantitative and qualitative input received during community engagement. The Communications staff will continue to work with the Research Department to go beyond numbers in terms of participation to ensure community engagement is measured by quality rather than quantity during any review of the key contributions to policy decisions.
2. The guiding principle for community engagement at the TCDSB is to use our new web-based tools to be as inclusive as possible to reflect the views of all community members by overcoming language, cultural and socio-economic access barriers.
3. The summary and results contained in this 2017-2018 Annual Report will serve to inform 2018-2019 communication engagement strategies with a greater emphasis on reaching non-engaged communities and focus on quality of engagement input rather than quantity.
4. Ongoing evaluation to ensure effective communication and consultation strategies is central to the stated goal of “continuous improvement” in community engagement. The Communications Department has proactively highlighted the following best practices from initiatives undertaken over the past year and recommend that these be continued for the 2018-2019 program year:
  - a) Ensuring a defined role for superintendents, principals and parent councils for local, school-level consultations to ensure comprehensive local parent/community engagement regarding the introduction of new programs (French Immersion Program initiative summary Appendix A).



- b) Continue to offer translated versions of surveys in the TCDSB’s top 6 languages (subject to budget resources), and to expand the visibility and use of the embedded “**TRANSLATE**” tool on web consultation pages which empowers users with access to over 75 languages.
- c) Refine the newly created Community Consultation Web Micro-site as the dedicated “**one-stop-shop**” to get involved. In 2018-2019 TCDSB stakeholders will become more familiar with this online website as the main platform to provide feedback on Board initiatives during the many community consultations held each year.
- d) Continue to leverage strong annual and growing social media presence on Twitter<sup>®</sup> (26,000 to 30,000 followers with average of +500,000 impressions per month) and Instagram<sup>®</sup> (introduced February 2018) with 1,120 followers to engage the TCDSB community.
- e) Compile *Budget Briefing Books*, divided between instructional and non-instruction expenditures to support the 2019-2020 and future Budget consultations. The Communications team will continue to work with Board staff to produce “plain language” source documents for consultations with minimal use of acronyms and “Edu-Speak”.
- f) Strategically map general dates for annual or anticipated consultation initiatives (tentative schedule below) early in the academic program year to optimize community engagement initiatives. This should minimize “Stakeholder Consultation Fatigue” and allow for appropriate advance notice, whenever possible for key parent engagement groups (CPIC and OAPCE).

<b>Consultation Issue/Topic</b>	<b>Time Frame</b>
Local School Capital Projects (New Dante-Regina Mundi)	September – November 2018
Health and Physical Education Curriculum (Provincial Consultation)	September – October 2018 (TBC Ministry of Education)
IL Program	January 2019
2019-2020 Budget Consultation	March – May 2019

- g) Maintain firm consultation deadlines for equity, fairness and adherence to decision timeframes. However, extending deadlines (e.g. “discreet” deadlines) may be used when appropriate and circumstances permit (as noted in Appendix A regarding Proposed Sharing of School Fundraising Revenue and Parent Voice Survey consultations).
- h) Where possible, create user-friendly, graphic representations of complex ideas to support information uptake as part of the public consultation and engagement process.
- i) As noted in the Board report arising from the TCDSB-Villa Charities Intergenerational Hub consultations, community engagement for major capital projects should involve the community meaningfully, and directly in the full cycle of the design process through feedback loops. The community should be informed as to how their input has been incorporated or considered. Adequate time, space, and review periods should inform design decisions, which should happen during and after the consultation process, not before or separately.
- j) *Parent Voice Survey* featured 5-times the average response rate (approximately 500) for consultation surveys despite a short 2 week period may be attributed to the reality that parents will respond when the issue identified directly relates to their child’s academic achievement within the context of the local school environment. Board-wide consultations should keep this relevance, and local and personal impact in mind when framing consultation questions and language.

## **F. CONCLUDING STATEMENT**

This report is for the consideration of the Board, and recommends that the action-oriented, continuous improvement-based best practices specified under Metrics and Accountability (4.a – 4.j) be continued for communications and community engagement initiatives in 2018-2019.

## ANNUAL REPORT 2017-2018: TCDSB COMMUNICATIONS

### Community Consultation and Engagement

ENGAGEMENT	LEVEL	PURPOSE /GOAL	OUTCOME/IMPACT
<b>September-November 2017</b>  <b>French Immersion Program Local School Community Consultations</b>  <b>-St. Vincent de Paul</b> <b>-St. Alphonsus</b> <b>-St. Jane Francis</b> <b>-St. Mary</b> <b>-St. Louis</b> <b>-St. Brigid</b> <b>- Bishop Marrocco/ Thomas Merton</b>	Consult	<p>The Board's Long-Term Program Plan (LTPP) identified schools for potential introduction of French Immersion (FI) programming. Consultations were led by the school superintendent with support from Communications regarding implementation of French Immersion beginning in kindergarten.</p> <p>Parents and the community had the opportunity to learn more about FI programming through roundtable discussions and an open survey. The input and feedback was essential to informing the Board's FI program plans for the school.</p> <p>This best practice model is now used for all FI consultations.</p>	<ul style="list-style-type: none"> <li>• This democratic process assisted in gathering well-rounded perspectives and viewpoints regarding local French Immersion programming plans.</li> <li>• All voices were respected and heard during the consultation process which allowed the program to be introduced to school communities who expressed definitive interest in hosting the program.</li> <li>• This approach was a key part of the process to inform the Board's decisions to implement FI in selected sites for 2018 and 2019.</li> </ul>
<b>November 2017- February 2018</b>  <b>Community Consultation TCDSB-Villa Charities (VCI)</b>  <b>Dante Alighieri-Columbus Centre Intergenerational Community Hub</b>	Engage	<p>Trustees mandated the undertaking of broad consultations to determine the level of community support for the the TCDSB/VCI Intergenerational Community Hub partnership with Villa Charities Inc., versus the option to proceed with the building of Dante Alighieri independently.</p> <p>The Board engaged Maximum City/Dillon Consultation to conduct a qualitative community consultation process which launched in early November 2017, and a report was completed at the end of January 2018.</p>	<ul style="list-style-type: none"> <li>• A comprehensive consultation process officially engaged over 1,000 total participants through a variety of methods including: community workshops, youth/senior outreach, web-based online and telephone surveys.</li> <li>• Although Trustees voted on February 22, 2018 to terminated the partnership agreement and sever ties with VCI, the process provided a number of invaluable lessons learned during consultations: <ul style="list-style-type: none"> <li><b>a)</b> Gain trust by demonstrating accountability to the community needed for a new project to move forward.</li> </ul> </li> </ul>

## APPENDIX: A

ENGAGEMENT	LEVEL	PURPOSE /GOAL	OUTCOME/IMPACT
			<p><b>b)</b> Establish a broadly-based working group that is representative of the community, and whose main role is to provide input on the project and liaise with the community.</p> <p><b>c)</b> Involve the community meaningfully and directly in the full cycle of the design process through feedback loops, inform the community how they will be consulted, and demonstrate how their input has been incorporated or considered.</p> <p><b>d)</b> Provide adequate time, space, and review periods. Consultation and review should inform design decisions, which should happen during and after the process, not before or separately.</p>
<p><b>February – May 2018</b></p> <p><b>Whistleblower Policy (A.39)</b></p>	Consult	<p>TCDSB stakeholders were invited to participate in the community consultation regarding the new draft Whistleblower Policy (A.39).</p> <p>Initial in-person consultations with key TCDSB stakeholder communities including union partners was coordinated and led by the Senior Coordinator of Human Resources.</p> <p>The draft policy reflects the Board's commitment to protect the public interest and trust in public education by providing a framework for the disclosure and investigation of wrongdoing, as well as protection from reprisal or threat of reprisal for those who make disclosures of information.</p>	<ul style="list-style-type: none"> <li>• System-wide community consultations on the policy was launched as part of the new TCDSB Community Consultation web micro-site, which was developed as the Board's "One-Stop-Shop" to provide feedback on important Board program and policy initiatives throughout the year.</li> <li>• Prior to the online, web-based consultation a series of discussions initiated by the Senior Coordinator Academic Services, Human Resources were held at previously scheduled meetings between February and April</li> </ul>

## APPENDIX: A

ENGAGEMENT	LEVEL	PURPOSE /GOAL	OUTCOME/IMPACT
		Most large public organizations have policies and procedures like this in place to identify and prevent improper professional activities.	<p>2018 with the Board's major employee groups, administrative associations, and union partners. The Board also welcomed written submissions up to and including May 22, 2018.</p> <ul style="list-style-type: none"> <li>• A total of 397 respondents completed the online survey which generated 254 individual comments. Based on this response rate and the target audience focus of parents and staff, the survey results are considered accurate 9 times out of 10, with a margin of error of plus or minus 4 percent.</li> <li>• 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. Over 75% of parents/guardians indicated they agree or strongly agree with the draft policy. This contrasted with 57% of TCDSB staff who responded that they disagree or strongly disagree.</li> </ul>
<b>March - May 2018 Budget Consultations 2018-2019 TCDSB Budget</b>	Consult	<p>Annual feedback and results received from stakeholder consultation is essential to support key decision making during the budget process, but especially critical to a large enterprise-level organization like the TCDSB, which manages a budget of over \$1.1 billion.</p> <p>Given that the Board balanced its budget two years ahead of the end of the Multi Year Recovery Plan,</p>	<ul style="list-style-type: none"> <li>• A preliminary pre 2018-2019 budget survey aligned with MYSP priorities was circulated to frame initial budget preparations.</li> <li>• For the first time, <i>Budget Briefing Books</i> – separated by instructional and non-instructional expenditures featuring "common language" and less technical</li> </ul>

## APPENDIX: A

ENGAGEMENT	LEVEL	PURPOSE /GOAL	OUTCOME/IMPACT
		<p>the consultation took a different approach and invited the TCDSB community to provide input and identify priority areas.</p> <p>A balanced budget must be submitted to the Ministry of Education by the June 30, 2018 deadline.</p>	<p>jargon was produced to support the consultation process and enhance community engagement.</p> <ul style="list-style-type: none"> <li>• A total of 435 stakeholders completed the survey and submitted over 250 individual suggestions and comments.</li> <li>• Based on this response rate, the survey results are considered accurate 90% of the time, with margin of error of less than plus or minus 4%.</li> </ul>
<p><b>May 2018</b></p> <p><b>Ontario's Education Equity Action Plan.</b></p>	Consult	<p>TCDSB communities were invited to participate in one of two information and consultation sessions (May 24 and May 30) on the TCDSB's Equity Action Plan as mandated by the Ontario government.</p>	<ul style="list-style-type: none"> <li>• Two, geographically two-hour discussion and open forum, round table consultation sessions were held at St. Patrick Catholic Secondary School (East), and Bishop Marrocco-Thomas Merton (West).</li> <li>• At each session, over 20 participants comprised of parents discussed key issues in this area to inform the Board's development of its Equity Action Plan.</li> </ul>
<p><b>May - June 2018</b></p> <p><b>Parent Voice Survey</b></p>	Consult	<p>The Board's Executive Compensation Ad Hoc Committee determined that one measure of the organization's commitment to strengthening public confidence and service excellence was through a stakeholder survey administered to all parents of TCDSB students.</p> <p>The results of this survey was intended to gather baseline data to produce a meaningful and measureable corporate goal for all executives.</p>	<ul style="list-style-type: none"> <li>• The Parent Voice online survey was administered from May 14 to May 25, 2018. Traditional paper based submissions were accepted until June 28, 2018.</li> <li>• The Research Department reviewed and compiled the results from 2,615 total respondents (2159 online and 456 paper survey submissions).</li> </ul>

## APPENDIX: A

ENGAGEMENT	LEVEL	PURPOSE /GOAL	OUTCOME/IMPACT
			<ul style="list-style-type: none"> <li>• Supplemental resource materials included translated surveys in top 6 TCDSB language groups.</li> <li>• Response rate was 5 times Board average of 500 responses. Based on 41,000 families, the survey results are accurate 95% of the time (at least 9 out of 10) with a margin of error of +/- 2 percent.</li> </ul>
<b>May – June 2018 Proposed Sharing of School Fundraising Revenue</b>	Consult	<p>Catholic School Parent Councils (CSPCs) were consulted on a proposed revenue sharing model in accordance with a prescribed formula to address the growing disparity between what schools in high-income areas are able to fundraise for student success supports, and what schools in lower socio-economic areas are able to collect.</p> <p>Closing the gap to learning opportunities for all students is a goal of TCDSB's Multi-Year Strategic Plan (MYSP).</p> <p>A comprehensive survey featuring a user-friendly, graphic-based pre-set formula was created to support the public consultation process.</p>	<ul style="list-style-type: none"> <li>• The online survey resulted in 587 online responses submitted.</li> <li>• Principals were instructed to complete the survey in-person (where possible) with parent councils. As a result of this personalized approach, an additional 57 school-based participants for a total of 644 survey responses were received of which reflected participation by at least 103 TCDSB schools (including 16 secondary schools).</li> <li>• Over 350 individual comments were submitted. Survey results considered accurate 9 times out of 10, with a margin of error of plus/minus 4%.</li> <li>• Both parents (over 70%) and CSPC members (almost 76%) believe sharing of fundraising should be optional.</li> <li>• There was a good level of interest in pursuing a community market concept or similar "services-in-kind" approaches</li> </ul>

## APPENDIX: A

ENGAGEMENT	LEVEL	PURPOSE /GOAL	OUTCOME/IMPACT
			as alternatives or enhancements for fundraising and donations.
<b>June 2018</b> <b>New School Options and Discussion</b> <b>Dante Alighieri Academy</b> <b>Regina Mundi Catholic School</b>	Consult	All members of the Dante Alighieri Academy and Regina Mundi Catholic School communities, including parents, neighbours, local business owners and Catholic ratepayers were invited to attend a June 19, 2018 consultation as the beginning of the process to build a new Dante Alighieri Academy and Regina Mundi Catholic Schools on TCDSB-owned property.	<ul style="list-style-type: none"> <li>• The consultation with Board staff was well attended with close to 100 community members, school staff, parents and students.</li> <li>• Those attending provided Board staff with their input, vision and ideas for the new facility. This invaluable information was the first step in additional community consultations with the next meeting scheduled for October 2, 2018.</li> </ul>
<b>June 2018</b> <b>St. Patrick CSS</b> <b>New Soccer Field</b> <b>Community Information Session</b>	Inform	Pursuant to the TCDSB's Good Neighbour Policy (S.25), Board Staff attended a community information session with City staff which featured a question and answer session with residents impacted by the introduction of the St. Patrick Sports Field.	<ul style="list-style-type: none"> <li>• Over 100 local residents attended and posed questions regarding permit times, the need for additional field fencing and noise and lighting issues at the new field.</li> <li>• Board staff provided community members with a fact sheet and additional information, including a dedicated email hotline to report concerns regarding field operations.</li> <li>• Board staff committed to address the need for an extension of the fencing to keep soccer balls inside the field of play.</li> </ul>



## TCDSB COMMUNITY ENGAGEMENT/OUTREACH 2017-2018

### Learning Opportunities and Cultural Events

ENGAGEMENT	LEVEL	PURPOSE /GOAL	OUTCOME/IMPACT
<b>September, 2017</b> <b>TCDSB System and School Parent Engagement Forum</b>	Inform/Engage	TCDSB Parent Engagement Department initiative to welcome new parents/guardians to our Catholic community and to provide them with information regarding programs and strategies for ensure equitable student outcomes.	<ul style="list-style-type: none"> <li>100 parents/guardians attended the keynote address: "System and School Parent Engagement: Why It Makes a Difference to Student Success"</li> <li>Parents/guardians also had the opportunity to participate in one of the following break-out sessions:               <ol style="list-style-type: none"> <li>1. Parent Engagement: Connecting with our Newcomers</li> <li>2. Communication: The Grade Representative Approach</li> <li>3. Secondary School: Staying Engaged with our Teens</li> </ol> </li> </ul>
<b>September 2017-June 2018</b> <b>Ticket and Event distribution</b>	Outreach/Engage	TCDSB Community Relations Department community in partnership with the Angel Foundation and Social Work Department distributed several sporting and art related opportunities to TCDSB students throughout the school year.	<ul style="list-style-type: none"> <li>The TCDSB received over \$168,000 worth of tickets from Kids Up Front and MLSE that were distributed by TCDSB lead David Letra with the assistance of The Angel Foundation for Learning and the Social Work Department</li> </ul>
<b>September 2017</b> <b>Community Exhibit</b>	Outreach/Inform	TCDSB Community Relations Department initiative to provide information about TCDSB services to various stakeholders in Ward 4	<ul style="list-style-type: none"> <li>300-400 people (parents, residents, community members) visited the exhibit's open space booth to acquire TCDSB flyers/information on service and resources</li> </ul>

## APPENDIX: B

ENGAGEMENT	LEVEL	PURPOSE /GOAL	OUTCOME/IMPACT
<b>September 2017- November 2017</b>  <b>Delta Family Resource Centre at St. Roch</b>	Inform/ Inform/Outreach	TCDSB Community Relations Department met with Deta Family resource to discuss the possibility of the community agency relocating in to a TCDSB (St. Roch) school to offer: a range of support services to caregivers; settlement programs and services; community support; and a range of activities that enhance individual skills and promote healthy communities.	<ul style="list-style-type: none"> <li>• Over 50 students, parents/guardian, caregivers and community members participated in the program and benefited from the free services offered by Deta Family Resources</li> <li>• Activities included: child stimulation; group discussions; advice; consultation with resource teachers and language specialists; and interactive games.</li> </ul>
<b>September 2017- November 2017</b>  <b>TRUST 15/ Men of Distinction Program at Msgr. Percy Johnson.</b>	Outreach/Engage	<p>TCDSB Community Relations Department initiative, in collaboration with the principal and staff from Msgr. Percy Johnson, to establish a <i>Men of Distinction Mentoring Program</i>, facilitated by TRUST 15, to support the unique social, emotional and academic needs of African Canadian male students.</p> <p>Trust 15 is a charitable organization that provides youth in the Rexdale/North Etobicoke area with programs that promote and facilitate positive behaviour, creative expression, and cooperative working skills. The goal of the organization it to provide children in the community with the social and educational tools needed to succeed in society. This is accomplished through mentoring and positive role model intervention.</p>	<ul style="list-style-type: none"> <li>• Over 30 African Canadian male students joined the Msgr Percy Johnson chapter of the organisation</li> <li>• In a safe, nurturing space, they were able to discuss and find solutions for real life issues surrounding self-esteem, conflict-resolution, abuse, violence, peer pressure, and family life</li> <li>• They were connected to mentors, professionals, and community leaders, where they learned crucial tips for success and were inspired to believe in themselves, their talents, and their futures</li> </ul>

## APPENDIX: B

ENGAGEMENT	LEVEL	PURPOSE /GOAL	OUTCOME/IMPACT
<b>October 2017- December 2017</b>  <b>Skate and helmet distribution</b>	Outreach/Engage	<p>TCDSB Community Relations Department secured a substantial donation of skates and helmets by Skate to Great and Chevy Canada.</p> <p>All donations were distributed to multiple TCDSB schools that needed to increase their schools inventory provided students the opportunity to skate during the winter months.</p>	<ul style="list-style-type: none"> <li>• The Community relations department emailed all schools to create a data base of schools with limited skating resources</li> <li>• Once the list was created we were able to evenly distribute hundreds of pairs of skates and helmets that warehouse distributed</li> </ul>
<b>October 2017- June 2018</b>  <b>MLSE donation of product</b>	Outreach/Engage	<p>The Community Relations Department created a partnership with Spencer Gibson- Coordinator, Basketball Development- to receive several hundred articles of MLSE related clothing and supplies.</p>	<ul style="list-style-type: none"> <li>• The Community Relations Department with the assistance of the Angel Foundation distributed hundreds of items to schools throughout the system.</li> <li>• In addition, we were also able to work with physical education teachers to locate students with special sizes that would be able to use donated Raptors clothing</li> </ul>
<b>October, 2017</b>  <b>TCDSB CSPC Conference</b>	Inform/Engage	<p>TCDSB Parent Engagement Department initiative to develop a series of workshops provide information and resources to new and returning CSPC and Administrators' on Ministry and TCDSB policies and guidelines in order to lay the foundation for effective governance to support student achievement.</p>	<ul style="list-style-type: none"> <li>• Attended by 160 parents/guardians who participated in target workshops to support effective governance in TCDSB school communities. The three workshops focused on supporting CSPC executive roles: Chair, Treasurer, and Secretary.</li> <li>• Included were opportunities for participants to interact and network to share best practices.</li> </ul>

## APPENDIX: B

ENGAGEMENT	LEVEL	PURPOSE /GOAL	OUTCOME/IMPACT
			<ul style="list-style-type: none"> <li>Parents had the opportunity to complete an exit survey to communicate local learning needs as related to CSPC roles and responsibilities</li> </ul>
<b>October, 2017</b>	Inform/Engage	TCDSB Community Relations Department initiative featuring a Mass and Celebration of Hispanic Canadian Culture with the goal to engage students of Hispanic Canadian culture to celebrate Catholicity within the context of the diversity within the TCDSB	<ul style="list-style-type: none"> <li>Attended by 400 students, staff and families, from six different schools</li> <li>Students studying Spanish in the Extended Day program were an integral part of the celebration and the audience</li> <li>Hispanic Canadian Heritage was recognized through a celebratory Mass followed by presentations of student work and performances presentations from the 6 schools, including an Indigenous elder and a professional Colombian drummer highlighting folklore music</li> </ul>
<b>October, 2017- January 2018</b>  <b>Motion Ball Sports, Lunch time Basketball Mentoring Program</b>	Outreach/Engage	TCDSB Community Relations Department initiative to liaise Motion Ball Sports Principals of St. Roch, St. Stephens and St John The Evangelist, to discuss establishing a community based lunchtime mentoring recreational basketball program, to promote and facilitate positive behaviour, creative expression, and cooperative working skills.	<ul style="list-style-type: none"> <li>Over 60 students participated in the 20 week program which saw major improvements in the students, social, emotional, academic, life skills, and personal performance on and off the court in a safe, positive and fun community space</li> </ul>

## APPENDIX: B

ENGAGEMENT	LEVEL	PURPOSE /GOAL	OUTCOME/IMPACT
<b>October, 2017</b> <b>Newcomers' Welcome Conference</b>	Inform/Engage	TCDSB Community Relations Department cultural outreach and community engagement initiative featuring a Conference Forum to provide newcomer parents with pertinent information on navigating the Canadian education, health and workplace system. The theme tied into TCDSB's Pastoral Plan - "The Year of the School: Newcomer Student Leadership Conference".	<ul style="list-style-type: none"> <li>• 300 participants, made up of students from Grades 6-12, teachers and community members, attended a plenary session and leadership workshops with presentations by newcomer resource groups and Catholic student leaders</li> <li>• Participants were also provided with information to support their transition and integration into TCDSB community, including navigating the system, school structure, community resources linked to their local Catholic school and parish as well as school leadership opportunities</li> <li>• A postcard with relevant information and FAQ's and newcomer resources were provided in different languages as a handy reference tool.</li> </ul>
<b>October 2017</b> <b>Advisory Committees Plenary Session</b>	Inform/Outreach	TCDSB Community Relations Department initiative to bring all members of the current community advisory committees to a plenary session to discuss common issues and challenges encountered by each committee.	<ul style="list-style-type: none"> <li>• Over 50 participants from 5 community advisory committees: African, Filipino, Hispanic, Indigenous and Portuguese attended the session in which they were informed about components of the Ontario's Education Equity Action Plan (OEEAP) and open discussion on how the work of each committee could ensure equity in our school system</li> </ul>

## APPENDIX: B

ENGAGEMENT	LEVEL	PURPOSE /GOAL	OUTCOME/IMPACT
			<ul style="list-style-type: none"> <li>The discussion also focused on completion of a Ministry-directed consultation entitled, “<i>Consultation Survey on Engagement of Governance Supports</i>”</li> </ul>
<p><b>November 2017-March 2018</b></p> <p><b>Plan Activities to Commemorate Black/African Canadian Heritage Month.</b></p> <p><b>(The International African Inventors Museum) (IAIM)</b></p>	Outreach/Inform	<p>TCDSB Community Relations Department initiative to connect with The International African Inventors Museum with the to inform students, parents, staff and community of the contributions that the African Diaspora has made to Canada and the Globe.</p> <ul style="list-style-type: none"> <li>The International African Inventors Museum (IAIM) teaches people of all nationalities about the important contributions that Africans have made throughout history. The IAIM is a mobile museum, which travels locally and nationally. The display features a range of African Inventors and African inventions including the window cleaner, traffic light, the eggbeater, space shuttle retrieval and more.</li> </ul>	<ul style="list-style-type: none"> <li>The museum was hosted in 2 secondary schools</li> <li>Over 3000 students from 2 secondary schools and 6 elementary schools visited the museum during the four days in which it was housed in the high schools</li> <li>Students, parents, staff and community celebrated the contributions of African Canadian culture to Catholicity, Canada and the world; within the context of diversity in the TCDSB</li> </ul>
<p><b>October 2017-June 2018.</b></p> <p><b>The TCDSB African Canadian Advisory Committee</b></p>	Inform/Outreach	<p>TCDSB Community Relations Department engagement of The African Canadian Advisory Committee.</p> <p>The African Canadian Advisory Committee represents a platform of which members of the African Canadian</p>	<ul style="list-style-type: none"> <li>Data Collection, Anti-Black Racism, Equity Action Plan Culturally Responsive and Relevant Pedagogy,</li> <li>Expansion of Project 101 and TCDSB School Resources Officer Program (SRO) were discussed and</li> </ul>

## APPENDIX: B

ENGAGEMENT	LEVEL	PURPOSE /GOAL	OUTCOME/IMPACT
		<p>diasporas can have their voices heard, discuss issues and concerns of the communities; as they relate to African Canadian students who attend Toronto Catholic District School Board's schools. This year (2017/18), the committee had in depth discussions, deliberations and discourses on the following subjects:</p> <p>Data Collection, Anti-Black Racism, Equity Action Plan</p> <p>Culturally Responsive and Relevant Pedagogy, Expansion of Project 101.</p>	<p>plans were put in place to follow up these issues in future meetings in the 2018-2019 school year.</p>
<p><b>December 2017 to June 2018</b></p> <p><b>Power to Girls Foundation</b></p>	Outreach/Engage	<p>TCDSB Community Relations Department outreach to Power to Girls Foundation, a not for profit organization that helps empower Afro-diaspora girls in the Greater Toronto Area, to:</p> <ul style="list-style-type: none"> <li>• To nurture girls to identify their true self and tenacity to help realize their true potential;</li> <li>• To provide mentorship and resources to guide girls on their journey's;</li> <li>• And to provide opportunities for girls to network and to build confidence and life skills.</li> </ul>	<ul style="list-style-type: none"> <li>• Established Unique After School Program Facilitated in 5 TCDSB elementary schools: St Roch, St. Stephens, St. Dorothy, St. Andre and All Saints</li> <li>• Girls participated in positive mentorship, community interactions and recreational activities that inspired self-confidence, built self-esteem, friendships, nutritional health, and integrity in the hearts of all our girls</li> <li>• Young girls had opportunities to discover their individual identity, and creative gifts by developing qualities that help them become leaders and contributing members of society</li> </ul>

## APPENDIX: B

ENGAGEMENT	LEVEL	PURPOSE /GOAL	OUTCOME/IMPACT
<b>November 2017- March 2018</b> <b>(Black/African Canadian Heritage Month Activities)</b> <b>History and Identity Through Artistic Expression, is a series of dramatic plays, artistic expressions.</b>	Outreach/Inform/Engage	<p>TCDSB Community Relations Department engagement of G.I.A. Productions; a community arts group to engage, inspire, and educate audiences.</p> <p>The group continues to provide highly educational, motivational, spiritual, and entertaining workshops and dramatic presentations on intriguing topics such as 'sadeism' (skin tone/ complexion bias), the use of the N-word, the state of the Black family, the unique complexities of the Black female experience, and other pressing issues within the African diaspora</p>	<ul style="list-style-type: none"> <li>• Over 2000 students, staff and community members from two TCDSB highs school had the opportunity to be inspired, educated and challenged to look through a different lens when interpreting and various aspects of black culture</li> </ul>
<b>February, 2018</b> <b>TCDSB Mass and Cultural Expose: African- Canadian Heritage Month</b>	Inform/Engage	<p>TCDSB Community Relations Department organization of a Mass and celebration of African Canadian Culture, to inform students of African Canadian culture and to celebrate its contributions to Catholicity, Canada and the world.</p>	<ul style="list-style-type: none"> <li>• Attended by 700 students, staff and parents/guardian from 15 different schools.</li> <li>• African Canadian Heritage was recognized through a celebratory mass followed by artistic pedagogical presentations of students work as it related to the black experience in Canada and the world</li> </ul>
<b>March, 2018</b> <b>TCDSB Mass and Cultural Expose: Celtic Heritage Month</b>	Inform/Engage	<p>TCDSB Community Relations Department organization of a Mass and celebration of Celtic Canadian Culture, to allow students and parents within TCDSB to celebrate their unique culture and teach other students the</p>	<ul style="list-style-type: none"> <li>• Attended by 250 students, staff and parents/guardians from 5 schools</li> <li>• This celebration was about the diversity of Celtic culture within our TCDSB Community.</li> </ul>



## APPENDIX: B

ENGAGEMENT	LEVEL	PURPOSE /GOAL	OUTCOME/IMPACT
		uniqueness of our diversity within TCDSB.	<ul style="list-style-type: none"> <li>It included a celebratory mass, student work and student plays, followed by a community member performance and an educational workshop on the Irish dance</li> </ul>
<b>March, 2018</b> <b>Power to Girls Conference</b>	Outreach/Inform Engage	TCDSB Community Relations Department outreach, in collaboration with TCDSB personnel organized a conference at the CEC to engage, inspire and educate young girls.	<ul style="list-style-type: none"> <li>This one day conference at the Catholic Education Center was attended by 250 students, staff, parents/guardians from 5 schools, provided young girls to engage in key note addresses, workshops and artistic expressions to celebrate International Women's Day</li> <li>Led by community elders, mentors and educators, young girls had the opportunity to participate in activities that allowed them to discover their individual identity, and creative gifts, that allow them to become leaders and contributing members of society</li> </ul>
<b>April 2018,</b> <b>Mayor John Tory's Cricket Awards</b>	Outreach	TCDSB Community Relations Department outreach initiative.  The cricketers and volunteers recognition event in April each year empowers our young cricketers and rewards them for their excellence in the field of cricket. A rare opportunity for students who are involved in this new and emerging sport in schools.	<ul style="list-style-type: none"> <li>Over 200 TCDSB, students, staff and community volunteers were recognised for their contributions to the growth of Cricket across the GTA. TCDSB students are engaged in the fastest growing sport in Canada.</li> </ul>

## APPENDIX: B

ENGAGEMENT	LEVEL	PURPOSE /GOAL	OUTCOME/IMPACT
<b>May 2018, TCDSB Woodbine Festival of the Arts</b>	Outreach/Engage	TCDSB Community Relations Department initiative to celebrate Catholic Education Week through excellence in the Arts and excellence in Catholic education.	<ul style="list-style-type: none"> <li>• Over 60 TCDSB schools, hundreds of parents/guardians, staff, volunteers, community and over 2000 students participated in the festival</li> <li>• Students were provided with an opportunity to express their artistic talents in music, band, strings, vocal, visual art, drama and dance in a public space</li> </ul>
<b>May-2018 TCDSB Transition Information Session for Filipino, Spanish &amp; Portuguese Speaking Parents/Guardian</b>	Outreach/Inform/Engage	<p>The Community Relations Department in partnership with St Mary Academy, Bishop Marrocco Thomas Merton and Loretto College, presented an information session to grade 7 to 9 parents on the following topics:</p> <ul style="list-style-type: none"> <li>• Navigating the School System;</li> <li>• Transition to High School</li> <li>• Post-Secondary Education Pathways</li> </ul>	<ul style="list-style-type: none"> <li>• Held a St. Mary Academy, parents/guardians had the opportunity to receive the information in Spanish, Portuguese and Filipino</li> </ul>
<b>May 2018, TCDSB Cricket Canada Annual Spring Cricket Tournament</b>	Outreach/Engage	TCDSB Community Relations Department outreach and community engagement initiative to engage TCDSB students in the fastest growing sport in Canada, with the goal to create curriculum content that reflects the cultural identity of the large and growing population of diverse students in our school system and support the larger equity goal of culturally relevant and responsive pedagogy.	<ul style="list-style-type: none"> <li>• Over 300 TCDSB students, parents/guardians, staff and community members participated in this year's tournament.</li> <li>• Students from grades 3 to 12 participated in their respective divisions. A secondary and elementary champion was crowned.</li> <li>• Students had the opportunity to develop the following skills:</li> </ul>

## APPENDIX: B

ENGAGEMENT	LEVEL	PURPOSE /GOAL	OUTCOME/IMPACT
			endurance; balance; muscle toning; flexibility; cardio; motor; and social skills; all important for a healthy, well balanced life
<b>May 2018</b> <b>Nigerian Refugees Outreach</b>	Outreach/Inform	TCDSB Community Relations Department outreach initiative to increase enrolment in our Catholic schools	<ul style="list-style-type: none"> <li>• 140 parents/guardians of Nigerian decent who were claiming refugees status attended in 2 information sessions: one at Edwards Hotel and the other at Radisson Hotel</li> </ul>
<b>May, 2018</b> <b>CPIC/OAPCE Conference</b>	Inform/Engage	Parent Engagement Department in collaboration with CPIC and OAPCE organized a mini conference with a focus on providing parents with the skill and knowledge building opportunities to support equity in student outcomes	<ul style="list-style-type: none"> <li>• 90 parents participated in a Social Networking Safety Symposium, followed by workshops on: Special Education; 21<sup>st</sup> Century Learning; Positive Parenting; <i>Jump Math</i> and Internet Safety</li> <li>• Workshops were video taped and will be uploaded to the TCDSB Parent Portal as a resource for parents who could not attend the conference</li> <li>• Participants also had opportunities to network and solicit information from a variety of agencies that support families and students</li> <li>• Student workshops were provided by <i>Scientists in the Schools</i> and staff, as a child minding and student learning opportunity to provide equitable access to participation in the conference to all parents</li> </ul>

## APPENDIX: B

ENGAGEMENT	LEVEL	PURPOSE /GOAL	OUTCOME/IMPACT
<b>May, 2018</b> <b>TCDSB Mass and Cultural Expose: Asian Canadian</b>	Inform/Engage	TCDSB Community Relations Department organization of a Mass and celebration of Asian Canadian Culture with the goal to engage students and families within TCDSB to celebrate their unique culture and engage other students in learning about diverse cultures	<ul style="list-style-type: none"> <li>• In partnership with Brebeuf CS and St. Joseph Morrow Park, this celebration was attended by 600 participants comprised of students, parents/guardians and staff from 15 schools, along with dignitaries from the Asian community</li> <li>• This celebration highlighted the diversity of Asian culture within our TCDSB Community. It included a celebratory mass, student work and student performances</li> </ul>
<b>May-June 2018</b> <b>TCDSB sponsored Parent Forums for Filipino, Tamil, Vietnamese and Chinese</b>	Outreach/Inform/Engage	The Community Relations Department in collaboration with partners with various ethnic to address questions and provide suggestions for an enhanced partnership.	<ul style="list-style-type: none"> <li>• There were various events which were attended by anywhere from 200 to 400 parents on a Saturday/Sunday.</li> <li>• Parents/guardians had the opportunity to voice their concerns as they pertain to their respective communities, as well as, to receive information of the various parent groups within the TCDSB</li> </ul>
<b>June, 2017</b> <b>Mass and Cultural Expose: Portuguese Canadian Heritage Month Mass and Expose</b>	Inform/Engage	TCDSB Community Relations Department organization of a Mass and celebration of the Italian diaspora, with the goal to inform students of the Italian culture and to celebrate our Catholicity within the context of diversity within the TCDSB	<ul style="list-style-type: none"> <li>• Attended by 350 students from various schools, dignitaries, staff, parents/guardians and community members, the celebration highlighted Portuguese Canadian culture and global contributions</li> </ul>

## APPENDIX: B

ENGAGEMENT	LEVEL	PURPOSE /GOAL	OUTCOME/IMPACT
<b>June, 2017</b> <b>Mass and Cultural Expose: Italian Canadian Heritage Month Mass and Expose</b>	Inform/Engage	TCDSB Community Relations Dept Initiative featuring a Mass and celebration of the Italian diaspora. The goal is to inform students of the Italian culture and celebrate our Catholicity within the context of diversity within the TCDSB	<ul style="list-style-type: none"> <li>• Attended by 390 students and community members from various schools along with dignitaries, staff, parents and students. This celebration highlighted Italian Canadian culture and global contributions. It included a celebratory Mass, student presentations and performances.</li> </ul>
<b>June, 2018</b> <b>TCDSB Sponsored Parent Forum for Vietnamese Community</b>	Inform/Engage	The Community Relations Department in partnership with the International Language Department and the Vietnamese International Language Program at James Culnan, organized a community information event on Mental Health and Well-Being, and a celebration of Vietnamese heritage and language.	<ul style="list-style-type: none"> <li>• Around 400 parents/guardian, students, clergy, staff and Vietnamese community dignitaries/leaders, enjoyed student showcasing their talents through poetry, song, dance and instrumental music performances in their native language at James Culnan</li> <li>• 75 parents/guardians attended a Mental Health Session delivered in Vietnamese</li> </ul>
<b>June 2018</b> <b>TCDSB sponsored Parent Forum for Filipino Community</b>	Inform/Engage	The Community Relations Department in collaboration with the Filipino community organized the yearly <i>Proudly Pinoy</i> event: a parent/guardian, student and community educational engagement event with the aim at providing information to engage community leaders and parents to support equitable student outcomes.	<ul style="list-style-type: none"> <li>• Around 400 community members attended the event at Francis Libermann CSS</li> <li>• Participants had the opportunity to receive information of the various TCDSB resources, as well as, participate in workshops on the following topics: Navigating the Education System; Communicating with your Child; and Student Supports and Career Choices.</li> </ul>

## APPENDIX: B

ENGAGEMENT	LEVEL	PURPOSE /GOAL	OUTCOME/IMPACT
<b>June 2018</b> <b>TCDSB sponsored</b> <b>Parent Forum for</b> <b>Chinese Community</b>	Outreach/Inform	The Community Relations Department in collaboration with the Chinese community provided parent/guardians, students and community information on Health and Wellness.	<ul style="list-style-type: none"> <li>• The event was attended by 200-300 Chinese parents/guardians, seniors and medical professionals at Mary Ward</li> <li>• All had the opportunity to learn about personal health strategies, as well as, receive information on diseases, such as cancer, and the available resources for treatment</li> <li>• Organizations and agencies were invited to exhibit their resources</li> </ul>
<b>June, 2018</b> <b>6th Annual “Festa della</b> <b>Lingua Italiana”</b> <b>Hosted by Centro</b> <b>Scuola</b>	Inform	TCDSB International Language Department cultural outreach and community engagement initiative to bring together community leaders, school administration, International Language instructors, parents, students, parish members, and TCDSB school board representatives to build and strengthen existing partnerships	<ul style="list-style-type: none"> <li>• 560 TCDSB students, staff and parents/guardian participated with members of the TCDSB community, featuring Italian cultural performances</li> <li>• Participants in the “Concorso Letterario” essay writing and student art competition were presented with their award</li> </ul>
<b>August 2018</b> <b>Canadian National</b> <b>Exhibition (CNE)</b> <b>Information Booth</b> <b>Enercare Centre</b>	Outreach/Inform	<p>Members of the Board’s Community Relations staff, Superintendents, a Trustee and volunteers from the Angel Foundation for Learning (AFL) participated in staffing a TCDSB Information Booth at the Canadian National Exhibition (CNE) on August 25th and August 29th.</p> <p>The booth location was courtesy of the CNE as part of the TCDSB’s</p>	<ul style="list-style-type: none"> <li>• Staff volunteers provided lukewarm feedback regarding this “first-ever” outreach initiative.</li> <li>• The general conclusion was that it was extremely challenging to engage the community in a venue that was selling products and service and when the demographic is mostly tourists and visitors from out of town.</li> </ul>

**APPENDIX: B**

ENGAGEMENT	LEVEL	PURPOSE /GOAL	OUTCOME/IMPACT
		Public Representative membership on the CNE Board of Trustees	<ul style="list-style-type: none"><li>• There was little beneficial interaction with Catholic ratepayers, most questions were from visitors asking directions. Others were only interested in taking the free pens and pencils.</li><li>• Staff did have negative encounters from critics of publicly funded education – even young students handing out flyers for an AFL event were ignored.</li><li>• Based on comments received, serious consideration should be given to review any future participation in this type of community engagement at the CNE.</li></ul>



## REPORT TO

## REGULAR BOARD

### CAUCUS MEETING DATE

*Therefore do not pronounce judgment before the time, before the Lord comes, who will bring to light the things now hidden in darkness and will disclose the purposes of the heart. Then each one will receive commendation from God.  
(1 Corinthians 4:5)*

Created, Draft	First Tabling	Review
September 14, 2018	September 20, 2018	<a href="#">Click here to enter a date.</a>

Paul Matthews, General Legal Counsel

### RECOMMENDATION REPORT

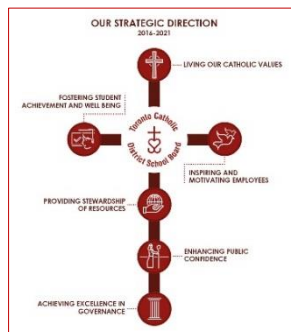
**Vision:**

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

**Mission:**

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

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



Rory McGuckin  
Director of Education

D. Koenig  
Associate Director  
of Academic Affairs

T. Robins  
Acting Associate Director  
of Planning and Facilities

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



## **A. EXECUTIVE SUMMARY**

The purpose of the Caucus meeting is for re-elected and newly elected trustees to recommend to the newly elected Board of Trustees, at their Inaugural Meeting, appointments to the position of the Chair and Vice-Chair of the Board and Committees, and membership on those Committees. Staff recommends that the Board select Thursday, November 29, 2018 as the date for the 2018 Caucus meeting.

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

## **B. PURPOSE**

1. This report is for the purpose of selecting a date for the holding of the 2018 Caucus Meeting.

## **C. BACKGROUND**

1. At a previous Board of Trustees meeting, the Board deferred until a later date the task of selecting a date for the Caucus meeting in 2018.
2. The purpose of the Caucus meeting is for re-elected and newly elected trustees to recommend to the newly elected Board of Trustees, at their Inaugural Meeting, appointments to the position of the Chair and Vice-Chair of the Board and Committees, and membership on those Committees.
3. At the Inaugural Meeting to be held in the first week of December, the newly elected Board will consider the recommendations arising out of the Caucus meeting.

## **D. STAFF RECOMMENDATION**

Staff recommends that the Board select **Thursday, November 29, 2018** as the date for the 2018 Caucus meeting.



## REPORT TO

## REGULAR BOARD

### APPOINTMENT OF TRUSTEES TO THE SELECTION COMMITTEE FOR ASSOCIATE DIRECTOR OF PLANNING, FACILITIES AND STEWARDSHIP

*He said to them, "Micah did such and such to me, and he hired me, and I have become his priest."*

Judges 18:14

Created, Draft	First Tabling	Review
September 12, 2018	September 20, 2018	<a href="#">Click here to enter a date.</a>

R. McGuckin, Director of Education

### 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

Upon receiving notice that the incumbent Associate Director of Facilities, Planning and Stewardship (“Associate Director”) was retiring effective December 21, 2017, the Board initiated a selection process without the assistance of an executive search firm. Through a fair selection process, a successful candidate was selected and expected to assume duties effective May 1, 2018. Unfortunately, the candidate decided not to proceed with the appointment, and the Board still has a vacancy in the Associate Director position.

As a temporary measure, Mr. Tim Robins was hired on contract to assume the duties of the Associate Director until a new, permanent candidate is hired. An executive search firm was contacted and retained to assist the board in filling this vacancy. As per past practice, Trustees will be part of the selection process.

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

## B. PURPOSE

1. This report recommends the appointment of two (2) Trustees to the selection committee for the executive position of Associate Director of Facilities, Planning and Stewardship (“Associate Director”)

## C. BACKGROUND

1. **December 31, 2017** – The incumbent Associate Director of Facilities and Planning retired.
2. **January 25, 2018** - The Executive Superintendent of Facilities Services was appointed Acting Associate Director, and held that position until the Superintendent’s resignation from the board on May 11, 2018.
3. **January 30, 2018** – an employment contract was entered into with the successful candidate for Associate Director, however on April 9, 2018, the successful candidate advised the Director that he would not accept the position and would not be coming to work at the TCDSB.

4. **May 10, 2018** – At Corporate Services Committee, upon learning that another Senior executive in the area of Facilities and Operations had resigned, the Director informed the Board that an Executive Search Firm would be retained to recruit and hire a permanent Associate Director.
5. **May 28, 2018** – Mr. Tim Robins was hired on a temporary basis to serve as the Acting Associate Director. Mr. Robins will remain in this position until December 31, 2018 when it is expected a new, permanent Associate Director will be hired.
6. **July 3, 2018** – the Phelps Group, Executive Search and Talent Management, was retained to search for a permanent Associate Director.
7. In previous engagements with executive search firms, Trustees have played a role in the candidate selection process.
8. Given the involvement of 2 Trustees in the previous, internal search for an Associate Director, it is desirable to have 2 Trustees be part of the selection process.

#### **D. EVIDENCE/RESEARCH/ANALYSIS**

1. The Board has previously utilized Executive Search Firms to hire for the positions of Director of Education and Executive Superintendent of Business Services and Chief Financial Officer.
2. It is recommended that Trustee representation be included on the Selection Committee.

#### **E. METRICS AND ACCOUNTABILITY**

1. The Board will be updated on the progress of the Search for an Associate Director.

#### **F. STAFF RECOMMENDATION**

That the Board appoint two (2) Trustees to be part of the selection committee for the Associate Director of Facilities, Planning and Stewardship.



REPORT TO

REGULAR BOARD

## REPORT OF THE GOVERNANCE AND POLICY COMMITTEE ON 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
September 13, 2018	September 20, 2018	Click here to enter a date.

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

### RECOMMENDATION REPORT

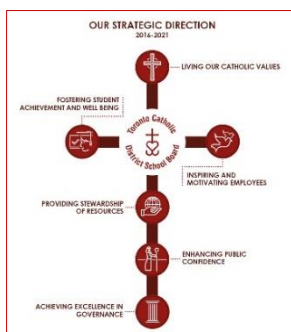
#### Vision:

*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.*



#### Members of the Committee

Angela Kennedy, Chair  
Jo-Ann Davis, Vice Chair  
Ann Andrachuk, Trustee Ward 2  
Nancy Crawford, Trustee Ward 12  
Barbara Poplawski, Ex-Officio  
Maria Rizzo, Ex-Officio

## **A. EXECUTIVE SUMMARY**

This report recommends updates to the current Employee Involvement in Municipal, Provincial and Federal Elections Policy (H.M. 25) to reflect current practices and to update the policy in meta format.

*The cumulative staff time required to prepare this report was 1 hour*

## **B. PURPOSE**

This Recommendation Report is on the Order Paper of the Regular Board as it recommends a policy revision.

## **C. APPENDIX**

APPENDIX A: Employee Involvement in Municipal, Provincial and Federal Elections Policy (H.M. 25) with proposed amendments.

## **D. COMMITTEE RECOMMENDATIONS**

That the Board accept the recommendation of the Governance and Policy Committee and approve the Employee Involvement in Municipal, Provincial and Federal Elections Policy (H.M. 25) as amended and proposed in Appendix A.



**POLICY SECTION:** HUMAN RESOURCES

**SUB-SECTION:** MISCELLANEOUS

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

**POLICY NO:** H.M.25

<b>Date Approved:</b> August 19, 1982	<b>Date of Next Review:</b> 2023	<b>Dates of Amendments:</b> Reviewed: September, 2018
<b>Cross References:</b> Municipal Elections Act, 1996 Election Act, R.S.O. 1990		
<b>Appendix</b>		

**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

REGULAR BOARD

## REPORT OF THE GOVERNANCE AND POLICY COMMITTEE ON 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 13, 2018

### First Tabling

September 20, 2018

### Review

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

Peter Aguiar, Superintendent of Student Success 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.*



### Members of the Committee

Angela Kennedy, Chair  
 Jo-Ann Davis, Vice Chair  
 Ann Andrachuk, Trustee Ward 2  
 Nancy Crawford, Trustee Ward 12  
 Barbara Poplawski, Ex-Officio  
 Maria Rizzo, Ex-Officio

## **A. EXECUTIVE SUMMARY**

This report recommends updates to the current Provision of Requested Information to an Individual Trustee Policy (T.15) to reflect current practices and to update the policy in meta format.

*The cumulative staff time required to prepare this report was 1 hour*

## **B. PURPOSE**

This Recommendation Report is on the Order Paper of the Regular Board as it recommends a policy revision.

## **C. APPENDIX**

APPENDIX A: Provision of Requested Information to an Individual Trustee Policy (T.15), with proposed amendments.

## **D. COMMITTEE COMMENDATION**

That the Board accept the recommendation of the Governance and Policy Committee and approve the Provision of Requested Information to an Individual Trustee Policy (T.15) as amended and proposed in Appendix A.



**POLICY SECTION:** TRUSTEES

**SUB-SECTION:**

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

**POLICY NO:** T. 15

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

**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~~ **three** hours 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~~ **where disclosure is permitted by** the policy.
5. If, in the opinion of the Director of Education, the ~~provision~~ **disclosure** of the requested information **is not permitted** ~~would not fall within~~ **be covered by 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~~



**POLICY SECTION: TRUSTEES**

**SUB-SECTION:**

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

**POLICY NO: T. 15**

~~information ought to come to the attention of all members of the Board~~ **unless it  
pertains to a local or sensitive matter.**

### **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

REGULAR BOARD

## REPORT OF THE GOVERNANCE AND POLICY COMMITTEE ON UPDATE TO ACCESS TO ELECTRONIC PARTICIPATION IN MEETINGS OF THE BOARD, COMMITTEES OF THE BOARD AND THE COMMITTEE OF THE WHOLE BOARD (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
September 13, 2018	September 20, 2018	<a href="#">Click here to enter a date.</a>
Peter Aguiar, Superintendent of Education and Student Wellbeing, Area 4		
<b>RECOMMENDATION REPORT</b>		

### 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.*



### Members of the Committee

Angela Kennedy, Chair  
Jo-Ann Davis, Vice Chair  
Ann Andrachuk, Trustee Ward 2  
Nancy Crawford, Trustee Ward 12  
Barbara Poplawski, Ex-Officio  
Maria Rizzo, Ex-Officio

Executive Superintendent  
of Business Services and  
Chief Financial Officer

## **A. EXECUTIVE SUMMARY**

This report recommends updates to the current Electronic Participation in Meetings of the Board, Committees of the Board, and the Committee of the Whole Board Policy (T.19) to reflect current practices.

*The cumulative staff time required to prepare this report was 1 hour*

## **B. PURPOSE**

This Recommendation Report is on the Order Paper of the Regular Board as it recommends a policy revision.

## **C. APPENDIX**

APPENDIX A: Electronic Participation in Meetings of the Board, Committees of the Board, and the Committee of the Whole Board Policy (T.19)

## **D. COMMITTEE RECOMMENDATION**

That the Board accept the recommendation of the Governance and Policy Committee and approve the Electronic Participation in Meetings of the Board, Committees of the Board, and the Committee of the Whole Board Policy (T.19) as amended and proposed in Appendix A.



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:**

June 2023

**Dates of Amendments:**

June 14, 2018

**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.

**Alignment with MYSP:**

Strengthening Public Confidence



**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**

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, **subject to subsection 5.1(1) of O. Reg 463/97 under the Education Act.**
  - ii. at least one additional member of the board.
  - iii. the Director of Education of the board or his or her designate
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, **subject to Regulation 4.**



**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**

ii. **If the chair of the committee or his or her designate participates in a meeting by electronic means pursuant to Regulation 4, at least one additional member of the committee.**

iii. the Director of Education of the board or his or her designate

**4. The chair of the board or of a committee of the board or his or her designate may participate in a meeting of the board or of a committee of the board by electronic means if,**

**(a) the distance from the chair's or designate's current residence to the meeting location is 200 kilometers or more;**

**(b) weather conditions do not allow the chair or designate to travel to the meeting location safely; or**

**(c) the chair or designate cannot be physically present at a meeting due to health-related issues.**

**5. The chair or designate must be physically present for at least half of the meetings of the board for any 12-month period beginning December 1, or for the period beginning December 1, 2021 and ending November 14, 2022 and may provide that the chair or designate must be physically present for a greater proportion of meetings.**

6. 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.



**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**

7. 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.
8. 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.
9. 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.
10. 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.
11. 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.
12. 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



**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**

participate in those proceedings.

13. 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.
14. Public meetings of the Board and its committees comprised of all Trustees shall be web broadcast.
15. Copies of all materials shall be securely provided to Trustees electronically before the start of the meeting.
16. Trustees and Student Trustees participating in meetings closed to the public through electronic means must ensure confidentiality of all materials, discussions and decisions.
17. **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.**



**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**

**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

REGULAR BOARD

## REPORT OF THE GOVERNANCE AND POLICY COMMITTEE ON ADOPTION OF 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
September 13, 2018	September 20, 2018	<a href="#">Click here to enter a date.</a>

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.*



#### Members of the Committee

Angela Kennedy, Chair  
Jo-Ann Davis, Vice Chair  
Ann Andrachuk, Trustee Ward 2  
Nancy Crawford, Trustee Ward 12  
Barbara Poplawski, Ex-Officio  
Maria Rizzo, Ex-Officio

## **A. EXECUTIVE SUMMARY**

This report recommends adoption of the Whistleblower Policy (A.39).

*The cumulative staff time required to prepare this report was 1 hour*

## **B. PURPOSE**

Most large public organizations have policies and procedures in place to identify and prevent improper activities. The Whistleblower Policy (A.39) and Operational Procedures outline 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. APPENDIX**

APPENDIX A: Whistleblower Policy (A.39)

APPENDIX B: Operational Procedures

## **D. COMMITTEE RECOMMENDATION**

That the Board accept the recommendation of the Governance and Policy Committee and approve the Whistleblower Policy (A.39) as proposed in Appendix A.



POLICY SECTION: ADMINISTRATION

SUB-SECTION:

POLICY NAME: WHISTLEBLOWER POLICY

POLICY NO: A. 39

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

**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



**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.



**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.



**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.



**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.



**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).





**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.



**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

# WHISTLEBLOWER POLICY (A.39)

## OPERATIONAL PROCEDURE

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

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

### **1. Reporting an Alleged Wrongdoing**

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

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

## **2. Investigation of Suspicions or Allegations of Wrongdoing**

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

**3. Duty to Protect**

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

**4. Duty to Report**

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

**5. Prohibition Against Interfering with an Investigation**

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

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

**6. Prohibition Against Counseling Interference with an Investigation**

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

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

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

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

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



REPORT TO

REGULAR BOARD

## REPORT OF THE GOVERNANCE AND POLICY COMMITTEE TO ADOPT PREVALENT MEDICAL CONDITIONS POLICY (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 13, 2018	September 20, 2018	<a href="#">Click here to enter a date.</a>

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.*



#### Members of the Committee

Angela Kennedy, Chair  
 Jo-Ann Davis, Vice Chair  
 Ann Andrachuk, Trustee Ward 2  
 Nancy Crawford, Trustee Ward 12  
 Barbara Poplawski, Ex-Officio  
 Maria Rizzo, Ex-Officio

## **A. EXECUTIVE SUMMARY**

This report recommends adoption of the Prevalent Medical Conditions Policy (S.M.17) to comply with recent changes to legislation.

*The cumulative staff time required to prepare this report was 1 hour*

## **B. PURPOSE**

This Recommendation Report is on the Order Paper of the Regular Board as it recommends a policy adoption.

## **C. BACKGROUND**

1. **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).
2. The Protocol for Prevalent Medical Conditions found in Appendix B was presented and received at the **June 13, 2018 meeting of SEAC**.
3. The Protocol for Prevalent Medical Conditions found in Appendix B was presented and received at the **June 14, 2018 meeting of the Regular Board**.

## **D. APPENDIX**

1. APPENDIX A: Prevalent Medical Conditions Policy (S.M.17)
2. APPENDIX B: Protocol for Prevalent Medical Conditions
3. APPENDIX C: Protocol for Prevalent Medical Conditions: Appendices and Forms

## **E. COMMITTEE RECOMMENDATION**

That the Board accept the recommendation of the Governance and Policy Committee and approve the Prevalent Medical Conditions Policy (A.17) as proposed in Appendix A.





**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><b>Cross References:</b></p> <ol style="list-style-type: none"> <li>1. Policy/Program Memorandum No. 161, - Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, And Epilepsy)</li> <li>2. Policy/Program Memorandum No. 81, July 19, 1984: Provision Of Health Support Services In School Settings</li> <li>3. Policy/Program Memorandum No. 150, October 4, 2010: School Food And Beverage Policy</li> <li>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</li> <li>5. Sabrina's Law, 2005, S.O. 2005, Chapter 7 - An Act to Protect Anaphylactic Pupils</li> <li>6. Ryan's Law, 2015, Ensuring Asthma Friendly Schools</li> <li>7. S.M. 08, Food and Beverages Sold in Schools</li> <li>8. S.M. 13, Cafeteria's-Secondary Schools</li> <li>9. B.B. 04, Smoke Free Space</li> <li>10.B.G. 03, Weed Control</li> <li>11.B.P. 01, Carpet</li> <li>12.TCDSB Safety Manual</li> <li>13.TCDSB Excursion Handbook</li> <li>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,</li> <li>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.</li> </ol>		



**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 and that every effort shall be made to provide nut-free alternatives during fundraising campaigns in schools.
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



## Contents

1. Policy .....	3
2. Overview and Regulations: .....	5
a) Roles and Responsibilities	
i) Parent/Guardian of Children with Prevalent Medical Conditions.....	6
ii) Students with Prevalent Medical Conditions.....	6
iii) School Staff.....	7
iv) Principal.....	7
v) School Board.....	8
b) Student Plans of Care.....	8
c) Facilitating and Supporting Daily or Routine Management.....	9
d) Emergency Response.....	9
e) Raising Awareness of Board Policy and Evidence-Based Resources.....	9
f) Training.....	10
g) Safety Considerations.....	11
h) Privacy and Confidentiality.....	11
i) Reporting.....	12
j) Liability.....	12
3. Procedures Specific to Medical Conditions	
a) Anaphylaxis .....	14
b) Asthma.....	20
c) Diabetes.....	24
d) Epilepsy and Seizure Disorders.....	32
4. Other Medical Conditions .....	37
5. Appendices and Forms	
a) Appendix A   Emergency Allergy Form – EpiPen Only	
b) Appendix B   Request and Consent for the Administration of Oral Medication Form	
c) Appendix C   Request for the Administration of Injection of Medication in an Emergency Form	
d) Appendix D   School Record of Medical Services Form	
e) Appendix E   Consent to Disclose Personal Health Information Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA)	
f) Appendix F   Student Plan of Care for Anaphylaxis Form	
g) Appendix G   Student Plan of Care for Asthma Form	
h) Appendix H   Student Plan of Care for Diabetes Form	
i) Appendix I   Student Plan of Care for Epilepsy and Seizure Disorders Form	
j) Appendix J   Student Plan of Care for General Medical Conditions Form	
k) Appendix K   Anaphylaxis Fact Sheet	
l) Appendix L   Asthma Fact Sheet	
m) Appendix M   Diabetes Fact Sheet	
n) Appendix N   Diabetes Posters Hypo- and Hyperglycemia	
o) Appendix O   Epilepsy and Seizure Disorders Fact Sheet	
p) Appendix P <i>Draft</i> Exchange of Information for Student Transfers	
q) Appendix Q   Medical Conditions Staff Training Log	
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:  
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>

## 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](http://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](http://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](http://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, 3<sup>rd</sup> 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](http://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](http://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](http://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](http://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](http://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](http://www.on.lung.ca) and from Ophea at [www.asthmainschools.com](http://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](http://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.



# Protocols for Prevalent Medical Conditions *Appendices & Forms*





**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



### 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.

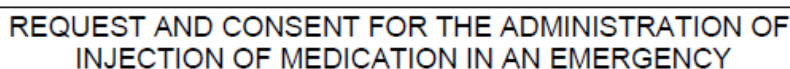
\_\_\_\_\_  
Date Y-M-D Signature of Parent/Guardian Signature of Parent/Guardian

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)







Birthdate \_\_\_\_\_ Grade/Placement \_\_\_\_\_ School \_\_\_\_\_  
YYYY/MM/DD

## Bus. Tel. \_\_\_\_\_

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

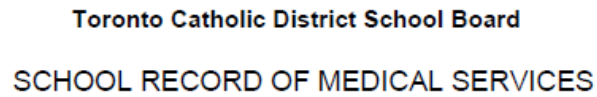
The administration of an injection of medication in an emergency will be implemented as described above. At the same time, school personnel will contact emergency ambulance services.

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)



Birthdate: \_\_\_\_\_ Grade/Placement: \_\_\_\_\_ School: \_\_\_\_\_  
YYYY/MM/DD

[illegible]

Page 153 of 217



## 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\_\_

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

<b>EMERGENCY CONTACT (LIST IN PRIORITY)</b>			
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.





	<b>Student Plan of Care for</b> <b>ASTHMA</b> School Year: 20__-20__	

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

EMERGENCY CONTACT (LIST IN PRIORITY)			
<b>NAME:</b>	<b>RELATIONSHIP</b>	<b>MAIN CONTACT #</b>	<b>ALTERNATE #</b>
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)

☐ can **carry** prescribed medications and delivery devices to manage asthma while at school and during school-related activities.

☐ can **self-administer** prescribed medications and delivery devices to manage asthma while at school and during school-related activities.

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

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### EXCURSION PROTOCOL

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

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

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

☐ Inhalers (refer to Excursion Handbook for further information)

☐ Emergency Contact

☐ Cell phone (if parent/guardian chooses)

**HEALTHCARE PROVIDER INFORMATION (MANDATORY)**

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

Healthcare Provider's Name: \_\_\_\_\_

Profession/Role: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Special Instructions/Notes/Prescription Labels/Comments:

---

---

---

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

## AUTHORIZATION/PLAN REVIEW

### INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

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

Other individuals to be contacted regarding Plan of Care:

Before-School Program      ☐ Yes      ☐ No \_\_\_\_\_

After-School Program      ☐ Yes      ☐ No \_\_\_\_\_

School Bus Driver/Route # (If applicable) \_\_\_\_\_

Other: \_\_\_\_\_

\*\*\*\*\*

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


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

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

**Parent(s)/Guardian(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(signature)*

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(signature for student 16 years of age or older)*

**Principal:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(signature)*

	<b>Student Plan of Care for</b> <b>DIABETES</b> <b>School Year: 20__ - 20__</b>	

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

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

(HAVE ABILITY TO ADD MORE CONTACTS)



**TYPE 1 DIABETES SUPPORTS**

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

Designated Staff: \_\_\_\_\_

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

\_\_\_\_\_

Method of home-school communication: \_\_\_\_\_

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**DAILY/ROUTINE TYPE 1 DIABETES MANAGEMENT**

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

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

☐ **No If no, complete below**

ROUTINE	ACTION for TYPE 1 DIABETES
<b>Blood Glucose Monitoring (GM)</b>  <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 <b>AM</b> break _____  <input type="checkbox"/> Before lunch _____  <input type="checkbox"/> Before <b>PM</b> 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> <hr/>
<p><b>Nutrition Breaks</b></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><b>Students should not trade or share food/snacks with other students</b></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><b>INSULIN</b></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><b>Please complete either A or B:</b></p> <p><b>A. <u>Injection Delivery:</u></b></p> <ol style="list-style-type: none"> <li>1. Student must be able to eat according to daily schedule</li> <li>2. Student must be able to eat all required food sent by parents</li> <li>3. Supervision will be required: <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></li> </ol> <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>B. <u>Insulin Pump Delivery:</u></b></p> <ol style="list-style-type: none"> <li>1. Student must be able to eat according to daily schedule</li> <li>2. Supervision will be required: <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></li> <li>3. Student must be able to eat all required food sent by parents</li> </ol> <p style="text-align: center;"><b>OR</b></p> <ol style="list-style-type: none"> <li>4. Student may independently adjust insulin to accommodate amount of food <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></li> </ol> <p>Use of insulin pump before each snack/meal <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p> <p>Carbohydrate/insulin ratio: _____</p>

	<p>Student may unhook pump for a maximum of one hour during intense physical activity <b>Yes</b> <input type="checkbox"/> <b>No</b> <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><b>ACTIVITY PLAN</b></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"> <li>1. Before activity _____</li> <li>2. During activity _____</li> <li>3. After activity _____</li> </ol> <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><b>DIABETES MANAGEMENT KIT</b></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"> <li><input type="checkbox"/> Supplies:             <ul style="list-style-type: none"> <li><input type="checkbox"/> Blood Glucose meter and strips</li> <li><input type="checkbox"/> Lancing device and lancets</li> <li><input type="checkbox"/> Glucagon Needle</li> <li><input type="checkbox"/> Sharps Disposal Container</li> </ul> </li> <li><input type="checkbox"/> For syringe delivery students             <ul style="list-style-type: none"> <li><input type="checkbox"/> Insulin pen/syringe</li> <li><input type="checkbox"/> Insulin</li> </ul> </li> <li><input type="checkbox"/> For pump delivery students:             <p>Supplies as decided: _____</p> <p>_____</p> </li> <li><input type="checkbox"/> Source of fast-acting sugar (e.g. juice, candy glucose tabs)             <p><b>Fast acting sugars to be stored. Provide specific locations:</b></p> <p>In classroom: _____</p> <p>In office: _____</p> <p>In gym: _____</p> </li> <li><input type="checkbox"/> Carbohydrate containing snacks</li> <li><input type="checkbox"/> Other (Please list) _____</li> </ul> <p>Location of supplies: _____</p> <p>Location of kit: _____</p> <p>Location of Sharps Disposal Container: _____</p>
<p><b>SPECIAL NEEDS</b></p> <p><b>A Student with special considerations may require more assistance than outlined in this plan.</b></p>	<p>Comments:</p>

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

<b>EMERGENCY PROCEDURES</b> <b>DO NOT LEAVE STUDENT UNATTENDED</b> <b>HYPOGLYCEMIA – LOW BLOOD GLUCOSE</b> <b>(4 mmol/L OR LESS)</b>															
<p>Student will be allowed extra juice/snacks any time they feel low as per hypoglycemic plan</p> <p>Causes:</p> <ul style="list-style-type: none"> <li>● Insufficient carbohydrates due to delayed or missed food</li> <li>● More exercise than usual without a corresponding increase in food</li> <li>● Too much insulin</li> </ul> <p>Usual Symptoms of <b>Hypoglycemia</b> for my child are: (Select all that apply)</p> <table border="0"> <tr> <td><input type="checkbox"/> Cold/Clammy/Sweaty skin</td> <td><input type="checkbox"/> Shakiness, poor coordination</td> <td><input type="checkbox"/> Headache</td> </tr> <tr> <td><input type="checkbox"/> Lack of concentration</td> <td><input type="checkbox"/> Dizziness</td> <td><input type="checkbox"/> Blurred Vision</td> </tr> <tr> <td><input type="checkbox"/> Reports feeling low</td> <td><input type="checkbox"/> Irritability, Poor behaviour</td> <td><input type="checkbox"/> Weak/Fatigue</td> </tr> <tr> <td><input type="checkbox"/> Pale</td> <td><input type="checkbox"/> Confused</td> <td><input type="checkbox"/> Hungry</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other: _____</td> </tr> </table> <p>Predicted times/activities common to low blood sugar for my child:</p> <p>_____</p>	<input type="checkbox"/> Cold/Clammy/Sweaty skin	<input type="checkbox"/> Shakiness, poor coordination	<input type="checkbox"/> Headache	<input type="checkbox"/> Lack of concentration	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Blurred Vision	<input type="checkbox"/> Reports feeling low	<input type="checkbox"/> Irritability, Poor behaviour	<input type="checkbox"/> Weak/Fatigue	<input type="checkbox"/> Pale	<input type="checkbox"/> Confused	<input type="checkbox"/> Hungry	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Cold/Clammy/Sweaty skin	<input type="checkbox"/> Shakiness, poor coordination	<input type="checkbox"/> Headache													
<input type="checkbox"/> Lack of concentration	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Blurred Vision													
<input type="checkbox"/> Reports feeling low	<input type="checkbox"/> Irritability, Poor behaviour	<input type="checkbox"/> Weak/Fatigue													
<input type="checkbox"/> Pale	<input type="checkbox"/> Confused	<input type="checkbox"/> Hungry													
<input type="checkbox"/> Other: _____															
<p><b>Steps to take for <u>Mild</u> Hypoglycemia (student is responsive)</b></p> <p>1. Check blood glucose, give _____ grams of fast acting carbohydrate (e.g. ½ cup of juice, 15 skittles)</p>															

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. Contact parent(s)/guardian(s) or emergency contact.

## HYPERGLYCEMIA – HIGH BLOOD GLUCOSE (14 mmol/L OR ABOVE)

- Blood sugars are 14.0 or above

### Causes:

- Too many carbohydrates
- Less than the usual amount of activity
- Not enough insulin
- Illness

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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Extreme Thirst     | <input type="checkbox"/> Frequent Urination | <input type="checkbox"/> Headache       |
| <input type="checkbox"/> Hungry             | <input type="checkbox"/> Abdominal Pain     | <input type="checkbox"/> Blurred Vision |
| <input type="checkbox"/> Warm, Flushed Skin | <input type="checkbox"/> Irritability       |   |
| <input type="checkbox"/> Other: _____       |   |   |

For pump delivery students: correct with insulin bolus:    **Yes** ☐    **No** ☐    **N/A** ☐

### Steps to take for Mild Hyperglycemia

1. Allow student free use of bathroom
2. Encourage student to drink water only
3. Inform the parent/guardian if BG is above \_\_\_\_\_

### Symptoms of Severe Hyperglycemia (Notify parent(s)/guardian(s) immediately)

- |   |                                   |  |
|---|-----------------------------------|--|
| <input type="checkbox"/> Rapid, Shallow Breathing | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Fruity Breath |
|---|-----------------------------------|--|

### Steps for Severe Hyperglycemia

1. If possible, confirm hyperglycemia by testing blood glucose
2. Call parent(s)/guardian(s) or emergency contact



### Consent for student to carry and self-administer Diabetes medication

We agree that \_\_\_\_\_,  
(student name)

☐ can **carry** prescribed medications and delivery devices to manage Diabetes while at school and during school-related activities.

☐ can **self-administer** prescribed medications and delivery devices to manage Diabetes while at school and during school-related activities.

☐ **requires assistance** with administering prescribed medications and delivery devices to manage Diabetes while at school and during school-related activities.

☐ **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.

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 Diabetes:

<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:

- ☐ 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)

	<b>Student Plan of Care for</b> <b>EPILEPSY and SEIZURE DISORDER</b> School Year: 20__ - 20__	

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

EMERGENCY CONTACT (LIST IN PRIORITY)			
<b>NAME:</b>	<b>RELATIONSHIP</b>	<b>MAIN CONTACT #</b>	<b>ALTERNATE #</b>
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**

☐ Stress

☐ Changes In Diet

☐ Illness

☐ Change In Weather

☐ Menstrual  
Cycle

☐ Lack Of Sleep

☐ Improper Medication Balance

☐ Other \_\_\_\_\_

☐ Inactivity

☐ Electronic Stimulation  
(TV, Videos, Florescent Lights)

DAILY ROUTINE EPILEPSY AND SEIZURE DISORDER MANAGEMENT	
DESCRIPTION OF SEIZURE (NON-CONVULSIVE)	ACTION:
	(e.g. description of dietary therapy, risks to be mitigated, trigger avoidance)
DESCRIPTION OF SEIZURE (CONVULSIVE)	ACTION

**SEIZURE MANAGEMENT**

Note: It is possible for a student to have more than one seizure type.  
Record information for each seizure type.

SEIZURE TYPE	ACTIONS TO TAKE DURING SEIZURE
(e.g. tonic-clonic, absence, simple partial, complex partial, atonic, myoclonic, infantile spasms) Type: _____ Description: _____	
Frequency of seizure activity: _____  Typical Seizure Duration: _____	

**BASIC FIRST AID: CARE AND COMFORT**

First Aid procedure(s):  
 \_\_\_\_\_

Does student need to leave classroom after a seizure?    ☐ 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)

	<b>General Student Plan of Care for Other Medical Conditions</b> <b>Please Specify: _____</b> <b>School Year: 20__ - 20__</b>
---	---

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

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

(HAVE ABILITY TO ADD MORE CONTACTS)

<b>SUPPORTS</b>
<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:

---

---

---

---

---

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

## AUTHORIZATION/PLAN REVIEW

### INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

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

Other individuals to be contacted regarding Plan of Care:

Before-School Program      ☐ Yes      ☐ No

\_\_\_\_\_

After-School Program      ☐ Yes      ☐ No

\_\_\_\_\_

School Bus Driver/Route # (If applicable) \_\_\_\_\_

Other: \_\_\_\_\_

\*\*\*\*\*

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

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

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

Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_

*(signature)*

Student: \_\_\_\_\_ Date: \_\_\_\_\_

*(signature for student 16 years of age or older)*

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

*(signature)*

## SUPPORTING

# Ontario Children and Students with Medical Conditions

## QUICK FACTS



### Supporting children and students at risk for anaphylaxis in Ontario

Promoting child and student well-being is one of the four key goals in “Achieving Excellence: A Renewed Vision for Education in Ontario.” Ensuring the health and safety of children and students with medical conditions requires partnership among families, members of the school community and community partners, including health care professionals.

#### Anaphylaxis overview

Anaphylaxis (pronounced anna-fill-axis) is a serious and possibly life-threatening allergic reaction that requires immediate recognition and intervention. Symptoms can vary from person to person and may include:

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

#### Food allergy and anaphylaxis facts

- More than 1 million Ontarians are affected by a food allergy.
- There are about 138,000 students in Ontario with food allergies.
- There is no cure for food allergy, so avoidance is still the main way to prevent an allergic reaction.
- Food is one of the most common causes of anaphylaxis, but insect stings, medications, latex and exercise (alone or sometimes after eating a specific food) can also cause reactions.
- The recommended treatment for anaphylaxis is epinephrine (e.g., EpiPen®).



## Living with allergies and the risk for anaphylaxis

Families with children who are at risk for anaphylaxis have to plan ahead and take precautionary measures. They can take preventive steps such as:

- being careful when reading food labels;
- avoiding cross-contamination when preparing food; and
- asking questions before eating or drinking foods.

Children who are allergic to stinging insects should avoid areas near nests, particularly during warmer months. It is important that students at risk for anaphylaxis carry epinephrine (e.g., EpiPen®) when age appropriate and/or have it available at their school to be administered in case of a severe reaction. Students at risk for anaphylaxis can participate in all regular school activities. Teachers, staff and administration should be aware of students' medical conditions in case of emergency.

## Creating an inclusive environment at school

All children at risk for anaphylaxis — no matter how independent they are — need the support of trusted, caring adults at school and elsewhere.

[Sabrina's Law](#) requires all district school boards and school authorities in Ontario to have an anaphylaxis policy in place to support students with potentially life-threatening allergies.

Anaphylaxis can cause a great deal of anxiety for students, families, teachers and other school staff. When speaking to children about anaphylaxis, it is important that they know you are comfortable talking about the issue, or they may keep questions or concerns private.

Ongoing communication between the school, the student and the family is essential, beginning when a student is diagnosed and starts school. Maintaining an open exchange of information is also important throughout the school year, especially if there are changes to the child's medical condition.

Families should work with the school to create an individualized Plan of Care for their child. The plan will include support strategies or ways to accommodate the student (e.g., regular hand washing for all children) so that they can participate to their full potential in school activities.

The Ministry of Education expects all district school boards and school authorities in Ontario to develop and maintain policies to support students with asthma, anaphylaxis, diabetes and epilepsy in schools.

## Emergencies

In the case of an emergency related to anaphylaxis, school staff should refer to the child's individualized Plan of Care. In all emergency situations:

1. Stay calm.
2. Give epinephrine auto-injector (e.g., EpiPen®) at the first sign of a known or suspected anaphylactic reaction.
3. Dial 9-1-1.
4. Give a second dose of epinephrine as early as 5 minutes after the first dose if there is no improvement in symptoms.



5. Go to the nearest hospital right away (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could get worse or come back.
6. Inform the emergency contact, as outlined in the student's Plan of Care.

Since anaphylaxis can be life-threatening, it must always be considered a medical emergency and treated promptly. If a child appears to be having an anaphylactic reaction, but you are not sure, it is better to err on the side of caution and use epinephrine. The drug will not cause harm if given unnecessarily to normally healthy children, and side effects are generally mild.

**If a child has asthma and is also at risk for anaphylaxis**, and it is unclear which emergency the child is experiencing:

1. first give epinephrine (e.g., EpiPen®) and dial 9-1-1 for an ambulance,
2. then give the reliever inhaler (usually a blue inhaler).

## Where to find more information

### Food Allergy Canada:

<http://foodallergycanada.ca/resources/print-materials/>

### Allergy Aware:

[www.allergyaware.ca](http://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](http://www.lungontario.ca/resources)

[www.ryanslaw.ca](http://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



ISBN 978-1-4868-0887-8 (PDF) © Queen’s Printer for Ontario, 2017

# SUPPORTING

## Ontario Children and Students with Medical Conditions

### QUICK FACTS



### Supporting children and students with diabetes in Ontario

Promoting child and student well-being is one of the four key goals in “Achieving Excellence: A Renewed Vision for Education in Ontario.” Ensuring the health and safety of children and students with medical conditions requires a partnership among families, members of the school community and community partners, including health care professionals.

#### Diabetes overview

Type 1 diabetes is a chronic condition where the pancreas stops producing insulin, a hormone that helps the body control the level of glucose (sugar) in your blood. The body produces glucose, and also gets it from foods that contain carbohydrates, such as bread, potatoes, rice, pasta, milk and fruit. Without insulin, glucose builds up in the blood instead of being used by your cells for energy. A lack of insulin can cause both short-term and long-term health problems. Symptoms of undiagnosed type 1 diabetes include:

- increased thirst
- increased urination
- a lack of energy
- weight loss

Type 1 diabetes occurs in about 1 in 300 children in Ontario. The cause of type 1 diabetes is not known. We do know that it is not caused by eating too much sugar, and it cannot be prevented. People with type 1 diabetes must receive insulin daily, either by injection or pump.

Type 2 diabetes can also affect children and youth, but it’s more common in adults. With type 2 diabetes, the body does not respond well to insulin, and the pancreas cannot produce enough insulin to compensate. Type 2 diabetes can often be managed through changes to diet and lifestyle, as well as with oral medications (pills). Some children with type 2 diabetes may need insulin injections.

#### Living with diabetes

Blood sugar levels change throughout the day, and are affected by everyday activities like eating, walking, playing sports and writing tests. A healthy pancreas automatically releases just the right amount of insulin to keep blood sugar levels in a healthy range. It constantly adjusts, minute to minute, responding to how much food we eat, activity, stress and other factors.



Giving insulin by injection or through a pump cannot match the precision of a healthy pancreas. No matter how closely people with type 1 diabetes manage the condition, they still experience swings in blood sugar levels. This is why it is important to check blood sugar several times a day.

- If blood sugar goes too low, a fast-acting sugar (like juice or candy) must be consumed to raise blood sugar. Low blood sugar (**hypoglycemia**) can be dangerous if it is not treated right away.
- If blood sugar goes too high, it causes thirst and frequent urination. If high blood sugar (**hyperglycemia**) is left untreated, it can become dangerously high. Children should always be allowed access to water and the bathroom.

Younger children may require hands-on support to help with daily tasks such as checking their blood sugar or administering insulin.

### **Creating an inclusive environment at school**

All children with diabetes — no matter how independent they are — need the support of trusted, caring adults at school and elsewhere.

Children with diabetes can participate in all activities, but may need some advanced planning and additional monitoring. Ongoing communication between the school, the student and the family is essential when a student is diagnosed with diabetes and starts school. Maintaining an open exchange of information remains important throughout the school year, particularly when there are significant changes in diabetes care or school routines.

Families are encouraged to work with the school to create an individualized Plan of Care for their child. The plan will include support strategies or ways to accommodate the students so they can participate to their full potential in school activities.

The Ministry of Education expects all district school boards and school authorities in Ontario to develop and maintain policies to support students with asthma, anaphylaxis, diabetes and epilepsy in schools.

### **Emergencies**

In the case of an emergency related to diabetes, school staff should refer to the child's individualized Plan of Care. This plan has information about the child's condition and emergency contacts.

If mild low blood sugar is not treated right away, it can become severe. A child with severe low blood sugar may be confused, uncooperative (unable/unwilling to take food or drink), unresponsive, unconscious or have a seizure. This is an emergency. It is important to act immediately.

In all emergency situations:

1. Stay calm.
2. Do not leave the student alone.
3. Dial 9-1-1.
4. Inform the emergency contact, as identified in the student's Plan of Care.

## Where to find more information

### Diabetes at School:

<http://www.diabetesatschool.ca/>

### Healthy Schools, Ministry of Education:

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

Developed in partnership with



ISBN 978-1-4868-0889-2 PDF (PDF) © Queen's Printer for Ontario, 2017

# Low blood sugar

## What it is and what to do

**When blood sugar is below 4 mmol/L, you must act IMMEDIATELY.**

**Do not leave a student alone if you think blood sugar is low.**

Low blood sugar is also called **hypoglycemia**. It can be caused by:

- Too much insulin, and not enough food • Delaying or missing a meal or a snack •
- Not enough food before an activity • Unplanned activity, without adjusting food or insulin •

**Some of the most common symptoms of low blood sugar are:**



**Shakiness**



**Irritability/grouchiness**



**Dizziness**



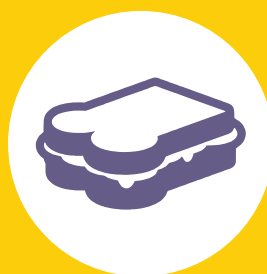
**Sweating**



**Blurry vision**



**Headache**



**Hunger**



**Weakness/Fatigue**



**Pale skin**



**Confusion**

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

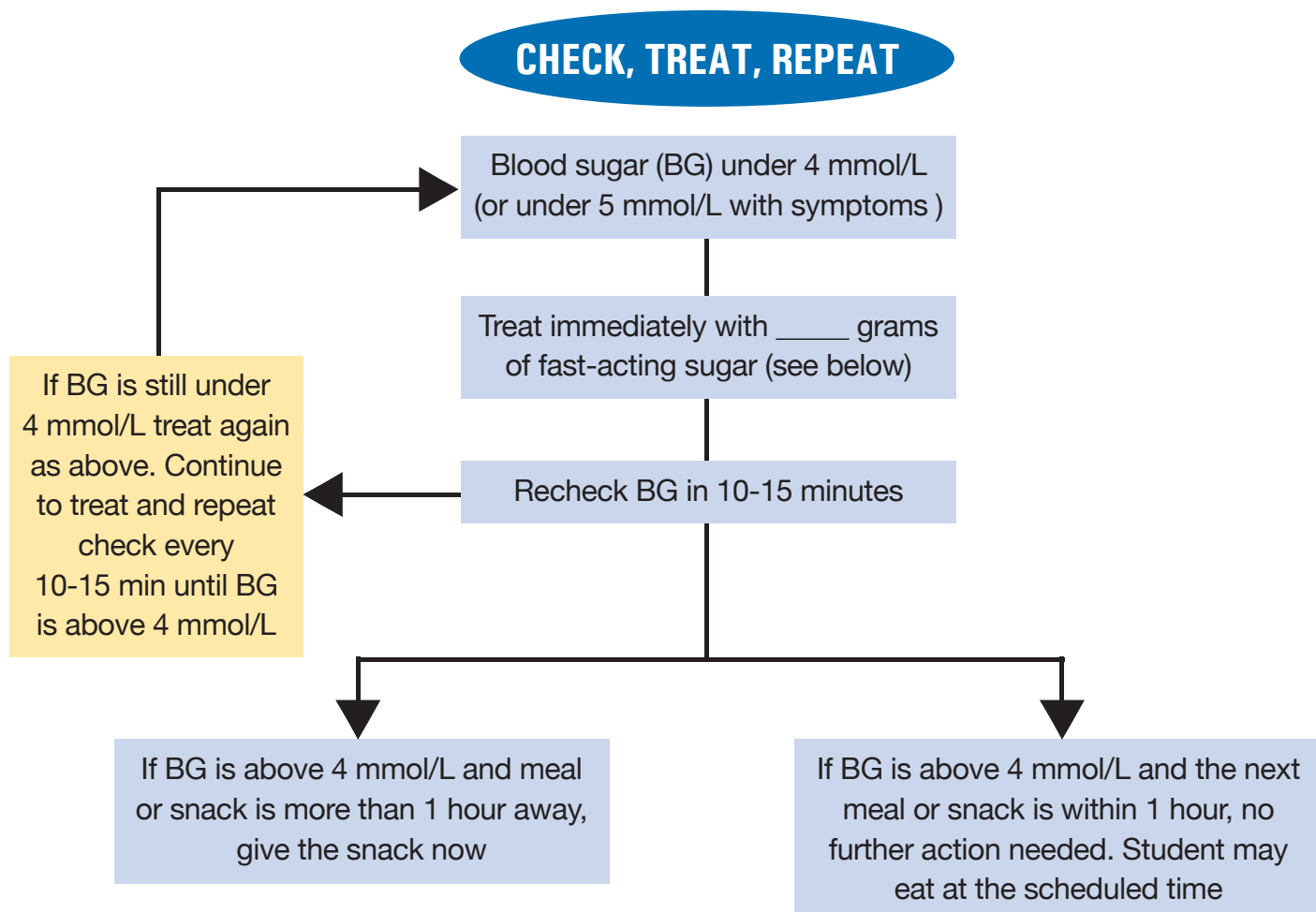


# How to treat low blood sugar

## Remember:

1. Low blood sugar must be treated **IMMEDIATELY**
2. **DO NOT** leave a student alone if you suspect low blood sugar
3. Treat the low blood sugar **WHERE IT OCCURS**. Do not bring the student to another location. Walking may make blood sugar go even lower.
4. Even students who are independent **may need help** when their blood sugar is low

## CHECK, TREAT, REPEAT



**Give fast-acting sugar according to the student's care plan: either 10 g or 15 g**

Amount of fast-acting sugar to give		
	10 g	15 g
Glucose tablets	2 tablets	4 tablets
Juice/pop	½ cup	¾ cup
Skittles	10 pieces	15 pieces
Rockets candy	1 pkg = 7 g	2 pkgs = 14 g
Table sugar	2 tsp / 2 pkgs	1 Tbsp / 3 pkgs

# High blood sugar

## What it is and what to do

High blood sugar (or hyperglycemia) occurs when a student's blood sugar is higher than the target range. It is usually caused by:

- extra food, without extra insulin
- not enough insulin
- decreased activity

Blood sugar also rises because of illness, stress, or excitement. Usually, it is caused by a combination of factors.

Students are not usually in immediate danger from high blood sugar unless they are vomiting, breathing heavily or lethargic. They may have difficulty concentrating in class.

### What to do

Check blood sugar.  
Even students who are independent may need help if they are unwell.

**Contact parents immediately if a student is unwell**, has severe abdominal pain, nausea, vomiting or symptoms of severe high blood sugar.

If the student is well, follow instructions for high blood sugar in their care plan. Allow unlimited trips to the washroom, and encourage them to drink plenty of water.

### Symptoms of high blood sugar



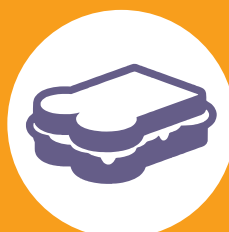
**Extreme thirst**



**Frequent urination**



**Headache**



**Hunger**



**Abdominal pain**



**Blurry vision**



**Warm, flushed skin**



**Irritability**

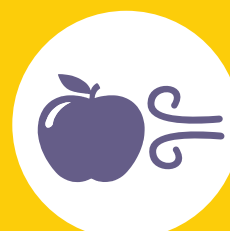
### Symptoms of VERY high blood sugar



**Rapid, shallow breathing**



**Vomiting**



**Fruity breath**

# SUPPORTING

## Ontario Children and Students with Medical Conditions

### QUICK FACTS



## Supporting children and students with epilepsy in Ontario

Promoting child and student well-being is one of the four key goals in “Achieving Excellence: A Renewed Vision for Education in Ontario.” Ensuring the health and safety of children and students with medical conditions requires a partnership among families, members of the school community and community partners, including health care professionals.

### Epilepsy overview

Epilepsy results from sudden bursts of hyperactivity in the brain; this causes “seizures” which vary in form, strength, and frequency, depending on where in the brain abnormal activity is found. **Epilepsy is the diagnosis and seizures are the symptom.** If a person has two or more seizures that are not related to another condition, that person will be diagnosed as having epilepsy.

### Epilepsy facts

- Each year 15,500 Canadians are diagnosed as having epilepsy.
- Epilepsy affects over 300,000 Canadians and approximately 1 in 100 Canadian students.
- Seizures can range from a prolonged stare in which the student is fully aware, to a loss of awareness, physical convulsions, or the student’s whole body becoming stiff. While surgery is sometimes an option, the most common way of managing epilepsy is single or multiple drug therapies.

### Living with epilepsy

When managed effectively an individual with epilepsy can pursue a regular and productive life. Often times, the social anxiety and stigma around epilepsy is more detrimental to an individual’s quality of life than the physical symptoms of the condition. Some triggers for epilepsy include alcohol, unmanaged stress and environmental conditions (e.g., flashing lights). When avoiding these triggers, an individual should not be prevented from participating fully in any form of activity. With effective management and accommodation, living with epilepsy should not be a barrier to success.

### Creating an inclusive environment at school

All children with epilepsy — no matter how independent they are — need the support of trusted, caring adults at school and elsewhere.



Making children aware of different medical conditions is essential to creating an inclusive environment. Once a child is diagnosed with epilepsy, parents should explain to the child in simple language what the condition is and why it happens. Encouraging children and students to speak to their friends about their condition will help them to find support and understanding amongst their peers.

Ongoing communication between the school, the student and the family is essential when a student is diagnosed with epilepsy and is starting school. Maintaining an open exchange of information is also important throughout the school year, especially if there are changes to the student's medical condition.

Families should work with the school to create an individualized Plan of Care for their child. The plan will include support strategies or ways to accommodate student's so they can participate to their full potential in school activities.

The Ministry of Education expects all district school boards and school authorities in Ontario to develop and maintain policies to support students with asthma, anaphylaxis, diabetes, and epilepsy in schools.

## **Emergencies**

In the case of an emergency related to epilepsy, school staff should refer to the child's individualized Plan of Care. When an epileptic event is happening, it is important to stay calm and support the individual having the seizure. It is not essential to call 9-1-1 when someone is having a seizure; however, if the seizure lasts more than 5 minutes, or repeats without full recovery, seek medical assistance immediately. If you witness a student having a seizure, do not restrain the child, but try to move sharp and cornered objects away in order to prevent injury, and let the seizure run its course.

In all emergency situations:

1. Stay calm.
2. Dial 9-1-1.
3. Inform the student's emergency contact, as outlined in their Plan of Care.

## **Where to find more information**

**Epilepsy Ontario:**

<http://epilepsyontario.org/>

**Healthy Schools, Ministry of Education:**

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



# Toronto Catholic District School Board - Exchange of Information for Students

Appendix P

## O Elementary to Secondary

## O Secondary to Secondary

(To be completed by the grade 8 Teacher, SS Teacher in consultation with the Special Education Teacher (as applicable) and the School Principal)

THIS DOCUMENT IS INTENDED TO BE AN O.S.R INSERT AND, AS SUCH, IS SUBJECT TO THE SAME SECURITY AND PROTECTION AFFORDED ALL SUCH INFORMATION

"Personal information contained on this form is collected under the authority of Section 170 of the Education Act, R.S.O 1990 and will be used to place the student in secondary school. Questions about this collection should be directed to the school principal or the parent/guardian."

<b>Student Name:</b> <b>Student D.O.B:</b> <b>Date of Entry to Canada if applicable:</b>		<b>Current School:</b> <b>Student O.E.N Number:</b> <b>New School Applied To:</b>		<b>French in Grade 9:</b> <b>Requesting Immersion:</b> YES <input type="checkbox"/> NO <input type="checkbox"/> <b>Requesting Extended:</b> YES <input type="checkbox"/> NO <input type="checkbox"/> <b>Requesting French Exemption:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Special Education</b> IPRC: YES <input type="checkbox"/> NO <input type="checkbox"/> IEP: YES <input type="checkbox"/> NO <input type="checkbox"/> Accommodations: YES <input type="checkbox"/> NO <input type="checkbox"/> Modifications: YES <input type="checkbox"/> NO <input type="checkbox"/> Alternative: YES <input type="checkbox"/> NO <input type="checkbox"/> Exceptionality: _____ _____ _____ Class Placement: _____		<b>Current Level of Achievement:</b> 1=50-59% 2=60-69% 3=70-79% 4=80-100% Mathematics Level: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Grade Level Achieved for IEP Students: _____ Language Arts: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Grade Level Achieved for IEP Students: _____ <b>Recommended Level of Study in High School</b> Academic <input type="checkbox"/> Applied <input type="checkbox"/> Locally Developed <input type="checkbox"/> Combination <input type="checkbox"/> (Please describe below in comments)		<b>English Language Learners</b> English Language Learner: YES <input type="checkbox"/> NO <input type="checkbox"/> ESL Support: YES <input type="checkbox"/> NO <input type="checkbox"/> ELD Support YES <input type="checkbox"/> NO <input type="checkbox"/> <b>ELL Step Level of Proficiency:</b> Current Placement Secondary Placement Step 1 <input type="checkbox"/> ESL/ELD AO <input type="checkbox"/> Step 2 <input type="checkbox"/> ESL/ELD BO <input type="checkbox"/> Step 3 <input type="checkbox"/> ESL/ELD CO <input type="checkbox"/> 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"/> SIP Claim YES <input type="checkbox"/> NO <input type="checkbox"/> SEA Claim YES <input type="checkbox"/> NO <input type="checkbox"/> Transportation YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>Gr. 6 EQAO</b> R: _____ W: _____ M: _____	<b>Grade 7 CAT 4 Stanine:</b> Math: _____ Language: _____ Reading: _____	<b>MEDICAL CONDITIONS</b> Anaphylaxis <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Other _____	
<b>STUDENT'S STRENGTHS</b>	<b>STUDENT'S CHALLENGES</b>	<b>INTERVENTIONS TO DATE</b>	<b>ACCOMODATIONS and /or MODIFICATIONS IN IEP</b>	<b>SUGGESTED FUTURE <u>SCHOOL</u> INTERVENTIONS</b>	<b>SUGGESTED FUTURE <u>CLASSROOM</u> INTERVENTIONS</b>
<input type="checkbox"/> Attendance/punctuality <input type="checkbox"/> Submitting assignments <input type="checkbox"/> Homework completion <input type="checkbox"/> General learning skills <input type="checkbox"/> Test performance <input type="checkbox"/> Conduct/attitude <input type="checkbox"/> Focus and attention <input type="checkbox"/> Co-curricular activities <input type="checkbox"/> Social relationships <input type="checkbox"/> EQAO/ Report Results <input type="checkbox"/> Literacy skills <input type="checkbox"/> Math skills <input type="checkbox"/> Self Motivated <input type="checkbox"/> Dance/Drama/Music/Art	<input type="checkbox"/> Attendance/punctuality <input type="checkbox"/> Submitting assignments <input type="checkbox"/> Homework completion <input type="checkbox"/> General learning skills <input type="checkbox"/> Test performance <input type="checkbox"/> Conduct/attitude <input type="checkbox"/> Focus and attention <input type="checkbox"/> "At Risk" activities <input type="checkbox"/> Social relationships <input type="checkbox"/> Anxiety/Stress/Health <input type="checkbox"/> Motivation <input type="checkbox"/> EQAO/Report Results Student Plan of Care Behaviour Safety Plan	<input type="checkbox"/> Attendance Counsellor <input type="checkbox"/> Parent conferences <input type="checkbox"/> Remedial support <input type="checkbox"/> Peer mentor/buddy <input type="checkbox"/> Board services support <input type="checkbox"/> Community agency <input type="checkbox"/> Accommodations <input type="checkbox"/> ESL/ELD Support <input type="checkbox"/> In-class support <input type="checkbox"/> Guidance <input type="checkbox"/> School Psychologist <input type="checkbox"/> School Social Worker <input type="checkbox"/> PHAST <input type="checkbox"/> Settlement Worker	<input type="checkbox"/> Tracking homework/assign <input type="checkbox"/> Resource re: tests/assignments <input type="checkbox"/> Extra time for test/assignments <input type="checkbox"/> Peer helper in class/resource <input type="checkbox"/> Audio tape texts/voice to print <input type="checkbox"/> Study Skills/Modify homework <input type="checkbox"/> Photocopied notes <input type="checkbox"/> Reduction of content as needed <input type="checkbox"/> Oral assessment <input type="checkbox"/> Computer Assistance <input type="checkbox"/> E.A. assistance <input type="checkbox"/> Spell checker/Help with editing <input type="checkbox"/> Use of calculator	<input type="checkbox"/> Attendance Counsellor <input type="checkbox"/> Parent conferences <input type="checkbox"/> Remedial support <input type="checkbox"/> Peer mentor/buddy <input type="checkbox"/> Board services support <input type="checkbox"/> Community agency <input type="checkbox"/> Accomodations <input type="checkbox"/> ESL/ELD Support <input type="checkbox"/> Review student schedule <input type="checkbox"/> Alternative education <input type="checkbox"/> Guidance support <input type="checkbox"/> Review course selection <input type="checkbox"/> Substitution/deferral <input type="checkbox"/> Peer/class placement	<input type="checkbox"/> Class seating arrangement <input type="checkbox"/> Set clear expectations <input type="checkbox"/> Monitor note/homework <input type="checkbox"/> Monitor assignment <input type="checkbox"/> Daily use of agenda <input type="checkbox"/> Engage in lesson <input type="checkbox"/> "Chunk" assignments <input type="checkbox"/> Variety teaching strategies <input type="checkbox"/> Restrict out of class time <input type="checkbox"/> Notify parents re: progress <input type="checkbox"/> Ongoing praise/feedback <input type="checkbox"/> In-class peer support <input type="checkbox"/> Curriculum/life experience <input type="checkbox"/> Varierty assessment strategies

Student Name:	Student Number:
Comments	

- ☐ A copy of the Behaviour/Safety Plan has been shared with receiving school.
- ☐ Student Plan of Care has been shared with receiving school.
- ☒ Transition plan has been completed.

Copies to:	Student OSR	<input type="checkbox"/>	Student Success Teacher	<input type="checkbox"/>	Guidance Teacher	<input type="checkbox"/>
	Parent	<input type="checkbox"/>	Special Education Teacher	<input type="checkbox"/>	ESL Teacher	<input type="checkbox"/>

Sending School Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Training must be completed at *minimum* twice a year\***

☐ Diabetes

[illegible]



## STUDENT SCHOOL EMERGENCY EVACUATION RESPONSE PLAN

### 1. STUDENT INFORMATION

<b>Name:</b>	<b>EA Name(s) (if applicable) :</b>
<b>Grade:</b>	<b>CYW Name(s) (if applicable) :</b>
<b>Daily Schedule and Classroom Locations (attachment if necessary):</b>          	

### 2. EMERGENCY EVACUATION ASSESSMENT

Does the student experience any of the following that could impede the ability to quickly evacuate the workplace?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Mobility limitations; interference with walking, using stairs, joint pain, use of mobility device (i.e. wheelchair, scooter, cane, crutches, walker, etc.) | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| b. Vision impairment/loss   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| c. Hearing impairment/loss  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| d. Other (please specify):<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____  | <input type="checkbox"/> yes | <input type="checkbox"/> 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. (###) ###-####

## MASTER PENDING LIST AND ROLLING CALENDAR TO SEPTEMBER 20, 2018

#	Date Requested & Committee/Board	Report Due Date	Destination of Report Committee/Board	Subject	Delegated To
1	May-18 Regular Board	Nov-18	Corporate Services	Updated Report regarding <b>School Cash Suite Implementation Progress</b>	Executive Superintendent of Business Services and CFO
2	May-18 Regular Board	Oct-18	Student Achievement	Report on how the Cents-Off program can be promoted to employees ( <b>Presentation, Angel Foundation for Learning, Marisa Celenza, Executive Director</b> )	Associate Director, Academic Affairs

## REVISED LIST OF ANNUAL CALENDAR OF REPORTS & POLICY METRICS

A = Annual Report

P = Policy Metric Report

Q = Quarter Report

#	Due Date	Committee/Board	Subject	Responsibility of
1	January (A)	Student Achievement	Mental Health Report	Associate Director Academic Services
2	January (P)	Student Achievement	<u>A.35 Accessibility Standards</u> Policy Metric	Associate Director Academic Services
3	January (Q)	Corporate Services	Financial Status Update Report #1	Executive SO Business Services
4	January (P)	Corporate Services	<u>B.R.01 Rental of Surplus School Space &amp; Properties</u> Policy Metric	Associate Director Planning & Facilities
5	February (A)	Corporate Services	Annual Investment Report	Executive SO Business Services
6	February (A)	Regular Board	School Year Calendar	Associate Director Academic Services
7	February (P)	Student Achievement	<u>S. 19 External Research</u> Policy Metric	Associate Director Academic Services
8	March (A)	Regular Board	Staffing Projections Report	Associate Director Academic Services
9	March (A)	Corporate Services	Budget Report: Financial Planning and Consultation Review	Executive SO Business Services
10	March (A)	Corporate Services	Planning Enrolment Projection	Associate Director of Planning and Facilities
11	March (A/P)	Corporate Services	Transportation Annual Report and <u>S.T.01Transportation</u> Policy Metric	Associate Director Planning & Facilities
12	April (A)	Student Achievement	Non-Resident VISA Student Fees	Associate Director Academic Services
13	April (Q)	Corporate Services	Financial Status Update Report #2	Executive SO Business Services

## REVISED LIST OF ANNUAL CALENDAR OF REPORTS & POLICY METRICS

14	April (A)	Regular Board	Education Development Charges Policy Review	Associate Director of Planning and Facilities
15	May (A)	Student Achievement	Staffing Status Report for Next School Year	Executive SO Business Services
16	May (A)	Student Achievement	Ratification of Student Trustee Nominees	Associate Director Academic Services
17	May (P)	Corporate Services	<u>A.18 Development Proposals, Amendments and Official Plans and Bylaws Policy Metric</u>	Associate Director Planning & Facilities
18	June (P)	Student Achievement	<u>B.B.04 Smoke &amp; Vapour Free Policy Metric</u>	Associate Director Academic Services
19	June (Q)	Corporate Services	Financial Status Update Report #3	Executive SO Business Services
20	June (A)	Corporate Services	Report: Annual Budget Estimates	Executive SO Business Services
21	August (P)	Regular Board	<u>T.19 Electronic Participation in Meetings of the Board, Committees of the Board, and Committee of the Whole Board Policy Metric</u>	Regular Board
22	August (P)	Regular Board	<u>H.M. 19 Conflict Resolution Department</u>	Associate Director Academic Services
23	September (A/P)	Student Achievement	Annual Safe Schools Report <u>S.S.12 Fresh Start Policy Metric</u>	Associate Director Academic Services
24	September (A)	Student Achievement	Community Advisory Committees Report	Associate Director Academic Services
25	September (P)	Student Achievement	<u>H.M. 40 Fair Practice in Hiring and Promotion Policy Metric</u>	Associate Director Academic Services
26	September (P)	Student Achievement	<u>T.07 Community Engagement Policy Report</u> <u>A.37 Communications Policy Metric</u>	Director of Education
27	October (A)	Student Achievement	Student Trustees: Voices that Challenge	Associate Director Academic Services



## REVISED LIST OF ANNUAL CALENDAR OF REPORTS & POLICY METRICS

28	October (A)	Student Achievement	ECLIST Report - Elementary Leaders	Associate Director Academic Services
29	October (P)	Student Achievement	<u>S.10 Catholic School Parent Council</u> Policy Metric	Associate Director Academic Services
30	October (A)	Student Achievement	CPIC Annual Report including Financial Report	Associate Director Academic Services
31	October (A)	Student Achievement	International Languages Program Report	Associate Director Academic Services
32	October (A)	Student Achievement	Primary and Junior Division Assessments Of Reading, Writing and Mathematics (EQAO) · Grade 9 Assessment of Mathematics and OSSLT Assessment (EQAO)	Associate Director Academic Services
33	October (A/P)	Corporate Services	Preliminary Enrolment Reports Elementary and Secondary Schools and S.A.01 <u>Elementary Admission and Placement</u> Policy Metric	Associate Director Planning & Facilities
34	October (A)	Corporate Services	Trustee Honorarium Report	Executive SO Business Services
35	October (P)	Regular Board	<u>H.M.33 Acceptance of Hospitality or Gifts</u> Policy Metric	Director of Education
36	October (A)	Regular Board	Annual Report on the Multi Year Strategic Plan	Associate Director Planning & Facilities
37	October (A)	Regular Board	Ongoing Exit and Entry Surveys for all students either changing schools within the Board or entering or exiting the Board	Associate Director Planning & Facilities
38	October (A)	Special Board	Director's Performance Appraisal (over 3 consecutive Special Board Meetings)	Director of Education
39	November (A)	Student Achievement	Board Learning Improvement Plan (BLIP)	Associate Director Academic Services

## REVISED LIST OF ANNUAL CALENDAR OF REPORTS & POLICY METRICS

40	November (A)	Student Achievement	K-12 Professional Development Plan for Student Achievement and Well-Being	Associate Director Academic Services
41	November (P)	Student Achievement	<u>S.22 Religious Accommodation Policy Report</u>	Associate Director Academic Services
42	November (P)	Student Achievement	<u>S.S.02 Opening or Closing Exercises Policy Report</u>	Associate Director Academic Services
43	November (A)	Corporate Services	<u>S.24 Combined (Split) Grade Classes for Elementary Schools Policy Report</u>	Associate Director Academic Services
44	November (Q)	Corporate Services	Legal Fees Report	Executive SO Business Services
45	November (A)	Regular Board	Financial Status Update #4 and Audited Financial Statements	Executive SO Business Services
46	November (A)	Regular Board	Annual Calendar of Meetings	Director of Education
47	December (A/P)	Student Achievement	Accountability Framework for Special Education and <u>S.P.01 Special Education Programs and Services Policy Metric</u>	Associate Director Academic Services
48	December (A)	Corporate Services	Budget Report: Revised Budget Annual Estimate	Executive SO Business Services
48	December (A)	Regular Board	Director's Annual Report	Director of Education