

GOVERNANCE AND POLICY COMMITTEE REGULAR MEETING Public Session

AGENDA
January 15, 2019

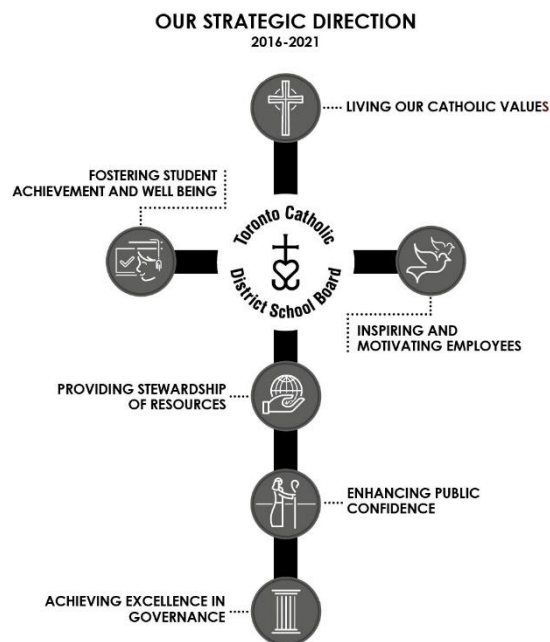
Nancy Crawford
Trustee Ward 12

Angela Kennedy
Trustee Ward 11

Ida Li Preti
Trustee Ward 3

Michael Del Grande
Ex-Officio

Maria Rizzo
Ex-Officio



MISSION

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

VISION

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

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

Rory McGuckin
Director of Education

Maria Rizzo
Chair of the Board

TERMS OF REFERENCE FOR GOVERNANCE AND POLICY COMMITTEE

The Governance Framework Committee is responsible for:

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

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AGENDA THE REGULAR MEETING OF THE GOVERNANCE AND POLICY COMMITTEE

PUBLIC SESSION

TBD, Chair

TBD, Vice Chair

Tuesday, January 15, 2019

7:00 P.M.

Pages

1. Secretary Calls the Meeting to Order
2. Opening Prayer
3. Roll Call & Apologies
4. Election of Chair
5. Election of Vice-Chair
6. Approval of the Agenda
7. Declarations of Interest
8. Approval & Signing of the Minutes of the Meetings held October 9, 2018 as follows:

8.a For Public Session.

1 - 15

8.b For Double Private Session

Distributed Only to Trustees and the Director of Education under
Confidential Cover

9. Delegations

10. **Presentation**
11. **Notices of Motion**
12. **Consent and Review**
13. **Unfinished Business**
14. **Matters referred or deferred**

From Student Achievement and Well Being, Catholic Education and Human Resources Committee Meeting Held December 6, 2018:

That the policy regarding Combined Grade Classes be referred to the Governance and Policy Committee, to be dealt with this school year (**Policy S.24 - Combined Grade Classes and September Reorganization for Elementary Schools**)

That the cost of the International Program be reviewed by the Governance and Policy Committee (**International Languages Elementary (ILE) Program**)

From Special Board Meeting Held November 21, 2018:

That the Board request the review of the Director Performance Appraisal policy, including the challenges during an election year, by the Governance and Policy Committee (**Review of the Director Performance Appraisal**)

From Regular Board Meeting Held October 18, 2018:

- 1) That all existing and new policies be reviewed to reflect the OHRC Accessible Education for Students with Disabilities Policy Document;
- 2) That the Board's Special Education Plan be reviewed and updated to reflect the OHRC Accessible Education for Students with Disabilities Policy Document; and
- 3) That the Board put a policy in place that will be reflective of the OHRC Accessible Education for Students with Disabilities Policy Document

(SEAC Minutes, 2018-09-19, Item 9g) Ontario Human Rights Commission (OHRC) Policy Document Article on Special Education Inclusion)

From Corporate Services, Strategic Planning and Property Committee Meeting Held October 11, 2018:

Consideration of Motion from Trustee Del Grande regarding a Consistent Policy for Senior Kindergarten Graduation

15. Staff Reports

15.a	Update to Alcohol and Other Drugs Policy S.S.03	16 - 27
15.b	Update to Concussion Policy S.26	28 - 94
15.c	Update to Religious Accommodation Policy (S.22)	95 - 102
15.d	Update to Fresh Start Policy (S.S.12)	103 - 128
15.e	Update to Copyright and Fair Dealing Policy (A.15)	129 - 136

16. Listing of Communications

17. Inquiries and Miscellaneous

18. Updating of Pending Lists

18.a	Monthly Pending List	137 - 141
18.b	Policy Priority Review 2018/19	142 - 147

19. Adjournment

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MINUTES OF THE REGULAR MEETING OF THE GOVERNANCE AND POLICY COMMITTEE PUBLIC SESSION

Held Tuesday, October 9, 2018

PRESENT:

Trustees:

A. Kennedy, Chair
J. A. Davis, Vice-Chair - via Teleconference
A. Andrachuk
N. Crawford

Staff:

R. McGuckin
P. Matthews
S. Camacho
P. Aguiar
J. Yan

M. Moffett (for Items 12a and 13d)
S. Coray (for Item 13b)

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

1. Call to Order

The meeting commenced with Trustee Andrachuk in the Chair.

3. Roll Call & Apologies

Apologies were extended on behalf of Trustees Poplawski and Rizzo.

4. Approval of the Agenda

MOVED by Trustee Crawford, seconded by Trustee Davis, that the Agenda, as amended to include the Addendum, reorder Item 13e) Changes to the Policy Website to Improve Public Transparency prior to Item 12a) Report of the Governance and Policy Committee: Update to the Fair Practice in Hiring and Promotion Policy (H.M.40), add Items 15a) Inquiry from Trustee Crawford regarding Catholic School Board Workplace and 16a) Policy Priority Review, be approved.

Results of the Vote taken, as follows:

In Favour

Opposed

Trustees Andrachuk
Crawford
Davis
Kennedy

The Motion was declared

CARRIED

5. Declarations of Interest

There were none.

6. Approval and Signing of the Minutes

MOVED by Trustee Davis, seconded by Trustee Crawford, that the Minutes of the Meeting held September 11, 2018 for PUBLIC Session be approved with the following amendments:

Page 1 – Replace *Jackman-Maselli* with *Maselli-Jackman*;

Page 4 – Item 13a), fourth line, replace *Hour* with *Hours*; and

Page 7 – Replace *d)* with *13d)*

Results of the Vote taken, as follows:

In Favour

Opposed

Trustees Andrachuk
Crawford
Davis
Kennedy

The Motion was declared

CARRIED

Trustee Kennedy disconnected via Teleconference and joined in person at 7:28 pm.

Trustee Andrachuk relinquished the Chair to Trustee Kennedy.

8. Presentation

MOVED by Trustee Davis, seconded by Trustee Crawford, that Items 8a) and 13e) be adopted as follows:

- 8a) **Presentation regarding Changes to the Policy Website to Improve Public Transparency; and**

13. Staff Reports

- 13e) **Changes to the Policy Website to Improve Public Transparency** that staff proceed with the recommended solution to make the Policy Review Plan clear to everyone with the changes discussed, as follows:

1. Add column titles;
2. Change *referred to Board* to *recommended to Board*; and
3. Add link to archived policies

Results of the Vote taken, as follows:

In Favour

Opposed

Trustees Andrachuk
Crawford
Davis
Kennedy

The Motion was declared

CARRIED

12. Matters Referred/Deferred

MOVED by Trustee Crawford, seconded by Trustee Davis, that Items 12a) and 13d) be adopted as follows:

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

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

13. Staff Reports

13d) Update to Fair Practice in Hiring and Promotion Policy (H.M.40) that the Committee recommend to the Board that the revised Fair Practice in Hiring and Promotion Policy (H.M.40) provided in Appendix A and the accompanying Operational Procedures provided in Appendix B be adopted, with the following changes:

Add *Trustees* after *Consultant*, Page 61, Regulation 4;

Revise last sentence, Page 62, Definition, Conflict of Interest, to read:

In the context of this policy, a conflict of interest occurs when:

- 1. A family member has a direct reporting relationship; or a*
- 2. Staff member has a personal relationship with a candidate being interviewed; and*

Replace *TCDSB* with *Director of Education*, Page 65, Operational Procedure 4.7.

Results of the Vote taken, as follows:

In Favour

Opposed

Trustees Andrachuk
Crawford
Davis
Kennedy

The Motion was declared

CARRIED

Trustee Kennedy relinquished the Chair to Trustee Crawford.

12. Matters Referred/Deferred

MOVED by Trustee Andrachuk, seconded by Trustee Davis, that Item 12b) be adopted as follows:

Referred from Corporate Services, Strategic Planning and Property
Committee September 13, 2018 Meeting

12b) Staff Identification Badges received.

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

That the Director, or designate, engage in a consultation/dialogue with our union and non-union partners regarding wearing Identification (photo ID) tags to identify staff for safety and security reasons;

That Staff come back with the costing of plastic photo ID cards with name, for all staff who do not currently possess an access card; and

That Staff come back to the Committee with the results of the consultation by February 2019.

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

In Favour

Opposed

Trustees Andrachuk
Crawford
Davis
Kennedy

The Amendment was declared

CARRIED

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

In Favour

Opposed

Trustees Andrachuk
Crawford
Davis
Kennedy

The Motion, as amended, was declared

CARRIED

Trustee Crawford relinquished the Chair to Trustee Kennedy.

The Chair declared a five-minute recess.

The meeting resumed with Trustee Kennedy in the Chair.

Attendance list remained unchanged.

13. Staff Reports

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

- 13a) Update to Copyright Policy (A.11)** that the revised Copyright Policy (A.11) provided in Appendix A be adopted and that the following changes be incorporated:

Add *and enforcement* after *compliance*, Page 26, Evaluation and Metrics;
and

Add an additional Regulation after Regulation 3 to state what is required to reproduce copyright materials and that the Board will enforce its legal rights in respect of copyright infringement.

MOVED in AMENDMENT by Trustee Crawford, seconded by Trustee Andrachuk, that *from unauthorized use of but not limited to* be inserted after *protection*, Page 26, Definition of Copyright.

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

In Favour

Opposed

Trustees Andrachuk
Crawford
Davis
Kennedy

The Amendment was declared

CARRIED

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

In Favour

Opposed

Trustees Andrachuk
Crawford
Davis
Kennedy

The Motion, as amended, was declared

CARRIED

MOVED by Trustee Andrachuk, seconded by Trustee Crawford, that Item 13b) be adopted as follows:

13b) Update to Access to Students in Schools Policy (S.S.04) received and that the Committee recommend to Board that the revised Access to Students in Schools Policy (S.S.04) provided in Appendix A be adopted and that the *Police/School Board Protocol* be cross referenced as well as include hyperlink, Page 36, Regulation 10;

MOVED in AMENDMENT by Trustee Crawford, seconded by Trustee Andrachuk, that the following changes be incorporated:

Remove *s* from *Sections 212*, Page 30, Cross References;

Fix line break, Page 30, Cross References, Manual;

Fix line breaks Page 32, Alignment with MYSP;

Replace *Immigration Officers* with *Canadian Border Services Agents*, Page 34, Regulation 2e;

Remove *in appropriate cases* and end sentence; capitalize *t* to start new sentence, Page 34, Regulation 3;

Insert *teachings of the Catholic Church*, after *in harmony with*, Page 36, Regulation 8;

Revise Regulation 15, Page 38 as follows:

During a writ period of a Federal, Provincial or Municipal election, no political party or candidate may make public announcements or have access to Toronto Catholic District School Board (TCDSB) school sites for political purposes other than to participate in all

candidates meetings. A Trustee currently in office may have access to TCDSB schools for the purpose of carrying out his or her duties as an elected Trustee;

Replace *Between Provincial Elections* with *Outside of the write period*, Page 38, Regulation 14;

Remove *secondary school*, Page 38, Regulation 16;

Insert *promptly* before *inform* and insert *including elected officials* after *visitors*, Page 39, Regulation 17;

Replace *use* with *engage* and remove *teachers*, Page 40, Regulation 23:

Insert *Parent* before *Council*, Page 41, Regulation 23e.;

Replace *Judgement* with *Judgment*, Page 43, Line 4;

Remove *As far as reasonably possible* and capitalize *t (those)* to start a new sentence Page 45, Guiding Principle 7; and

That *Principals* rather than *principals* be kept consistent throughout the Policy.

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

In Favour

Opposed

Trustees Andrachuk
Crawford
Davis
Kennedy

The Amendment was declared

CARRIED

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

In Favour

Opposed

Trustees Andrachuk
Crawford
Davis
Kennedy

The Motion, as amended, was declared

CARRIED

MOVED by Trustee Davis, seconded by Trustee Andrachuk that Item 13c) be adopted as follows:

13c) Update to Filling a Trustee Vacancy Policy (T.18) received and that the the revised Filling a Trustee Vacancy Policy (T.18) provided in Appendix A be adopted, with the following changes:

Replace the last paragraph on Page 51, Policy, with *The holding of a By-election will be the normal message for filling Trustees' vacancy unless circumstances do not allow for it;*

Add *ratepayers before schools*, Page 51, Regulation 3;

Change *may* to *will* and insert *unless circumstances do not allow for it* after vacancy, Page 51, Regulation 4 ;

Add *While not legally binding, the potential appointee will be asked to declare that they will not run for election in the next election*, Page 52, Regulation 5;

Add *Outlined below are potential methods for appointment*, Page 52, Regulation 5; and

Include how the vacancy will be communicated to the public, Page 52, Regulation 7.

MOVED by Trustee Crawford, seconded by Trustee Andrachuk, that the Policy be referred to staff to incorporate all the changes.

Results of the Vote taken on the Motion to Refer, as follows:

In Favour

Opposed

Trustees Andrachuk
Crawford
Davis
Kennedy

The Motion to Refer was declared

CARRIED

15. Inquiries and Miscellaneous

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

- 15a) Inquiry from Trustee Crawford regarding Prayer in Catholic School Board workplace** that this item be discussed in DOUBLE PRIVATE Session.

Results of the Vote taken, as follows:

In Favour

Opposed

Trustees Andrachuk
Crawford
Davis
Kennedy

The Motion was declared

CARRIED

16. Updating of Pending List

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

16a) Policy Priority Review received.

Staff was directed to ensure that this Item is included in every Agenda.

MOVED by Trustee Crawford, seconded by Trustee Davis, that the meeting resolve into DOUBLE PRIVATE Session.

Results of the Vote taken, as follows:

In Favour

Opposed

Trustees Andrachuk
Crawford
Davis
Kennedy

The Motion was declared

CARRIED

Present: (Following DOUBLE PRIVATE Session)

Trustees:

A. Kennedy, Chair
J. A. Davis, Vice-Chair - via Teleconference
A. Andrachuk
N. Crawford

Staff:

R. McGuckin

S. Harris, Recording Secretary

17. Adjournment

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

Results of the Vote taken, as follows:

In Favour

Opposed

Trustees Andrachuk
Crawford
Davis
Kennedy

The Motion was declared

CARRIED

SECRETARY

CHAIR



REPORT TO

GOVERNANCE AND POLICY COMMITTEE

UPDATE TO ALCOHOL AND OTHER DRUGS POLICY S.S.03

Or do you not know that your body is a temple of the Holy Spirit within you, which you have from God, and that you are not your own? (1 Corinthians 6:19)

Created, Draft

October 22, 2018

First Tabling

January 15, 2019

Review

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

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

RECOMMENDATION REPORT

Vision:

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Mission:

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

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



Rory McGuckin
Director of Education

D. Koenig
Associate Director
of Academic Affairs

T. Robins
Acting Associate Director
of Planning and Facilities

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

A. EXECUTIVE SUMMARY

This report recommends updating the current Alcohol and Other Drugs Policy (S.S.03) to reformat in meta policy format and to conform to new legislation, including the Federal and Provincial Cannabis Acts, and changes to the Smoke-free Ontario Act, 2017.

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

B. PURPOSE

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

C. BACKGROUND

1. The Alcohol and Other Drugs Policy (S.S.03) was approved in April 1990, and last amended in June, 2015.
2. Both the Federal and Provincial Cannabis Acts became law on October 17, 2018.
3. The Cannabis, Smoke-Free Ontario and Road Safety Statue Law Amendment Act, 2017 was enacted by the Ontario Government in response to The Cannabis Act, 2017.

D. EVIDENCE/RESEARCH/ANALYSIS

1. This policy has been amended in consultation with the staff from the Legal Departments.
2. Since this policy was written, there have been changes to applicable legislation. Revisions in this policy reflect those changes.

E. METRICS AND ACCOUNTABILITY

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

F. STAFF RECOMMENDATION

Staff recommends that the revised Alcohol and Other Drugs Policy (S.S.03) provided in Appendix A be adopted.



POLICY SECTION: SAFE SCHOOLS

SUB-SECTION:

POLICY NAME: ALCOHOL, CANNABIS AND OTHER DRUGS

POLICY NO: S.S.03

Date Approved:**April 26, 1990**

June 11th, 2015

Date of Next Review:**Dates of Amendments:**~~April 26, 1990~~; Feb 15th, 1990;December 13th, 2002; **June 11th, 2015****Cross References**

S.S. 01 Consolidated Suspension and Expulsion Policy

S.S. 01 Operation Procedures Appendix A Protocol to Suspension

S.S. 01 Operation Procedures Appendix C Protocol to Expulsion

S.S. 01 Operational Procedures Appendix F Statutory Powers Procedure Act

S.S. 09 Code of Conduct

S.S. 10 Progressive Discipline Police/School Board Protocol

Smoke-Free Ontario Act, ~~(2007)~~ **2017, SO 2017, C26, Sch 5**

Municipal Code, Chapter 709, Smoking

Ontario Regulation 268/18**Cannabis Act, 2017, SO 2017, C26, Sch 1****Bill 174, Cannabis, Smoke-Free Ontario and Road Safety Statute Law****Amendment Act, 2017****Appendix****Purpose:**

This policy affirms that, consistent with our Multi-Year Strategic Plan, Catholic Social Teachings and our Ontario Catholic School Graduate Expectations, the conduct of students and support of staff is expected to be modelled upon Christ. Conduct falling below that standard requires appropriate discipline. The perils and prevalence of alcohol, **cannabis** and **other** drugs within youth culture invite our Catholic school communities to shine particular focus upon this issue. Creating a positive and responsive school climate is a shared responsibility of all stakeholders. “*Act justly, love tenderly and walk humbly with your God.*” (Micah: 8)



POLICY SECTION: SAFE SCHOOLS

SUB-SECTION:

POLICY NAME: ALCOHOL, CANNABIS AND OTHER DRUGS

POLICY NO: S.S.03

Scope and Responsibility:

This policy has implications for all individuals of the TCDSB, in particular students, but as it applies to prevention, intervention and discipline, not only students, but also parents, teachers, school staff, administrators, parish priests, and community school partners. The Director of Education is responsible for this policy.

Alignment with MYSP:

Fostering Student Achievement and Well-Being
 Living Our Catholic Values
 Strengthening Public Confidence

Financial Impact:

~~Generally there is no significant financial impact on the TCDSB. There is the potential for legal liability to the Board that could carry a financial penalty if the guidelines and procedures included and related to this policy are not honoured.~~

Legal Impact:

~~The Act requires principals to promote a school climate where all individuals feel safe. When serious incidents occur, the principal is required to conduct an investigation and to take appropriate steps to re-establish safety. The Act also provides parents/guardians/adult students with an opportunity and a process to review and appeal decisions made by the school board~~



POLICY SECTION: SAFE SCHOOLS

SUB-SECTION:

POLICY NAME: ALCOHOL, CANNABIS AND OTHER DRUGS

POLICY NO: S.S.03

Policy:

The Toronto Catholic District School Board recognizes its obligation to create a positive and responsive school climate. The Board does not tolerate during school, or Board-sponsored events, the use, possession, or trafficking by students of any substance which is unlawful under statute or regulation of Ontario, Canada or Board policy. Further recognizing that alcohol, **cannabis** and **other** drug abuse is a concern in youth culture and is potentially very harmful, and acknowledging the God-given dignity and value of each person and the need to understand the human journey in the context of relationship, the Toronto Catholic District School Board will address student alcohol, **cannabis** and other drug use, both proactively and with fair disciplinary action.

Regulations:

1. The Toronto Catholic District School Board recognizes the role of drug education in reducing alcohol, **cannabis** and other drug related problems, and will therefore address student alcohol, **cannabis** and **other** drug use by implementing a comprehensive curriculum designed to prevent alcohol, **cannabis** and **other** drug-related problems.
2. TCDSB drug prevention curriculum will be given a high level of priority with regard to development and implementation, and will be linked to the developmental stages of the students and contain specific objectives for



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SUB-SECTION:

POLICY NAME: ALCOHOL, CANNABIS AND OTHER DRUGS

POLICY NO: S.S.03

each grade from primary to secondary.

3. Alcohol, **cannabis** and **other** drug prevention curriculum will be incorporated into various subject areas, covering a wide range of topics, further supplemented by extra- curricular activities within the school community.
4. Alcohol, **cannabis** and **other** drug prevention curriculum is addressed within the Ministry of Education Physical and Health Education Curriculum, K-12. While primary implementation will take place within the HPE curriculum, the monitoring and extra-curricular supports will be supported by a cross-disciplinary team, which includes contributions from the Curriculum and Accountability department, the TCDSB Mental Health Lead, the Social Work and Psychology departments and the Safe Schools department.
5. The alcohol, **cannabis** and **other** drug prevention curriculum shall be evaluated regularly and revised as necessary.
6. Where proactive education and preventative efforts have been unsuccessful, an early intervention program will be employed, offering early assistance to students who are experiencing problems related to alcohol, **cannabis** and other drugs. This can include supports from community partners with



POLICY SECTION: SAFE SCHOOLS

SUB-SECTION:

POLICY NAME: ALCOHOL, CANNABIS AND OTHER DRUGS

POLICY NO: S.S.03

specialization in this area.

7. A process for identification of, and early intervention into, problems among students for whom preventive efforts have been unsuccessful shall include:
 - a) Ensuring all appropriate staff have been familiarized with the signs and symptoms of alcohol, **cannabis** and other drug use/ or abuse by students.
 - b) Acquainting all staff with the procedures to follow and referrals skills required when dealing with alcohol, **cannabis** and **other** drug use/abuse by students.
 - c) Informing all students and their parents/guardians of the existence of early intervention programs and how to gain access.

8. Violations of the TCDSB Code of Conduct under the auspices of this policy can occur in seven ways:
 - a) Use of tobacco or tobacco products
 - b) Use or possession of alcohol
 - c) Use or possession of cannabis**
 - d) Use of inhalants for the purpose of intoxication
 - e) Use or possession of illicit drugs
 - f) Intoxication by alcohol, **cannabis** or other drugs
 - g) Trafficking of illegal drugs



POLICY SECTION: SAFE SCHOOLS

SUB-SECTION:

POLICY NAME: ALCOHOL, CANNABIS AND OTHER DRUGS

POLICY NO: S.S.03

h) Giving alcohol or **cannabis** to a minor

9. The Toronto Catholic District School Board prohibits the use of alcohol, **cannabis** or **other** drugs by students while on board property or at events sponsored by the Board and its constituent schools. The possession of these substances, with the exception of tobacco and tobacco products, is also prohibited. [Note: While students over sixteen years of age may legally possess tobacco **and students over eighteen years of age may legally possess cannabis**, this provision recognizes that the Toronto Catholic District School Board prohibits its **the** use **of alcohol, tobacco, cannabis or other drugs** on school property or at school-sponsored events, per regulation 10 below.] However, school sponsored events not held on Board property are governed by the standards established for that particular location.

10a. The Smoke-Free Ontario Act governs all offences related to smoking on school property. Further the Municipal Code Chapter 709 further strengthens the obligations each school must fulfill to remain in compliance with legislation and municipal bylaws. All school administrators will ensure that staff, students, parents and members of the public are aware that smoking **tobacco or cannabis** is not permitted on school property **nor within 20 metres of any point on the perimeter of school property.**



POLICY SECTION: SAFE SCHOOLS

SUB-SECTION:

POLICY NAME: ALCOHOL, CANNABIS AND OTHER DRUGS

POLICY NO: S.S.03

- b. Signage shall be posted at all entrances, exits, washrooms and other appropriate locations to ensure compliance.
 - c. In secondary schools, the Health and Physical Education Department will work with Toronto Public Health and the tobacco enforcement officials to create a unified procedure in regards to protocol for enforcing the Smoke Free Ontario Act in the Toronto Catholic District School Board secondary schools.
11. Should a student be found in possession of a substance **on school property or at a school related event** which is legally prohibited, whether for their own use or for distribution/trafficking, the substance will be confiscated, and the police ~~must~~ **may** be notified. **This includes alcohol and cannabis where consumption and possession are age-restricted by legislation.** ~~The police will confiscate all materials from the principal for appropriate disposal, according to the requirements of the Police/School Board Protocol.~~
- 12a. Consistent with S.S. 01 Suspension and Expulsion Consolidated and S.S. 09 TCDSB Code of Conduct, all TCDSB employees must report to the principal as soon as reasonably possible—and no later than the end of the school day-- if they become aware of a student who may have engaged in a serious student incident, such as the possession, use, trafficking or distribution of prohibited substances. Staff who



POLICY SECTION: SAFE SCHOOLS

SUB-SECTION:

POLICY NAME: ALCOHOL, CANNABIS AND OTHER DRUGS

POLICY NO: S.S.03

may be excluded from this provision are members of the College of Social Workers and Social Services Workers and Members of the College of Psychology, if they are involved in a confidential therapeutic role with the student and if the use of substance use does not present imminent harm to self or others.

- b. In accordance with the sections 306. and 310. of *The Education Act*, a principal shall consider whether to suspend or expel a pupil if he or she believes that the pupil has engaged in any of the Activities identified in *Operational Procedures “Protocol to Suspension”* (S.S. 01 - Appendix A) or *Operational Procedures “Protocol to Expulsion”* (S.S. 01 - Appendix C) while at school, at a school related activity, or in other circumstances where engaging in the Activity will have a negative impact on school climate. Principals will consider a harm reduction model, which signifies that the purpose of suspensions should not be punitive but rather supportive to the student and school population.

Definitions:

Alcohol:

Alcohol is underscored as the drug most often used by students and most responsible for drug-related problems.

Cannabis:



POLICY SECTION: SAFE SCHOOLS

SUB-SECTION:

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POLICY NO: S.S.03

Cannabis, also known as marijuana among other names, is a psychoactive drug from the Cannabis plant used for medical or recreational purposes

Drug Use:

"Drug use" refers to drugs other than alcohol and includes **cannabis**, tobacco, illicit drugs, inhalants, and prescription drugs used without the authority of a physician. It does not include drugs, **including cannabis, when** prescribed by a physician or over-the-counter medications used appropriately with the permission of a parent or legal guardian in the case of students under the age of 18.

Evaluation and Metrics:

The effectiveness of the policy will be determined by measuring the following: Local Safe and Accepting Schools Teams will review local data related to the number of incidents involving smoking, alcohol, **cannabis** or illegal drugs (use, possession, trafficking) to inform their annual Safe Schools Plan and establish yearly local priorities.



REPORT TO

GOVERNANCE AND POLICY
COMMITTEE

UPDATE TO CONCUSSION POLICY S.26

But take care and watch yourselves closely, so as neither to forget the things that your eyes have seen nor to let them slip from your mind all the days of your life; make them known to your children and your children's children. (Deuteronomy 4:9)

Created, Draft	First Tabling	Review
October 1, 2018	January 15, 2019	October 22, 2018

Lori DiMarco, Superintendent of Curriculum Leadership and Innovation
 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.



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 Director of Education

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A. EXECUTIVE SUMMARY

This report recommends updating the current Concussion Policy (S.26) to reformat in meta policy format and to conform to recent changes to legislation.

The cumulative staff time required to prepare this report was 35 hours

B. PURPOSE

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

C. BACKGROUND

1. The Concussion Policy (S.26) was developed in 2014 to meet the requirements of Policy/Program memorandum No. 158: School Board Policies on Concussion. It has not been amended since.
2. Rowan's Law (Concussion Safety) was passed in 2018. It further expands the responsibilities of school boards by requiring boards to put into place concussion education and a student code of conduct that outlines rules of behaviour to minimize concussions while playing sport.

D. EVIDENCE/RESEARCH/ANALYSIS

1. This policy has been amended in consultation with the staff from the Curriculum, Leadership and Innovation and Legal Departments.
2. Since this policy was written, there have been changes to applicable legislation. Revisions in this policy and the accompanying protocol reflect these changes.

E. METRICS AND ACCOUNTABILITY

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

F. IMPLEMENTATION

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

G. STAFF RECOMMENDATION

Staff recommends that the revised Concussion Policy (S.S.26) provided in Appendix A and the accompany Protocols for Concussion Booklet provided in Appendix B be adopted.



POLICY SECTION: SCHOOLS
SUB-SECTION: HEALTH
POLICY NAME: CONCUSSION POLICY
POLICY NO: S.26

Date Approved:

November 23, 2014

Date of Next**Review:****2023****Dates of Amendments:**

November 20, 2014

Cross References:

- S.P.07 Athletic Activities Within the Physical and Health Education Program
- S.S.09 Code of Conduct
- Education Act, §. 217
- ~~Policy Program Memorandum 15~~
- Occupational Health and Safety Act
- Ontario School Board Insurance Exchange
- [The Ontario Physical and Health Education Association \(OPHEA\) Safety Guidelines](#)
- Rowan's Law (Concussion Safety), 2018, S.O. 2018, c. 1 - Bill 193
- Policy/Program Memorandum No. 158: School Board Policies on Concussion
- [Concussion Web-portal](#)
- [Parachute Canada Pocket Concussion Recognition Tool](#)

Appendix**Appendix A- The TCDSB Protocols for Concussions**~~Appendix B – The TCDSB Concussion Protocol~~**Purpose:**

The Toronto Catholic District School Board's (TCDSB) mission is to provide a safe and welcoming learning and working environment that is an example of Catholic community. A concussion can have a significant impact on a student's health and their ability to learn **cognitive and physical abilities**. Per PPM 158 this policy ensures, all students are afforded an appropriate standard of care, that



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~~all students, and the best opportunity to be ready to learn.~~ **Rowan's Law requires that school boards establish a protocol that describes the Board's concussion code of conduct. The TCDSB Protocols for Concussions (attached at Appendix B) will ensure that students, parents and staff are informed about the risk of concussions and the steps to be taken, to prevent, detect and manage concussions in schools**

Scope and Responsibility:

This policy supports student health and well-being, and in the implementation of the protocol, extends to staff members, volunteers, students and their family members. The Director of Education is responsible for this policy and the Concussion Protocol. Superintendents, Principals and Teachers supervising students are responsible for ensuring the procedures are followed.

Alignment with MYSP:

Strengthening Public Confidence
 Fostering Student Achievement and Well-Being
 Providing Stewardship of Resources

Financial Impact:

~~Financial Impact: Generally there is no financial impact with this policy to the TCDSB. All student costs associated with concussion must be reflective of the Ministry of Education's Guidelines for Fees for Learning Materials and Activities. Should the Protocol not be followed, there is potential liability to the Board should significant harm come to the student as a result of not following the protocol.~~



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Legal Impact:

~~Legal Impact: A primary goal of the school concussion policy is the safety of students to prevent and manage a concussed student as he/she proceeds to return to learn and play. This policy will reduce the risk of legal liability to the TCDSB in the event a student suffers a concussion during a Board sanctioned event. This policy will also reduce liability to the TCDSB while managing the return to learn and to play of a student who has sustained a concussion outside of a TCDSB activity.~~

Policy:

The Toronto Catholic District School Board's (TCDSB) mission is to provide a safe learning and working environment for all of its students and Board employees. As such, the TCDSB is committed to prevent and address concussions that occur at the schools and all Board offices. TCDSB Concussion protocol will align with **current** legislation. **The TCDSB will provide concussion awareness education to all students, staff, parents and volunteers and** The school staff will take every precaution in order to prevent concussions and mild traumatic brain injuries in the workplace and school environment. School personnel will ensure that the Ontario Physical and Health Education Association (OPHEA) Safety Guidelines are adhered to prior to engaging in any athletic endeavor.

Regulations:

1. The Director of Education through the Health and Physical Education Department (HPE) shall ~~develop~~ maintain and **revise as required** a



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concussion protocol that implements the policy and protocol. The protocol shall include the following:

- a. **Concussion Education that will:**
 - i. **focus on awareness**
 - ii. **empower students to speak up if a concussion is suspected.**
 - iii. **Include strategies for sharing information on the seriousness of concussions, on concussion prevention, identification and management with students, parents, board employees, administrators, educators, school staff, volunteers, doctors and nurse practitioners and community-based organizations.**
 - b. Guidelines to help prevent the occurrence of a concussion.
 - c. Measures and procedures for recognizing that a concussion has taken place
 - d. Guidelines to direct the appropriate level of response depending on the signs and symptoms that are prevalent at the time of a suspected concussion. ~~Means of summoning immediate assistance to the concussed student or Board employee~~
 - e. Protocol for return to play and for return to learn
 - f. **A concussion code of conduct that outlines rules of behavior to minimize concussions while playing sport.**
2. The TCDSB Health and Physical Education Department shall provide appropriate in-servicing to school administration in the implementation of the concussion protocol.
 3. The TCDSB Health and Physical Education Department will distribute to all **Administrators**, Athletic Representatives and Department Heads of Physical



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Education the **current** OPHEA Safety Guidelines **that provide guidelines to reduce the incidences of concussions.** ~~which will alert staff to and prevention of concussions.~~

4. The TCDSB Health and Physical Education Department will provide coaches appropriate orientation to the Concussion Protocol through a standing item at Athletic Representatives Regional Meetings in September of each school year.
5. Each School Principal will in-service school staff annually, in September, on the Concussion Protocol.
6. **Each School Principal will post the most current** Pocket Concussion Recognition Tool (produced by Parachute Canada), distributed by the TCDSB Health and Physical Education Department. **The tool** shall be posted in all gymnasiums and a copy kept in the main office area, to assist with concussion identification.
7. All cases of suspected concussion will be addressed by the school principal or designate in consultation with the appropriate medical authorities who will be notified in the event that a concussion has been suspected. ~~Once a concussion has been determined by a medical practitioner, then the concussion protocol will take effect.~~
8. In the event of suspected or confirmed concussion, schools will follow the collective team approach, as found within the Timeline of TCDSB Concussion Protocol.



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Definitions:

Concussion:

~~A concussion is a brain injury that cannot be seen on routine x-rays, CT scans, or MRIs. It affects the way a person may think and remember things and can cause a variety of symptoms and signs.~~ **A concussion is a traumatic brain injury that causes changes in how the brain functions, leading to signs and symptoms that can emerge immediately or in the hours or days after the injury. It is possible for symptoms to take up to 7 days to appear.** You do NOT need to lose consciousness to have a concussion.

~~Metrics:~~ Evaluation and Metrics:

1. The School Concussion Protocol will be reviewed ~~within the policy review cycle~~ **annually** to ensure compliance with legislation and any new TCDSB policies.
2. Survey Data is received annually from schools regarding the number of concussions and the outcome.



TCDSB

Protocols for Concussions

Prepared by the
Physical/Health/Outdoor Education
Departments
2018-19

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Purpose of this Document

A significant number of our students are exposed to activities where there is a possibility of sustaining a concussion. The purpose of this document is to provide an action plan for school personnel to take the necessary actions to provide the first steps in recognizing and dealing with a student who may have suffered a suspected concussion. This document provides the information to school personnel so that they can develop an action plan to:

- Diagnose concussions and prevent further injury
- Recognize the symptoms of a concussion
- Know the first steps to dealing with a possible concussion and then to feel empowered to contact appropriate medical authorities

What is a Concussion?

A concussion is a traumatic brain injury that causes changes in how the Brain functions, leading to signs and symptoms that can emerge immediately or in the hours or days after the injury. It is possible for symptoms to take up to 7 days to appear

What Causes a Concussion?

A concussion may be caused by a jarring impact to the head, face, neck or body, With an impulsive force transmitted to the head, that causes the brain to move Rapidly and hit the walls of the skull (for a visual description of how a concussion occurs consult: <https://cdn.hockeycanada.ca/hockey-canada/Hockey-Programs/Safety/Concussion/Infographic/english.html>)

Signs and Symptoms of a Concussion can be Physical, Cognitive, Emotional/Behavioral, and/or related to sleep, also

- Headache;
- Dizziness;
- Difficulty concentrating or remembering;
- Depression or irritability; and
- Drowsiness or difficulty falling asleep.

Though concussions are common sport injuries, particularly among children and adolescents, the subtle symptoms of concussions may go unnoticed.

Without identification and proper management, a concussion can result in permanent or severe brain damage

A Board Plan of Action for Awareness of the TCDSB Concussion Protocol

- 1) The TCDSB Health and Physical Education Department will provide appropriate in-servicing to school administrators on the implementation of the TCDSB Concussion Protocol.
- 2) The TCDSB Health and Physical Education Department will distribute to all Athletic Representatives and Department Heads of Physical Education the OPHEA Safety Guidelines, which will alert staff to the prevention of concussions.
- 3) The TCDSB Health and Physical Education Department will provide coaches appropriate orientation to the Concussion Protocol through a standing item at Athletic Representatives Regional Meetings in September of each school year.
- 4) The TCDSB Health and Physical Education Department will provide parents with Concussion Prevention Education as well as appropriate orientation to the Board's Concussion Protocol.
- 5) Each school principal will in-service school staff annually, in September, on the Concussion Protocol.
- 6) The TCDSB Health and Physical Education Department will develop and implement a Code of Conduct for student athletes and coaches.

A School Plan of Action for Concussions

A concussion is a brain injury that changes how the brain functions leading to symptoms that can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional/behavioral (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep). It cannot normally be seen on routine x-rays, CT scans, or MRIs. You do NOT need to lose consciousness to have a concussion.

School Board Responsibilities:

As more information becomes available about the impact of blows to the head, students and staff alike must become aware of the protocol to follow in order to respond to a student who has sustained a possible concussion. As per School Board Responsibilities required in PPM 158.

School Responsibilities:

An effective plan of action to meet this challenge of protecting students and staff should include the following:

- Principal to review the Toronto Catholic District School Board **Concussion Protocol and Guidelines** with **all** school staff at the very first staff meeting of the school year.
- Principal is to ensure TCDSB staff use only the forms provided by TCDSB.
- Principal to present the **Concussion Protocol and Guidelines** to parents at the first or second Catholic School Advisory Council (CSAC) meeting.
- A copy of the **Concussion Protocol and Guidelines** is to be kept in a prominent place in the main office where staff can easily access the forms.
- Principal must advise all appropriate school personnel (e.g. specialist teachers, occasional teachers, volunteers and coaches) of relevant information pertaining to any concussed student.

Coaches Responsibilities:

- Inform student athletes and their parents about the seriousness of concussions and the signs and symptoms of concussions
- Follow the Concussion Code of Conduct and also have student athletes follow the Concussion Code of Conduct
- Be aware of and follow the Concussion Protocols

TCDSB/School Responsibilities: If parents/guardians do not return TCDSB Incident Form or return student to school against medical advice.

- There **is liability** to TCDSB if it is known that a doctor has advised that a child should not yet Return to School/Learn, and TCDSB permits the child to Return to School/Learn anyway.

- In such circumstances, it would be prudent for the **Principal** to deliver a message in writing to the parent(s)/guardian(s), that the Principal **strongly advises** the parent(s)/guardians(s) that the child should not Return to School/Learn until permitted to do so by a doctor.
- As TCDSB cannot contract out of liability or negligence in such a situation and Program Policy Memorandum (PPM) 158 authorizes schools and the board to effectively guide a student's Return to School/Learn, the TCDSB protocol advises that if a concussion is suspected, students **will not** Return to School/Learn unless medical clearance has been received.
- A parent/guardian cannot insist the child Return to School/Learn. When the child does return, **a safety plan would need to be developed by the principal in conjunction with appropriate school staff** to help mitigate the chance of new/re-injury.

Parent Responsibilities:

- Parents/Guardians are responsible for reviewing the *Heads Up* Concussion Information Sheet provided by the school and/or reviewing the Parent/Guardian Concussion Guideline PowerPoint provided on the TCDSB Board website.
- Parents/Guardians must sign off on the permission form indicating they have reviewed the Heads Up Concussion Information Sheet and/or the Parent/Guardian Concussion PowerPoint.

Parents of students who are suspected of having a concussion must:

- Complete TCDSB Documentation of Medical Examination and return to the school principal or designate accompanied by a doctor's note
- Inform your child's school. At that point the school's Concussion Protocol would come into effect. TCDSB Documentation of Medical Examination would be completed and returned to the school accompanied by a doctor's note.

Athlete's Responsibilities:

- Athletes are responsible for reviewing the Heads Up Concussion Education Information Sheet and/or the TCDSB Parent/Guardian Concussion Guideline PowerPoint provided on the TCDSB Board website.
- Follow the Concussion Code of Conduct

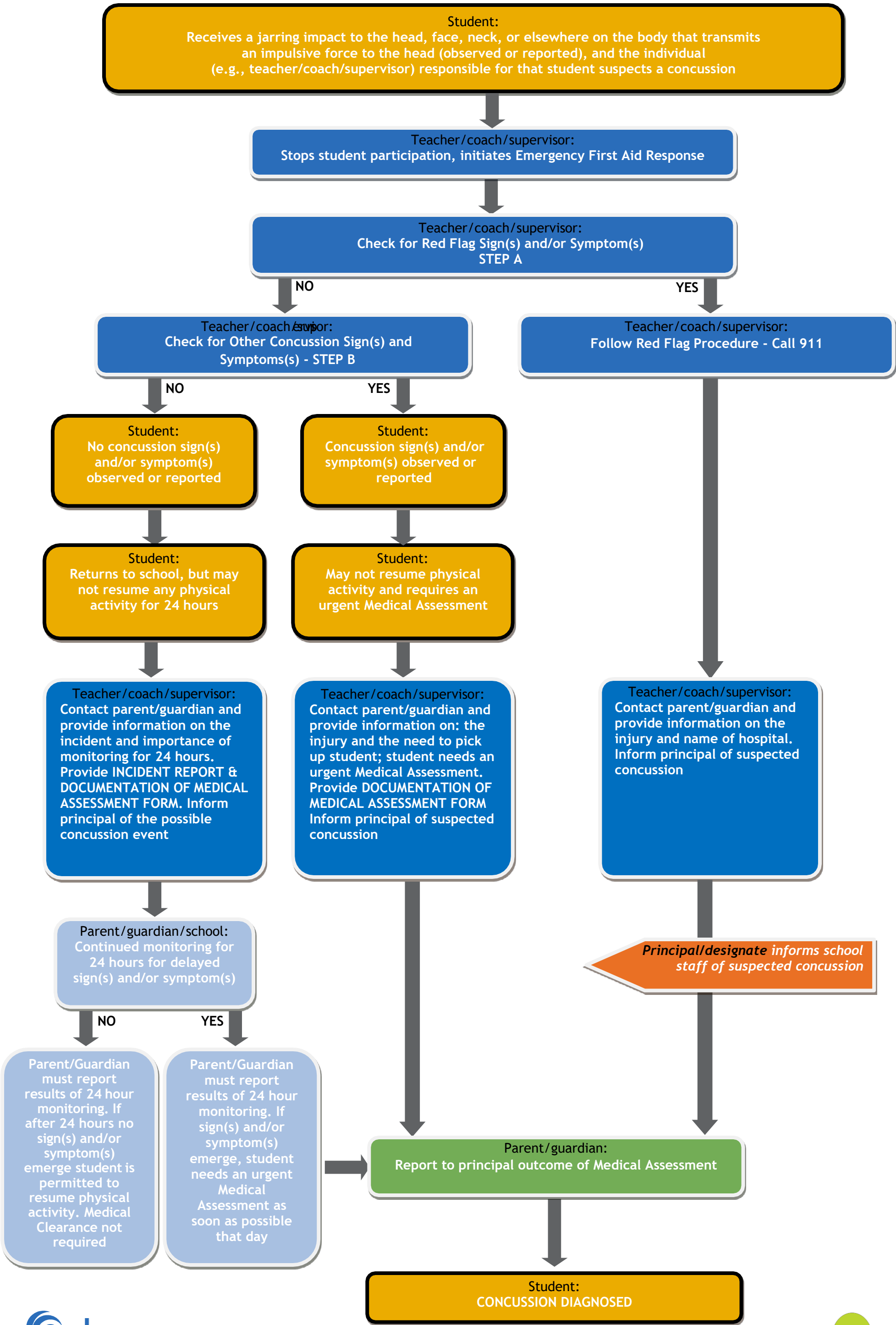
CONCUSSION CODE OF CONDUCT

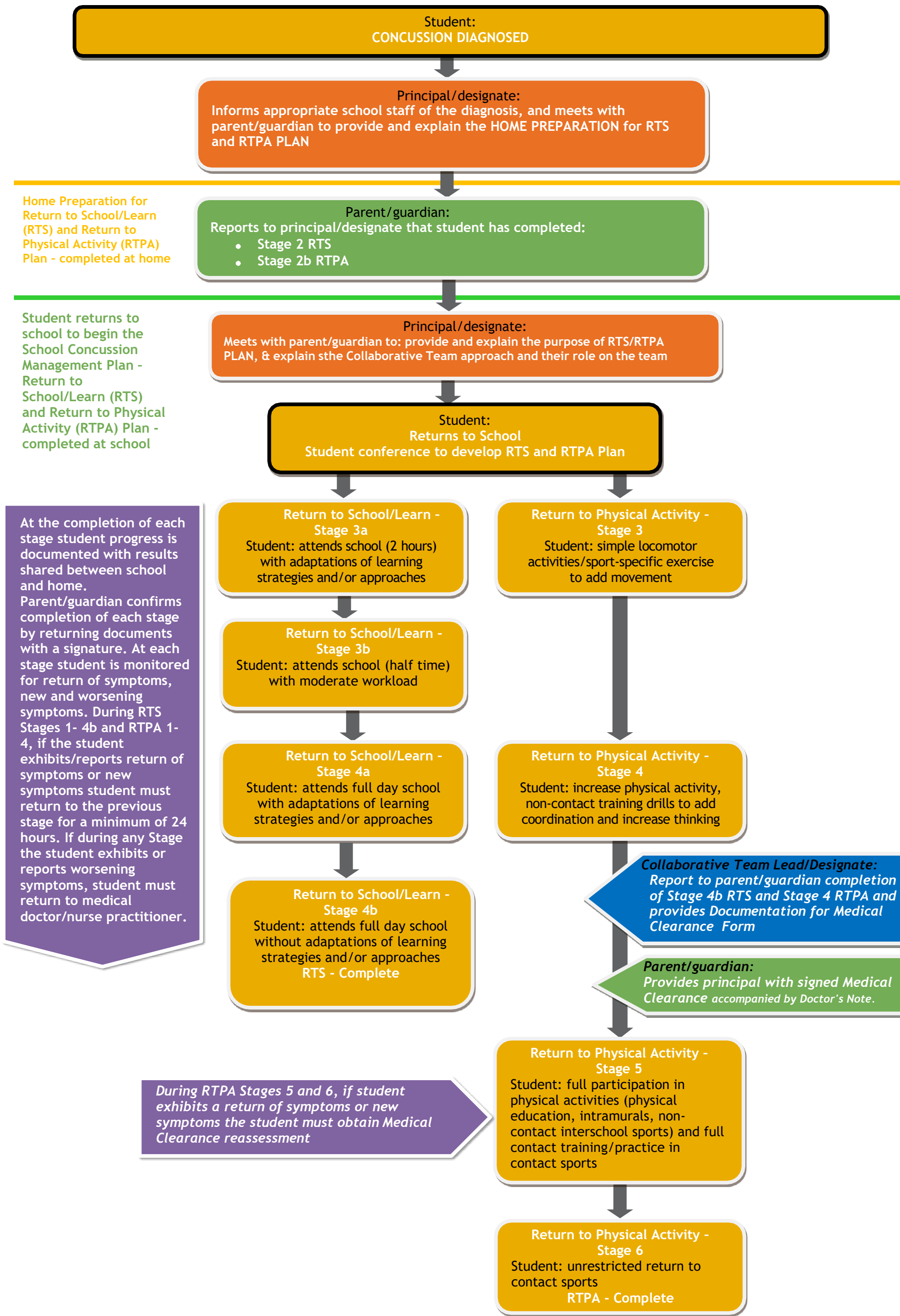
Prior to the sport season/intramural activity beginning of the school year, Teacher/Coach/Supervisor should inform students/athletes about:

- The seriousness of concussion and the signs and symptoms of concussion.
- The importance of respecting and following the rules of the game and practicing fair play.
- The importance of practicing good sportsmanship, respecting their opponents and officials at all times.
- The importance of informing the teacher/coach/supervisor of any signs or symptoms of a concussion and removing themselves from the activity.
- The importance of encouraging a teammate with signs or symptoms of a concussion to remove themselves from the activity and to inform the teacher/coach/supervisor.
- The importance of informing the teacher/coach/supervisor when a classmate/teammate/opponent has signs or symptoms of a concussion.
- The importance of discouraging others from pressuring injured students/athletes to play/participate.

During the physical activity unit/sport season/intramural activity, the Teacher/Coach/Supervisor should:

- Demonstrate safe contact skills during controlled practice sessions prior to competition.
- Demonstrate respect for the mutual safety of fellow athletes (For example, no hits to the head, follow the rules and regulations of the activity).
- Report any sign or symptom of a concussion immediately to teacher/coach/supervisor from a hit, fall or collision.
- Encourage teammates/fellow students to report sign(s) or symptoms of a concussion and to refrain from pressuring students/athletes to play.





TCDSB Forms used to Monitor Concussion

Activity	TCDSB Form Needed	Process	Action
Suspected Concussion	Incident Form	Staff Generated	Filled out by staff and copy given to Parent
	Documentation of Medical Examination	Doctor Examination	Signed and returned by Parent/Guardian
• No concussion	File Documentation of Medical Examination in OSR. No further action required.		
• Concussion Diagnosed	Follow Return to School/Learn (RTS) and Return to Physical Activity (RTPA) Protocol as indicated below		
Return to School/Learn, Return to Physical Activity Protocol	TCDSB Forms Used	Actions	Signed By
Home Preparation for Return to School/Learn/Return to Physical Activity	Step 1 Stage 1 Stage 2	-Package given by school to parent. -Parent monitors student and checks off stages. -Parent returns signed package and meets with Principal once stage 2 is completed	Parents/ Guardians
	Stage 3 - RTS 3 - RTPA 3a	-Develop an individualized plan collaboratively between child, parent, principal, and teacher. -Hand out stage 3 package. -Parent and school complete RTS 3 & RTPA 3a -Parent returns signed package	Parents/ Guardians & School Designate
RTS / RTPA 3	Stage 3 - RTS 3b	-School follows RTS 3b guidelines and child continues with RTPA 3 -Parent monitors child at home -Both school and parent complete 3b	Parents/ Guardians & School Designate
	Stage 4 - RTS 4a - RTPA 4	-Hand out stage 4 package. -Parent and school complete RTS 4a & RTPA 4 -Parent returns signed package	Parents/ Guardians & School Designate
RTS / RTPA 4	Stage 4 - RTS 4b	-School follows RTS 4b guidelines and child continues with RTPA 4 -Parent monitors child at home -Both school and parent complete 4b	Parents/ Guardians & School Designate
<u>Complete Documentation for Medical Clearance Form (End of Stage 4) - required before moving on to RTPA Stages 5 & 6</u>			
RTPA 5	Stage 5	-Hand out stage 5 sheet. -Parent and school complete RTPA 5 -Parent returns signed sheet	Parents/ Guardians & School Designate
RTPA 6	Stage 6	-Hand out stage 6 sheet. -Parent and school complete RTPA 6 -Parent returns signed sheet	Parents/ Guardians & School Designate
If symptoms return student returns to previous step and process is repeated.			

Stages are not days – **each stage** must take a **minimum of 24 hours**. The length of time needed to complete each step will vary based on the severity of the concussion and the student.



TCDSB Incident Report – Tool to Identify a Suspected Concussion

This checklist tool, completed by school staff (for example, teachers/coaches/intramural supervisors), is used to identify the sign(s) and/or symptom(s) of a suspected concussion, to respond appropriately and to communicate this information and follow-up requirements to parent/guardian. This tool may also be used for continued monitoring of the student.

Complete appropriate steps below.

Student name: _____ Time of Incident: A.M. ☐ P.M. ☐ Date: _____

Identification of Suspected Concussion: If after a jarring impact to the head, face or neck or elsewhere on the body, an impulsive force is transmitted to the head (observed or reported), and the individual (for example, teacher/coach) responsible for that student suspects a concussion, the following actions must be taken immediately:

STEP A

RED FLAGS:

Check ☐ for Red Flag sign(s) and or symptom(s).

If anyone or more red flag sign(s) or symptom(s) are present, **CALL 911**, followed by a call to parents/guardians/emergency contact.

- ☐ Neck pain or tenderness
- ☐ Severe or increasing headache
- ☐ Deteriorating conscious state
- ☐ Double vision
- ☐ Seizure or convulsion
- ☐ Vomiting
- ☐ Weakness or tingling/burning in arms or legs
- ☐ Loss of consciousness
- ☐ Increasingly restless, agitated or combative

If Red Flag(s) identified, complete only Step E - Communication to Parent/Guardian

STEP B

Other Sign(s) and Symptoms(s)

If red flag(s) not identified continue and complete the following steps (as applicable) and **Step E - Communication with Parents/Guardians.**

STEP B1**Other Concussion Signs**

Check () visual cues (what you see).

- ☐ Lying motionless on the playing surface (no loss of consciousness)
- ☐ Disorientation or confusion, or an inability to respond appropriately to questions
- ☐ Balance, gait difficulties, motor incoordination, stumbling, slow labored movements
- ☐ Slow to get up after a direct or indirect hit to the head
- ☐ Blank or vacant look
- ☐ Facial injury after head trauma

STEP B2**Other Concussion Symptoms reported (what the student is saying)**

Check () what you feel.

- ☐ Headache
- ☐ Blurred vision
- ☐ More emotional
- ☐ Difficulty concentrating
- ☐ "Pressure in head"
- ☐ Sensitivity to light
- ☐ More irritable
- ☐ Difficulty remembering
- ☐ Balance problems
- ☐ Sensitivity to noise
- ☐ Sadness
- ☐ Feeling slowed down
- ☐ Nausea
- ☐ Fatigue or low energy
- ☐ Nervous or anxious
- ☐ Feeling like "in a fog"
- ☐ Drowsiness
- ☐ "Don't feel right"
- ☐ Dizziness

IF ANY SIGN(S) OR SYMPTOM(S) WORSEN, CALL 911

STEP B3**Conduct Quick Memory Function Check**

Questions may need to be modified for very young students, the situation/activity/sport and/or students receiving special education programs and services. Failure to answer any one of these questions correctly indicates a suspected concussion. Record student responses below.

What room are we in right now? *Answer:* _____

What activity/sport/game are we playing now? *Answer:* _____

What field are we playing on today? *Answer:* _____

Is it before or after lunch? *Answer:* _____

What is the name of your teacher/coach? *Answer:* _____

What school do you go to? *Answer:* _____

STEP C

Where sign(s) observed and/or symptom(s) are reported, and/or if the student fails to answer any of the Quick Memory Function questions correctly

Actions Required:

- ☐ a concussion should be suspected;
- ☐ the student must stop participation immediately and must not be allowed to return to play that day even if the student states that they are feeling better; and
- ☐ the student must not:
 - leave the premises without parent/guardian (or emergency contact) supervision;
 - drive a motor vehicle until cleared to do so by a medical doctor or a nurse practitioner;
 - take medications except for life threatening medical conditions (for example, diabetes, asthma).

Teacher/coach to inform parent/guardian that the student needs urgent Medical Assessment (as soon as possible that day) by a medical doctor or nurse practitioner. Medical doctors and nurse practitioners are the only healthcare professionals in Canada with licensed training and expertise to diagnose a concussion; therefore all students with a suspected concussion should undergo evaluation by one of these professionals. In rural or northern regions, the Medical Assessment may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner.

Parent/guardian must be provided with a completed copy of this incident report and a copy of the *Medical Assessment Document*. Teacher/coach informs principal of incident.

STEP D

If there are no signs observed, nor symptoms reported, and the student answers correctly all questions in the Quick Memory Function Check but a possible concussion event was recognized by teacher/coach.

Actions Required:

- ☐ The student must stop participation immediately and must not be allowed to return to play that day even if the student states that they are feeling better. Principals must be informed of the incident.

Teacher/coach to inform parent/guardian and principal of the incident and that the student requires continued monitoring for 24 hours as sign(s) and/or symptom(s) can appear hours or days after the incident:

- ☐ If any red flags emerge call 911 immediately.
- ☐ If any other sign(s) and/or symptom(s) emerge, the student needs urgent Medical Assessment (as soon as possible that day) by a medical doctor or nurse practitioner.
- ☐ Parent/guardian is to communicate the results of the Medical Assessment to the school Principal using the *Medical Assessment Document*.

If after 24 hours of monitoring no sign(s) and/or symptom(s) have emerged the parent/guardian is to communicate the results to the school Principal using the Medical Assessment Form. Student is permitted to resume physical activities. Medical Clearance is not required.

STEP E**Communication to Parent/Guardian:**

Copy of the Incident Report – Indicate () appropriate results and follow-up requirements.

Your child/ward was checked for a suspected concussion (i.e., Red Flags, Other Signs and Symptoms, Quick Memory Function) with the following results:

- ☐ Red Flag(s) sign(s) observed and/or symptom(s) reported and EMS called.
- ☐ Other concussion sign(s) were observed and/or symptom(s) reported and/or student failed to correctly answer all the Quick Memory Function questions.
- ☐ No sign(s) or symptom(s) were reported and student correctly answered all of the questions in the Quick Memory Function Check but a possible concussion event was recognized. Continued monitoring is required.

Teacher/Coach/Intramural Supervisor name: _____

Forms for Parent/Guardian to accompany the Incident Report:

- ☐ Medical Assessment Document

Parent/Guardian:

Must communicate to principal/designate the results of the Medical Assessment and the results of 24 hour monitoring (using the Medical Assessment Document, and accompanied by a Doctor's Note):

- ☐ Medical Assessment Document



Documentation of Medical Assessment

This form is to be provided to all students suspected of having a concussion. The injury may have occurred during a TCDSB related activity or during a non-related TCDSB activity.

Consult the Sample Tool to identify a Concussion.

Student Name: _____ Date: _____

The student must be assessed as soon as possible by a medical doctor or nurse practitioner. In Canada, only medical doctors and nurse practitioners are qualified to provide a concussion diagnosis. In rural or northern regions, a nurse with pre-arranged access to a medical doctor or nurse practitioner may be used to assess the suspected concussion. Prior to returning to school, the parent/guardian must inform the school principal of the results of the medical assessment by completing the following:

RESULTS OF MEDICAL ASSESSMENT

- ☐ My child/ward has been assessed and a concussion has not been diagnosed and therefore may resume full participation in learning and physical activity without any restrictions, and
- ☐ No concussion sign(s) and/symptom(s) observed or reported after 24 hours monitoring.

- ☐ My child/ward has been assessed and a concussion has not been diagnosed but the assessment led to the following diagnosis and recommendations:

- ☐ My child/ward has been assessed and a concussion has been diagnosed and therefore must begin a medically supervised, individualized, and gradual Return to School/Learn (RTS) and Return to Physical Activity (RTPA) Plan. I will report the findings to the school Principal/designate; and obtain a copy of the Home Preparation for Return to School/Learn (RTS) and Return to Physical Activity (RTPA) Plan from the school.

Comments:

Medical Doctor/Nurse Practitioner providing assessment:

Name: _____ Phone Number _____

Date: _____

Parent/Guardian Signature: _____ Date: _____

*** This document should be accompanied by a Doctor's Note**

Staple and file both documents in student OSR.

CONCUSSION DIAGNOSED:



STEP 1 - Home Preparation for Return to School/Learn (RTS) and Return to Physical Activity (RTPA) Plan

Home Preparation for Return to School/Learn (RTS) Stages	Home Preparation for Return Physical Activity (RTPA) Stages
Each stage must last a minimum of 24 hours.	Each stage must last a minimum of 24 hours.
<p style="text-align: center;"><u>RTS—Initial Rest</u></p> <p>24 – 48 hours of relative cognitive rest (sample activities below):</p> <p><u>Sample activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Short board/card games ✓ Short phone calls ✓ Photography (with camera) ✓ Crafts <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ TV ✗ Technology use(e.g., computer, laptop, tablet, iPad)/cell phone (e.g.,texting/games/photography) ✗ Video games ✗ Reading ✗ Attendance at school or school-type work 	<p style="text-align: center;"><u>RTPA –Initial Rest</u></p> <p>24 – 48 hours of relative physical rest (sample activities below):</p> <p><u>Sample activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Limited movement that does not increase heart rate or break a sweat ✓ Moving to various locations in the home ✓ Daily hygiene activities <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Physical exertion (increases breathing and heart rate and sweating) ✗ Stair climbing other than to move locations throughout the home ✗ Sports/sporting activity
<p>Student moves to RTS Stage 1 when:</p> <p><input type="checkbox"/> Symptoms start to improve or after resting 2 days maximum (whichever occurs first).</p>	<p>Student moves to RTPA Stage 1 when:</p> <p><input type="checkbox"/> Symptoms start to improve or after resting 2 days maximum (whichever occurs first).</p>



STAGE I – HOME PREPARATION TO RETURN TO SCHOOL/LEARN / RETURN TO PHYSICAL ACTIVITY

<u>RTS – Stage I</u>	<u>RTPA – Stage I</u>
<p>Light cognitive (thinking/memory/ knowledge) activities (as per activities permitted listed below).</p> <p>Gradually increase cognitive activity up to 30 minutes. Take frequent breaks.</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ Easy reading (e.g., books, magazines, etc...) ✓ Limited TV ✓ Limited cellphone conversations ✓ Drawing/building blocks/puzzles ✓ Some contact with friends <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Technology use (e.g., computer, laptop, tablet, iPad)/cell phone (e.g. texting/game/photography) ✗ Attendance at school or school-type work 	<p>Light physical activities (as per activities permitted listed below) that do not provoke symptoms.</p> <p>Movements that can be done with little effort (do not increase breathing and/or heart rate or break a sweat).</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Daily household tasks (e.g., bed- making, dishes, feeding pets, meal preparation) <input type="checkbox"/> Slow walking for short time <p><u>Activities that are not permitted at this stage</u></p> <p>Physical exertion (increases breathing and heart rate and sweating)</p> <ul style="list-style-type: none"> ✗ Sports/sporting activity ✗ Stair climbing, other than to move locations throughout the home
<p><u>Student moves to RTS Stage 2 when:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Student tolerates 30 minutes of light cognitive activity (for example a student should be able to complete 3-4 of the permitted activities listed above) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms. <input type="checkbox"/> Student has completed a minimum of 24 hours at RTS – Stage I. <input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms and must return to the previous stage for a minimum of 24 hours. <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner. 	<p><u>Student moves to RTPA Stage 2a when:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Student tolerates light physical activities (completes both activities above) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms. <input type="checkbox"/> Student has completed a minimum of 24 hours at RTPA – Stage I. <input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms and must return to the previous stage for a minimum of 24 hours. <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.

**STAGE 2 – HOME PREPARATION TO RETURN TO SCHOOL/LEARN / RETURN TO PHYSICAL ACTIVITY****RTS -Stage 2**

Gradually add cognitive activity (as per activities permitted listed below). When light cognitive activity is tolerated, introduce school work (at home and facilitated by the school).

Activities permitted if tolerated by student

- ☐ Activities from previous stage
- ☐ School-type work in 30-minute increments
- ☐ Crosswords, word puzzles, Sudoku, word search
- ☐ Limited technology use (e.g., computer, laptop, tablet, iPad)/cell phone (e.g., texting/games/photography) starting with shorter periods and building up as tolerated

Activities that are not permitted at this stage

- ✗ School attendance

RTPA –Stage 2a

Daily activities that do not provoke symptoms.

Add additional movements that do not increase breathing and/or heart rate or break a sweat.

Activities permitted if tolerated by student

- ☐ Activities from previous stage
- ☐ Light physical activity (e.g., use of stairs)
- ☐ 10-15 minutes slow walking 1-2x per day inside and outside (weather permitting)

Activities that are not permitted at this stage

- ✗ Physical exertion (increases breathing and/or heart rate and sweating)
- ✗ Sports
- ✗ Sporting activities

Student moves to RTS Stage 3a when:

- ☐ Student tolerates the additional cognitive activity (for example a student should be able to complete 3-4 of the activities permitted) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms
- ☐ Student has completed a minimum of 24 hours at RTS – Stage 2.

Student moves to RTPA Stage 2b when:

- ☐ Student tolerates daily physical activities (completes activities permitted listed above) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- ☐ Student has completed a minimum of 24 hours at RTPA – Stage 2a.

<ul style="list-style-type: none"> <input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms and must return to the previous stage for a minimum of 24 hours. <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner. 	<ul style="list-style-type: none"> <input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms and must return to the previous stage for a minimum of 24 hours. <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
	<p><u>RTPA- Stage 2b Light aerobic activity</u></p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> 20-30 minutes walking/stationary cycling/recreational (i.e., at a pace that causes some increase in breathing/heart rate but not enough to prevent a student from carrying on a conversation comfortably) <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Resistance or weight training ✗ Physical activities with others ✗ Physical activities using equipment
	<p><u>Student moves to RTPA Stage 3 when:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Student tolerates light aerobic activities (completes activities above) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms <input type="checkbox"/> Student has completed a minimum of 24 hours at RTPA – Stage 2b.



END OF STAGE 2:

HOME PREPARATION TO RETURN TO SCHOOL/LEARN / RETURN TO PHYSICAL ACTIVITY

To be completed and signed by the parent/guardian and handed into the Principal

Responsibilities of Parent/Guardian

When your child has successfully completed Step 1, and Stages 1 and 2 of Home Preparation for Return to School/Learn (RTS) and Return to Physical Activity (RTPA) please call or meet to inform the school principal; and hand in this completed and signed form:

- ☐ My child has completed Stage 2 RTS (tolerates up to 1 hour of cognitive activity in two 30 minutes intervals and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.) and is to begin RTS Stage 3a at school.
- ☐ My child has completed Stage 2b RTPA (activities are tolerated and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.) and is to begin RTPA Stage 3 at school.

Parent/Guardian Signature: _____ Date: _____

Next Steps:

Meet with the school to review the School Concussion Management Plan for Return to School/Learn / Return to Physical Activity



STAGE 3 – RETURN TO SCHOOL/LEARN / RETURN TO PHYSICAL ACTIVITY

Return to School/Learn (RTS) Stages	Return to Physical Activity (RTPA) Stages
<p style="text-align: center;"><u>RTS - Stage 3a</u></p> <p>Student begins with an initial time at school of 2 hours.</p> <p>The individual RTS Plan is developed by Collaborative Team following the student conference and assessment of the student's individual needs determining possible strategies and/or approaches for student learning (consult Table 5 in Appendix C-I).</p> <p style="text-align: center;"><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage (consult Appendix C-I – Sample Documentation for Concussion Management – Home Preparation for RTS and RTPA) ✓ School work for up to 2 hours per day in smaller chunks (completed at school) working up to a 1/2 day of cognitive activity ✓ Adaptation of learning strategies and/or approaches <p style="text-align: center;"><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Tests/exams ✗ Homework ✗ Music class ✗ Assemblies ✗ Field trips 	<p style="text-align: center;"><u>RTPA –Stage 3</u></p> <p>Simple locomotor activities/sport-specific exercise to add movement.</p> <p style="text-align: center;"><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage (20-30 minutes walking/stationary cycling/elliptical/recreational dancing at a moderate pace) ✓ Simple individual drills (e.g., running/throwing drills, skating drills in hockey, shooting drills in basketball) in predictable and controlled environments with no risk of re-injury ✓ Restricted recess activities (e.g., walking) <p style="text-align: center;"><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Full participation in physical education or DPA ✗ Participation in intramurals ✗ Full participation in interschool practices ✗ Interschool competitions ✗ Resistance or weight training ✗ Body contact or head impact activities (e.g., heading a soccer ball) ✗ Jarring motions (e.g., high speed stops, hitting a baseball with a bat)
<p><u>School</u></p> <p><input type="checkbox"/> Student has demonstrated they can tolerate up to a half day of cognitive activity.</p> <p><input type="checkbox"/> Stage 3a RTS/Stage 3 RTPA plan sent home</p> <p>School Initial (e.g., collaborative team lead/designate): _____</p> <p>Date: _____</p>	<p><u>School</u></p> <p><input type="checkbox"/> Student has demonstrated they can tolerate simple individual drills/sport- specific drills as listed in permitted activities.</p> <p><input type="checkbox"/> Stage 3a RTS/Stage 3 RTPA plan sent home</p> <p>School Initial (e.g., collaborative team lead/designate): _____</p> <p>Date: _____</p>

Home

- ☐ Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- ☐ Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.
- ☐ Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
- ☐ Stage 3a RTS/Stage 3 RTPA plan sent back

Parent/Guardian:

Signature: _____

Date: _____

Comments: _____

Home

- ☐ Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- ☐ Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.
- ☐ Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
- ☐ Stage 3a RTS/Stage 3 RTPA plan sent back

Parent/Guardian:

Signature: _____

Date: _____

Comments: _____

RTS - Stage 3b

Student continues attending school half time with gradual increase in school attendance time, increased school work and a decrease in the adaptation of learning strategies and/or approaches.

Activities permitted if tolerated by student

- ✓ Activities from previous stage
- ✓ School work for 4-5 hours per day, in smaller chunks (e.g., 2-4 days of school/week)
- ✓ Homework – up to 30 minutes per day
- ✓ Decrease adaptation of learning strategies and/or approaches
- ✓ Classroom testing with accommodations.

Activities that are not permitted at this stage

- ✗ Standardized tests/exams

School

- ☐ Student has demonstrated they can tolerate up to 4-5 hours of the cognitive activities listed above.

- ☐ Stage 3b RTS Plan sent home.

School Initial (e.g., collaborative team

lead/designate): _____

Date: _____

Home

- ☐ Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.

- ☐ Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.

- ☐ Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.

- ☐ Stage 3b RTS plan sent back to school.

Parent/Guardian Signature: _____

Date: _____

Comment: _____



STAGE 4 – RETURN TO SCHOOL/LEARN / RETURN TO PHYSICAL ACTIVITY

APPENDIX B

Return to School/Learn (RTS) Stages	Return to Physical Activity (RTPA) Stages
<p style="text-align: center;"><u>RTS– Stage 4a</u></p> <p>Full day school, minimal adaptation of learning strategies and/or approaches</p> <p>Nearly normal workload.</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ Nearly normal cognitive activities ✓ Routine school work as tolerated ✓ Minimal adaptation of learning strategies and/or approaches <ul style="list-style-type: none"> • Start to eliminate adaptation of learning strategies and/or approaches • Increase homework to 60 minutes per day • Limit routine testing to one test per day with accommodations (e.g., supports - such as more time) <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Standardized tests/exams 	<p style="text-align: center;"><u>RTPA –Stage 4</u></p> <p>Progressively increase physical activity. Non-contact training drills to add coordination and increased thinking.</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ More complex training drills (e.g., passing drills in soccer and hockey) ✓ Physical activity with no body contact (e.g., dance, badminton) ✓ Participation in practices for non- contact interschool sports (no contact) ✓ Progressive resistance training may be started ✓ Recess – physical activity running/games with no body contact ✓ DPA (elementary) <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Full participation in physical education ✗ Participation in intramurals <p>Body contact or head impact activities (e.g., heading a soccer ball)</p> <p>Participation in interschool contact sport practices, or interschool games/competitions (non-contact and contact)</p>
<p><u>School</u></p> <p><input type="checkbox"/> Student has demonstrated they can tolerate a full day of school and a nearly normal workload with minimal adaptation of learning strategies and/or approaches.</p> <p><input type="checkbox"/> Stage 4a RTS/Stage 4 RTPA sent home</p> <p>School Initial (e.g., collaborative team lead/designate): _____</p> <p>Date: _____</p>	<p><u>School</u></p> <p><input type="checkbox"/> Student has completed the activities in RTPA Stage 4 as applicable.</p> <p><input type="checkbox"/> Stage 4a RTS/ Stage 4 RTPA sent home to parent</p> <p><input type="checkbox"/> Documentation for Medical Clearance sent home to parent/guardian.</p> <p>School Initial (e.g., collaborative team lead/designate): _____</p> <p>Date: _____</p>

<p><u>Home</u></p> <p><input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.</p> <p><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</p> <p><input type="checkbox"/> C-5 Stage 4a RTS/Stage 4 RTPA sent back Parent/Guardian:</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Comments: _____</p>	<p><u>Home</u></p> <p><input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.</p> <p><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</p> <p><input type="checkbox"/> Stage 4a RTS/Stage 4 RTPA sent back Parent/Guardian:</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Comments: _____</p>
<p style="text-align: center;"><u>RTS - Stage 4b</u></p> <p>At school: full day, without adaptation of learning strategies and/or approaches</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Normal cognitive activities ✓ Routine school work ✓ Full curriculum load (attend all classes, all homework, tests) ✓ Standardized tests/exams ✓ Full extracurricular involvement (non-sport/non-physical activity - e.g., debating club, drama club, chess club) 	<p><u>Before progressing to RTPA Stage 5, the student must:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> have completed RTS Stage 4a and 4b (full day at school without adaptation of learning strategies and/or approaches), <input type="checkbox"/> have completed RTPA Stage 4 and be symptom-free, and <input type="checkbox"/> obtain a signed Medical Clearance from a medical doctor or nurse practitioner. <p><i>Please Note: Premature return to contact sports (full practice and game play) may cause a significant setback in recovery.</i></p>
<p><u>School</u></p> <p><input type="checkbox"/> Student has demonstrated they can tolerate a full day of school without adaptation of learning strategies and/or approaches</p> <p><input type="checkbox"/> Stage 4b RTS plan sent home.</p> <p>School Initial (e.g., collaborative team lead/designate): _____</p> <p>Date: _____</p>	

Home

- ☐ Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- ☐ Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.
- ☐ Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.

Parent/Guardian:

Signature: _____

Date: _____

Comments: _____



End of Stage 4

Documentation for Medical Clearance

This form is to be provided to students who have completed the Return to School/Learn (RTS) Stage 4b and Return to Physical Activity (RTPA) Stage 4 (consult the School Concussion Management Plan below). Student must be medically cleared by a medical doctor/nurse practitioner prior to moving on to full participation in non-contact physical activities and full contact practices (RTPA Stage 5).

Student Name: _____ Date: _____

I have examined this student and confirm they are medically cleared to participate in the following activities:

- Full participation in Physical Education classes
- Full participation in Intramural physical activities (non-contact)
- Full participation in non-contact Interschool Sports (practices and competition)
- Full-contact training/practice in contact Interschool Sports Other

comments:

Medical Doctor/Nurse Practitioner

In rural or northern regions, the Medical Clearance Letter may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner. Forms completed by other licensed healthcare professionals will not be accepted.

Name: _____

Signature: _____

Date: _____

*** This document should be accompanied by a Doctor's Note**

End of Stage 4
Documentation for Medical Clearance (page 2)

School Concussion Management Plan Summary

What if symptoms recur? A student who has received Medical Clearance and has a recurrence of symptoms or new symptoms appear, must immediately remove themselves from play, and inform their parent/guardian/teacher/coach, and return to medical doctor or nurse practitioner for Medical Clearance reassessment before returning to physical activity.

School Concussion Management Plan

Return to School/Learn (RTS) Stages	Return to Physical Activity (RTPA) Stages
Each stage must last a minimum of 24 hours.	Each stage must last a minimum of 24 hours.
<p style="text-align: center;"><u>RTS - Stage 3a</u></p> <p>Student begins with an initial time at school of 2 hours.</p> <p>The individual RTS Plan is developed by Collaborative Team following the student conference and assessment of the student's individual needs determining possible strategies and/or approaches for student learning.</p>	<p style="text-align: center;"><u>RTPA -Stage 3</u></p> <p>Simple locomotor activities/sport-specific exercise to add movement.</p>
<p style="text-align: center;"><u>RTS - Stage 3b</u></p> <p>Student continues attending school half time with gradual increase in school attendance time, increased school work, and decrease in learning strategies and/or approaches.</p>	

End of Stage 4
Documentation for Medical Clearance (page 3)

School Concussion Management Plan Summary (con't)

<p style="text-align: center;"><u>RTS- Stage 4a</u></p> <p>Full days school, minimal adaptation of learning strategies and/or approaches. Nearly normal workload.</p>	<p style="text-align: center;"><u>RTPA -Stage 4</u></p> <p>Progressively increase physical activity. Non- contact training drills to add coordination and increased thinking.</p>
<p style="text-align: center;"><u>RTS - Stage 4b</u></p> <p>At school: full day, without adaptation of learning strategies and/or approaches.</p>	<p style="text-align: center;"><u>Before progressing to RTPA Stage 5, the student must:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> have completed RTS Stage 4a and 4b (full day at school without adaptation of learning strategies and/or approaches <input type="checkbox"/> have completed RTPA Stage 4 and be symptom-free, and obtain signed Medical Clearance from a medical doctor or nurse practitioner.
	<p style="text-align: center;"><u>RTPA-Stage 5</u></p> <p>Following medical clearance, full participation in all non-contact physical activities (i.e., non-intentional body contact) and full contact training/practice in contact sports.</p>
	<p style="text-align: center;"><u>RTPA - Stage 6</u></p> <p style="text-align: center;">Unrestricted return to contact sports</p>



STAGE 5 – RETURN TO SCHOOL/LEARN / RETURN TO PHYSICAL ACTIVITY

APPENDIX B

Return to School/Learn (RTS) Stages	Return to Physical Activity (RTPA) Stages
	<p><u>RTPA–Stage 5</u> Following medical clearance, full participation in all non-contact physical activities (i.e., non-intentional body contact) and full contact training/practice in contact sports.</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none">✓ Physical Education✓ Intramural programs✓ Full contact training/practice in contact interschool sports <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none">✗ Competition (e.g., games, meets, events) that involves body contact
	<p><u>School</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Student has successfully completed the applicable physical activities in RTPA Stage 5.<input type="checkbox"/> Stage 5 PTPA plan sent home <p>School Initial (e.g., collaborative team lead/designate): _____</p> <p>Date: _____</p>
	<p><u>Home</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Student has not exhibited or reported a return of symptoms or new symptoms.<input type="checkbox"/> Student has exhibited or reported a return of symptoms or new symptoms and must return to medical doctor or nurse practitioner for Medical Clearance reassessment.<input type="checkbox"/> Stage 5 RTPA plan sent back <p>Parent/Guardian Signature: _____</p> <p>Date: _____</p> <p>Comment: _____</p>

**STAGE 6 – RETURN TO SCHOOL/LEARN / RETURN TO PHYSICAL ACTIVITY**

Return to School/Learn (RTS) Stages	Return to Physical Activity (RTPA) Stages
	<p style="text-align: center;"><u>RTPA - Stage 6</u></p> <p>✓ Unrestricted return to contact sports. Full participation in contact sports games/competitions</p>
	<p><u>School</u></p> <p><input type="checkbox"/> Student has successfully completed full participation in contact sports.</p> <p><input type="checkbox"/> Stage 6 RTPA plan sent home.</p> <p>School Initial (e.g., collaborative team lead/designate): _____</p> <p>Date: _____</p>
	<p><u>Home</u></p> <p><input type="checkbox"/> Student has not exhibited or reported a return of symptoms or new symptoms.</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms or new symptoms and must return to medical doctor or nurse practitioner for Medical Clearance reassessment.</p> <p><input type="checkbox"/> Stage 6 RTPA plan sent back to school for documentation purposes</p> <p>Parent/Guardian Signature: _____</p> <p>Date: _____</p> <p>Comment: _____</p>

APPENDIXES

TCDSB FORMS



ONLY FORMS PROVIDED BY TCDSB ARE TO BE USED

APPENDIX 1

ATHLETE PERMISSION FORM



**TCDSB Permission Form for Athletic Activities**

SCHOOL: _____ Date: _____

Teacher(s)/Coach(es) in charge _____

Principal Signature: _____

Dear Parent/Guardian, your child has expressed an interest in trying out for and/or participating in

_____.

Before participating we require (provided in this package):

- a) a signed Permission/Consent Form
- b) a signed Acknowledgement of Concussion Education
- c) a completed Student Health & Safety Medical Information Form

ACTIVITY INFORMATION

Practice Times & Location	
Game/Tournament Date(s), Time(s), and Location(s)	
Transportation to/from games/tournaments	

ELEMENTS OF RISK***ELEMENTS OF RISK NOTICE***

The risk of injury exists in every athletic activity. However, due to the very nature of some activities, the risk of injury may increase. Injuries may range from minor sprains and strains to more serious injuries. These injuries result from the nature of the activity and can occur without fault on either the part of the student, the school board or its employees/agents or the facility where the activity is taking place. The safety and well-being of students is a prime concern and attempts are made to manage, as effectively as possible, the foreseeable risks inherent in physical activity. Please call the school to discuss safety concerns related to any physical activity in which your child/ward is participating.

Student Accident Insurance Notice:

The Toronto Catholic District School Board does not provide any accidental death, disability, dismemberment/medical/dental expense insurance for student participation in school sponsored activities (e.g., curricular, intramural and interschool). For insurance coverage of injuries, parents/guardians are encouraged to consider a Student Accident Insurance Plan from an insurance company of their choice.

I acknowledge and have read the Elements of Risk and Student Accident Insurance notice.

Parent/Guardian Signature: _____ Date: _____

CONCUSSIONS:

APPENDIX B

Toronto Catholic District School Board concussion policy and procedures will be followed if a student sustains a hit or blow to the head or body and shows signs and/or symptoms of concussion. Please be advised that your child will be removed from the activity and you will be asked to seek medical attention (i.e. medical doctor or nurse practitioner) for your child/ward if signs and/or symptoms of concussion occur. If Red Flag signs/symptoms are present coach/teacher/convenor/event organizer will call 911. Concussion information for parents/guardians and students is available on the TCDSB website under Health and Physical Education.

You are advised, along with your child, to review the ***Heads Up Concussion Information Sheet*** (attached)

For a diagnosed concussion that occurs as a result of activity outside of the school setting, you must inform the school principal as soon as possible.

You are advised to be aware of:

- the dangers of participating with a concussion;
- the TCDSB concussion policy; and
- the importance of encouraging the ethical values of fair play and respect for opponents.

Athlete: I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete Name Printed: _____

Date: _____ Athlete Signature: _____

Parent: I have read the Heads Up Concussion Information sheet and/or the TCDSB Concussion Guideline Power Point provided on the TCDSB Board website with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent/Guardian Name Printed: _____

Date: _____ Parent/Guardian Signature: _____

PERMISSION TO PARTICIPATE:

I give permission for my child/ward to participate in tryouts and training for _____

If my child should be successful in making the team I give permission for my child to participate in games/tournaments; and travel to/from these games/tournaments as indicated on the activity information section of this form. **If an alternate travel, accommodation or activity plan for your child has been made, list details on a separate sheet and sign that your permission is given for these changes.**

Parent/Guardian Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION (Please Print)

Name _____ Relationship to Child _____

Cell # _____ Work/Home # _____

Name _____ Relationship to Child _____

Cell # _____ Work/Home # _____



TORONTO CATHOLIC DISTRICT SCHOOL BOARD STUDENT'S HEALTH AND SAFETY INFORMATION FORM

The information on this form is collected under the authority of the Education Act, R.S.O. 1991, Section 170(1) and will be used for administration of school excursions and in the event of a medical emergency. If you have any questions regarding the collection or use of this information, please contact the school Principal.

School Name: _____

Name of Child: _____ Date of Birth: _____ Sex: _____
Last Name First Name Y- M- D M or F

Student's Home Address: _____
Number Street City Postal Code

Student's Home Phone Number: _____

Father's (Guardian's) Name: _____

Father's (Guardian's) Address: _____
 (If different from student's)

Place of Employment: _____ Phone: _____

Mother's (Guardian's) Name: _____

Mother's (Guardian's) Address: _____
 (If different from student's)

Place of Employment: _____ Phone: _____

Family Doctor: _____ Phone: _____

Does your child have any special condition which must or should be taken into consideration in his/her participation in a full academic and physical program?

Allergy: ☐insect ☐plant ☐food ☐drug ☐other _____

Asthma: _____

Blood Type (if known): _____

Diabetes: _____

Epilepsy: _____

Feet or Legs: _____

Heart: _____

Skin: _____

Previous Concussion (date): _____

Details of Concussion: _____



TORONTO CATHOLIC DISTRICT SCHOOL BOARD **STUDENT'S HEALTH AND SAFETY INFORMATION FORM**

Recent illness or operation:

Other:

Does your child carry any medication for the above-mentioned condition(s)? If so, please give details: (e.g. Epi Pen © or Allerject®?)

Does your child carry an EpiPen® or Allerject®? Yes ☐ No ☐

Has he/she any drug allergy or sensitivity? If so, please give details:

Has he/she any serum sensitivity? If so, please give details:

Date of last tetanus shot (if known): _____

If there are any medical details that you feel might be of some assistance to the teacher to ensure the safety of your child, please contact the teacher at school or use the space below to inform the teacher of these details.

Signature of Parent or Guardian

(or student over the age of 18 years or students 16 or 17 years old who have withdrawn from parental control)

Date

Signature of Teacher-in-charge of Excursion

Date

APPENDIX 2

CONCUSSION CODE OF CONDUCT



CONCUSSION CODE OF CONDUCT PLEDGE

As a coach/teacher/athletic supervisor I will:

- **Educate my student athletes about the seriousness of concussions and the signs and symptoms of concussions.**
- **Educate my student athletes about the importance of SPEAKING UP when experiencing any signs or symptoms of a concussion.**
- **Promise my student athletes I will never ask them to play if they are injured and/or are experiencing signs or symptoms of concussion.**
- **Encourage my student athletes to inform me if they suspect a team mate to have a concussion.**
- **Teach safe contact skills during practice prior to competition and demonstrate respect for the mutual safety of fellow athletes.**
- **Be a role model for my student athletes, always demonstrating sportsmanship, fair play and Christian values.**

I, the student athlete, will:

- **Learn the signs and symptoms of concussions.**
- **Speak up if I am experiencing any signs or symptoms of concussions and TELL my Teacher/Coach/Supervisor.**
- **Speak up if my fellow classmate/teammate and/or opponent is experiencing any signs or symptoms of concussions.**
- **Not play injured or return to play from an injury too soon.**
- **Never pressure a fellow teammate to play injured or to return to play from an injury too soon.**
- **Be a role model who always demonstrates sportsmanship, fair play and Christian values.**

I, the student athlete's parent/guardian, will:

- **Learn the signs and symptoms of concussions using the TCDSB Concussion Guideline PowerPoint and/or *Heads Up* information in the TCDSB Concussion Protocol.**
- **Encourage my child/teen to speak up if he/she is experiencing any signs or symptoms of concussions and to tell his/her Teacher/Coach/Supervisor.**
- **Encourage my child/teen to speak up if his/her fellow classmate/teammate and/or opponent is experiencing any signs or symptoms of concussions.**
- **Remove my child/teen from the game/activity if he/she is showing signs or symptoms of concussion.**
- **Be a role model who always demonstrates the importance of sportsmanship, fair play and Christian values.**

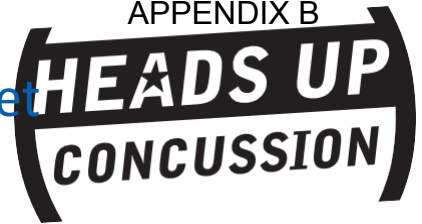
APPENDIX 3

HEADS UP CONCUSSION INFORMATION SHEET



CONCUSSION Information Sheet

APPENDIX B



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - Work with their coach to teach ways to lower the chances of getting a concussion.
 - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - Ensure that they follow their coach's rules for safety and the rules of the sport.
 - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to* or *after* a hit or fall.

Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that

it's better to miss one game than the whole season.



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

Concussions affect each child and teen differently. While most children and

teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

> Children and teens who continue to play while

having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen Return to School/Learn. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's Return to School/Learn and sports should be a gradual process that is carefully managed and monitored by a health care provider.

Revised 5/2015



To learn more, go to
www.cdc.gov/HEADSUP

You can also download the CDC [HEADS UP](#) app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

APPENDIX 4

CONCUSSION RECOGNITION TOOL AND GUIDELINES



CONCUSSION RECOGNITION TOOL 5[©]

To help identify concussion in children, adolescents and adults



FIFA®

Supported by



RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS — CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/ burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

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STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More Irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

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What is a concussion?

A concussion is a brain injury that cannot be seen on routine X-rays, CT scans, or MRIs. It affects the way an athlete may think and remember things, and can cause a variety of symptoms.

What are the signs and symptoms of a concussion?

An athlete does not need to be knocked out (lose consciousness) to have had a concussion. The athlete might experience one or more of the following:

Thinking Problems	Athlete's Complaints	Other Problems
<ul style="list-style-type: none"> Does not know time, date, place, period of game, opposing team, score of game General confusion Cannot remember things that happened before and after the injury Knocked out 	<ul style="list-style-type: none"> Headache Dizziness Feeling dazed Feeling "dinged" or stunned; "having my bell rung" Seeing stars, flashing lights Ringing in the ears Sleepiness Loss of vision Seeing double or blurry vision Stomachache, stomach pain, nausea 	<ul style="list-style-type: none"> Poor co-ordination or balance Blank stare/glassy-eyed Vomiting Slurred speech Slow to answer questions or follow directions Easily distracted Poor concentration Strange or inappropriate emotions (i.e., laughing, crying, getting mad easily) Not playing as well

Get medical help immediately if an athlete has any "red flag" symptoms such as neck pain, repeated vomiting, growing confusion, seizures, and weakness or tingling in their arms or legs. These may be signs of a more serious injury.



What causes a concussion?

Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion (e.g., a ball to the head, being checked into the boards).

What should I do if I think an athlete might have a concussion?

In all suspected cases of concussion, the athlete should stop playing right away. Continuing to play increases their risk of more severe, longer-lasting concussion symptoms, as well as increases their risk of other injury.

The [Concussion Recognition Tool 5](#) (CRT5) can be used by anyone to help recognize the signs and symptoms of a possible concussion.

The athlete should not be left alone and should be seen by a doctor as soon as possible that day. They should not drive.

If the athlete loses consciousness, call an ambulance to take them to the hospital right away. Do not move them or remove any equipment such as a helmet.

The athlete should not return to play the same day.

How long will it take for the athlete to get better?

The signs and symptoms of a concussion usually last for one to four weeks, but may last longer. In some cases, it may take many weeks or months to heal. If the athlete has had a previous concussion, they may take longer to heal.

If the athlete's symptoms are persistent (i.e., last longer than two weeks in adults or longer than four

weeks in youth under 18 years old) they should be referred to a healthcare professional who is an expert in the management of concussion.

How is concussion treated?

After an initial short period of rest (24 to 48 hours), light cognitive and physical activity can begin, as long as these don't worsen symptoms.

As the athlete is recovering from concussion, they should not do any activities that may make their symptoms worse. This might mean limiting activities such as exercising, driving, and screen time on their phone or other devices.

Recovering from concussion is a process that takes patience. Going back to activities before the athlete is ready is likely to make their symptoms worse, and their recovery may take longer.

When should the athlete go to the doctor?

Anyone with a possible head injury should be seen by a doctor as soon as possible.

The athlete should go back to the doctor immediately if, after being told they have a concussion, they have worsening symptoms, such as:

- being more confused
- headache that is getting worse
- vomiting more than twice
- not waking up
- having any trouble walking
- having a seizure
- strange behaviour

When can the athlete Return to School?

On average, students with concussion miss one to four days of school. Each concussion is unique, so the athlete may progress at a different rate than others.

The [Return-to-School Strategy](#) provides information on the stages of returning to the classroom. **Return to School must come before full return to sport.**

When can the athlete return to sport?

It is very important that an athlete not go back to full participation in sport if they have any concussion signs or symptoms. Return to sport and physical activity must follow a step-wise approach.

In this approach:

- Each stage is at least 24 hours.
- The athlete moves on to the next stage when they can tolerate activities without new or worsening symptoms.
- If any symptoms worsen, the athlete should stop and go back to the previous stage for at least 24 hours.

Stage 1: After an initial 24 to 48 hours of rest, light cognitive and physical activity can begin, as long as these don't worsen symptoms. The athlete can start with daily activities such as moving around the home and simple chores, such as making their bed.

Stage 2: Light aerobic activity such as walking or stationary cycling, for 10 to 15 minutes. The athlete shouldn't do any resistance training or other heavy lifting.

Stage 3: Individual sport-specific exercise with no contact for 20 to 30 minutes (e.g., running, throwing). The athlete shouldn't do any resistance training.

Stage 4: Begin practicing with no contact (no checking, no heading the ball, etc.). Add in more challenging drills. Start to add in resistance training.

Stage 5: Participate in practice with contact, once cleared by a doctor.

Stage 6: Full game play or competition.

The [Return-to-Sport Strategy](#) provides more information on the stages of returning to sport.

An athlete should never return to sport until cleared by a doctor!

Returning before full recovery from concussion puts athletes at higher risk of sustaining another concussion, with symptoms that may be more severe and last longer.

Additional Resources

Return-to-School Strategy

<http://horizon.parachutecanada.org/en/article/parachutes-return-to-learn-protocol>

Return-to-Sport Strategy

<http://horizon.parachutecanada.org/wp-content/uploads/2017/06/Concussion-ReturnToSport.pdf>

Canadian Guideline on Concussion in Sport

<http://www.parachutecanada.org/guideline>

Concussion: Baseline Testing

<http://www.parachutecanada.org/downloads/injurytopics/BaselineTesting-FactSheet-Parachute.pdf>

Making Headway eLearning (Coaching Association of Canada)

<https://coach.ca/making-head-way-concussion-elearning-series-p153487&language=en>



What is a concussion?

A concussion is a brain injury that cannot be seen on routine X-rays, CT scans, or MRIs. It affects the way a student may think and remember things, and can cause a variety of symptoms.

What are the signs and symptoms of a concussion?

A student does not need to be knocked out (lose consciousness) to have had a concussion. The student might experience one or more of the following:

Thinking Problems	Student's Complaints	Other Problems
<ul style="list-style-type: none"> Does not know time, date, place, details about a recent activity General confusion Cannot remember things that happened before and after the injury Knocked out 	<ul style="list-style-type: none"> Headache Dizziness Feels dazed Feels “dinged” or stunned; “having my bell rung” Sees stars, flashing lights Ringing in the ears Sleepiness Loss of vision Sees double or blurry Stomachache, stomach pain, nausea 	<ul style="list-style-type: none"> Poor co-ordination or balance Blank stare/glassy-eyed Vomiting Slurred speech Slow to answer questions or follow directions Easily distracted Poor concentration Strange or inappropriate emotions (i.e., laughing, crying, getting mad easily) Not participating well

Get medical help immediately if a student has any “red flag” symptoms such as neck pain, repeated vomiting, growing confusion, seizures, and weakness or tingling in their arms or legs. These may be signs of a more serious injury.



What causes a concussion?

Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion (e.g., a ball to the head, colliding with another person).

What should I do if I suspect a student has a concussion?

In all suspected cases of concussion, the student should stop the activity right away.

Continuing increases their risk of more severe, longer-lasting concussion symptoms, as well as increases their risk of other injury.

The [Concussion Recognition Tool 5](#) (CRT5) can be used by anyone to help recognize the signs and symptoms of a possible concussion.

The student should not be left alone and should be seen by a doctor as soon as possible that day. They should not drive.

If the student loses consciousness, call an ambulance to take them to the hospital right away. Do not move them or remove any equipment such as a helmet.

The student should not return to play the same day.

How long will it take for the student to get better?

The signs and symptoms of a concussion often last for one to four weeks but may last longer. In some cases, students may take many weeks or months to heal. If the student has had a concussion before, they may take longer to heal.

If the student's symptoms are persistent (i.e., last longer than four weeks in youth under 18 years old or last longer than two weeks in students aged 18

or older), they should be referred to a healthcare professional who is an expert in the management of concussion.

How is concussion treated?

After an initial short period of rest (24 to 48 hours), light cognitive and physical activity can begin, as long as these don't worsen symptoms.

As the student is recovering from concussion, they should not do any activities that may make their symptoms worse. This might mean limiting activities such as exercising, driving, and screen time on their phone or other devices. If mental activities (e.g., reading, using the computer) worsen the student's symptoms, they might have to stay home from school.

Recovering from concussion is a process that takes patience. If the student goes back to activities before they are ready, it is likely to make their symptoms worse, and their recovery might take longer.

When should the student go to the doctor?

Anyone with a possible head injury should be seen by a doctor as soon as possible.

The student should go back to the doctor immediately if, after being told they have a concussion, they have worsening symptoms, such as:

- being more confused
- headache that is getting worse
- vomiting more than twice
- not waking up
- having any trouble walking
- having a seizure
- strange behaviour

When can the student Return to School?

The student may find it hard to concentrate in class, may get a worse headache, or feel sick to their stomach. They should stay home from school if being in class makes their symptoms worse. Once they feel better, they can try going back to school part time to start (i.e., for half days) and if they are OK with that, then they can go back full time.

On average, students with concussion miss one to four days of school. Each concussion is unique, so the student may progress at a different rate than others.

The [Return-to-School Strategy](#) provides information on the stages of returning to the classroom. Return to School must come before full return to sport.

When can the student return to sport and physical activity?

It is very important that the student does not go back to full participation in sport if they have any concussion signs or symptoms. Return to sport and physical activity must follow a step-wise approach.

In this approach:

- Each stage is at least 24 hours.
- The student moves on to the next stage when they can tolerate activities without new or worsening symptoms.
- If any of the student's symptoms worsen, they should stop and go back to the previous stage for at least 24 hours.

Stage 1: After an initial 24 to 48 hours of rest, light cognitive and physical activity can begin, as long as these don't worsen symptoms. The student can start with daily activities like moving around the home and simple chores, such as making their bed.

Stage 2: Light aerobic activity such as walking or stationary cycling, for 10 to 15 minutes. The student

shouldn't do any heavy lifting or resistance training (e.g., bodyweight exercises, weight training).

Stage 3: Individual physical activity with no risk of contact for 20 to 30 minutes. The student can participate in simple, individual activities, such as going for a walk at recess or shooting a basketball. The student shouldn't do any resistance training.

Stage 4: Begin practicing with no contact (no checking, no heading the ball, etc.). Add in longer and more challenging physical activity. Start to add in resistance training (if appropriate for the student).

Get clearance from a doctor before moving on to Stages 5 and 6.

Stage 5: Participate in practice with contact, if the student plays a contact sport.

Stage 6: Full game play or competition.

The [Return-to-Sport Strategy](#) provides more information on the stages of returning to sport.

The student should never return to sport until cleared by a doctor!

Returning before full recovery from concussion puts the student at higher risk of sustaining another concussion, with symptoms that may be more severe and last longer.

Additional Resources

Return-to-School Strategy

<http://horizon.parachutecanada.org/en/article/parachutes-return-to-learn-protocol>

Return-to-Sport Strategy

<http://horizon.parachutecanada.org/wp-content/uploads/2017/06/Concussion-ReturnToSport.pdf>

Canadian Guideline on Concussion in Sport

<http://www.parachutecanada.org/guideline>



What is a concussion?

A concussion is a brain injury that cannot be seen on routine X-rays, CT scans, or MRIs. It affects the way a child may think and remember things, and can cause a variety of symptoms.

What are the signs and symptoms of a concussion?

Your child does not need to be knocked out (lose consciousness) to have had a concussion. Your child might experience one or more of the following:

Thinking Problems	Child's Complaints	Other Problems
<ul style="list-style-type: none"> Does not know time, date, place, details about a recent activity General confusion Cannot remember things that happened before and after the injury Knocked out 	<ul style="list-style-type: none"> Headache Dizziness Feels dazed Feels "dinged" or stunned; "having my bell rung" Sees stars, flashing lights Ringing in the ears Sleepiness Loss of vision Sees double or blurry Stomachache, stomach pain, nausea 	<ul style="list-style-type: none"> Poor co-ordination or balance Blank stare/glassy-eyed Vomiting Slurred speech Slow to answer questions or follow directions Easily distracted Poor concentration Strange or inappropriate emotions (i.e., laughing, crying, getting mad easily) Not participating well

It is harder for infants, toddlers, and preschoolers to communicate how they are feeling. If you have a young child, you might notice any of the following: crying more than usual; unsteady walking; lack of interest in favourite toys; changes in nursing, eating or sleeping patterns; or loss of new skills, such as toilet training.

Get medical help immediately if your child has any "red flag" symptoms such as neck pain, repeated vomiting, growing confusion, seizures, and weakness or tingling in their arms or legs. These may be signs of a more serious injury.



What causes a concussion?

Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion (e.g., a ball to the head, colliding with another person).

What should I do if I suspect my child has a concussion?

In all suspected cases of concussion, your child should stop the activity right away. Continuing increases their risk of more severe, longer-lasting concussion symptoms, as well as increases their risk of other injury.

The [Concussion Recognition Tool 5](#) (CRT5) can be used by anyone to help recognize the signs and symptoms of a possible concussion.

Your child should not be left alone and should be seen by a doctor as soon as possible that day.

If your child loses consciousness, call an ambulance to take them to the hospital right away. Do not move your child or remove any equipment such as a helmet.

Your child should not return to play the same day.

How long before my child gets better?

The signs and symptoms of a concussion often last for one to four weeks but may last longer. In some cases, children may take many weeks or months to heal. If your child has had a concussion before, they may take longer to heal.

If your child's symptoms are persistent (i.e., last longer than four weeks in youth under 18 years old), they should be referred to a healthcare professional who is an expert in the management of concussion.

How is concussion treated?

After an initial short period of rest (24 to 48 hours), light cognitive and physical activity can begin, as long as these don't worsen symptoms. A medical doctor, preferably one with experience managing concussions, should be consulted before beginning step-wise [Return-to-School](#) and [Return-to-Sport](#) Strategies.

As your child is recovering from concussion, they should not do any activities that may make their symptoms worse. This might mean limiting activities such as riding their bike, play wrestling, reading, working on the computer or playing video games.

Recovering from concussion is a process that takes patience. If your child goes back to activities before they are ready, it is likely to make their symptoms worse, and their recovery might take longer.

When should my child go to the doctor?

Anyone with a possible head injury should be seen by a doctor as soon as possible. If your child is diagnosed with a concussion, the doctor should schedule a follow-up visit within the next one to two weeks.

Take your child back to the doctor immediately if, after being told they have a concussion, they have worsening symptoms, such as:

- being more confused
- headache that is getting worse
- vomiting more than twice
- not waking up
- having any trouble walking
- having a seizure
- strange behaviour

When can my child Return to School?

Your child may find it hard to concentrate in class, may get a worse headache, or feel sick to their

stomach. Your child should stay home from school if being in class makes their symptoms worse. Once they feel better, they can try going back to school part time to start (i.e., for half days) and if they are OK with that, then they can go back full time.

On average, children with concussion miss one to four days of school. Each concussion is unique, so your child may progress at a different rate than others.

The [Return-to-School Strategy](#) provides information on the stages of returning to the classroom. Return to School/Learn must come before full return to sport.

When can my child return to sport and physical activity?

It is very important that your child does not go back to full participation in sport if they have any concussion signs or symptoms. Return to sport and physical activity must follow a step-wise approach.

In this approach:

- Each stage is at least 24 hours.
- Your child moves on to the next stage when they can tolerate activities without new or worsening symptoms.
- If any of your child's symptoms worsen, they should stop and go back to the previous stage for at least 24 hours.

Stage 1: After an initial 24 to 48 hours of rest, light cognitive and physical activity can begin, as long as these don't worsen symptoms. Your child can start with daily activities such as moving around the home and simple chores, such as making their bed.

Stage 2: Light aerobic activity such as walking or stationary cycling, for 10 to 15 minutes. Your child shouldn't do any heavy lifting or resistance training (e.g., bodyweight exercises, weight training).

Stage 3: Individual physical activity with no risk of contact for 20 to 30 minutes. Your child can participate in simple, individual activities, such as going for a walk at recess or shooting a basketball. Your child shouldn't do any resistance training.

Stage 4: Begin practicing with no contact (no checking, no heading the ball, etc.). Add in longer and more challenging physical activity. Start to add in resistance training (if appropriate for your child).

Get clearance from a doctor before moving on to Stages 5 and 6.

Stage 5: Participate in full practice with contact, if your child plays a contact sport.

Stage 6: Full game play or competition.

The [Return-to-Sport Strategy](#) provides more information on the stages of returning to sport.

Your child should not return to sport until cleared by a doctor!

Returning too soon before full recovery from concussion puts your child at higher risk of sustaining another concussion, with symptoms that may be more severe and last longer.

Additional Resources

Return-to-School Strategy

<http://horizon.parachutecanada.org/en/article/parachutes-return-to-learn-protocol>

Return-to-Sport Strategy

<http://horizon.parachutecanada.org/wp-content/uploads/2017/06/Concussion-ReturnToSport.pdf>

Canadian Guideline on Concussion in Sport

<http://www.parachutecanada.org/guideline>

Concussion: Baseline Testing

<http://www.parachutecanada.org/downloads/injurytopics/BaselineTesting-FactSheet-Parachute.pdf>



What is a concussion?

A concussion is a brain injury that cannot be seen on routine X-rays, CT scans, or MRIs. It affects the way you may think and remember things, and can cause a variety of symptoms.

What are the signs and symptoms of a concussion?

You do not need to be knocked out (lose consciousness) to have had a concussion. You might experience one or more of the following:

Thinking Problems	How You Might Feel	Other Problems
<ul style="list-style-type: none"> • Do not know time, date, place, period of game, opposing team, score of game • General confusion • Cannot remember things that happened before and after the injury • Knocked out 	<ul style="list-style-type: none"> • Headache • Dizziness • Feeling dazed • Feeling “dinged” or stunned; “having my bell rung” • Seeing stars, flashing lights • Ringing in the ears • Sleepiness • Loss of vision • Seeing double or blurry vision • Stomachache, stomach pain, nausea 	<ul style="list-style-type: none"> • Poor co-ordination or balance • Blank stare/glassy-eyed • Vomiting • Slurred speech • Slow to answer questions or follow directions • Easily distracted • Poor concentration • Strange or inappropriate emotions (i.e., laughing, crying, getting mad easily) • Not playing as well

Get medical help immediately if you have any “red flag” symptoms such as neck pain, repeated vomiting, growing confusion, seizures, and weakness or tingling in your arms or legs. These may be signs of a more serious injury.



What causes a concussion?

Any blow to your head, face or neck, or a blow to your body which causes a sudden jarring of your head may cause a concussion (e.g., a ball to the head, being checked into the boards).

What should I do if I think I might have a concussion?

You should stop playing right away. Continuing to play increases your risk of more severe, longer-lasting concussion symptoms, as well as increases your risk of other injury.

Tell a coach, parent, official, or other responsible person that you are concerned you might have a concussion. You should not be left alone and should be seen by a doctor as soon as possible that day. You should not drive.

If you lose consciousness, an ambulance should be called to take you to a hospital immediately.

Do not return to play the same day.

What should I do if I think my teammate might have a concussion?

If another athlete tells you about symptoms or if you notice signs they might have a concussion, tell a coach, parent, official or other responsible person. They should not be left alone and should be seen by a doctor as soon as possible that day.

If another athlete is knocked out, an ambulance should be called to take them to a hospital immediately.

How long will it take to get better?

The signs and symptoms of a concussion usually last for one to four weeks, but may last longer. In some cases, it may take many weeks or months to heal. If you have had a previous concussion, you may take longer to heal.

If your symptoms are persistent (i.e., last longer than four weeks if you're under 18 or last longer than two weeks if you're 18 or older) you should be referred to a healthcare professional who is an expert in the management of concussion.

How is concussion treated?

After an initial short period of rest (24 to 48 hours), light cognitive and physical activity can begin, as long as these don't worsen your symptoms.

As you're recovering from concussion, you should not do any activities that may make your symptoms worse. This might mean limiting activities such as exercising, driving, and screen time on your phone or other devices. If mental activities (e.g., reading, using the computer) worsen your symptoms, you might have to stay home from school or work.

Recovering from concussion is a process that takes patience. Going back to activities before you are ready is likely to make your symptoms worse, and your recovery may take longer.

When should I go to the doctor?

Anyone with a possible head injury should be seen by a doctor as soon as possible. If you are diagnosed with a concussion, your doctor should schedule a follow-up visit with you within the next one to two weeks.

You should go back to the doctor immediately if, after being told you have a concussion, you have worsening symptoms, such as:

- being more confused
- headache that is getting worse
- vomiting more than twice
- not waking up
- having any trouble walking
- having a seizure
- strange behaviour

When can I Return to School?

You may find it hard to concentrate in class, may get a worse headache, or feel sick to your stomach. You should stay home from school if being in class makes your symptoms worse. Once you feel better, you can try going back to school part-time to start (i.e., for half days) and if you are OK with that, then you can go back full time.

On average, students with concussion miss one to four days of school. Each concussion is unique, so you may progress at a different rate than other people you know.

The [Return-to-School Strategy](#) provides information on the stages of returning to the classroom. Remember, Return to School/Learn must come before full return to sport.

When can I return to sport?

It is very important that you do not go back to full participation in sport if you have any concussion signs or symptoms. Return to sport and physical activity must follow a step-wise approach.

In this approach:

- Each stage is at least 24 hours.
- Move on to the next stage when you can tolerate activities without new or worsening symptoms.
- If any symptoms worsen, stop and go back to the previous stage for at least 24 hours.

Stage 1: After an initial 24 to 48 hours of rest, light cognitive and physical activity can begin, as long as these don't worsen your symptoms. Start with daily activities like moving around your home and simple chores, such as making your bed.

Stage 2: Light aerobic activity such as walking or stationary cycling, for 10 to 15 minutes. Don't do any resistance training or other heavy lifting.

Stage 3: Individual sport-specific exercise with no contact for 20 to 30 minutes (e.g., running, throwing). Don't do any resistance training.

Stage 4: Begin practising with no contact (no checking, no heading the ball, etc.). Add in more challenging drills. Start to add in resistance training.

Stage 5: Participate in practice with contact, once cleared by a doctor.

Stage 6: Full game play or competition.

The [Return-to-Sport Strategy](#) provides more information on the stages of returning to sport.

Never return to sport until cleared by a doctor!

Returning to active play before full recovery from concussion puts you at higher risk of sustaining another concussion, with symptoms that may be more severe and last longer.

Additional Resources

Return-to-School Strategy

<http://horizon.parachutecanada.org/en/article/parachutes-return-to-learn-protocol>

Return-to-Sport Strategy

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Acknowledgements

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2018-19 Revisions Completed by:

Megan Ryan Lamothe – Health and Physical Education Resource Teacher

David Pagniello – Outdoor Education Resource Teacher



REPORT TO

GOVERNANCE AND POLICY
COMMITTEEUPDATE TO RELIGIOUS ACCOMODATION POLICY
(S. 22)

In my Father's house there are many dwelling places. If it were not so, would I have told you that I go to prepare a place for you? (John 14:12)

Created, Draft	First Tabling	Review
October 22, 2018	January 15, 2019	Click here to enter a date.

Peter Aguiar, Superintendent of Student Achievement and Wellbeing
Gina Iuliano Marrello, Superintendent of Student Success

RECOMMENDATION REPORT

Vision:

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

Mission:

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

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



Rory McGuckin
Director of Education

D. Koenig
Associate Director
of Academic Affairs

T. Robins
Acting Associate Director
of Planning and Facilities

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

A. EXECUTIVE SUMMARY

This report recommends updating the current Religious Accommodation Policy (S.22) to reformat in meta policy format and to reflect current practice.

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

B. PURPOSE

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

C. BACKGROUND

1. The Religious Accommodation Policy (S.22) was approved in December 2012 and has not been amended since.
2. Recently, arising from an Ontario Human Rights Tribunal case, the Simcoe Muskoka Catholic District School Board published its Practice and Procedure around Religious Education Exemptions. The TCDSB received this document on October 16, 2017 and, as recommended by the Ontario Catholic School Trustees' Association, the TCDSB reviewed the document and confirms that its own policies and procedures meet all statutory requirements.

D. EVIDENCE/RESEARCH/ANALYSIS

This policy has been amended in consultation with staff from the Student Success Department and the Legal Services Department.

E. METRICS AND ACCOUNTABILITY

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

F. IMPLEMENTATION

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

G. STAFF RECOMMENDATION

Staff recommends that the revised Religious Accommodation Policy (S.22) provided in Appendix A be adopted.



POLICY SECTION: Students

SUB-SECTION:

POLICY NAME: Religious Accommodation

POLICY NO: S. 22

Date Approved: December 4, 2012 - Board	Date of Next Review: December 2015 November 2023	Dates of Amendments:
Cross References: Catholic Equity and Inclusive Education Policy H.M. 24 Ontario Ministry of Education Policy/Program Memorandum 119, <i>Developing and Implementing Equity and Inclusive Education Policies in Ontario Schools</i> Constitution Act, 1867 (U.K.) Canadian Charter of Rights and Freedoms, being schedule B to the Canada Act 1982		
Appendix		

Purpose:

This Policy recognizes that religious accommodation provisions are designed to promote a respectful learning environment for all members of the Toronto Catholic District School Board (TCDSB) consistent with the exercise of the Board's denominational rights under section 93 of the Constitution Act, 1867, and as recognized in section 19 of the Ontario Human Rights Code. The policy identifies the types of accommodations schools can reasonably provide to students and outlines the conditions under which a student's religious beliefs would be accommodated.

Scope and Responsibility:

The policy extends to staff members, students and their families while in attendance at school or engaged at other TCDSB events. The Director of Education, with the assistance of Supervisory Officers and Principals, are responsible for this policy.



POLICY SECTION: Students

SUB-SECTION:

POLICY NAME: Religious Accommodation

POLICY NO: S. 22

Alignment with MYSP:

Living Our Catholic values

Strengthening Public Confidence

Fostering Student Achievement and Well-Being

~~Financial Impact:~~

~~Generally, there is no significant financial impact.~~

~~Legal Impact:~~

-

~~Policy/Program Memorandum 119 requires school boards to develop an equity and inclusive education policy which, among other things, includes a guideline on religious accommodation in accordance with the Ontario Human Rights Code.~~

Policy:

The TCDSB is committed to the values of freedom of religion and freedom from discriminatory or harassing behaviours based on religion, and will take reasonable steps to provide religious accommodations within the legal and denominational rights afforded the Catholic school system as per Section 93 of the Constitution Act of 1867 **and Section 29 of the Constitution Act, 1982**. Such accommodations will be provided to staff members, students and their families.

Regulations:

1. The TCDSB supports freedom of religion and an individual's right to manifest his or her religious beliefs and observances. The right to freedom is not absolute, and religious accommodation in TCDSB is carried out in the larger context of the Catholic education system and denominational rights of Catholic schools.



POLICY SECTION: Students

SUB-SECTION:

POLICY NAME: Religious Accommodation

POLICY NO: S. 22

2. The TCDSB will, at all times, seek to accommodate an individual's right to freedom of religion in a manner that not only respects the individual's beliefs, but the principles of the Catholic Church.
3. It is understood that all students registered in TCDSB schools acknowledge that the school community proclaims, celebrates and cherishes its Catholic identity and traditions and that staff will teach the curriculum from a Catholic perspective. At the same time, the school is enriched and is committed to providing an environment that is inclusive, safe and free of barriers based on religion.
4. In respect of religious accommodation, TCDSB acknowledges that all students, in accordance with what the Catholic Church offers in its social teachings and reflective practice, are entitled to their rights and responsibilities under the Ontario Human Rights Code.
5. TCDSB will work cooperatively and take all reasonable steps to provide accommodation to individual requests from students to facilitate his/her religious beliefs and practices.
6. Areas of religious accommodation include, but are not limited to:
 - a. school opening and closing exercises;
 - b. leave of absence for Religious Holy Days;
 - c. prayer;
 - d. dietary requirements;
 - e. fasting; religious dress;
 - f. modesty requirements in physical education; and
 - g. participation in daily activities and curriculum.
7. Chapels in Catholic schools are specifically designed and furnished in the Catholic tradition for prayer and liturgy, and are not to be considered multi-faith chapels. The chapel is open to all people for individual silent prayer or meditation, but it is not appropriate for non-Catholic liturgies or group prayer



POLICY SECTION: Students

SUB-SECTION:

POLICY NAME: Religious Accommodation

POLICY NO: S. 22

to be held in the chapel. In following the general custom of the Roman Catholic Church, non-Catholics are welcome to join in prayers services and liturgical celebrations of the Catholic Church community, while honouring restrictions, such as sharing Holy Communion.

8. Should the need arise, the principal, in consultation with the Chaplaincy team leader, will designate another appropriate space within the school other than a chapel for religious celebrations held by other Christian denominations or faith traditions.
9. Religious Accommodation with respect to elementary students will be made so that it applies to elementary schools consistent with the Admission Policy.

Definitions:

Constitution Act, 1867, Section 93

The ~~general~~ Act created the Dominion of Canada in 1867, and provided powers to the provinces to exclusively make laws for education. ~~Those denominational rights granted to separate (Catholic) schools prior to the Constitution Act would be guaranteed.~~ **The Act provides that no law may be enacted in Ontario which prejudicially affects any right or privilege with respect to Catholic schools.**

Ontario Human Rights Code, Section 19

While the Human Rights Code prohibits discrimination and provides equal treatment for all people in Ontario with respect to a number of categories, Section 19 recognizes that the Code will not be construed to adversely affect any right or privilege respecting separate schools enjoyed by separate school boards or their supporters under the constitution Act, 1867 and the Education Act.

Canadian Charter of Rights and Freedoms, 1982

Nothing in this Charter abrogates or derogates from any right or privilege guaranteed by or under the Constitution of Canada in respect of Catholic schools.



POLICY SECTION: Students

SUB-SECTION:

POLICY NAME: Religious Accommodation

POLICY NO: S. 22

Evaluation and Metrics:

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

1. Implementation of the religious accommodation policy is the responsibility of the school principal in consultation with the Area Superintendent.
2. ~~The consistent application of religious accommodation requests will be monitored and reported in an annual report to the Board of Trustees.~~ **Requests for religious accommodations will be monitored and reported to the Board annually.**
3. TCDSB staff will consult with other Catholic school boards in Ontario with respect to their implementation of religious accommodation policies.



REPORT TO

GOVERNANCE AND POLICY
COMMITTEE

UPDATE TO FRESH START POLICY (S.S.12)

*I am about to do a new thing; now it springs forth, do you not perceive it?
I will make a way in the wilderness and rivers in the desert. (Isaiah 43:19)*

Created, Draft	First Tabling	Review
October 22, 2018	January 15, 2019	Click here to enter a date.

Peter Aguiar, Superintendent of Student Success and Wellbeing, Area 4
Nadia Adragna, Principal, Safe Schools Department

RECOMMENDATION REPORT

Vision:

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

Mission:

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

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



Rory McGuckin
Director of Education

D. Koenig
Associate Director
of Academic Affairs

T. Robins
Acting Associate Director
of Planning and Facilities

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

A. EXECUTIVE SUMMARY

This Report recommends updating the current Fresh Start Policy (S.S.12) to reflect current practice, legal precedent and to reformat in meta policy format.

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

B. PURPOSE

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

C. BACKGROUND

1. The Fresh Start Policy was approved in March, 2018 and last updated in August, 2016.
2. Changes to this policy reflect current legal precedent.

D. EVIDENCE/RESEARCH/ANALYSIS

This policy has been amended in consultation with Safe Schools and Legal Services.

E. METRICS AND ACCOUNTABILITY

1. Recommendations in this report will be monitored by the Director, with the support of the Superintendent of Safe Schools and reported on in the Annual Safe Schools Report.
2. Further reports will be brought to the Board in accordance with the policy review schedule.

F. IMPLEMENTATION

1. The updated policy, and accompanying appendices, as approved will be posted on the TCDSB policy register.
2. All Principals will be in-serviced on changes to this policy at K-12 meetings by Legal Services and the Safe Schools Department.

G. STAFF RECOMMENDATION

Staff recommends that the revised Fresh Start Policy (S.S. 12) provided in Appendix A and the accompanying procedures provided in Appendix B, C and D, be adopted.



POLICY SECTION: SAFE SCHOOLS

SUB-SECTION:

POLICY NAME: FRESH START

POLICY NO: S.S. 12

Date Approved: March 26, 2008- Board	Date of Next Review: September 2020	Dates of Amendments: August 25, 2016-Board October 2018
Cross References: S.S. 01 Suspension and Expulsion Policy S.S. 04 Access to School Premises S.S. 13 Victim's Rights Policy Education Act Part XIII, Behaviour, Discipline and Safety Regulation 474/00, Education Act Program/Policy Memorandum 145, <i>Progressive Discipline and Promoting Positive Student Behaviour</i> "A Guide to Ontario Legislation Covering the Release of Students' Personal Information" (Privacy Commissioner) <i>Occupational Health and Safety Act</i>		
Appendix: A: Elementary Fresh Start Package B: Secondary Fresh Start Package C: Fresh Start Appeal Package		

Purpose

This Policy affirms the need for students to feel safe at school and to provide successful transitions for those students subject to a Fresh Start. All Fresh Starts will be facilitated with a balanced approach that incorporates fairness and equity. Successful Fresh Start transitions will promote safe and positive learning environments which are essential for student achievement and well-being.

Scope and Responsibility

The policy extends to all students of the TCDSB and assigns specific duties to principals and employees of the board to ensure compliance with the policy and legislation. The Director of Education, the Superintendent of Safe Schools, and school principals are responsible for this policy.



POLICY SECTION: SAFE SCHOOLS

SUB-SECTION:

POLICY NAME: FRESH START

POLICY NO: S.S. 12

Alignment with MYSP

Living Our Catholic values

Strengthening Public Confidence

Fostering Student Achievement and Well-Being

Policy

The TCDSB is committed to ensuring that all schools focus on the building of ~~healthy relationships, and a~~ safe, inclusive, and accepting learning environment rooted in the Ontario Catholic Graduate Expectations. **The purpose of this policy is to ensure that students and staff feel safe at school and that students who are subject to a Fresh Start are provided with a successful transition. A Fresh Start is a non-disciplinary administrative transfer to a new school to preserve school safety.**

~~A positive school climate is established when all aspects of the Code of Conduct Policy are respected. Successful transitions are predicated on fairness and equity and respect the social, spiritual, emotional and academic needs of all students. Guidelines and procedures are provided to students, parents, guardians and principals to ensure that all processes and outcomes are fair, equitable, and just.~~

Regulations

Secondary Panel:

- ~~1. All Fresh Starts will be coordinated by the principal of Monsignor Fraser College, St. Martin Campus (formerly the A.P.P.L.E. program).~~
- ~~2. All requests for Fresh Starts will be considered for approval by the superintendent of the school the student (initially) attends.~~
- ~~3. The Fresh Start administrator will decide the new location for a student based on the following criteria:~~
 - ~~a. Proximity to new school and change of home address.~~

- ~~b. Fair and equitable distribution of fresh start students~~
 - ~~c. Police or court order and conditions of bail or release~~
 - ~~d. Presence of student or staff victim or known potential conflict~~
 - ~~e. Charges dropped or pending~~
 - ~~f. Previous fresh starts and transfers~~
 - ~~g. Presence of academic and support staff~~
- ~~4. The sending Principal must notify the student and parent/guardian (if student is a minor) that a Fresh Start transition is being arranged. The sending Principal will also inform them of the new school information and the obligation of social work follow up as part of the process. The sending principal will also ensure that the *Fresh Start Acknowledgement Letter* and *Record of Fresh Start* documents are completed and filed accordingly.~~
- ~~5. The Receiving School will receive email from the Monsignor Fraser College, St. Martin Campus Administrator with all pertinent information including but not limited to a Credit Counselling Summary and details related to the reason for transition.~~
- ~~6. The Receiving School will reply to the Monsignor Fraser College, St. Martin Campus Administrator that a timetable will be produced to accommodate the best possible fit.~~
- ~~7. The receiving school principal will contact the student and parents for an intake meeting. The receiving school principal will ensure that the Ontario Student Record (OSR) is at the receiving school before the intake meeting.~~
- ~~8. At the intake meeting school regulations and expectations will be covered before placing the student in the new school. The mandatory social work follow up will be initiated at this meeting if a social work referral does not already exist. Additional supports and resources will be addressed, where applicable.~~
- ~~9. Prior to the student starting class, a local school based meeting will be held where teachers and other school staff that will have regular direct contact with the student will be provided with relevant information and appropriate strategies.~~

- ~~10. The receiving principal will ensure that the necessary academic, support staff and social work supports, including a *Transition Plan*, are in place, and that there is documentation to support this, including a checklist of critical documentation and steps.~~
- ~~11. The receiving principal will ensure that appropriate staff are advised in accordance with the *Occupational Health and Safety Act* (OHSA) requirements. Specifically, the Board recognizes Section 32.0.5(3) of the OHSA which states the employer's "duty to provide information, including personal information, related to a risk of workplace violence from a person with a history of violent behaviour if, (a) the worker can be expected to encounter that person in the course of his or her work; and (b) the risk of workplace violence is likely to expose the worker to physical injury."~~
- ~~12. If a student is Fresh Started more than once or was previously expelled, the student and the parent(s)/guardian(s) must meet with the area superintendent and/or Monsignor Fraser College, St. Martin Campus Administrator prior to transitioning to the new school placement.~~
- ~~13. The Fresh Start Administrator will keep central files of all moves covered by this section of the policy.~~
- ~~14. If a student is Fresh Started immediately preceding the end of a semester the sending principal will facilitate credit completion at the home school, the Fresh Start Administrator will keep central files of all moves covered by this section of the policy.~~

Elementary Panel:

- ~~1. All Fresh Starts will be coordinated by the Superintendent of the school currently attended by the student.~~
- ~~2. The Superintendent will decide the new location for a student based on the following criteria:
 - ~~a. Proximity to new school and change of home address~~~~

- ~~b. Fair and equitable distribution of fresh start students~~
 - ~~c. Police or court order and conditions of bail or release~~
 - ~~d. Presence of student or staff victim or known potential conflict~~
 - ~~e. Charges dropped or pending~~
 - ~~f. Previous fresh starts and transfers~~
 - ~~g. Presence of academic, CYW, special education and social work program~~
- ~~3. The Superintendent of the school currently attended by the student will contact the student and parent(s)/guardian(s) to inform them of the new school information and the obligation of social work follow up as part of the process. The Superintendent of the school currently attended by the student will also provide the Safe Schools Officer with details related to the Fresh Start. Safe Schools Officer will inform Monsignor Fraser College, St. Martin Campus Administrator.~~
- ~~4. The sending principal will ensure that the *Fresh Start Acknowledgement Letter* and *Record of Fresh Start* documents are completed and filed accordingly.~~
- ~~5. The receiving school principal will contact the student and parents for an intake meeting. The receiving school principal will ensure that the Ontario Student Record (OSR) is at the receiving school before the intake meeting.~~
- ~~6. At the intake meeting school regulations and expectations will be covered before placing the student in the new school. The mandatory social work follow up will be initiated at this meeting if a social work referral does not already exist. Additional supports and resources will be addressed, where applicable.~~
- ~~7. Prior to the student starting class, a local school based meeting will be held where teachers and other school staff that will have regular direct contact with the student will be provided with relevant information and appropriate strategies.~~
- ~~8. The receiving principal will ensure that the necessary academic, support staff and social work supports, including a *Transition Plan*, are in place, and that~~

~~there is documentation to support this, including a checklist of critical documentation and steps.~~

~~9. The receiving principal will ensure that appropriate staff are advised in accordance with the *Occupational Health and Safety Act*. Specifically, the Board recognizes Section 32.0.5(3) of the OHSA which states the employer's "duty to provide information, including personal information, related to a risk of workplace violence from a person with a history of violent behaviour if, (a) the worker can be expected to encounter that person in the course of his or her work; and (b) the risk of workplace violence is likely to expose the worker to physical injury."~~

~~10. The Superintendent with responsibility for Safe Schools will keep files of all moves covered by this section of the policy.~~

1. A Fresh Start is a non-disciplinary administrative transfer to a new school to preserve student and staff safety while at school or school related events. A Fresh Start may not be imposed as a form of discipline.

2. Fresh Starts can be imposed:

- a. in response to TCDSB Victims' Rights Policy (S.S.13);
- b. to assist the student with an undertaking or conditions agreed to by the student and/or student's parent/legal guardian; or
- c. in other circumstances to preserve school safety as approved by the superintendent of the student's school.

3. The *Education Act* provides that a student has the right to attend a school, but not the right to attend a particular school. When deciding on the new school location for a student, the following criteria will be considered:

- a. Distance from student's home to the new school;
- b. Availability of academic and social-emotional supports at the new school;
- c. Undertaking or conditions agreed to by the student and/or student's parent/legal guardian;
- d. Fair and equitable distribution of fresh start students amongst the schools of the Board;
- e. Previous school transfers of the Fresh Start Student;
- f. Presence of student or staff who were previously the victim of, or in conflict with, the Fresh Start Student;

4. A parent/guardian (or an adult student/student who has withdrawn from parental control) shall have the right to file an appeal of the fresh start decision as outlined in Appendix C hereto. The fresh start appeal must be filed in writing, within three (3) school days of receiving written notice of the fresh start, using the Notice of Intention to Appeal a Fresh Start Form and by sending this Form to the Safe Schools Officer.

Evaluation and Metrics

The effectiveness of the policy will ~~be determined by monitoring the following:~~
~~Safe Schools metrics will be shared by staff~~ **be reported to the Trustees** in the annual Safe Schools Report. ~~to Trustees.~~

APPENDIX A

Elementary Fresh Start Package

**Procedures for an Elementary School Fresh Start
&
Fresh Start/School Expulsion Checklist of Critical Steps Elementary**

Procedures for an Elementary School Fresh Start:

1. All Fresh Starts will be coordinated by the Superintendent of the school currently attended by the student.
2. All requests for Fresh Starts will be considered for approval by the superintendent of the school the student (initially) attends.
3. The Superintendent will decide the new location for a student based on the following criteria:
 - a. Distance from student's home to the new school;
 - b. Availability of academic and social-emotional supports at the new school;
 - c. Undertaking or conditions agreed to by the student and/or student's parent/legal guardian;
 - d. Fair and equitable distribution of fresh start students amongst the schools of the Board;
 - e. Previous school transfers of the Fresh Start Student;
 - f. Presence of student or staff who were previously the victim of, or in conflict with, the Fresh Start Student;
4. The Superintendent of the school currently attended by the student will contact the student and parent(s)/guardian(s) to inform them of the new school information and the obligation of social work follow-up as part of the process. The Superintendent of the school currently attended by the student will also provide the Safe Schools Officer with details related to the Fresh Start. Safe Schools Officer will inform Monsignor Fraser College, St. Martin Campus Administrator.
5. The sending principal will ensure that the *Fresh Start Acknowledgement Letter* and *Record of Fresh Start* documents are completed and filed accordingly.
6. The receiving school principal will contact the student and parents for an intake meeting in a timely manner. The receiving school principal will ensure that the Ontario Student Record (OSR) is at the receiving

school **before** the intake meeting.

7. At the intake meeting, school regulations and expectations will be covered before placing the student in the new school. The mandatory social work follow-up will be initiated at this meeting if a social work referral does not already exist. Additional supports and resources will be addressed, where applicable.
8. Prior to the student starting class, a local school based meeting will be held where teachers and other school staff that will have regular direct contact with the student will be provided with relevant information and appropriate strategies.
9. The receiving principal will ensure that the necessary academic, support staff and social work supports, including a *Transition Plan*, are in place, and that there is documentation to support this, including a checklist of critical documentation and steps.
10. The receiving principal will ensure that appropriate staff are advised in accordance with the *Occupational Health and Safety Act*. Specifically, the Board recognizes Section 32.0.5(3) of the OHSA which states the employer's "duty to provide information, including personal information, related to a risk of workplace violence from a person with a history of violent behaviour if, (a) the worker can be expected to encounter that person in the course of his or her work; and (b) the risk of workplace violence is likely to expose the worker to physical injury."
11. The Superintendent with responsibility for Safe Schools will **maintain a record of all Safe Schools transfers.** ~~keep files of all moves covered by this section of the policy.~~



Safe Schools Department **Fresh Start/School Expulsion** **Checklist of Critical Steps** **Elementary**

****Refer to Fresh Start/School Expulsion Flowchart for additional information.***

- ☐ Received communication from School Superintendent confirming Fresh Start transition
- ☐ Requested OSR from sending school

***Receiving school must be in possession of OSR prior to the intake meeting and OSR must be available to be consulted during intake meeting (PPM145)*

- ☐ Reviewed OSR to identify relevant information to support successful student transition.
- ☐ Engaged in an exchange of information with Principal (VP) of Sending School
- ☐ Determined classroom placement for student
- ☐ Arranged an in-take meeting at the Receiving School prior to the day or on the day the student is transferred
- ☐ Ensured the academic and social work supports, including a Transition Plan, are in place

***Transition Plan must also include considerations related to extra-curricular activities to ensure that at no time the student will be in contact with previous victim(s), witness(es), or co-accused. Should the student be a member of an extra –curricular team or club, the principal should contact the Safe Schools Department for further direction*

- ☐ **Prior to the student beginning classes**, met or spoke with teaching

and non- teaching staff that will have direct and regular contact with the student to review key information from the Intake Meeting and strategies to best support the student.

Informed teaching and non-teaching staff that they must treat any information about the student and the incident disclosed at the meeting as confidential.

APPENDIX B

Secondary Fresh Start Package

Procedures for a Secondary School Fresh Start

Fresh Start/School Expulsion Checklist of Critical Steps Secondary

Procedures for a Secondary School Fresh Start

1. All Fresh Starts will be coordinated by the principal of Monsignor Fraser College, St. Martin Campus.
2. All requests for Fresh Starts will be considered for approval by the superintendent of the school the student (initially) attends.
3. The Fresh Start administrator will decide the new location for a student based on the following criteria:
 - a. **Distance from student's home to the new school;**
 - b. **Availability of academic and social-emotional supports at the new school;**
 - c. **Undertaking or conditions agreed to by the student and/or student's parent/legal guardian;**
 - d. **Fair and equitable distribution of fresh start students amongst the schools of the Board;**
 - e. **Previous school transfers of the Fresh Start Student;**
 - f. **Presence of student or staff who were previously the victim of, or in conflict with, the Fresh Start Student;**
4. The sending Principal must notify the student and parent/guardian (if student is a minor) that a Fresh Start ~~transition~~ **transfer** is being **imposed** ~~arranged~~. The sending Principal will also inform them of the new school information and the obligation of social work follow-up as part of the process. The sending principal will also ensure that the *Fresh Start Acknowledgement Letter* and *Record of Fresh Start* documents are completed and filed accordingly.
5. The Receiving School will receive email from the Monsignor Fraser College, St. Martin Campus Administrator with all pertinent information including but not limited to a Credit Counselling Summary and details related to the reason for **the transfer**. ~~transition~~.
6. The Receiving School will reply to the Monsignor Fraser College, St. Martin Campus Administrator that a timetable will be produced to accommodate the best possible fit.

7. The receiving school principal will contact the student and parents for an intake meeting **in a timely manner**. The receiving school principal will ensure that the Ontario Student Record (OSR) is at the receiving school **before** the intake meeting.
8. At the intake meeting, school regulations and expectations will be covered **with the Fresh Start Student and parent/guardian** before placing the student in the new school. The mandatory social work follow-up will be initiated at this meeting if a social work referral does not already exist. Additional supports and resources will be addressed, where applicable.
9. Prior to the student starting class, a local school based meeting will be held **at which** ~~where~~ teachers and other school staff ~~that~~ **who** will have regular direct contact with the student will be provided with relevant information and appropriate strategies.
10. The receiving principal will ensure that the necessary academic, support staff and social work supports, including a *Transition Plan*, are in place, and that there is documentation to support this, including a checklist of critical documentation and steps.
11. The receiving principal will ensure that appropriate staff are advised in accordance with the *Occupational Health and Safety Act* (OHSA) requirements. Specifically, the Board recognizes Section 32.0.5(3) of the OHSA which states the employer's "duty to provide information, including personal information, related to a risk of workplace violence from a person with a history of violent behaviour if, (a) the worker can be expected to encounter that person in the course of his or her work; and (b) the risk of workplace violence is likely to expose the worker to physical injury."
12. If a student is Fresh Started more than once or was previously expelled, the student and the parent(s)/guardian(s) must meet with the area superintendent and/or ~~Monsignor Fraser College, St. Martin Campus Administrator~~ **Superintendent of Safe Schools** prior to **transferring** ~~transitioning~~ to the new school placement.

13. The Superintendent with responsibility for Safe Schools will **maintain a record of all Safe Schools transfers.** ~~The Fresh Start Administrator will keep central files of all moves covered by this section of the policy.~~
14. If a student is Fresh Started immediately preceding the end of a semester the sending principal will facilitate credit completion at the home school, negotiate completion with the receiving school or discuss completion of work and exams at another location. The student will begin attending the new school placement at the start of the new semester.



Safe Schools Department Fresh Start/School Expulsion Checklist of Critical Steps Secondary

****Refer to Fresh Start/School Expulsion Flowchart for additional information.***

- ☐ Received an e-mail containing relevant student information from Fresh Start Administrator
- ☐ Reviewed the e-mail and all information
- ☐ Requested OSR from sending school

*****Receiving school must be in possession of OSR prior to the intake meeting and OSR must be available to be consulted during intake meeting (PPM145)***

- ☐ Reviewed OSR to identify relevant information to support successful student transition
- ☐ Engaged in an exchange of information with Principal (VP) of Sending School
- ☐ Developed a student timetable for student
- ☐ Arranged an in-take meeting at the Receiving School prior to the day or on the day the student is transferred
- ☐ Ensured the academic and social work supports, including a Transition Plan, are in place

*****Transition Plan must also include considerations related to extra-curricular activities to ensure that at no time the student will be in contact with previous victim(s), witness(es), or co-accused. Should the student be a member of an extra-curricular team or club, the principal should contact the Safe Schools Department for further direction***

- ☐ **Prior to the student beginning classes**, met or spoke with teaching and non-teaching staff that will have direct and regular contact with the student to review key information from the Intake Meeting and strategies to best support the student

Informed teaching and non-teaching staff that they must treat any information about the student and the incident disclosed at the meeting as confidential.

APPENDIX C

FRESH START APPEAL PACKAGE

**Fresh Start Appeal Procedures
Secondary and Elementary Panel**

Fresh Start Appeal Meeting Guidelines

Fresh Start Appeal Procedures Secondary and Elementary Panel

- 1. A parent/guardian (or an adult student/student who has withdrawn from parental control) shall have the right to file an appeal of the Fresh Start.**
- 2. Upon receiving written notification that a Fresh Start has been issued, a parent/guardian or adult student must file an appeal, in writing, within three (3) school days, using the Notice of Intention to Appeal a Fresh Start Form and by sending this Form to the Safe Schools Officer.**
- 3. The Fresh Start Appeal Meeting will be held within seven (7) school days upon receipt of the Notice of Intention to Appeal a Fresh Start Form.**
- 4. The appeal will be heard by a panel of any two of the following three people: the Associate Director of Education (Academic), the Superintendent of Safe Schools, and the Superintendent of Human Resources (the “Panel”). If for any reason two of these staff members cannot be convened in time, then a centrally assigned Superintendent will take the place of the staff member(s) enumerated above in convening the Panel.**
- 5. The Fresh Start Appeal Meeting will conform to the Fresh Start Appeal Meeting Guidelines appended hereto.**
- 6. Upon completion of the Fresh Start Appeal Meeting, the Panel will have two (2) school days to issue a written decision. The decision of the Panel is final and is not subject to any further appeal.**
- 7. The *Statutory Powers Procedure Act* does not apply to a Fresh Start Appeal Meeting.**

Fresh Start Appeal Meeting Guidelines

The following is a guideline regarding the rules of procedure for an appeal of a Fresh Start.

- 1. If you decide to appeal the Fresh Start, what types of decisions can the Panel make?**

Following the Fresh Start Appeal Meeting, the Panel can make only one of the following decisions:

- Uphold the Principal's decision to impose a Fresh Start; or**
- Overturn the Principal's decision to impose a Fresh Start.**

- 2. How long do I have to file an appeal of a Fresh Start?**

Upon receiving written notification from the Principal/designate that a Fresh Start has been imposed, you have three (3) school days to file your appeal. You must use the Notice of Intention to Appeal a Fresh Start form, and the form must be filed with the Safe Schools Officer.

- 3. Who are the parties to the meeting?**

The parties to the meeting are:

- the parent/guardian of a student under the age of 18;**
- an adult student;**
- a student who is 16 or 17 years old and has withdrawn from parental control; and/or**
- the school principal/administration team.**

4. Can the student who has been issued a Fresh Start attend a meeting, even if he/she is not a party?

Yes. The student who has been issued a Fresh Start has the right to be present at the meeting and to make a statement on his or her behalf.

5. Does every party have a right to representation?

Yes. A party to a proceeding may be represented by counsel or an agent. Counsel is a lawyer. An agent may be a trusted family friend, a religious advisor or other person who can assist with the presentation of the case.

6. When will the Fresh Start Appeal Meeting be held?

The Fresh Start Appeal Meeting will be held within seven (7) school days after receipt of your Notice of Intention to Appeal a Fresh Start Form by the Safe Schools Officer.

7. Who hears the appeal?

- The appeal will be heard by a panel of any two of the following three people: the Associate Director of Education (Academic), the Superintendent of Safe Schools, and the Superintendent of Human Resources (the “Panel”).**
- If for any reason two of these staff members cannot be convened in time, then a centrally assigned Superintendent will take the place of the staff member(s) enumerated above in convening the Panel.**

8. What is the role of the Panel?

The Panel will hear and determine an appeal. Upon completion of the Fresh Start Appeal Meeting, the Panel will have two (2) school days to issue a decision. The decision of the Panel is final and is not subject to any further appeal.

9. Is there a requirement to provide disclosure?

Yes. Each party will attend the Meeting with copies of any documentation on which they intend to rely.

10. What is the order of presentation at the Meeting?

When the Panel hears an appeal of the decision to Fresh Start a student, the parent or adult student will proceed first in the presentation of evidence and submissions, and the principal will proceed second, unless the parties agree otherwise.

11. How will the Fresh Start appeal meeting be organized?

In hearing a Fresh Start appeal, the following guidelines will apply:

- (a) Five minute introduction of the parties and the Panel, with discussion on the issues to be addressed by the Panel;**
- (b) Ten minute presentation by the parent or adult student in presenting evidence and submissions on behalf of the student;**
- (c) Ten minute presentation by the principal in presenting evidence and submissions on behalf of the School; and**
- (d) Five minute questions and answers session by the Panel.**

12. What if translation or interpretation services are required?

If translation or interpretation services are required, the time limit in each step may be altered.

13. What will the Panel consider in making a decision?

The Panel will consider the representations made by the parties, as well as all relevant Board Policies, when making an appeal decision.

14. Will the Panel issue a decision in writing?

Yes. The Panel will issue a written decision two (2) days after completion of the meeting. A copy of the decision will be sent to all parties to the proceeding who took part in the meeting at their respective addresses last known to the Board. The Panel's decision is final and is not subject to any further right of appeal. The Appeal Meeting is not subject to the terms of the *Statutory Powers Procedure Act*.



REPORT TO

GOVERNANCE AND POLICY COMMITTEE

UPDATE TO COPYRIGHT AND FAIR DEALING POLICY (A.15)

Anyone, then, who knows the right thing to do and fails to do it, commits sin. (James 4:17)

Created, Draft	First Tabling	Review
10/22/2018	January 15, 2019	Click here to enter a date.

Lori DiMarco, Superintendent of Curriculum Leadership and Innovation
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.



Rory McGuckin
Director of Education

D. Koenig
Associate Director
of Academic Affairs

T. Robins
Acting Associate Director
of Planning and Facilities

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

A. EXECUTIVE SUMMARY

This report recommends updating the current Copyright and Fair Dealing Policy (S.22) to reformat in meta policy format and to comply with updated provincial and federal guidelines.

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

B. PURPOSE

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

C. BACKGROUND

1. The Copyright and Fair Dealing Guidelines Policy S. 22 was first approved in December, 2012 and has not been amended since.
2. Since it was first approved, *Copyright Matters!* has been updated and the Ontario government has issued *PPM 157 Use of Copyright-Protected Works for Education*. Revisions to this policy take into account these updated guidelines.

D. EVIDENCE/RESEARCH/ANALYSIS

This policy has been amended in consultation with staff from the Curriculum and Accountability Department and Legal Services.

E. METRICS AND ACCOUNTABILITY

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

F. IMPLEMENTATION

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

G. STAFF RECOMMENDATION

Staff recommends that the revised Copyright and Fair Dealing Policy (A.15) provided in Appendix A be adopted.

Date Approved: December 6, 2012 - Board	Date of Next Review: December 2015 November, 2023	Dates of Amendments:
Cross References: The Copyright Act (Revised Statutes of Canada, 1985) Council of Ministers of Education Canada Copyright Consortium: Fair Dealings Guidelines, 2012 Copyright Matters! (4th Edition, 2016) Ministry of Education Policy/Program Memorandum No.157 (June 21, 2013)		
Appendix		

Purpose:

~~This policy is required to ensure the Toronto Catholic District School Board's compliance with~~ **It is the policy of the Toronto Catholic District School Board to comply with** the *Fair Dealing Guidelines* as developed by the Council of Ministers of Education Canada (CMEC) Copyright Consortium.

Scope and Responsibility:

The policy outlines the conditions under which the Toronto Catholic District School Board can reproduce copyrighted resources under the provisions of *the Fair Dealing Guidelines* and the *Copyright Modernization Act*. The Director of Education, supported by principals and subject coordinators, is responsible for this policy.

Alignment with MYSP:

Fostering Student Achievement and Well-Being

Providing Stewardship of Resources

Strengthening **Enhancing** Public Confidence

Achieving Excellence in Governance

Policy:

The Toronto Catholic District School Board will comply with the *Fair Dealing Guidelines* as developed by the **Council of Ministers of Education Canada (CMEC) Copyright Consortium**. **The Toronto Catholic District School Board** and will communicate the *Fair Dealing Guidelines* to all school locations on an annual basis to ensure **that all staff** understanding of the obligations of the school board in accordance with the *Copyright Modernization Act*.

Financial Impact:

~~There is approximately an annual cost savings for TCDSB in the amount of \$500,000~~

Legal Impact:

~~There may be liability associated with failure to comply with the Fair dealing Guidelines and Copyright Modernization Act.~~

Regulations:

1. TCDSB Teachers, instructors, and staff members may communicate and reproduce, in paper or electronic form, short excerpts from a copyright-protected work for the purposes of research, private study, criticism, review, news reporting, education, satire and parody.

2. Copying or communicating short excerpts from a copyright-protected work, **under the *Fair Dealing Guidelines*, for the purposes of news reporting, criticism, or review** should mention the source and, if given in the source, the name of the author or creator of the work.
3. A single copy of a short excerpt from a copyright-protected work may be provided or communicated to each student enrolled in a class or course:
 - a. as a **class** handout;
 - b. **as a posting to a learning** ~~or an educational~~ course management system that is **password protected or otherwise** restricted to students of the **a** school;
 - c. as part of a course package of materials.
4. A short excerpt means:
 - a. up to 10 percent of a copyright-protected work (including a literary work, musical score, sound recording, and an audiovisual work);
 - b. one chapter from a book;
 - c. a single article from a periodical;
 - d. an entire artistic work (including a painting, print, photograph, diagram, drawing, map, chart, and plan) from a copyright-protected work containing other artistic works;
 - e. an entire newspaper article or page;
 - f. an entire single poem or musical score from a copyright-protected work containing other poems or musical scores;
 - g. an entire entry from an encyclopedia, annotated bibliography, dictionary, or similar reference work.
5. ~~TCDSB staff are prohibited from~~ Copying or communicating multiple short excerpts from the same copyright-protected work with the intention of copying or communicating substantially the entire work **is prohibited**.
6. Copying or communicating that exceeds the ~~prescribed~~ limits in the *Fair Dealing Guidelines* may be referred to a supervisor or other person designated by the TCDSB for evaluation. **An evaluation of whether the proposed copying or**

communication is permitted under fair dealing will be made based on all relevant circumstances. ~~based on all relevant circumstances.~~

7. Any fee charged by the TCDSB for communicating or copying a short excerpt from a copyright-protected work must be intended to cover only the costs of the institution, including overhead costs.

Definitions:

1. Copyright

~~The exclusive legal right to reproduce, publish and sell the matter and form of a literary musical or artistic work.~~

According to Canada's Copyright Act, copyright is "The sole right to produce or reproduce a work or any substantial part thereof in any material form, to perform the work or any substantial part thereof in public, or, if the work is unpublished, to publish the work or any substantial part thereof."

2. Fair Dealing

~~This provision permits use of a copyright-protected work without permission from the copyright owner or the payment of copyright royalties provided that the purpose is intended for research, private study, criticism, review, news reporting, education, satire, and parody. Further, these guidelines apply to fair dealing in non-profit K-12 schools and post-secondary educational institutions and provide reasonable safeguards for the owners of copyright-protected works in accordance with the Copyright Act and the Supreme Court decisions.~~

As per the Ministry of Education Policy/Program Memorandum No. 157 (June 21, 2013) Fair dealing is a user's right, that permits the use of a copyright-protected work for certain purposes, including for education, without obtaining permission and without paying a fee to the copyright owner.

~~3. Short Excerpt~~

~~A short excerpt means:~~

- ~~a. up to 10% of a copyright-protected work (including a literary work, musical score, sound recording, and an audiovisual work);~~
- ~~b. one chapter from a book;~~
- ~~c. a single article from a periodical;~~
- ~~d. an entire artistic work (including a painting, print, photograph, diagram, drawing, map, chart, and plan) from a copyright-protected work containing other artistic works~~
- ~~e. an entire newspaper article or page;~~
- ~~f. an entire single poem or musical score from a copyright-protected work containing other poems or musical scores;~~
- ~~g. an entire entry from an encyclopaedia, annotated bibliography, dictionary or similar reference work.~~

Evaluation and Metrics:

The effectiveness of the policy will be determined by measuring the following:
The Director of Education, supported by school principals and subject coordinators, shall ensure compliance.

GOVERNANCE AND POLICY COMMITTEE

PENDING LIST TO JANUARY 15, 2019

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

#	Date Requested & Committee/Board	Report Due Date	Destination of Report Committee/Board	Subject	Delegated To
5				Trustee Ward (All Wards)	
	Jan-2018 GAP	TBC	Board	That staff look at various lobbying policies of the City of Toronto and other school Boards and draft a lobbying policy for the TCDSB (Policy Priority Update January 2018)	Legal Counsel
6	Mar-2018 Regular Board	TBC	Governance and Policy	That the matter be referred to the Governance and Policy Committee (Photographing and Filming of Individuals at Board and Committee Meetings)	Legal Counsel
7	May-2018 Governance and Policy	TBC	Governance and Policy	Staff was requested to add the policy to the Governance and Policy Committee work plan for the development of an Omnibus policy (Update to School Events Communications and Invitee Protocols Policy (S.02).)	Legal Counsel
8	Jun-2018 Corporate Services	TBC	Governance and Policy	That the Pupil Accommodation Review Policy and Operating Procedures be referred to the Governance and Policy Committee to be updated to reflect changes to the Pupil Accommodation Review Guidelines with extensive community and Section E Implementation, Strategic Communications and	Legal Counsel

#	Date Requested & Committee/Board	Report Due Date	Destination of Report Committee/Board	Subject	Delegated To
				Stakeholder Engagement Plan (Ministry Memo 2018: B10 – Final Pupil Accommodation Review Guidelines and Updated on Integrated Planning and Supports for Urban Education)	
9	Sep-2018 Corporate Services	TBC	Governance and Policy	That the report be referred to the Governance and Policy Committee to develop an Identification Policy for staff of the Board and to undertake a survey (Staff Identification Badges)	Legal Counsel
10	Oct-2018 GAP	Feb-2019	Governance and Policy	<p>That the Director, or designate, engage in a consultation / dialogue with our union and non-union partners regarding wearing Identification (photo ID) tags to identify staff for safety and security reasons;</p> <p>That staff come back with the costing of plastic photo ID cards with name, for all staff who do not currently possess an access card; and</p> <p>That staff come back to the Committee with the results of the consultation by February 2019 (Staff Identification Badges)</p>	Director of Education

#	Date Requested & Committee/Board	Report Due Date	Destination of Report Committee/Board	Subject	Delegated To
11	Oct-2018 Corporate Services	TBC	Corporate Services	That the Consideration of Motion from Trustee Del Grande regarding Consistent Policy for Senior Kindergarten be referred to the Governance and Policy Committee	Legal Counsel
12	Oct-2018 Regular Board	TBC	Governance and Policy	<p>1) That all existing and new policies be reviewed to reflect the OHRC Accessible Education for Students with Disabilities Policy Document;</p> <p>2) That the Board's Special Education Plan be reviewed and updated to reflect the OHRC Accessible Education for Students with Disabilities Policy Document; and</p> <p>3) That the Board put a policy in place that will be reflective of the OHRC Accessible Education for Students with Disabilities Policy Document</p> <p>(SEAC Minutes, 2018-09-19, Item 9g) Ontario Human Rights Commission (OHRC) Policy Document Article on Special Education Inclusion)</p>	Legal Counsel/Associate Director of Academic Affairs

#	Date Requested & Committee/Board	Report Due Date	Destination of Report Committee/Board	Subject	Delegated To
13	Nov-2018 Special Board	TBC	GAP	That the Board request the review of the Director Performance Appraisal policy, including the challenges during an election year, by the Governance and Policy committee (Review of the Director Performance Appraisal)	Legal Counsel
14	Dec-2018 Student Achievement	TBC	GAP	That the policy regarding Combined Grade Classes be referred to the Governance and Policy Committee, to be dealt with this school year (Policy S.24 – Combined Grade Classes and September Reorganization for Elementary Schools)	Legal Counsel
15	Dec-2018 Student Achievement	TBC	GAP	That the cost of the International Program be reviewed by the Governance and Policy Committee (International Languages Elementary (ILE) Program)	Legal Counsel



REPORT TO

GOVERNANCE AND POLICY COMMITTEE

UPDATE TO GOVERNANCE AND POLICY 2018-2019 POLICY PRIORITY SCHEDULE

For everything there is a season, and a time for every matter under heaven (Ecclesiastes 3:1)

Created, Draft	First Tabling	Review
November 8, 2018	January 15, 2019	Click here to enter a date.

Peter Aguiar, Superintendent of Student Achievement and Wellbeing & Governance and Policy

INFORMATION REPORT

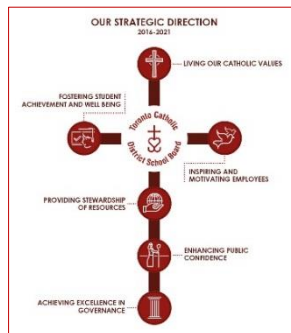
Vision:

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

Mission:

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

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



Rory McGuckin
Director of Education

D. Koenig
Associate Director
of Academic Affairs

T. Robins
Acting Associate Director
of Planning and Facilities

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

A. EXECUTIVE SUMMARY

This report recommends updating the Governance & Policy 2018-2019 Policy Priority Schedule to reflect the timing of policies for revision.

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

B. PURPOSE

There is a need to update the Governance & Policy 2018-2019 Policy Priority Schedule to include necessary changes, delays or new policies.

C. BACKGROUND

1. The Policy Priority Schedule (**Appendix B**) was distributed to, and reviewed by, members of the Governance and Policy Committee on the October 9, 2018.
2. The schedule provided in October was incomplete and only include a schedule for meetings from September to March.
3. The revised Policy Priority Schedule (**Appendix A**) reflects changes resulting from deferral of policies at previous meetings for a variety of reasons, as well as the distribution of staff workload and changing legislation.
4. The development of an omnibus policy dealing with invite for school events is on the pending list.
5. The Policy Priority Schedule (**Appendix A**) is fluid and subject to change arising from deferral of policies at Governance and Policy meetings, legislative requirements and unforeseen shifts in priorities.
6. Staff will update the electronic pending list in the newly created space on the Policy Register portal page.

D. CONCLUDING STATEMENT

This report is for the consideration of the Governance and Policy Committee.

Governance and Policy Committee 2018-19 Policy Priority Schedule

Month	Policy	Policy #
January	Alcohol and Other Drugs	S.S.03
	Concussion Policy	S.26
	Religious Accommodation	S.22
	Fresh Start	S.S. 12
	Copyright and Fair Dealing Guidelines	A.15
February	Victim's Rights	S.S.13
	Suspension and Expulsion Policy	S.S.01
	Filling a Trustee Vacancy	T. 18
	Trespass	S.S.14
	Smoke & Vapour Free Space	B.B.04
	AIDS (Acquired Immune Deficiency Syncrome)	H.M.17
March	Trustee Services & Expenditures	T.17
	Code of Conduct Policy	S.S.09
	Progressive Discipline	S.S.10
	Permits	B.R.05
	Environmental Practice--Waste Management and Purchasing	B.M.06
	Purchasing Policy	F.P.01
April	School Excursions	S.E.01
	Catholic Parent Involvement Committee	P.04
	Catholic School Parent Councils	S.10
	Communications Policy	A.37
	Good Neighbour	S.25

May	Bullying Prevention and Intervention	S.S.11
	Blessing and Official Opening of Schools	S.08
	Combined (Split) Grade Classes for Elementary Schools	S.24
	Elementary Admission and Placement Policy	S.A.01
	Elementary School Attendance Boundary Review Policy	S.A.03
June	Business Cards	A.17
	Guidelines for Trustees, Parents and Staff in Addressing School Related Concerns	A.33
	Freedom of Information and Privacy	A.38
	Video Security Surveillance	B.M.07

Policy Priority Review—2018-2019

***Trustee Code of Conduct policy O. Reg. 246/18 “Members of School Boards – Code of Conduct”*

***invite for school events omnibus policy to be considered by GAP in the fall*

September

Prevalent Medical Conditions	S.M.17
Provision of Requested Information to an Individual Trustee	T.15
Electronic Participation in Meetings of the Board, etc.	T.19
Filling a Trustee Vacancy	T.18
Whistleblower Policy	A.39
Employee Involvement in Municipal, Provincial and Federal Elections Policy	H.M.25
Access to Students In Schools Policy (P. Matthews and P. Aguiar)	S.S.04

October

Copyright (B. Shannon)	A.11
Access to Students In Schools Policy (P. Matthews and P. Aguiar)	S.S.04
Filling a Trustee Vacancy	T.18
Update to Fair Practice in Hiring and Promotion Policy	H.M.40

November

Code of Conduct Policy	S.S.09
Progressive Discipline	S.S.10
Victim's Rights	S.S.13
Suspension and Expulsion Policy	S.S.01
Smoke & Vapour Free Space (+other policies impacted)	B.B.04
Trustee Services And Expenditures	T.17
Alcohol and Other Drugs	S.S.03
Trespass (P. Matthews)	S.S.14
Concussion Policy (L. Di Marco)	S.26
Religious Accommodation (G. Iuliano-Marrello)	S.22
Fresh Start	S.S. 12
Copyright and Fair Dealing Guidelines (L. Di Marco)	A.15

Policy Priority Review—2018-2019**December**

Permits	B.R.05
Environmental Practice--Waste Management and Purchasing	B.M.06
Bullying Prevention and Intervention	S.S.11
Purchasing Policy	F.P.01

January

School Excursions	S.E.01
Catholic Parent Involvement Committee	P.04
Catholic School Parent Councils	S.10
Communications Policy	A.37

February

Blessing and Official Opening of Schools	S.08
Combined (Split) Grade Classes for Elementary Schools	S.24
Elementary Admission and Placement Policy	S.A.01
Elementary School Attendance Boundary Review Policy	S.A.03
Good Neighbour	S.25