

TORONTO CATHOLIC DISTRICT SCHOOL BOARD

PUBLIC AGENDA

REGULAR MEETING SPECIAL EDUCATION ADVISORY COMMITTEE WEDNESDAY, FEBRUARY 8, 2017

Marilyn Taylor, Chair
Community Representative

Rosanna Del Grosso
Association for Bright Children

Dario Imbrogno
Community Representative

John MacKenzie
FASWorld

Sandra Mastronardi
Autism Ontario

Ashleigh Molloy, Vice-Chair
AAIDD

Tyler Munro
Integration Action for Inclusion Representative

Gizelle Paine
LD Toronto Chapter Representative

Mary Pugh
VOICE for Hearing Impaired

Giselle Romanino
Community Representative

Raul Vomisescu
Community Living Toronto

Glenn Webster
Ontario Assoc. of
Families of Children
With Communication
Disorders

Trustee Members

Ann Andrachuk

Angela Kennedy

Garry Tanuan

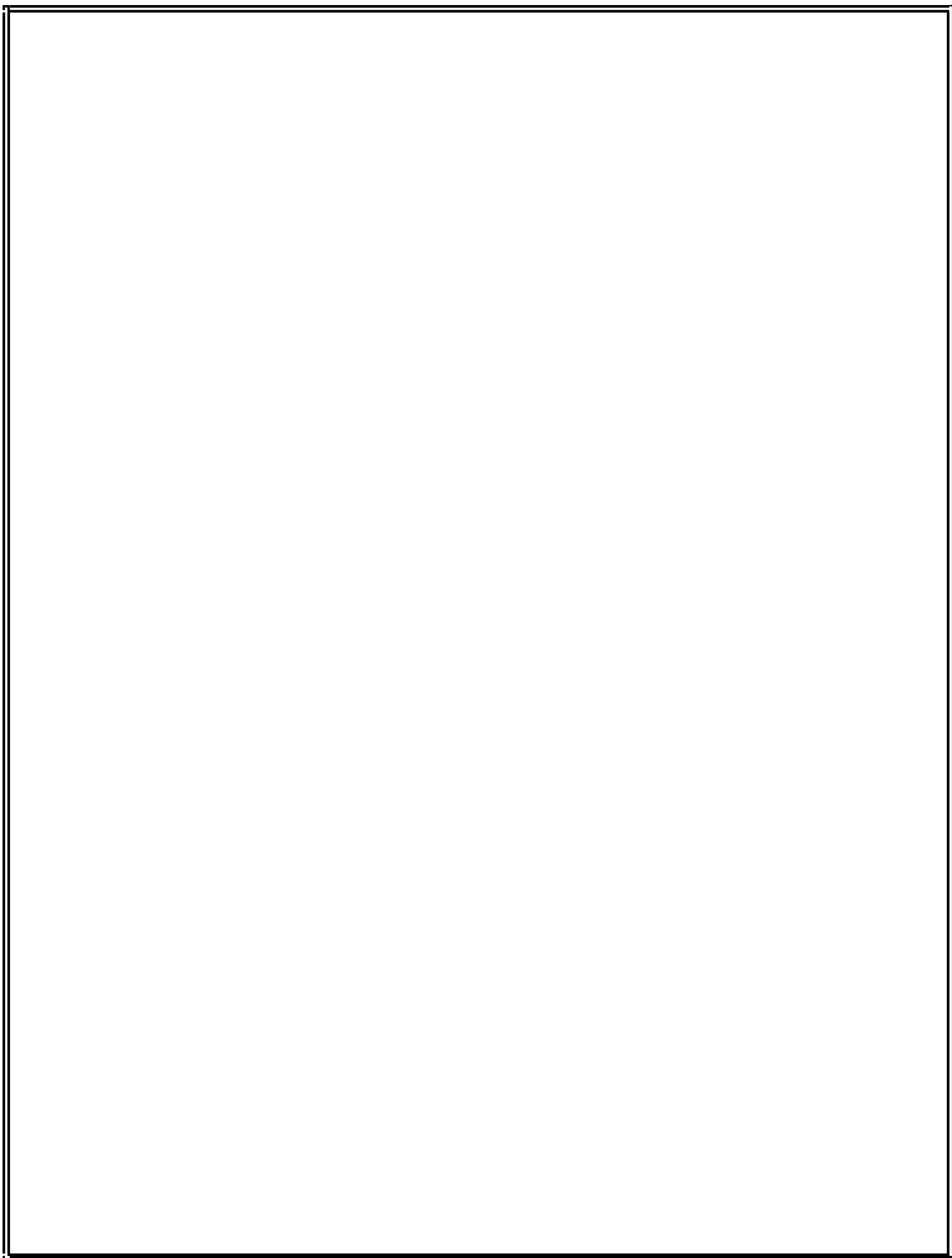


Recording Secretary: Sophia Harris 416-222-8282 Extension 2298
Asst. Recording Secretary: 416-222-8282 Extension 2293

**In a school community formed by Catholic beliefs and traditions,
our Mission is to educate students to their full potential.**

Angela Gauthier
Director of Education

Angela Kennedy
Chair of the Board



OUR MISSION

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

OUR VISION

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



AGENDA THE REGULAR MEETING OF THE SPECIAL EDUCATION ADVISORY COMMITTEE

PUBLIC SESSION

Wednesday, February 8, 2017
7:00 P.M.

	Pages
1. Roll Call & Apologies	
2. Approval of the Agenda	
3. Declarations of Interest	
4. Approval & Signing of the Minutes of the Meeting held January 11, 2017 For Public Session	1 - 10
5. Delegations	
6. Presentations	
6.a Transportaton for Special Needs Students (Verbal Report)	
7. Unfinished Business	
8. Notices of Matters and Trustee Matters: (for which seventy-two hours' notice has been given)	
9. Communications	
9.a SEAC Monthly Calendar Review	11 - 13
9.b Special Education Superintendent Update February 2017	14 - 15
9.c Anaphylaxis Policy and Protocols	16 - 60

9.d	Mental Health Annual Report 2015-2016	61 - 77
9.e	Excursion Policy	78 - 84
10.	Matters Referred/Deferred to the Committee by the Board and Other Committees	
11.	Reports of Officials, and Special and Permanent Committees Requiring Action	
12.	Reports of Officials for Information	
13.	Inquiries and Miscellaneous	
13.a	From Sandra Mastronardi regarding Secondary Exams	
14.	Association Reports	
15.	Update from Trustees on resolutions recommended to the Board by the Committee	
15.a	Letter to the Minister of Education and Letter for SEAC Associations	85 - 92
16.	Pending List	93
17.	Adjournment	

**MINUTES OF THE REGULAR MEETING
OF THE
SPECIAL EDUCATION ADVISORY COMMITTEE**

HELD WEDNESDAY, JANUARY 11, 2017

PUBLIC SESSION

PRESENT:

Marilyn Taylor, Chair
Ashleigh Molloy
Rosanna Del Grosso
John MacKenzie
Sandra Mastronardi
Tyler Munro

Trustees A. Andrachuk – By Teleconference
G. Tanuan

R. McGuckin
C. Fernandes
A. Coke
M. Kokai
D. Reid
E. Szekeres Milne
J. Wilhelm

S. Harris, Recording Secretary

Apologies were tendered on behalf of Trustee Kennedy, Dario Imbrogno, Gizelle Paine, Mary Pugh, Giselle Romanino, Raul Vomisescu and Glenn Webster who were unable to attend the meeting.

MOVED by Ashleigh Molloy, seconded by Tyler Munro, that the Agenda, as amended, be approved.

On the vote being taken, the approval of the Agenda, as amended, was declared

CARRIED

MOVED by John MacKenzie, seconded by Ashleigh Molloy, that the Minutes of the Regular Meeting held December 7, 2016 be approved.

On the vote being taken, the Motion was declared

CARRIED

MOVED by Ashleigh Molloy, seconded by John MacKenzie, that Item 9a) be adopted as follows:

9a) **SEAC Monthly Calendar Review** – received.

On the vote being taken, the Motion was declared

CARRIED

MOVED by Trustee Andrachuk, seconded by Rosanna Del Grosso, that the Agenda be reopened to include Item 9i) 12th Annual Dr. Mary Anne McCarty-Mayor Memorial Psychology Symposium, February 22, 2017.

On the vote being taken, the Motion was declared

CARRIED

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

9b) **Special Education Superintendent Update, January 2017** – received.

On the vote being taken, the Motion was declared

CARRIED

MOVED by Trustee Tanuan, seconded by John MacKenzie, that Item 9c) be adopted as follows:

9c) **Long-Term Accommodation Program (LTAP) and Long-Term Program Plan (LTPP) Consultation Survey** – received.

MOVED by Rosanna Del Grosso, seconded by Sandra Mastronardi, that SEAC recommend to the Board to expand the Gifted Program as an additional program enhancement across the school board.

On the vote being taken, the Motion was declared

CARRIED

MOVED by Ashleigh Molloy, seconded by John MacKenzie, that Item 9d) be adopted as follows:

9d) **Consultation on Ministry's Well-Being Strategy** – received.

On the vote being taken, the Motion was declared

CARRIED

MOVED by Ashleigh Molloy, seconded by Garry Tanuan, that Item 9e) be adopted as follows:

9e) **Preliminary Report on The Impact of Trustee-Approved Reductions, 2016-2017** – received.

MOVED by Rosanna Del Grosso, seconded by Ashleigh Molloy, that SEAC be provided with an Interim Budget within the same timeline as the Board of Trustees

so that they may provide recommendations to the Board on how best to serve special needs students.

On the vote being taken, the Motion was declared

CARRIED

MOVED by Tyler Munro, seconded by Ashleigh Molloy, that Item 9f) be adopted as follows:

9f) **Preliminary Report regarding a Review of Education Assistant and Child and Youth Worker Efficiencies** – received.

On the vote being taken the Motion was declared

CARRIED

The Chair declared a ten-minute recess.

MOVED by Tyler Munro, seconded by Rosanna Del Grosso, that the meeting recess.

On the vote being taken, the Motion was declared

CARRIED

The meeting continued with Marilyn Taylor in the Chair.

MOVED by Ashleigh Molloy, seconded by John MacKenzie, that Item 9g) be adopted as follows

- 9g) **Request for Presentation from Resource Teacher Mr. Pileggi regarding OAPCE Provincial Conference in May 2016 (Requested November 2016 – Pending List)** that rather than having Mr. Pileggi present at SEAC, he will present at the Spring Information Fair on April 1, 2017.

On the vote being taken the Motion was declared

CARRIED

MOVED by Sandra Mastronardi, seconded by Rosanna Del Grosso, that Item 9h) be adopted as follows:

- 9h) **Course Calendar Update to Special Education Pages** – received.

On the vote being taken the Motion was declared

CARRIED

MOVED by Garry Tanuan, seconded by Ashleigh Molloy, that Item 9i) be adopted as follows:

- 9i) **12th Annual Dr. Mary Anne McCarty-Mayor Memorial Psychology Symposium, February 22, 2017** – received.

On the vote being taken the Motion was declared

CARRIED

MOVED by Garry Tanuan, seconded by John MacKenzie, that Item 11a) be adopted as follows:

- 11a) **Transportation Working Committee (SEAC Appointment)** that SEAC appoint a member to the TSTG Working Group.

On the vote being taken the Motion was declared

CARRIED

Ashleigh Molloy volunteered his membership to the TSTG Working Group.

MOVED by Rosanna Del Grosso, seconded by Trustee Tanuan, that Ashleigh Molloy be appointed member of the TSTG Working Group.

On the vote being taken the Motion was declared

CARRIED

MOVED by John MacKenzie, seconded by Tyler Munro, that Item 12a) be adopted as follows:

12a) **MASCE Highlights – Sandra Mastronardi** – received.

On the vote being taken the Motion was declared

CARRIED

MOVED by Trustee Tanuan, seconded by Ashleigh Molloy, that Item 13a) be adopted as follows:

13a) **Inquiry from Sandra Mastronardi regarding the Excursion Handbook-** received.

MOVED by Sandra Mastronardi, seconded by Ashleigh Molloy, that staff come back with a report regarding how the TCDSB Excursion Handbook and all related policies and procedures reflect programs and services implementation for students with special needs.

On the vote being taken, the Motion, was declared

CARRIED

MOVED by John MacKenzie, seconded by Ashleigh Molloy, that Item 13b) be adopted as follows:

- 13b) **Inquiry from Sandra Mastronardi regarding Learning Outside the School Day – Programs to Support the Renewed Mathematics Strategy and Student Transitions** - received.

On the vote being taken, the Motion, was declared

CARRIED

MOVED by Sandra Mastronardi, seconded by Rosanna Del Grosso, that Item 13c) be adopted as follows:

- 13c) **Inquiry from Tyler Munro regarding Safe Schools** – received.

On the vote being taken, the Motion, was declared

CARRIED

MOVED by Sandra Mastronardi, seconded by John MacKenzie, that the agenda be reopened to include Item 13d) Inquiry from Gizelle Paine regarding S.T.Y.L.E (Skills Training for Youth Learning and Education).

On the vote being taken, the Motion was declared

CARRIED

MOVED by John MacKenzie, seconded by Sandra Mastronardi, that Item 16) be adopted as follows:

16) Pending List – received.

On the vote being taken, the Motion was declared

CARRIED

MOVED by Rosanna Del Grosso, seconded by Sandra Mastronardi, that the meeting adjourn.

CARRIED

SECRETARY

CHAIR

Annual Calendar of SEAC Business for 2017				
Month	Annual Activities/Topics	Board Events/Deadlines	Items to be Addressed from the Pending List	Status of Pending Items
January	<ul style="list-style-type: none"> -Review of Draft SEAC Calendar -Set SEAC goals for the year -Consultation on LTAPP (Long Term Accommodation Program Plan) -Secondary School Course Calendar Update for 2017-18 -April Parent Fair – Call for participants from Associations -SEAC Orientation Presentation Date to be set 	<ul style="list-style-type: none"> -Multi-Year Strategic Plan (MYSP) Consultation -Financial Consultation regarding 2016-17 (high level) - Grade 9 EQAO Testing takes place in Secondary Schools - Long Term Accommodation Program Plan 	Request for presentation from Resource Teacher Mr. Pileggi regarding OAPCE Provincial Conference in May 2016 (requested November 2016- Pending List)	Will take place during the Parent Conference in April as a presentation
February	<ul style="list-style-type: none"> <i>-Review of SEAC Calendar</i> <i>-Mental Health and Well Being Report 2015-16</i> <i>-Share Multi-Year Strategic Plan Update</i> <i>-Consult on Special Education Programs and Services being considered for 2017-18</i> <i>-TCDSB Mental Health and Well Being Strategy 2015-18 (Tabled at Student Achievement January 14th, 2016)</i> <i>- Special Education Plan: Review Program Specific Resources for Parents</i> 	<ul style="list-style-type: none"> -Multi-Year Strategic Plan (MYSP) -New term begins in Secondary Schools that operate on semesters -Report Cards are distributed 	<ol style="list-style-type: none"> 1. Alasdair Robertson, Parliamentarian, be invited to a SEAC meeting in early 2017 to provide a concise review of protocols and the Robert's Rules of Order, especially in relation to Motions and what SEAC can recommend. (requested in November 2016) 2. Request that the Anaphylaxis and Asthma Policies be provided to SEAC with a presentation and any related documentation on the Anaphylaxis and Asthma policies at the January 2017 SEAC meeting. The presentation was requested include how the policies are applied between the elementary and secondary panels. (requested November 2016) 	

			<p>3. SEAC recommends to the Board to expand the Gifted Program as and additional program enhancement across the School Board</p> <p>4. Request to provide SEAC with are report outlining how Special Education has been impacted by the busing crisis (requested November 2016).</p>	
March	<ul style="list-style-type: none"> -Review of SEAC Calendar -Continue consultation on Special Education Programs and Services for 2016-17 -Update on ODA Accessibility Plan -Association Presentation: _____ 	Ontario Secondary School Literacy Test (OSSLT) takes place		
April	<ul style="list-style-type: none"> -Review of SEAC Calendar - Budget Consultation - Continue Consultation on Elements of the Accountability Framework for Special Education 2015-16 -Special Education Plan: ISP placement Criteria -Association Presentation: _____ 	Parent Resources Event Autism Awareness Month		
May	<ul style="list-style-type: none"> -Review of SEAC Calendar -Consultation on Special Education Report -Annual Report: Conflict Resolution Department Services - Update on Parent Fair through SO report 	Budget Consultation continued		
June	<ul style="list-style-type: none"> • Review of SEAC Calendar • Monthly Update from the Superintendent of Special Services 	EQAO Grade 3 and 6 Testing		
July		School Board Submits balanced Budget for the following year to the Ministry		
August		Year End for School Board Financial Statements		

September	<ul style="list-style-type: none"> -Review Special Education Report submitted to Regional Office (Sept 1) - Communication regarding reorganization of the Central Departments -Review school board accessibility Plans -Develop or review SEAC annual Agenda/Goals 	Special Education Report Checklist submitted to the Ministry of Education		
October	<ul style="list-style-type: none"> -Review Special Education component of Draft Board Improvement Plan for Student Achievement -Develop process for review of next year's Special Education Report -Review EQAO results including deferrals, exemptions, participation rates, and accommodations provided for Special Ed. Students and Achievement levels 	<ul style="list-style-type: none"> -Board Improvement Plan Submitted to the Ministry of Education -EQAO Results for Gr. 3 and 6 Received and OSSLT -Reports on Student Numbers of Elementary and Secondary School Students to be submitted the Ministry of Education 		
November	<ul style="list-style-type: none"> -Review October Report Data -Continue to Review elements of the Special Education Plan -Share process for nomination of new SEAC members 			
December	<ul style="list-style-type: none"> -SEAC Elections -SEAC Social 			

Special Education Superintendent Update

February 2017



SPECIAL SERVICES

AUTISM

The Autism Team ran two workshops for Elementary EAs and CYWs on the Jan. 20th PA Day. One workshop was run by the Speech and Language Pathologists on the Autism Team entitled, Communication and Autism: Effective Communication Strategies for the Classroom Setting. One workshop was run by the Psychologists and Social Workers on the Autism Team entitled, Understanding and Addressing Challenging Behaviours of Students with Autism Spectrum Disorder.

MENTAL HEALTH

Jan. 12, 2017:

Presentation to Board, Mental Health Strategy Metric report for 2015-16 school year.

Jan. 20, 2017 :

Suicide awareness training “safetALK” open to ALL TCDSB staff

Jan. 25, 2017 :

Many TCDSB schools celebrated Bell Let’s Talk Day by hosting local mental health events to raise awareness and funds that support local Mental health initiatives such as educator toolkits.

Jan. 27, 2017 :

Newcomer Mental Health presentation to Settlement workers who serve TCDSB schools.

Jan. 30, 2017 :

Mental Health Presentation to OAPCE. Linking Parent representatives from Mental health advisory Council to OAPCE representatives.

Jan. 30-31, 2017 :

2 Day Suicide Intervention Training, open to Guidance and school administrators, great turnout.

Feb. 9, 2017 :

2nd Annual Elementary Stop the Stigma Symposium, we now have 21 schools participating (we began with 2 schools in 2014).



PSYCHOLOGY:

February is Psychology Month, and the Psychology Department is happy to share the following resources with members of our TCDSB community.

1. Our free **Annual Psychology Month Symposium** for educators and parents, titled **HELP YOUR CHILD FLOURISH: HOW TO ACHIEVE MENTAL HEALTH** will be on February 22, 2017, 4:30-6:30 p.m., CEC, 80 Sheppard Avenue East
<https://www.tcdsb.org/programsservices/specialeducation/psychology/psychologymonth/pages/psychology-month.aspx>
2. A newsletter for parents on **Improving Children's Attitude Toward Math** is distributed to our parent community via school Principals and also posted on our website at
<https://www.tcdsb.org/programsservices/specialeducation/psychology/psychologymonth/pages/psychology-month.aspx>
3. A newsletter for educators on **Effective Strategies To Support Students' Math Learning and Achievement** will be distributed to teachers via school Principals and will also be posted on our website at
<https://www.tcdsb.org/programsservices/specialeducation/psychology/psychologymonth/pages/psychology-month.aspx>
4. Presentation to EA/CYWs on February 17 on **Achieving Mental Wellness in Children and Adolescents** by psychology staff.
5. Presentation to secondary teachers on February 17 on **Assistive Technology and LD** organized by the Psychology Department (presenter: Dr. Todd Cunningham).
6. Professional Development to Psychology Staff on February 3 on **Newcomer Mental Health and Trauma Informed Care**.

ANAPHYLAXIS

PROTOCOL AND GUIDELINES

2013



ANAPHYLAXIS PROTOCOL AND GUIDELINES 2013



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**TORONTO CATHOLIC DISTRICT SCHOOL BOARD
TRUSTEES 2013-2014**

WARDS

- | | |
|-------------------------------|-----------------------|
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| 3. Sal Piccininni, Vice Chair | 11. Angela Kennedy |
| 4. Patrizia Bottoni | 12. Nancy Crawford |
| 5. Maria Rizzo | William Lawrence, |
| 6. Frank D'Amico | Student Trustee |
| 7. John Del Grande | Enrique Olivo, |
| 8. Garry Tanuan | Student Trustee |

Angela Gauthier, Director of Education
Ann Andrachuk, Chair of the Board
Frank Piddisi, Superintendent of Special Services

TORONTO CATHOLIC DISTRICT SCHOOL BOARD
ANAPHYLAXIS PROTOCOL

Acknowledgements

Judy Collins, Anaphylaxis Consultant

***THE TORONTO CATHOLIC DISTRICT SCHOOL BOARD/TORONTO ELEMENTARY CATHOLIC TEACHERS
JOINT COMMITTEE FOR MEDICAL/PHYSICAL PROCEDURES***

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Trevor Wilson, Co-chair, Assessment and Programming Teacher, Special Services, TCDSB
Judith Esser, Coordinator, French as a Second Language, TCDSB
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***THE TORONTO CATHOLIC DISTRICT SCHOOL BOARD/CUPE LOCAL 1328
JOINT COMMITTEE FOR MEDICAL/PHYSICAL PROCEDURES***

Sandra Montgomery, Co-chair, Superintendent of Education, Special Services, TCDSB
Christine Doyle, Co-chair, President, CUPE Local 1328
Patti Chapman, Education Assistant, Canadian Martyrs Catholic Elementary School, TCDSB

TCDSB - Toronto Catholic District School Board

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Revised September 2013

TORONTO CATHOLIC DISTRICT SCHOOL BOARD
ANAPHYLAXIS PROTOCOL

Table of Contents

Appendices	1
School Plan of Action for Anaphylaxis	2
Emergency Procedures for Students	3
Purpose and definition of this document	4
What to Do in An Anaphylactic Shock Emergency using Epi-pen®	5
What to Do in An Anaphylactic Shock Emergency using Allerject®	6
Ways to Reduce Risk, Guidelines & Identification	7
Emergency Medication and Excursions	8
Transportation, Incident Report, Staff In-service, & Checklist	9
Registration, Create an Allergen-free Environment	10
Guidelines for Secondary Students, Procedures When there is an Occasional Teacher	11
References	12

APPENDICES	13
Appendix A: SS12A, SS12B & SS13 Forms	14
Appendix B: Emergency Allergy Alert Form-EpiPen®/Allerject® Only	20
Appendix C: Incident Report Form	21
Appendix D: School Guide Anaphylaxis Protocol	22
Appendix E: Sample September Anaphylaxis Letter	23
Sample School Newsletter Insert & Reminder for Holidays/Special Events	24
Foods that Can Cause an Anaphylactic Reaction	25
Insect Sting Anaphylaxis, Latex Allergies	27
Checklist for Parents of an Anaphylactic Student	28
Appendix F: Student Poster Template	29
Poster-How to Use the EpiPen Auto Injector	30
Poster-How to Use the Allerject Auto Injector	31
Appendix G: School Action Plan Checklist,	32
Checklist Annual Timeline	33
Appendix H: Anaphylaxis Protocol for Transportation	35
Appendix I: Staff In-service of Anaphylaxis Protocol and Guidelines	36
Appendix J: Initial Meeting of Principal and Parent of Student Diagnosed with Anaphylaxis	37
Appendix K: Best Practices on Promoting an Allergen Aware School	38
Appendix L: Resource Page	39

A School Plan of Action for Anaphylaxis

Anaphylaxis: A Life-Threatening Crisis among Our Students

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

School Board Responsibilities

Anaphylaxis is a growing medical phenomenon within our school community. Students and school staff alike face many challenges everyday in coping with Anaphylaxis. School staff and administration must become aware of school board policies and protocols and the procedures for responding to an anaphylactic emergency. To that end the Toronto Catholic District School Board in conjunction with the Toronto Elementary Catholic Teachers-Ontario English Catholic Teachers Association-Canadian Union of Public Employees, has provided all schools and administrative staff with the Anaphylaxis Protocol and Guidelines - June 2003.

School Responsibilities

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

- ♦ Principal to review Toronto Catholic District School Board **Anaphylaxis Protocol/Guidelines** with **all** school staff semiannually.
- ♦ Principal to meet with parents of students diagnosed with Anaphylaxis upon registration at the school and/or upon diagnosis of Anaphylaxis.
- ♦ Principal and parents to exchange consent and information forms included in this protocol that will identify Anaphylaxis through a diagnosis from an attending physician and allow the administration to dispense appropriate medication.
- ♦ School to provide a safe and allergen aware environment.

* From Anaphylaxis: A Handbook for School Boards - Canadian School Boards Association, September 2001.

Parent Responsibilities

Parents of students who have been diagnosed with Anaphylaxis must:

- ♦ Exchange information **yearly** with the principal about the student's medical condition including medical forms found in this protocol. This will enable the principal to communicate and plan effectively with the school staff in providing for the safety and welfare of the student
- ♦ Provide *proprietary medication* as prescribed by a physician. This means that the medication can only be used for the student named in the prescription. **Failure to provide this medication can result in the removal of the student from the school until the medication is available at the school** according to this protocol.
- ♦ Provide back-up medication as outlined in this protocol. See page 3.

EMERGENCY PROCEDURES FOR STUDENTS WITHOUT A MEDICAL DIAGNOSIS OF ANAPHYLAXIS AND PRESCRIBED MEDICATION.

If a person **not** previously diagnosed appears to be developing an anaphylactic reaction staff will inject with the **school's** epinephrine auto-injector (epi-pen®/allerject®).

Call 911 and inform them that you have a person who is experiencing anaphylactic shock and that you have injected epinephrine (epi-pen®/allerject®).

Purpose of this Document

A significant number of students are coming to the school system with anaphylaxis. When exposed to an allergen to which they have sensitivity, these students will have a severe and life threatening allergic reaction. This document provides information to school personnel so that they can develop an action plan to:

- ♦ Lessen the risk of contact with an allergen.
- ♦ Recognize the symptoms of a severe anaphylactic reaction.
- ♦ Know the treatment protocol and be empowered to provide emergency life-saving treatment to the student immediately.

This document will provide school personnel with the necessary information and forms required to create a resource package for each anaphylactic student. This school-produced package will be a useful tool as a school develops an individualized action plan for each anaphylactic student.

DEFINITION: Anaphylaxis is a SEVERE and LIFE-THREATENING allergic reaction caused by exposure to a trigger (allergen).

Common allergen triggers are foods, insect stings, medications, exercise, and latex rubber. An anaphylactic reaction involves symptoms from two or more body systems as noted below.

BODY SYSTEM	SYMPTOMS
SKIN	hives (red itchy welts or swelling on skin)
EYES	swollen, itchy, running, or bloodshot, or with mucous
NOSE	running, itchy, stuffy, sneezing
THROAT	sore, swollen
STOMACH/DIGESTIVE SYSTEM	vomiting, cramps, bloating, nausea, diarrhea
URINARY SYSTEM	Incontinence
RESPIRATORY SYSTEM	difficulty breathing, severe asthmatic reaction
CIRCULATORY SYSTEM	drop in blood pressure, unconsciousness
OTHER	disorientation, sense of foreboding, fear or apprehension, sense of doom

What to Do in an Anaphylactic Shock Emergency

Anaphylactic shock **shall** be considered a medical emergency and must be treated **immediately**. The following are required for emergency treatment:

***Inject Epinephrine using EpiPen®.
Medical aid at a hospital obtained by calling 911.***

Injected medication (epinephrine) will provide a window of time (15 to 20 minutes) to allow for transportation of the student to a hospital where appropriate medical aid can be provided.

Know what to do.

Epinephrine (the active ingredient in the EpiPen® Auto-Injector) is the medication recognized by healthcare professionals as the emergency treatment of choice for severe allergic reactions.

If any of the symptoms listed above are exhibited, administer the EpiPen® Auto-Injector immediately.

1



- Hold firmly with orange tip pointing downward.
- Remove blue safety cap by pulling straight up. Do not bend or twist.

2



- Swing and push orange tip firmly into mid-outer thigh until you hear a 'click'.
- Hold on thigh for several seconds.



Built-in needle protection

- When the EpiPen® Auto-Injector is removed, the orange needle cover automatically extends to cover the injection needle, ensuring the needle is never exposed.



After administration, patients should seek medical attention immediately or go to the emergency room. For the next 48 hours, patients must stay within close proximity to a healthcare facility or where they can call 911.

For more information, or to order more posters, go to EpiPen.ca

EpiPen® and EpiPen® Jr Auto-Injectors are indicated for the emergency treatment of anaphylactic reactions in patients who are determined to be at increased risk for anaphylaxis, including individuals with a history of anaphylactic reactions.

This product may not be kept for use. Always read and follow the product label.

References: 1. Lelkesman T, Kemp SE, Openheimer L, et al. The diagnosis and management of anaphylaxis: an updated practice parameter. J Allergy Clin Immunol 2003;111:540-548.
2. Kemp SE, Lelkesman T, Kemp SE, et al. on behalf of the World Allergy Organization. Guidelines on Epinephrine in Anaphylaxis. Allergy 2006;61:1061-1070.



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Trusted for over 25 years.

ANAPHYLAXIS

Symptoms and Treatment

What is Anaphylaxis?

Anaphylaxis is the term for a severe, life-threatening allergic reaction that some people have to foods (like peanuts and shellfish), insect stings, certain medicines, latex, or other allergens.

Symptoms.

Typical symptoms of anaphylaxis include:

- Swelling of the throat, lips, tongue, or the area around the eyes
- Difficulty breathing or swallowing
- Metallic taste or itching in the mouth
- Generalized flushing, itching, or redness of the skin
- Stomach cramps, nausea, vomiting, or diarrhea
- Increased heart rate
- Decreased blood pressure
- Paleness
- Sudden feeling of weakness
- Anxiety or an overwhelming sense of doom
- Collapse
- Loss of consciousness


The most common warning symptoms of anaphylaxis are **hives and swelling**.

Remember! Treatment with an epinephrine auto-injector should be given **immediately** when someone is experiencing a severe allergic reaction.


HOW TO USE ALLERJECT™

Practice With Allerject™ Trainer First

Allerject™ voice assisted auto injectors are indicated for the emergency treatment of anaphylactic reactions in patients who are determined to be at increased risk for anaphylaxis.




1 Pull Allerject™ from the outer case.
Do not go to step 2 until you are ready to use Allerject™. If you are not ready to use, put it back in the outer case.

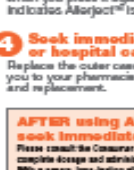


3 Place BLACK end AGAINST the MIDDLE of the OUTER thigh (through clothing, if necessary), then press firmly and hold in place for five seconds.

Only inject into the middle of the outer thigh (upper leg). Do not inject into any other location.
NOTE: Allerject™ makes a distinct sound (click and hiss) when you press it against your leg. This is normal and indicates Allerject™ is working correctly.



2 Pull off RED safety guard.
To reduce the chance of an accidental injection, do not touch the black base of the auto-injector, which is where the needle comes out. If an accidental injection happens, get medical help immediately.
NOTE: The safety guard is meant to be tight. **Pull firmly to remove.**




4 Seek immediate medical or hospital care.
Replace the outer case and take your used Allerject™ with you to your pharmacist or physician for proper disposal and replacement.

AFTER using Allerject™ seek immediate medical attention

Please consult the Consumer Information leaflet in your product package for complete dosage and administration instructions.


With a severe, long-lasting allergic reaction, you may need to administer an additional dose of epinephrine. More than two sequential doses of epinephrine should only be administered under direct medical supervision.

It is important that you seek immediate medical assistance or go to the emergency room immediately after using Allerject™. Following treatment, the patient must stay within close proximity to a hospital or where they can call 911 for the next 48 hours. To ensure Allerject™ is right for you, always read and follow the label.



For more information go to:

www.allerject.ca



Manufactured for Sanofi Canada Inc.
Laval, Quebec, Canada H7V 1A5

What to Do in an Anaphylactic Shock Emergency

Anaphylactic shock **shall** be considered a medical emergency and must be treated **immediately**. The following are required for emergency treatment:

Inject Epinephrine using EpiPen®.
Medical aid at a hospital obtained by calling 911.

Injected medication (epinephrine) will provide a window of time (15 to 20 minutes) to allow for transportation of the student to a hospital where appropriate medical aid can be provided.

Ways to Reduce Risk

Anaphylactic shock reactions can be **prevented** by reducing exposure to those substances that trigger a severe allergic reaction. This has implications for the entire school community:

- ◆ principals and vice-principals
- ◆ secretaries
- ◆ school staff
- ◆ lunchroom supervisors and volunteers
- ◆ supply staff
- ◆ the student with a severe allergy
- ◆ bus driver(s)
- ◆ the student's parents/guardians
- ◆ the student's physician
- ◆ education and awareness (including classmates)

Guidelines for Students Who May Experience Anaphylactic Shock

For prevention and immediate emergency treatment, *all staff* shall be:

- ◆ aware of the identity of the student
- ◆ aware of the allergens that trigger an anaphylactic reaction
- ◆ aware of the possibility and mechanism of cross contamination
- ◆ aware of the necessary treatment protocol
- ◆ aware of **location of medications**
- ◆ trained to recognize symptoms
- ◆ trained and empowered to administer medication (epinephrine), by injection in an emergency
- ◆ trained and empowered to call 911 and arrange emergency transport to medical aid at hospital

Identification of Students at Risk

Students who may require an epinephrine injection (Epi-pen®/Allerject®) shall be clearly identified to all staff. An ***Emergency Allergy Alert Form*** (See Appendix B) similar to the sample attached shall be posted in a prominent place in the staff room, school office and in other suitable locations. In addition, an updated picture in elementary classrooms and the occasional teacher's folder shall be readily available to **all** staff.

Background Information on Emergency Medication

Each administration of epinephrine from an EpiPen®/Allerject® is intended to provide relief of symptoms for 15 to 20 minutes. EpiPens®/Allerjects® come in two doses: junior and adult. Each EpiPen®/Allerject® contains medication for only one administration. **If symptoms persist or worsen and help has not arrived after 15-20 minutes repeated applications from an additional Epi-Pen®/Allerject® should be given, not exceeding three applications.**

Parents Provide Emergency Medication

Parents/guardians shall provide a minimum of two (2) EpiPens®/Allerject®. EpiPens®/Allerject® have a shelf life and shall be replaced when stale-dated. An appropriate number of EpiPens®/Allerject® shall be available during excursions.

Emergency Medication

EpiPens®/Allerjects will be carried by the student at all times and have an extra available in an accessible, **unlocked** location. The medication shall always be kept in the same location. The student's name and directions for administering the EpiPen®/Allerject® shall be with the medication.

Excursions

Please refer to the **Board's Excursion Handbook** for specific recommendations regarding students with anaphylaxis while on excursions (**pages 50-52 Section 7.11 and 7.12 “Anaphylaxis-The Life-Threatening Allergic Reaction**). It is advisable to have a parent or other adult relative of an anaphylactic student accompany all class trips where possible. Parents shall be informed of excursions as early as possible in order to research excursion sights for allergic risks.

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

Transportation of Student with Anaphylaxis To Hospital

A student experiencing anaphylactic symptoms should be transported immediately by ambulance to a hospital even if symptoms decrease with the administration of medication. The call to the ambulance shall be made by **dialing 911**. It should be clearly indicated that the student is having an anaphylactic reaction. If using a cell phone, identify your location.

Incident Report

Incidents of anaphylactic reaction should be documented and reported on the Ontario School Boards Insurance Exchange (OSBIE) Incident Report Form available on the OSBIE website (Appendix C).

<http://osbie.on.ca/english/index.cfm>.

Staff In-Service

All staff in each school shall be in-serviced on allergic reactions and the use of the EpiPen®/Allerject®.

Such in-services shall occur semi annually and include information provided by the following:

- ♦ student/parent
- ♦ physician
- ♦ Anaphylaxis Canada (416-785-5666)
- ♦ TCDSB Special Services Department (416-222-8282 ext 2486)
- ♦ Judy Collins; email collins.judy@rogers.com

Checklists

Checklists are provided for use of school staffs on admission of an anaphylactic student, for annual update of information and procedures and for use when there is an occasional teacher (see Appendix G).

GETTING STARTED

Registration

Principals/designates shall provide parents with **Forms SS12A and SS12B**, "Administration of Oral Medication and Administration of Medication by Injection in an Emergency" (see Appendix A) and request that these forms be completed by a physician. Principals shall also request additional pertinent information from the parents. Principals/designates should also request that the parent provide the student with a MedicAlert® bracelet. A checklist to be completed when an anaphylactic student registers is provided (see Appendix G).

Can Schools Create An Allergen-Free Environment?

School Staffs should discuss and decide on any appropriate and reasonable food restrictions for school- related activities, lunch at school, field trips, parties and fund-raisers. While many parents ask the principal and staff to "ban" certain foods and food products from the school, such a request cannot be reliably implemented. No matter how committed the staff and how cooperative the parent community, foods containing the allergen would eventually enter the school. The student would have a false sense of security, and would be placed at increased risk. A better approach is to regularly educate the parent community and solicit the cooperation of families, and set in place procedures that are designed to safeguard the anaphylactic student to an allergen-aware school. However, an **allergen-aware environment is always the best practice**.

- ♦ Promoting the avoidance of the allergen as much as possible.
- ♦ Have an emergency plan in place to deal with anaphylactic reactions.
- ♦ School staff should discuss procedures at semi annual meetings.

Guidelines for Secondary School Students

Secondary school students may possess the necessary level of maturity and responsibility to monitor their environment for allergens and to administer their own prescribed medications both on a regular basis and in the event of an anaphylactic reaction. However, increased rather than decreased vigilance is needed in secondary school settings and for secondary school age students as they travel further from home, as they are extremely vulnerable to peer influences and as they may, at this stage of development, deny their vulnerability.

Secondary schools should follow the guidelines below:

- ♦ As with elementary students, the proper prescribed amount of medication will be carried in the school by the student.
- ♦ Secondary school staffs should consider arranging presentation of information on allergy and anaphylaxis, through the academic program or through a school-wide assembly.
- ♦ Secondary school students who are subject to anaphylactic reaction should be aware that foods with allergens may be served in the school cafeteria. Cafeteria staff should also be aware of anaphylactic students and educated about anaphylaxis.

Procedure When There is an Occasional Teacher

Whenever possible, a teacher calling SEMS leaves a detailed message for the occasional teacher regarding an anaphylactic student indicating information is to be sought on arrival to the school from the administration.

The regular teacher, who has a student with anaphylaxis, will leave a back-up copy of the Emergency Anaphylactic Plan on his/her desk at all times.

A folder with the emergency plan (Emergency Allergy Alert form – see Appendix A) and child's photo is to be kept with the teacher's day plan inside where the occasional teacher signs in.

The principal shall brief the occasional teacher about any anaphylactic students in the class.

The regular teacher will leave a back-up copy of the Emergency Anaphylactic Plan on his/her desk at all times.

References

Anaphylaxis Canada

2005 Sheppard Ave. East Suite 800, Toronto, Ontario M2J 5B4
Telephone: 416-785-5666
www.anaphylaxis.ca

Canadian School Boards Association

1410 rue Stanley, bureau 515
Montreal, Quebec H3A 1P8
Telephone: 514-289-2988
Fax: 514-849-9228
E-mail: info@cdnsba.org
www.cdnsab

Allergy Asthma Information Association (National Office)

295 The West Mall, Suite 118, Etobicoke, Ontario M9C 4Z4
Telephone: 416-621-4571 Fax: 416-621-5034
Toll free: 1-800-611-7011
E-mail: admin@aaia.ca
www.aaia.ca

Canadian Society of Allergy & Clinical Immunology

774, promenade Echo Dr., Ottawa, Ontario K1S 5N8
Telephone: 613-730-6272
www.csaci.ca
E-mail: csaci@rcpsc.edu

The Hospital for Sick Children

555 University Ave., Toronto, Ontario
Telephone: 416-813-5300
: www.sickkids.on.ca

Collins Consulting

E-mail: collins.judy@rogers.com

Toronto Catholic District School Board (TCDSB)

Superintendent of Special Services

Telephone: 416-222-8282 Ext.2486

Appendices

- A Forms SS12A SS12B and SS13**, Administration of Oral Medication, Administration of Medication by Injection in an Emergency, and School Record of Medical Services.
- B Emergency Allergy Alert Form-EpiPen®/Allerject®**, adapted from the Allergy/Asthma Information Association's information.
- C OSBIE Incident Report Form**
- D School Guide – Anaphylaxis Protocol**
- E Sample Communication to Parents**
 - September Letter
 - Sample School Newsletter Inserts
 - List of Foods
 - Insect Sting
 - Latex
 - Checklist for Parents of an Anaphylactic Student
 - Principal's Checklist
- F Posters**
 - Student Poster Template
 - How to use EpiPen® Poster
 - How to use Allerject®
- G Principal's Checklist**
 - School Action Plan Checklist
 - Checklist Annual Timeline for Schools with Anaphylactic Students
- H Transportation**
- I Sign-Off Forms Staff In-Service**
- J Sign-Off Forms Initial Meeting Sign off Sheet**
- K Best Practices**
- L Resource Page**

APPENDIX A: FORM SS12A – Page 1**Toronto Catholic District School Board**
**REQUEST AND CONSENT FOR THE
ADMINISTRATION OF ORAL MEDICATION**

STUDENT NAME _____ STUDENT NO. _____
SURNAME FIRST NAME
 BIRTHDATE _____ GRADE/PLACEMENT _____ SCHOOL _____
Y - M - D
 SCHOOL ADDRESS _____

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

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

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

I/We understand that:

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

I/We consent to:

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

Date: Y - M - D _____ Signature of Parent/Guardian _____ Signature of Parent/Guardian _____
 Please have the family doctor complete Part 2 on reverse side of this form.
 Distribution: Original: OSR Copy: Parent(s)/Guardian, Special Program File(s) Page 1 **SS12A** R09/98

APPENDIX A: FORM SS12A – Page 2**Toronto Catholic District School Board****REQUEST AND CONSENT FOR THE
ADMINISTRATION OF ORAL MEDICATION**

STUDENT NAME _____ STUDENT NO. _____
SURNAME FIRST NAME

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

1. Diagnosis: _____

2.

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

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

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

 Student's Name

 Doctor's Signature

Date: Y - M - D _____

PLEASE USE DOCTOR'S STAMP

III. MSSB STAFF APPROVAL FOR IMPLEMENTATION

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

Date: Y - M - D _____ Principal's Signature _____

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

APPENDIX A: FORM SS12B – Page 1

Toronto Catholic District School Board

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

STUDENT NAME _____ STUDENT NO. _____
 SURNAME FIRST NAME
 BIRTHDATE _____ GRADE/PLACEMENT _____ SCHOOL _____
 Y - M - D

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

Home Tel. _____ Home Tel. _____
Bus. Tel. _____ Bus. Tel. _____

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

I/We understand that:

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

I/We consent to:

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

Date: Y - M - D _____ Signature of Parent/Guardian _____ Signature of Parent/Guardian _____

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

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

Distribution: Original: OSR Copy: Parent/Guardian; Special Program File(s) (if applicable)

Page 1

SS12B

R09/98

APPENDIX A: FORM SS12B – Page 2

Toronto Catholic District School Board

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

STUDENT NAME _____ STUDENT NO. _____

SURNAME FIRST NAME

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

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

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

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

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

Student's Name

Doctor's Signature

Date: Y - M - D _____

PLEASE USE DOCTOR'S STAMP

III. TCDSB STAFF APPROVAL FOR IMPLEMENTATION

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

Date: Y - M - D _____ Principal's Signature _____

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

Distribution: Original: OSR Copy: Parent(s)/Guardian; Special Program File(s) (if applicable)

Page 2

SS12B

R09/98

APPENDIX A: FORM SS13 – Page 1

Toronto Catholic District School Board

SCHOOL RECORD OF MEDICAL SERVICES

STUDENT NAME _____ STUDENT NO. _____

SURNAME	FIRST NAME
---------	------------

BIRTHDATE	GRADE/PLACEMENT	SCHOOL
-----------	-----------------	--------

Y - M - D

[illegible]

APPENDIX A: FORM SS13 – Page 2

SCHOOL RECORD OF MEDICAL SERVICES

Personal information contained on this form is collected under the authority of Sections 8 & 11 of the Education Act, and will be used to identify students who require medication and/or medical services within the school. Questions about this collection should be directed to the school principal.

INTENT OF FORM

The School Record of Medical Services form is intended for use by personnel who provide medical services to TCDSB pupils in the school. These medical services may include the administration of oral medication and/or the intermittent catheterization program or any other appropriate medical service.

INSTRUCTIONS

- 1) Where oral medication or an injection of medication is to be administered, the person administering the medication shall:
 - * check the student's name with the name of the individual on the medication container.
 - * administer to the student only the prescribed dosage outlined on the container label and only at the prescribed times or in an emergency.
 - * replace the medication container in the secured location.
- 2) Where any medical service is provided to a student in the school, a record of the service provided, should include:
 - * the date
 - * the time of administration
 - * the initials of the person providing the service must be noted on this form

APPENDIX B

EMERGENCY ALLERGY ALERT FORM

EPI-PEN®/ALLERJECT® ONLY

NAME _____

ADDRESS _____

HOME TELEPHONE _____

EMERGENCY PHONE _____

PARENT/GUARDIAN WORK PHONE _____

PARENT/GUARDIAN WORK PHONE _____

TEACHER _____

CLASS _____ ROOM # _____

HEALTH CARD # _____

PHYSICIAN _____

PHYSICIAN'S TELEPHONE _____

PICTURE
OF
STUDENT

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

AVOIDANCE: The key to preventing an emergency is **ABSOLUTE AVOIDANCE** of these foods at all times. **WITHOUT AN EPI-PEN®/ALLERJECT® THIS CHILD MUST NOT BE ALLOWED TO EAT ANYTHING.**

EATING RULES: *(List eating rules for child, if any, in this space)*

POSSIBLE SYMPTOMS:

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

ACTION - EMERGENCY PLAN: At any sign of difficulty (e.g. hives, swelling, difficulty breathing):

- ☐ Use **EPI-PEN®/ALLERJECT®** immediately
- ☐ **HAVE SOMEONE CALL AN AMBULANCE** to advise the dispatcher that the child is having an anaphylactic reaction.
- ☐ If ambulance has not arrived in 15-20 minutes and symptoms reappear or become worse, give a second **EPI-PEN®/ALLERJECT®**
- ☐ Even if symptoms subside entirely, this child **must** be taken to a hospital immediately.

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

APPENDIX C



**ONTARIO SCHOOL BOARDS' INSURANCE EXCHANGE
FONDS D'ÉCHANGE D'ASSURANCE DES CONSEILS SCOLAIRES DE L'ONTARIO
INCIDENT REPORT FORM/RAPPORT D'INCIDENT**

I - INJURED PERSON(S)/PERSONNE(S) BLESSÉE(S)					
IF PERSON HAS BEEN ADMITTED TO HOSPITAL, OR IF FATALY INJURED, IMMEDIATELY TELEPHONE OSBIE CLAIMS DEPARTMENT SI LA PERSONNE EST HOSPITALISÉE OU EST DÉCÉDÉE, TÉLÉPHONER IMMÉDIATEMENT AU LE SERVICE DES SINISTRES DE L'OSBIE					
1-800-668-6724 (519) 767-2182 FAX (519) 767-0281					
Name/Nom					
Address/Adresse					
Sex(e) [M/F]	Age/Âge	Grade Level/Année de classe	Student/Élève	Other/Autre (Specify/Spécifier)	
Name of Parent or Guardian/Parent ou Tuteur					
Description of Bodily Injury or Property Damage Description de la blessure corporelle ou Dommages aux biens					

II - DETAILS OF INCIDENT/DÉTAILS DE L'INCIDENT					
Date					
Day/Jour	Month/Mois	Year/Année	Time/Heure	A.M.	P.M.
			1 <input type="checkbox"/> Bodily injury/Blessure corporelle 2 <input type="checkbox"/> Property damage/Dommages aux biens		

III - NATURE OF INCIDENT/NATURE DE L'INCIDENT					
1 <input type="checkbox"/> Sports injury/Blessure sportive Name of Sport/Nom du sport	2 <input type="checkbox"/> Assault/Agression	4 <input type="checkbox"/> Other/Autre Description			
	3 <input type="checkbox"/> Slip or fall/Glissade ou chute				
1 <input type="checkbox"/> Classroom/Classe	6 <input type="checkbox"/> Gymnasium/Gymnase	11 <input type="checkbox"/> Field trip/Excursion			
2 <input type="checkbox"/> Portable/Classe mobile	7 <input type="checkbox"/> School yard/Terrain de jeux	12 <input type="checkbox"/> Washroom/Toilette			
3 <input type="checkbox"/> Cafeteria/Cafétéria	8 <input type="checkbox"/> Slide/Glissoire	13 <input type="checkbox"/> Shop/Atelier			
4 <input type="checkbox"/> Hallway/Corridor	9 <input type="checkbox"/> Swings/Balanoire	14 <input type="checkbox"/> Swimming pool/Piscine			
5 <input type="checkbox"/> Stairs/Escalier	10 <input type="checkbox"/> Climber/Grimpeur	15 <input type="checkbox"/> Other/Autre			

DID INCIDENT OCCUR ON SCHOOL BOARD PREMISES? ☐ YES ☐ NO
IF "NO", GIVE FULL ADDRESS OF INCIDENT SITE:

EST-CE QUE L'INCIDENT S'EST PRODUIT DANS LES LOCAUX DU CONSEIL SCOLAIRE? ☐ OUI ☐ NON

SI "NON", VEUILLEZ DONNER L'ADRESSE COMPLÈTE DU LIEU DE L'INCIDENT:

HOW/WHERE INCIDENT OCCURRED/OU ET COMMENT L'INCIDENT EST SURVENU:

	NAME/NOM	AGE/ÂGE*	ADDRESS/ADRESSE	TELEPHONE
1				
2				
3				
4				

V - SCHOOL DETAILS/DÉTAILS DE L'ÉCOLE	
School Board/Conseil scolaire	
School/École	
Address of School/Adresse de l'école	
Teacher in Charge/Enseignant responsable	
Principal/Directeur	
DATE:	SIGNATURE: TELEPHONE: ()

CLAIMS ADMINISTRATOR/GESTIONNAIRE DES SINISTRES

APPENDIX D

School Guide

Anaphylaxis Protocol

Anaphylaxis is life threatening and can appear suddenly without warning. Working as a team of parents and school staff, anaphylaxis can be a manageable condition. The anaphylactic student needs the support of the entire school community to stay safe and to prevent an anaphylactic reaction.

Here are some suggestions to make the school safer for students with anaphylaxis:

- ***No EpiPen®/Allergect No Food***
- Semi-annual in-service about anaphylaxis and practice with an EpiPen® trainer
- Establish classroom rules: ***No Sharing Food.***
- Discourage allergic foods in the classroom.
- Send a letter to the entire school community that the allergic food not be sent to the school as a snack or lunch.
- Inform the student's parents well in advance of special events involving food.
- Establish a procedure for informing substitute teachers and support staff.
- ***Listen to and believe the student. He or she may be having a reaction before you see it.***
- Reassure the student that you are aware of his/her needs and that you know how to keep him/her safe.
- Train the student to self advocate regarding their allergy. e.g., how to approach an adult
- Ensure that EpiPen®/Allerject is kept with the student at all times.
- Be aware that there are cases of anaphylactic students being threatened with the allergen by bullies. School staff shall deal with such a situation as a serious incident.
- Do not hesitate to contact the student's parents, or other sources for further help and information. (See Appendix K).

APPENDIX E**September Anaphylaxis Letter**

As we begin a new school year we would like to inform you that _____ Elementary School is an **allergen aware** school. There are children in attendance who suffer from **severe and life threatening** allergies to certain foods, such as peanut and nut products. Exposure to the smallest quantities can cause severe life threatening reactions. Anaphylaxis is a severe and life threatening allergic reaction. The most common allergen triggers are food, insect stings, medications, exercise and latex. An anaphylactic reaction involves symptoms from two or more body systems.

We at _____ would appreciate the co-operation of the entire school community in **NOT** sending any lunches or snacks that contain peanuts or nuts, which could potentially harm a child. Please make sure that all of your children's caregivers are aware of the food restrictions. Please avoid sending food for birthdays or special occasions. There are many alternatives such as stickers and pencils.

If you have any questions please talk to your child's teacher or the school staff.

We look forward to your co-operation in making this a safe year for all our students.

APPENDIX E**Sample School Newsletter Insert**

We would like to inform you that there are children in our school, with severe life threatening food allergies to peanut/nut. This is a medical condition (anaphylaxis) that causes a ***severe reaction*** to specific foods and can result in death within minutes. As this affects the entire school community, we are requesting that you ***not*** send foods with your child to school that contain the allergen. E.g. peanuts/nuts milk and egg.

If you have any questions, please contact your child's teacher or the school staff.

Thank you for your understanding and cooperation.

Reminder Insert for Holidays/Special Events

As (Christmas, Halloween, Easter, bake sale) approaches we would like to remind you that there are allergic children in the school. Please do not send in any food, snacks, etc. that could potentially harm one of our children.

Please check with your child's teacher, or the office for some alternatives to peanut/nut products. Choose non-food items such as pencils, stickers or inexpensive toys.

The extra vigilance needed at (Christmas, Halloween, Easter, bake sale) will be greatly appreciated by the allergic children, their families and school staff.

We thank you for your continued vigilance and cooperation.

APPENDIX E**Foods That Can Cause an Anaphylactic Reaction**

Any food can cause a reaction in someone. Anyone can be or become anaphylactic to **ANY** food at anytime throughout their lifetime.

The ten most common food allergens are; peanut, tree nut, milk, eggs, wheat, seeds, fish, shellfish, soybean, and sulphite. The following lists are some alternative names that may be found on labels.

PEANUT

Nutmeats
Mandelonas
Arachis oil
Goober nuts/peas
Nu-nuts™
Arachide
Beer nuts
Cacahouete/cachuete
Kernals
Valencias

EGG

Ovalbumin
Ovoglobulin
Albumin
Conalbumin
Lysozyme
Ovomucin
Vitellin/ovovitelin
Livetin
Egg substitutes
Eggnog
Meringue
Ovolactohydrolyze protein

TREENUT

walnut
almonds
brazil nuts
cashews
chestnuts
pecans
hazelnuts
pinenuts
shea nuts
macadamia nuts
Pistachio
hickory nuts
pinion/pignolias

MILK

whey/whey protein
curds
caseinates/casein/sodium caceinate
milk derivatives/fat/protein
modified milk ingredients
lactalbumin/lacto globulin
lactate/lactose
ammonium/calcium/magnesium

WHEAT

couscous
gluten
farina
duram wheat
wheat bran/wheat germ
graham flour
bulgar
semolina
spelt
kamut
atta

SOY

soya/soja/soybeans
hydrolyzed soy protein
soy protein/isolate
beancurd/dofu/kori dofu
soybean curds/tofu
edaname
kinako
miso
kouri dofu
tempeh
yuba

NOTE: These lists may change and are in no way complete.

SHELLFISH	FISH	SESAME SEED
Crab	tuna	tahini/tachini
Crayfish	bass	benne/benne seed
Shrimps	bluefish	gingelly seeds
Prawns	carp	sesamol/sesamolina
Lobster	anchovy	sesamum indicum
Snails	catfish	sim sim
Oysters	cod	til
Octopus	eel	vegetable oil
Scallops	flounder	
Squid	haddock	
Abalone cockle	halibut	
Conch/mussels	herring	
Clams	mackerel	
	marlin	
	perch/pickrel	
	salmon	
	sardine	
	Sole	
	snapper	
	smelt	
	swordfish	
	trout	
	whitefish	
	bream	
	Pollack	
	Porgy	
	tilapia	
		SULPHITE
		(is a preservative added to many foods which causes a chemical reaction.)
		sodium dithionite
		sodium metabisulphite
		sodium sulphite
		potassium bisulphite
		potassium metabisulphate
		sodium bisulphite
		sulphur dioxide
		sulphurous acid
MUSTARD		
Mustard seeds		
-white		
-yellow		
-brown		
Mustard powder		
Prepared mustard		

NOTE: These lists may change and are in no way complete.

APPENDIX E**Insect Sting Anaphylaxis**

The stinging insects that most often cause reactions/anaphylaxis are bees, wasps, yellow jackets and hornets.

The following are some coping suggestions for peak season (summer, early fall).

- Avoid where insects nest, such as bushes and trees.
- Do not walk barefoot, or with open toed shoes.
- Avoid garbage cans.
- Make sure you are covered up when going outside.
- Do not wear bright colours, or flowery patterns.
- Do not wear any kind of fragrance.
- Stay away from open or uncovered food and drinks.

If one lands on you do not swat it, brush it away or wait until it goes away on its own.

Latex Allergy

Latex is a hard substance to avoid, because you cannot tell by looking at something whether it is latex rubber or a manufactured rubber.

The following is a list of some products that may contain latex.

- Erasers, tape/adhesives, craft supplies, seasonal crafts (Halloween).
- Diapers, underwear.
- Balloons, soccer balls, volleyballs, basketballs, rubber toys.
- Band-aids, first aid tape, medical gloves.
- Carpet backing, mats (rubber), foam rubber.
- Rubber gloves for cleaning.

Children with certain medical conditions and people working in the medical/dental profession may become allergic.

APPENDIX E

Checklist for Parents of an Anaphylactic Student

- ☐ arrange meeting with principal to exchange information
- ☐ notify school personnel of your child's allergens in order of severities
- ☐ provide the school with a recent photograph of your child
- ☐ complete *The Request and Consent Form for the Administration of Injection of Medication in an Emergency* Form (see Appendix A)
- ☐ Provide the school with **required** number of EpiPens®/Allerjects® and make sure they are **not** expired. One the child **carries on their person** and one extra to be kept in the office.
- ☐ consider a Medic Alert® bracelet for your child
- ☐ educate yourself about foods that can cause anaphylactic reactions
- ☐ **stress with your child** and the school staff that only foods from home are to be eaten
- ☐ keep up-to-date about education and new information in this field
- ☐ research field trip sites for allergen risks
- ☐ accompany your child on field trip if possible
- ☐ inform school bus driver about your child's medical needs
- ☐ verify all posted information about your child
- ☐ inform school staff of any allergic reactions that occur outside of school hours

APPENDIX F

Student Poster Template

Attention

Students with Allergies

**If you have any food allergies such as;
Peanut, tree nut, eggs, milk, wheat, fish, shellfish,
soybean, seeds or sulphites**

Remember

**If you are not sure or have no Epi-pen® or
Allerject®**

DON'T EAT IT.

APPENDIX F

How to Use an Allerject Auto-Injector

ANAPHYLAXIS

Symptoms and Treatment

What is Anaphylaxis?

Anaphylaxis is the term for a severe, life-threatening allergic reaction that some people have to foods (like peanuts and shellfish), insect stings, certain medicines, latex, or other allergens.

Symptoms.

Typical symptoms of anaphylaxis include:

- Swelling of the throat, lips, tongue, or the area around the eyes
- Difficulty breathing or swallowing
- Metallic taste or itching in the mouth
- Generalized flushing, itching, or redness of the skin
- Stomach cramps, nausea, vomiting, or diarrhea
- Increased heart rate
- Decreased blood pressure
- Dizziness
- Sudden feeling of weakness
- Anxiety or an overwhelming sense of doom
- Collapse
- Loss of consciousness

The most common warning symptoms of anaphylaxis are **hives and swelling**.

Remember! Treatment with a epinephrine auto-injector should be given **immediately** when someone is experiencing a severe allergic reaction.

HOW TO USE ALLERJECT™

Practice With Allerject™ Trainer First

Allerject™ voice-assisted auto injectors are indicated for the emergency treatment of anaphylactic reactions in patients who are determined to be at increased risk for anaphylaxis.



1 Pull Allerject™ from the outer case.

Do not go to step 2 until you are ready to use Allerject™. If you are not ready to use, put it back in the outer case.



3 Place BLACK end AGAINST the MIDDLE of the OUTER thigh (through clothing, if necessary), then press firmly and hold in place for five seconds.

Only inject into the middle of the outer thigh (upper leg). Do not inject into any other location.

NOTE: Allerject™ makes a distinct sound (click and hiss) when you press it against your leg. This is normal and indicates Allerject™ is working correctly.



2 Pull off RED safety guard.

To reduce the chance of an accidental injection, do not touch the black base of the auto-injector, which is where the needle comes out. If an accidental injection happens, get medical help immediately.

NOTE: The safety guard is meant to be tight. **Pull firmly to remove.**

4 Seek immediate medical or hospital care.

Replace the outer case and take your used Allerject™ with you to your pharmacist or physician for proper disposal and replacement.




AFTER using Allerject™ seek immediate medical attention

Please consult the Consumer Information leaflet in your product package for complete dosage and administration instructions.

With a severe, long-lasting allergic reaction, you may need to administer an additional dose of epinephrine. More than two sequential doses of epinephrine should only be administered under direct medical supervision.

It is important that you seek immediate medical assistance or go to the emergency room immediately after using Allerject™. Following treatment, the patient must stay within close proximity to a hospital or where they can call 911 for the next 48 hours. To ensure Allerject™ is right for you, always read and follow the label.

How to store Allerject™

Keep your Allerject™ in cool temperatures. Do not refrigerate. Do not ship.

Occasionally, your Allerject™ solution might be cloudy when stored. Replace your Allerject™ if the discoloration contains solid particles (precipitate) or if there are any signs of leakage. The solution should be clear.

For more information go to:

www.allerject.ca

Manufactured by Sanofi-Santé Canada Inc.
Laval, Québec, Canada H7V 1B6

SANOFI

APPENDIX G**School Action Plan Checklist**

- ☐ description from parent outlining allergens - preferably in rank order of severity
- ☐ statement - medical history, related/unrelated medical conditions e.g. asthma
- ☐ degree of awareness of child, maturity
- ☐ Medication required - can child self administer?
- ☐ ask parent for history of previous reactions action taken
- ☐ complete SS12A, SS12B, SS13 and EpiPen®/Allerject® Form (see Appendix A)
- ☐ complete Emergency Allergy Alert form
- ☐ parent verifies emergency allergy alert form
- ☐ student data card - information is entered in Notes section and in Medic Alert section
- ☐ enter information into OSR regarding allergy
- ☐ prepare substitute teacher folder
- ☐ determine location for primary and for backup medication
 - Child will carry EpiPen® /Allerject®
 - time being of the essence when determining location for back-up EpiPen®/Allerject®
- ☐ parent supplies photo(s) of child
- ☐ arrange for meetings with staff and parents
- ☐ place on agenda of staff meeting or call special staff meeting (semi-annually)
- ☐ review Article 28 of Collective Agreement with staff
- ☐ office staff responds immediately to public address call
- ☐ prepare letter to school community (see Appendix D)
- ☐ determine lunchroom practices with parent : first preference - child eats lunch at home
e.g., hand washing, desk cleaning, ventilation, floor, garbage disposal and cleaning
- ☐ schedule a school assembly and/or classroom information session
- ☐ determine procedures for the arrival of unexpected food (discourage outside food where possible)
- ☐ newsletter reminders – Halloween/Christmas/Easter (see Appendix D)
- ☐ parent and/or principal informs school bus driver (see Appendix G)

APPENDIX G

Checklist Annual Time Line For Schools with Anaphylactic Students

SEPTEMBER*Principal to:*

- ☐ distribute all class materials, folders, files to receiving teachers
- ☐ meet with and brief receiving staff
- ☐ check with parent regarding changes over the summer
- ☐ check EpiPens®/Allerjects® and other medications re: expiry dates and location
- ☐ post emergency allergy alert form (see Appendix D)
- ☐ identify all students at initial staff meeting of *all staff* or hold special meeting re: all anaphylactic students
- ☐ review administration of EpiPen®/Allerject® including training
- ☐ review emergency procedures for each staff member
- ☐ review 911 procedure and locations of all medications
- ☐ review and up-date literature/emergency folders, student photos
- ☐ teacher ensures presence of emergency file for anaphylactic student

Teachers of Anaphylactic students:

- ☐ review emergency plan
- ☐ review key components of student file
- ☐ review occasional teacher folder
- ☐ review location of all medications
- ☐ establish class cleanup routines
- ☐ distribute information letter to school community
- ☐ provide parent with communication package (Appendix D)

OCTOBER / NOVEMBER

- ☐ staff meeting and newsletter reminder

DECEMBER

- ☐ at parent teacher interview request updated medical information

JANUARY / FEBRUARY

- ☐ staff meeting and newsletter reminder before all holidays/special events
- ☐ Kindergarten registration-see *School Action Plan Checklist*

MARCH

- ☐ at parent teacher interview request updated medical information
- ☐ bring pertinent health information to the Secondary School exchange of information meetings

APRIL/ MAY

- ☐ staff meeting and newsletter reminder

JUNE

- ☐ update OSR
- ☐ update student data card
- ☐ update student photo
- ☐ collect all class materials/folders and submit to office
- ☐ brief receiving teacher
- ☐ transfer information from elementary to secondary through exchange of information meeting

APPENDIX H

ANAPHYLAXIS PROTOCOL for Transportation

Request for Proposal Reference

Appendix F of the RFP Student Transportation document Sections 1.0 – 16.0 outlines the requirements that transportation providers must provide to be considered to service provision.

This documentation outlines what is requested:

- 1.0 The Supplier must provide safety orientation and evacuation drills for all drivers, permanent or temporary, a minimum of once annually. The Supplier must provide the Board with the date(s) and agenda for any such orientation or drills and the Board shall have the option to attend such orientation or drills. All such orientation or drills shall include a reference to the evacuation signs posted in the vehicle. The Respondent is required to keep accurate records of all employees training and make them available to the Board when requested.

The program should consist of the following:

6 hours of first aid and EpiPen®/Allerject® training and annual refreshers. Both the Principal and the parent should identify the child to the school bus company.

Excursion Handbook

Further reference is made to Anaphylaxis in the School Excursion Handbook. The handbook can be found in your school office and/or library. Anaphylaxis protocol is located in **Section 7.11 and 7.12** (pages 50-52) on line.

This document is available electronically at [http://tcdsb.org/physical education](http://tcdsb.org/physical%20education).

APPENDIX I

Staff In-service of Anaphylaxis Protocol and Guidelines

As stated in the document **A School Plan of Action for Anaphylaxis – Protocol and Guidelines** is recommended that the school principal review the document with all school staff at a staff meeting early in the school year – September/October. It is also recommended that the principal meet with the parents of students diagnosed with Anaphylaxis upon registration at the school and/or upon diagnosis of Anaphylaxis as outlined in **A School Plan of Action for Anaphylaxis-Protocol and Guidelines**. Principals are asked to complete this form and retain for future reference.

Name of School: _____

Date of in-service to staff: _____

In-service suggestions to staff include **a general review of the document** and:

- Specific roles of administration in providing plan of administering medication to anaphylactic students.
- Choices that staff members have in providing the safest environment to themselves and to students.
- A review of procedures that staff is to follow when a student is experiencing Anaphylactic shock.

Staff In service:

Signature of Principal

Date

Please photocopy and fill out. Please keep with staff attendance sheet.

APPENDIX J**Initial Meeting of Principal and Parent(s)
of Student(s) Diagnosed with Anaphylaxis**

As outlined in the *School Plan of Action for Anaphylaxis-Protocol and Guidelines-May2003* in the preface of this document, it is required that the principal will meet with parents of students diagnosed with Anaphylaxis upon registration at the school and/or upon diagnosis of Anaphylaxis to exchange consent and information forms included in this protocol. This will allow the administration to inform the parents of the plan of action that will be followed should their child experience anaphylactic shock...

Record of Parent Meeting to Discuss Plan of Action for Student with Anaphylaxis:

Name of School: _____

Name of Student: _____

Date of Meeting: _____

Signature of Parent_____
Signature of Principal_____
Date

APPENDIX K**Best Practices**

A best practice is the “utopia” of an idea. When setting up a school to be **allergen aware**, these are some “best practices”:

- Identify students with anaphylaxis, upon registration/new diagnoses.
- Send home appropriate forms.
- Create a questionnaire asking pertinent questions regarding allergy.
- Have meeting with all parents of anaphylactic children.
- In-service **all staff** about protocol, use of EpiPen®/Allerject® and your school emergency procedures.
- Exchange information about school procedures, and what parental expectations are.
- Put up **allergy alert** signs at all entrances as well as doors of classrooms of the anaphylactic children.
- Send home letters to the whole school population, notifying parents that specific allergens are discouraged from entering the school.
- Follow up with a letter or a telephone call to the parents of a child that has brought an allergen into the school. (This should be performed by teacher or principal.)
- If a child brings an allergen in their lunch or snack, you will have that child eat in an area that is not normally used by the general student population. (An office or a conference room has been the general practice for most schools.) Then have child wash up before returning to class.
- Medication will be stored in a location that is easily accessible and **NEVER LOCKED**.

APPENDIX L**Resource Page**

There are a number of Anaphylaxis resources available centrally for your use. Books are available through the CEC Professional Library and videos are available at the warehouse, Media/A.V. Department. The following are the books and videos in stock:

Books

Everyday Cool with Food Allergies
Alexander's Special Holiday Treat
Alexander and His Pals visit the Main Street School.
Always be Prepared "Alexander goes Trick or Treating"
No Biggie Bunch, Trade or Treat Halloween
No Biggie Bunch, Sports-Tastic Birthday Party
Living Confidently with Food Allergy
Allergy Girl

Videos

"Food Allergies Rock" by Kyle Dines
"You must be Nuts" by Kyle Dines

DVD

"Sabrina's Law"

The listed books and videos as well as additional references are available for purchase at the Anaphylaxis Canada website www.anaphlaxis.ca or by calling (416) 785-5666.



TCDSB Policy Register

Anaphylaxis S.M. 15

Date Approved:

February 8, 2006 - Board

Dates of Amendment:

Cross Reference:

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

Policy:

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

Anaphylaxis Policy/Protocol & Guidelines

Regulations:

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

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

80 Sheppard Ave. E., Toronto ON., M2N 6E8

Contact Us

phone: 416-222-8282 email: webmaster@tcdsb.org

Admissions / Registration Ext. 5320

Communications / Public Relations Ext. 5314

Community Use of Schools / Permits Ext. 4370

Night School / Summer School Ext. 2135

Transportation 416-229-5313

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REPORT TO

STUDENT ACHIEVEMENT AND WELL BEING, CATHOLIC EDUCATION AND HUMAN RESOURCES COMMITTEE

MENTAL HEALTH AND WELL-BEING ANNUAL REPORT FOR 2015-2016

This is important: to get to know people, listen, expand the circle of ideas. The world is crisscrossed by roads that come closer together and move apart, but the important thing is that they lead towards the Good. Pope Francis

Created, Draft	First Tabling	Review
December 19, 2016	January 12, 2017	Click here to enter a date.

Cristina Fernandes, Superintendent of Education, Special Services
Patricia Marra-Stapleton, Mental Health Leader
Dr. Maria Kokai, Chief Psychologist
John Wilhelm, Chief Social Worker

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.



R. McGuckin
Associate Director of Academic Affairs

A. Sangiorgio
Associate Director of Planning and Facilities

C. Jackson
Executive Superintendent of Business Services and Chief Financial Officer

Angela Gauthier
Director of Education

A. EXECUTIVE SUMMARY

A key goal within the TCDSB Multi Year Strategic Plan is fostering student achievement and well-being by educating students to grow in grace and knowledge to lead lives of faith, hope and charity. This is accomplished, in part, by creating equitable and inclusive learning environments striving to ensure that the physical, emotional, intellectual and spiritual needs of all students are met. This is both the responsibility of the board as well as the broader community. TCDSB recognizes the importance of partnerships with parents, and community. Student Mental Health and Well-Being nurtures these partnerships and thus strengthens public confidence.

Efforts to create mentally healthy school environments for students are evidenced in many ways. Progress of Student Mental Health and Well-Being Strategy 2015-2018 is being made across each of the TCDSB priority areas:

- a. Building Foundations;
- b. Fostering Skills and Knowledge;
- c. Supporting Well-Being and Decreasing Stigma;
- d. Engaging Families; and
- e. Partnering with the Community.

TCDSB Student Mental Health and Well-Being continues to offer professional development opportunities to all staff groups to educate staff and raise awareness of student mental health and well-being. This is complimented by efforts to offer presentations and seminars to both the student and parent community as well.

B. PURPOSE

1. The Mental Health and Well-Being 2015-16 Report will include both qualitative and quantitative data related to student Mental Health and Well-Being procedures, programs, and professional development, viewed through the MYSP's strategic direction of Living Our Catholic Values. The ultimate goal relates to the creation of mentally healthy learning environments that demonstrates the worth and dignity of every person, and the strengthening of public confidence in the TCDSB. The Mental Health and Well-Being 2015-16 Report serves the requirement of the board for an annual review and update.

2. The following areas will be addressed in this report:
 - i. TCDSB Mental Health and Well-Being Strategy 2015-2018
 - ii. TCDSB Mental Health and Well-Being Policy (S.03) and associated guidelines
 - iii. Professional Learning to build capacity within the system
 - iv. Service Delivery – Board level
 - v. Service Delivery – Inter-ministerial Partnerships
 - vi. Actionable Items 2016-17
3. The evidence will highlight areas of strength and success and well as areas for future growth for the 2016-15 school year.

C. BACKGROUND

1. The TCDSB Mental Health and Well-Being Strategy was adopted by TCDSB in January 2016. The TCDSB Mental Health and Well-Being Policy (S.03) was adopted in June 2013. This is the third annual review and update report.

D. EVIDENCE/RESEARCH/ANALYSIS

1. The following priority areas form the basis of the TCDSB Student Mental Health and Well-Being Strategy 2015-2018:
 - a. **Building Foundations** refer to the development of the organizational conditions which are key in effective school mental health. The foundations range from commitment, to a clear and focused vision, ongoing quality improvement, clear protocols directing our work and care, and collaboration. TCDSB will continue to focus on the integration of student Mental Health and Well-being into all aspects of school life and improvement. Student mental health and well-being underpins all academic life and achievement.
 - b. **Fostering Skills and Knowledge**
TCDSB is committed to the *Fostering of Skills and Knowledge* of mental health and well-being for and with all students and staff. Our Catholic faith teaches us compassion for one another. As a community, our school board's mental health and well-being can flourish as we build our awareness and understanding of Mental Health and Well-Being.

c. **Supporting Well-Being and Decreasing Stigma**

A focus on *Supporting Well-Being and Decreasing Stigma* will promote wellness and help combat the debilitating impact of stigma. Student mental health, occurs along a continuum. Our supports for student mental health will mirror that continuum. Acknowledging that we all have mental health, just as well all have physical health, will go a long way to tearing down barriers built by stigma.

d. **Engaging Families**

Parents and guardians are an integral part of student well-being and achievement. When families are engaged, students demonstrate increased motivation, higher grades, and better behavior. TCDSB will endeavour to incorporate the family's voice in all aspects of mental health and well-being plans and programming.

e. **Partnering with the Community**

Student mental health and well-being is a shared responsibility between family, school and community including parish. TCDSB recognises the crucial role that each play. Our community partners in child and youth mental health, and health services are integral to the success and well-being of our students. We will continue to work towards equitable and sustainable community partnerships.

2. **Related Legislation/ Policy:**

The TCDSB Mental Health and Well-Being strategy is aligned with the following related legislation and policy:

- Open Minds, Healthy Minds Ontario's Comprehensive Mental Health and Addictions Strategy June 2011¹
- TCDSB Mental Health and Well-Being (S. 03)

3. **Sources of Evidence:**

The flowing sources of data support the TCDSB Mental Health strategy:

- a. Data for TCDSB Psychology and Social Work Departments (Direct Service):

¹ www.health.gov.on.ca/en/common/ministry/publications/reports/mental_health2011/mentalhealth_rep2011

- Number of Suicide Interventions using ASIST (Applied Suicide Intervention Skills Training) Model
 - Number of Mental Health Awareness / Literacy presentations to staff
 - Number of Social Emotional Group Interventions
 - Number of Social Emotional Individual Counselling Interventions
- b. Data for Mental Health and Well-Being Professional Development:
- Number of TCDSB Staff Trained in ASIST (Applied Suicide Skills Intervention Training).
 - Number of TCDSB Staff trained in safe TALK – Suicide Awareness
 - Number of TCDSB received the Journey To Wellness Presentation
 - Number of Parent Workshop/ Presentations
- c. Data from Inter-Ministerial Partners
- Number of TCDSB Students serviced through MCYS (Ministry of Children and Youth Services) Priority Access Counselling program
 - Number of TCDSB students served through MHLTC (Ministry of Health and Long Term Care) Mental Health and Addictions Nurses (MHAN) Service Navigation Program
 - Number of Community Agency Mental Health partnerships

E. MEASUREMENT OF THE ACHIEVEMENT OF DELIVERABLES IN 2015-2016

The achievement of the deliverables of the five strategic priorities are assessed:

2015-2018 TCDSB Mental Health and Well-Being Strategy	EVIDENCE / DELIVERABLES (2015-16)
<p>1. Building Foundations refer to the development of the organizational conditions which are key in effective school mental health. The foundations range from commitment, to a clear and focused vision, ongoing quality improvement, clear protocols directing our work and care, and collaboration.</p>	<ul style="list-style-type: none"> • TCDSB Mental Health Advisory Council (MHAC) continues to meet regularly providing guidance and input from various board and community stakeholders. (APPENDIX B). Includes all collective bargaining units, trustee, parents, students, and community. • The Stop the Stigma Secondary School Students Mental Health Advisory Council is convened annually. Members are secondary students who have been nominated by their school as representatives to the council to assist in planning and delivering various Stop the Stigma Training and Education Events for students (secondary and elementary). • TCDSB Mental Health and Wellbeing Policy and associated guidelines (i.e. Mental Health Response Guidelines, and Suicide Intervention Guidelines) were shared with principals via regular K-12 principal meetings, as well as presentations to various principal and vice principal associations, and “Issues and Succession” professional learning presentations. • School Social Work and Psychology Staff deliver annual presentations reviewing the TCDSB Mental Health and Well-Being Policy to all school staff via school staff meetings. • The TCDSB Mental Health Crisis Response Guidelines were shared with principals via regular K-12 principal meetings, as well as presentations to

2015-2018 TCDSB Mental Health and Well-Being Strategy	EVIDENCE / DELIVERABLES (2015-16)
	various principal and vice principal associations, and “Issues and Succession” presentations.
<p>2. Fostering Skills and Knowledge TCDSB is committed to the <i>Fostering of Skills and Knowledge</i> of mental health and well-being for and with all students and staff. Our Catholic faith teaches us compassion for one another. As a community, our school board’s mental health and well-being can flourish as we build our awareness and understanding of mental health and well-being</p>	<ul style="list-style-type: none"> • School Social Work and Psychology staff delivered presentations of the Ministry of Education’s Mental Health Resource Guide for Educators Supporting Minds (Anxiety Module) to <u>all</u> secondary schools in the Fall 2015. Presentations to elementary schools delivered on an invitational basis. • School Psychology staff delivered 70 Mental Health Awareness and Literacy Presentations to schools (<i>Supporting Minds</i>). • School Social Work staff delivered a total of 601 Mental Health Awareness and Literacy Presentations the total is comprised of (172 Mental Health presentations to school staff including <i>Supporting Minds</i> Presentations, 356 student presentations, and 73 parent presentations). • High quality professional development for teachers regarding student mental health and well-being. (e.g. FRIENDS, SNAP, and Stress Lessons). • Expertise level professional development for school psychology staff and school social workers regarding specific areas/populations pertaining to student mental illness as well as health promotion. (1 day devoted to the Mental Health needs of marginalized youth, and 1 day devoted to Non-Suicidal Self-Injurious behaviours. These PDs were in addition to regular departmental PD). • 288 TCDSB School Social Workers, and School Psychology staff, Guidance staff, and school administrators trained in ASIST (Applied Suicide

2015-2018 TCDSB Mental Health and Well-Being Strategy	EVIDENCE / DELIVERABLES (2015-16)
	<p>Intervention Training) thus far. There were 32 additional staff trained in ASIST in 2015-16</p> <ul style="list-style-type: none"> • Over 800 TCDSB staff (teachers, EAs, CYWs, Administrators) Trained in safe TALK (Suicide Awareness) 195 were trained in 2015-16 • Support for teachers as they deliver the newly revised Health and Physical Education curriculum- particularly as it pertains to Mental Health and Well-being. (secondary HPE department head in-serviced, as well as grade 7-8 teachers)

2015-2018 TCDSB Mental Health and Well-Being Strategy	EVIDENCE / DELIVERABLES (2015-16)
<p>3. A focus on <i>Supporting Well-Being and Decreasing Stigma</i> will promote wellness and help combat the debilitating impact of stigma. Student Mental health, occurs along a continuum. Our supports for student Mental Health will mirror that continuum. Acknowledging that we all have mental health, just as well all have physical health, will go a long way to tearing down barriers built by stigma.</p>	<ul style="list-style-type: none"> • All Secondary Schools, and 9 pilot elementary schools involved in the Stop the Stigma Student Leadership initiative. This includes many presentations/ seminars for students and staff, and parents. We have increased the number of participating elementary schools from 2 pilot schools in 2014-15, to 11 in 2015-16. • School Psychology staff served 300 students for individual counselling. • School Social Work staff served 7242 students for individual counselling. • School Psychology staff served 80 students for group counselling intervention. • School Social Work staff served 407 students for group counselling intervention. • Social Work staff delivered 94 Collaborative School Based Programs with Community Partners (e.g. What Ever It Takes Program, Lunch and Learn Programs with Community Partners). • Social Work staff delivered 24 School Wide Mental Health and Well-being programs (e.g. Bullying Prevention, Breakfast Program Coordination, Stop the Stigma promotion) • School Psychology staff completed 80 assessments of social emotional functioning / mental health, often resulting in a psychological diagnosis (note: most of the 800 completed Psycho-educational Assessments include a mental health component). • School Psychology staff performed 70 ASIST (Applied Suicide Skills Intervention Model) suicide intervention risk reviews. • School Social Work staff performed 612 ASIST (Applied Suicide Skills Intervention Model) suicide intervention risk reviews.

2015-2018 TCDSB Mental Health and Well-Being Strategy	EVIDENCE / DELIVERABLES (2015-16)
<p>4. Engaging Families Parents and guardians are an integral part of student well-being and achievement. When families are engaged, students demonstrate increased motivation, higher grades, and better behavior. TCDSB will endeavour to incorporate the family's voice in all aspects of Mental Health and Well-being plans and programming.</p>	<ul style="list-style-type: none"> • 2015-16 marked the introduction of monthly TCDSB Mental Health Newsletters created for staff, parents, and parish. Our readers indicate that the newsletters have been excellent way to communicate to parents about positive Mental Health and Well-being. • Parent Members of the TCDSB Mental Health Advisory Council met with the executive of CPIC and OAPCE to encourage parent voice with regards to student mental health. • Annual Mental Health Presentation at the TCDSB Special Services Parent Engagement Event (approximately 100 parents in attendance). • Annual information Mental Health booth at the OPACE AGM and Parent Fair.

2015-2018 TCDSB Mental Health and Well-Being Strategy	EVIDENCE / DELIVERABLES (2015-16)
<p>5. Partnering with the Community</p> <p>Student Mental Health and Well-being is a shared responsibility between family-school-community. TCDSB recognises the crucial role that each play. Our community parenters in child and youth mental health, and health services are integral to the success and well-being of our students. We will continue to work towards equitable and sustainable community partnerships.</p>	<ul style="list-style-type: none"> • Developed and maintained 12 separate partnership agreements (See APPENDIX D) with children's mental health agencies (2015-16). An additional partnership was developed in 2015-16 with Catholic Family Services. • TCDSB Mental Health Leadership are members of MCYS (Ministry of Children and Youth Services) Priority Access Steering Committee. • TCDSB represented on various community council and expert panels including Toronto Suicide Prevention Strategy, MHLTC (Ministry of Health and Long Term Care) Toronto Child and Family Network 0-6 years, MCYS (Ministry of Children and Youth Services) "Together to Mobilize", MYCS (Ministry of Children and Youth Services) "Together to Live", MCYS's (Ministry of Children and Youth Services) System Transformation Consultation Panel, TCDSB Psychology and Social Work staff presented at a variety of Provincial Mental Health Conferences. • MCYS Priority Access Program (see APPENDIX C) accepted 171 referral for counselling from TCDSB Social Workers and Psychology Staff. • TC-CCAC (Toronto Central Community and Care Access Centre) Mental Health and Addictions Nurses (MHAN) completed 117 referrals in 2015-16.

F. ACTIONABLE ITEMS FOR 2016-17

Based on the assessment of the TCDSB Student Mental Health and Well-Being strategy in 2015-2016 and the emergence and recognition of other areas of focus, the following deliverables will be actioned in the 2016-2017 school year:

1. Highlight the connection between Mental Health and Well-Being and our **Catholic Faith Values as evidenced by** the 2015-18 Strategy which incorporate and demonstrates this strong connection:
 - i. Communicate to our school and parish community the “protective” and supportive nature of our **Catholic Faith** as it pertains to wellness, wholeness, and the dignity of the human being and human spirit.
 - ii. Continued collaboration with our Religious Education Department to support the dissemination of information pertaining to Mental Health and Well-Being through the use of our **Catholic Faith**.
 - iii. The TCDSB monthly Mental Health Newsletter highlights the unique connection between Mental Health - **Catholic Faith** – family – and Parish.
2. Consider possible options for inclusion of school Mental Health and Well-Being Goals to existing school plans. (e.g. Safe and Accepting School Plans) Development this year will focus on expanding the examples of
 - i. School Mental Health goals, and
 - ii. Mental Health resources schools can employ to meet those goals.
3. With the Ministry’s release of “***Supporting Minds: Mental Health Resource Guide for Educators***” in 2013-14, TCDSB has in-serviced all school social work and psychology (and some guidance) in the facilitation of the Anxiety Module (fall 2014). Social Work and Psychology staff will be in-serviced in the ***Supporting Minds: Mood and Depression Module*** in the fall 2016 for availability to their schools this school year. All principals will be made aware of the availability of this presentation for their school community.

4. Review of the TCDSB Mental Health Crisis Response Guidelines with all principals will be completed annually.
5. Focusing on areas of targeted need and pursuing the development of more mental health partnerships with children's mental health agencies. A focus on further developing our partnership and collaboration with Toronto Lead agency EMYS East Metro Youth Services).
6. Building on TCDSB's collaboration with the Registered Nurses Association of Ontario (RNAO) and Toronto Public Health "Youth Mental Health Champions Project at 5 TCDSB schools, we expanded Our Stop the Stigma Program at more elementary schools in 2014-15. Adding 6 additional elementary schools 2015-16 and 10 more in 2016-17 (for a total of 21 school in 2016-17).
7. Building capacity with school social work and psychology staff within the area of newcomer mental health and the trauma informed school. A pilot itinerant mental health team consisting of 0.5 FTE Social Work and 0.5 FTE Psychology staff will be launched in the 2016-17 school year. These staff were re-allocated from front line to meet this growing need. They will offer direct service, consultation, and professional development to those TCDSB schools with elevated enrolment of Newcomers.
8. Examination and exploration of parent engagement strategies with respect to student mental health. Continued consultation it the Parent representatives to the Mental Health Advisory council, as well as consultation with CPIC and OAPCE to further develop parent engagement in this area.

C. CONCLUDING STATEMENT

This report is for the consideration of the Board.



Mental Health and Well Being Report 2015-16

Composition of the TCDSB Mental Health Steering Committee

- Superintendent of Student Achievement and Wellbeing , Special Services
- Chief Psychologist
- Chief Social Worker
- Coordinator for Pathways Guidance
- Coordinator for Parent Involvement
- Lead Resource Teacher – Religious Education and Family Life
- Lead Resource Teacher – Student Success
- Lead Resource Teacher – Psychical Education / Health
- Lead Resource Teacher- Guidance
- Safe and Accepting Schools representative
- Secondary School Principal representative
- Elementary School Principal representative.
- Elementary Teachers representative (APT- Assessment and Programming Teacher)
- Psychology Staff representative
- Social Work Staff representative
- Day Treatment / Section 23 representative
- As additionally needed : Catholic Teachers' Centre, Religious Education and Family Life and Research department staff



APPENDIX B

TCDSB Mental Health Advisory Council

- **Composition**

Presently, representatives from the following groups comprise the committee. :

- Association of Professional Student Support Services (APSSP)
- CUPE
- Elementary Principals Association (TCVPA)
- Secondary Principals Association (SSPA)
- Toronto Secondary Unit (TSU)
- Toronto Elementary Catholic Teachers Association – OECTA
- Trustees
- Parents
- Student (Mental Health Student Advisory Council MHSAC)
- CSLIT
- Community (TC-CCAC, and Mental Health Advocacy)
- Special Education Advisory Council (SEAC) representative
- Chief Psychologist (TCDSB)
- Superintendent of Education, Special Services

APPENDIX C

Mental Health and Well Being Report 2015-16

MCYS Priority Access Counseling Program: Participating Agencies

East :

- Aisling Discoveries Child and Family Centre
- East Metro Youth Services

North:

- The Hinks Dellcrest Centre
- Griffin Centre

South :

- The Hinks Dellcrest Centre
- Central Toronto Youth Services

West :

- Etobicoke Children's Centre
- The George Hull Centre for Children and Families.

Specific Populations:

- BOOST (relationship violence)
- Breakaway Addiction Services
- Centre Francophone
- Native Child and Family Services Toronto
- Rosalie Hall (Section 23)
- Toronto Council Fire Native Cultural Centre

APPENDIX D
Mental Health and Well Being Report 2015-16
TCDSB Mental Health Partnership Agreements

1. Aisling Discoveries Child and Family Centre:
(Partners for Success, and Peacekeepers and Finding the Leader & Power in You Programs)
2. Boost Child Abuse Prevention and Intervention
(I'm a Great Kid, and I'm a great Little Kid Programs).
3. Breakaway Addiction Services
4. Child Development Institute
(SNAP, and Act and Adapt Programs).
5. Dr. Elyse Dubo
(Sunnybrook Adolescent Psychiatry "Lost and Found")
6. The Etobicoke Children's Centre
(Fun FRIENDS and Friends for Life Programs)
7. The George Hull Centre - (Fun Friends)
8. Native Child and Family Services of Toronto
9. Toronto – Central Community Care Access Centre (TC-CCAC)
(Mental Health and Addictions Nurses Program).
10. prevNET (Promoting Relationships and Eliminating Violence)
Safe Schools Ambassadors Program
11. Toronto Public Health
One on One Youth Mentoring Program
12. Youth Link
FAST (Finding Assertive Solutions Together)
13. Catholic Family Services
Teens Preventing Domestic and Dating Violence Project



POLICY SECTION: STUDENTS
SUB-SECTION: EXCURSIONS
POLICY NAME: SCHOOL EXCURSIONS
POLICY NO: S.E. 01

Date Approved: January 1969	Date of Next Review: December 2016	Dates of Amendment: December 2013, December 1992, January 1987, April 1985
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Cross Reference:
Education Act, §. 217
Occupational Health and Safety Act
Ontario School Board Insurance Exchange
Ontario Highway Traffic Act
F.P.01 Purchasing
H.M. 33 Acceptance of Hospitality or Gifts
S.M.04 Fund Raising in Schools
S.P.07 Athletic Activities Within the Physical and Health Education Program
S.S.09 Code of Conduct

Attachment:
Appendix A: The School Excursion Handbook [[hyperlink](#)]

Purpose:

This policy recognizes that schools will regularly have students leave the school property to enhance the achievement of the curriculum learning expectations outlined in the Ontario Curriculum and Catholic School Graduate Expectations. Experiential learning that normally occurs during excursions allows for the differentiation of instruction and enhances student achievement. The safety of students, staff and parents is a priority during excursions and will be a primary consideration when organizing any school excursion.

Scope and Responsibility:

This policy extends to staff members, volunteers, students and their family members while participating in any school-sanctioned excursion. The Director of Education is responsible for this policy and the School Excursion Handbook. Superintendents, Principals and Teachers supervising excursions are responsible for ensuring the procedures are followed.

Alignment with MYSP:

Living Our Catholic Values



POLICY SECTION:	STUDENTS
SUB-SECTION:	EXCURSIONS
POLICY NAME:	SCHOOL EXCURSIONS
POLICY NO:	S.E. 01

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

Financial Impact:

Generally there is no financial impact with this policy. All student costs associated with excursions must be reflective of the Ministry of Education's Guidelines for Fees for Learning Materials and Activities.

Legal Impact:

A primary goal of the school excursion policy is the safety of students while on school excursions. This policy will reduce the risk of legal liability to the TCDSB in the event a student suffers a personal injury while on a school excursion.

Policy:

The Toronto Catholic District School Board believes that well planned educational excursions enhance the physical, emotional, social, spiritual and academic development of the student. Consistent with the TCDSB Multi Year Strategic Plan, the Ontario Curriculum and the Ontario Catholic School Graduate Expectations, all excursions occurring at the TCDSB that has students and staff members leaving the school facility will be for educational purposes. All excursions must follow the operational procedures outlined in the School Excursion Handbook.

Regulations:

1. All excursions occurring at the Toronto Catholic District School Board that have students and staff members leaving the school facility will be for educational purposes aligned with the learning expectations of Ontario Curriculum and consistent with the Multi Year Strategic Plan.
2. The School Excursion Handbook of operational procedures will govern the respective aspects of this policy.
3. All excursions require the appropriate level of approval as prescribed in the School Excursion Handbook. The approval process will govern any contracts for services used in connection with the excursion.
4. All contracts will follow the process outlined in F.P. 01 Purchasing Policy. No teacher, principal or other employee has authority to sign any contracts that may bind or obligate



POLICY SECTION: STUDENTS
SUB-SECTION: EXCURSIONS
POLICY NAME: SCHOOL EXCURSIONS
POLICY NO: S.E. 01

the Board in any way, unless expressly delegated by the Director of Education; except for the person granting the approval. Approval of an excursion does not constitute a delegation of authority to sign agreements, contracts, and the like, that may be required to undertake an excursion.

5. Relevant information about the excursion will be provided to parents/guardians prior to obtaining permission for their child's participation. Permission forms found in the School Excursion Handbook must be used to secure the permission of parents/guardians.
6. For overnight or international excursions, the principal will obtain the appropriate level of approval from the Superintendent or Director of Education. Overnight and international excursions will be governed by the following:
 - i. Only approved vendors and third party service providers identified in the School Excursion Handbook can be used to support an overnight or international excursion.
 - ii. The vendor will fully disclose to the principal any intention to offer remuneration, gifts or other benefits to staff members participating in a school excursion.
 - iii. No personal profit or remuneration will be gained by any staff of the TCDSB in regards an excursion.
 - iv. Any proceeds offered by the vendor will be directed to reducing the cost of the excursion for students.
 - v. No TCDSB staff member who also is a vendor for trips and excursions shall be permitted to operate a TCDSB excursion for student.
7. The safety and supervision of all students on excursions is of utmost importance. The rules regarding safety and supervision are contained in the School Excursion Handbook.
8. Since an excursion is deemed to be a school-related activity, all school rules in the code of conduct will apply to students for the duration of the excursion and in those circumstances that have an impact on the school climate.
9. The principal will ensure that effective planning has occurred prior to the excursion, and that all procedural requirements are met according to the procedures outlined in the School Excursion Handbook, including matters relating to:
 - i. relevance to the curriculum, where applicable;



POLICY SECTION: STUDENTS
SUB-SECTION: EXCURSIONS
POLICY NAME: SCHOOL EXCURSIONS
POLICY NO: S.E. 01

- ii. supervision ratios;
 - iii. transportation;
 - iv. excursion itineraries/activities;
 - v. emergency plans
10. Responses to medical situations that occur on excursions must be consistent with the procedures outlined in the School Excursion Handbook. The subsequent reporting of accidents must comply with the reporting requirements:
- i. Student Accidents – Ontario School Board Insurance Exchange
 - ii. Staff Accidents – The Occupational Health and Safety Act.
11. On those occasions where an excursion includes a Sunday, the teacher's plan shall specify participation in the Sunday Eucharist for all students and supervisors.
12. When the Board has approved an excursion, the total cost of the excursion may be funded wholly or partly from the appropriate school budgets, funds raised for the excursion in accordance with the Board's policy, S.M. 04 Fund Raising in Schools, contributions made by individual students and/or parents, and costs assumed by individual students and/or parents.
13. All elective personal spending by any of the participants, whether students, parents or staff, in preparation for or while attending any approved excursion is the responsibility of the individual; the Board cannot and does not accept any responsibility in connection with such personal expenses. Thus, the term "total cost of the excursion" as used in this policy does not include expenditures for items of a personal nature.
14. There may be occasions when the approval of an excursion previously granted must be withdrawn. In these situations, the decision will be made by the staff person(s) responsible for the approval, as set out in the School Excursion Handbook, and only after careful thought as to what alternatives might be possible in the particular circumstances. If the approval is withdrawn, the staff person(s) responsible for the approval shall endeavor, as soon as possible, to advise all concerned and to assist them in recovering any resulting personal loss.
15. In the event of a cancellation or alteration of an approved excursion, re-imburement for financial losses regarding costs contributed or assumed by students, their parents, or staff, is governed by the following:
- i. the general rule is that the Board will not reimburse students, parents, or staff, for any financial costs contributed or assumed by them;



POLICY SECTION: STUDENTS
SUB-SECTION: EXCURSIONS
POLICY NAME: SCHOOL EXCURSIONS
POLICY NO: S.E. 01

- ii. when the board itself is reimbursed for some or all of the total cost of an excursion, the Board will share equitably the amount received in proportion to the losses incurred by the participants including the Board itself, taking into consideration amounts paid, and amounts credited or rebated, directly or indirectly, to any of the participants;
 - iii. there are no circumstances in which the Board will reimburse or offer any reimbursement in respect of expenses incurred by students, parents or staff in connection with any private trip, or in connection with expenditures of a personal nature; and
 - iv. the principal shall specifically bring this regulation to the attention of any student or parent who makes a contribution or assumes any cost in relation to an excursion.
16. Reasonable attempts will be made to ensure that no student shall be prevented from participating on an excursion through inability to pay.
17. The Board extends to all teachers, students, and volunteer supervisors, on Board approved excursions, the same liability coverage that it would extend to them in the normal day to day operation of the school.
18. The TCDSB will not assume any liability whatsoever in connection with the organization, development or delivery of any private trip by staff, students, parents/guardians or other stakeholders that fall outside the parameters of this policy.

Definitions:

Excursion

An excursion is any Board or school approved event or program which, for educational purposes, has students leaving school property. All excursions must be supervised by a teacher who is a member of the Ontario College of Teachers.

Demonstrations and/or marches shall not be included or interpreted as excursions. Nonetheless, those activities in alignment with the TCDSB Multi Year Strategic Plan, and in particular, the strategic priority of *Living Our Values*, may be considered by the principal in consultation with the Area Superintendent. TCDSB excursions do not include private trips.



POLICY SECTION:	STUDENTS
SUB-SECTION:	EXCURSIONS
POLICY NAME:	SCHOOL EXCURSIONS
POLICY NO:	S.E. 01

Excursions will include, but will not be limited to, the following:

- i. the use of local sites;
- ii. supplementary programs offered at a different location;
- iii. co-instructional programs;
- iv. one day trips within the Greater Toronto Area or beyond;
- v. overnight excursions within Canada; and
- vi. International trips.

Occupational Health and Safety Act

This legislation intends to protect workers from risks and hazards in the workplace. It sets out duties for all workplace parties and rights for workers and establishes procedures for dealing with workplace hazards.

Ontario Highway Traffic Act

This legislation applies to the provisional use of commercial and non-commercial motor vehicles on the roads and highways of Ontario, Canada. In the context of this policy, it references the transportation of students during excursions or sporting events.

Ontario Physical and Health Education Association (OPHEA)

OPHEA is a not-for-profit organization that champions healthy, active living in schools and communities through quality programs and services, partnerships and advocacy, and is led by the vision that all children and youth value and enjoy the lifelong benefits of healthy, active living. OPHEA Safety Guidelines must be followed when planning activities during all excursions.

Ontario School Board Insurance Exchange (OSBIE)

OSBIE is a school board owned, non-profit insurance program representing the school boards in Ontario. The primary goals of the Exchange are to insure member school boards against losses, and to promote safe school practices.

Private Trip

Private trips are those excursions that have not received the Board's approval, as set out in the School Excursion Handbook, and those trips for which the organizers have not applied for approval. They may involve staff and students of the Board. The Board will assume no liability whatsoever in connection with the organization, development or delivery of the excursion.

School Excursion Handbook

The School Excursion Handbook prescribes the operational procedures for all excursions offered at TCDSB, including administrative procedures for planning and supervising excursions, types of excursions, application and permission forms, transportation requirements, emergency



POLICY SECTION: STUDENTS
SUB-SECTION: EXCURSIONS
POLICY NAME: SCHOOL EXCURSIONS
POLICY NO: S.E. 01

planning and insurance. Safety considerations for students involved in activities during an excursion are governed by the OPHEA safety guidelines.

Evaluation and Metrics:

1. The School Excursion Handbook will be reviewed annually to ensure compliance with legislation and TCDSB policies.



*Office of the Chair of the Board
Chair of SEAC*

June 8, 2016

The Honourable Liz Sandals, M.P.P.
Minister of Education
Ontario Ministry of Education
900 Bay Street, 22nd Floor, Mowat Block
Toronto, Ontario M7A 1L2

Dear Minister Sandals:

We are writing to advocate on behalf of the close to 17,000 students receiving essential Special Education support in the Toronto Catholic District School Board (TCDSB).

Over the past two years, ongoing Ministry of Education cuts to our Special Education High Needs Amount (HNA) Grants totalling close to \$7 million has placed a significant burden on our Board as we strive to meet the growing number of special needs students. These cuts are not only debilitating to our Board, but disheartening to the hundreds of Special Education teachers entrusted with the care of the most vulnerable youth in our system.

The TCDSB Board of Trustees and the members of the Special Education Advisory Committee (SEAC) respectfully request that your Ministry reconsider these cuts and restore Special Education HNA funding to previous levels. Additionally, the Ministry's special education funding formula, which is based on average provincial benchmarks is inappropriate. Similar to the experience of our coterminous Toronto public school board, providing special services to students with identified exceptionalities in the most diverse city in the world brings with it challenges not faced by other boards in the province.

In the Ministry's B-6 Memo dated June 8, 2011, school boards were informed of a four per cent increase as a recognition of regional variations in capital construction and renewal costs. This applied a geographic adjustment factor (GAF) intended to address the higher costs and programmatic challenges confronting a large urban board like the TCDSB in the nation's largest city. We find it ironic that the Ministry would acknowledge these differences when financing bricks and mortar, yet remains staunchly opposed to using this same principle when funding the more important "human capital" side of our mandate – the education of students.

Special Education programs are central to our moral purpose as a school board and how we deliver appropriate special education-based intervention and support. The HNA cuts, coupled with the chronic underfunding of an already financially overburdened Special Education Department, jeopardizes the academic achievement and wellbeing of every student in our system, not just those with special needs.

As the largest publicly funded Catholic school board in the province representing over half-a-million stakeholders, we cannot continue to absorb the negative impact on students and urge you to stop the cascading series of cuts to Special Education funding.

We look forward to your response.

Yours sincerely,



Angela Kennedy
Chair of the Board

Marilyn Taylor
Chair, SEAC

Cc: TCDSB Board of Trustees

All Ontario School Boards' Special Education Advisory Committees

Angela Gauthier, Director of Education

Cristina Fernandes, Superintendent, Special Services

Education Council

Ministry of Education

Minister

Mowat Block
Queen's Park
Toronto ON M7A 1L2

Ministère de l'Éducation

Ministre

Edifice Mowat
Queen's Park
Toronto ON M7A 1L2

Ontario

August 24, 2016

Ms. Angela Kennedy
Chair of the Board
Toronto Catholic District School Board
80 Sheppard Avenue East
Toronto ON M2N 6E8

A- <<-
Dear Ms. Kennedy,

Thank you for your letter of June 8, 2016, originally addressed to my predecessor, the Honourable Liz Sandals, on behalf of the Toronto Catholic District School Board about special education funding. Please know that your sincere commitment to students with special education needs is appreciated, and I am pleased to respond.

Our government is committed to ensuring that every student has access to the supports they need to succeed in school, including students with special education needs. We are making changes to be more responsive to the needs of all students and to increase our focus on supporting their achievement and well-being.

The Ministry of Education provides Ontario's 72 publicly-funded district school boards with additional funding through the Special Education Grant (SEG) for students with special education needs to support the incremental costs of the additional programs, services, and equipment required to meet their educational needs and to support positive outcomes. This enables equity for all students with special education needs.

Special Education Grant funding is incremental to the Foundation Grants and other special purpose grants of our ministry's education funding model, the Grants for Student Needs (GSN). School boards have the authority and flexibility to use other GSN funding, as well as the Special Education Grant SEG, to meet their responsibility to support students with special education needs.

The SEG is projected to increase to approximately \$2.76 billion in 2016-17. This represents an increase of approximately \$43.2 million or 1.6 per cent over 2015-16; and \$1.14 billion or 70 per cent since 2002-03.

In the case of Toronto Catholic District School Board, its total Special Education Grant funding allocation is projected to be nearly \$121.2 million in 2016-17. This represents an increase of nearly \$42.4 million or 53.8 per cent since 2002-03.

.../2

As you know, the new DSENA allocation (formerly the High Needs Amount) was introduced in 2014-15 to better reflect the variation among boards with respect to students with special education needs, and boards' ability to meet these needs, thus making the DSENA allocation more fair and equitable.

The new DSENA allocation uses three components to reflect this variation: the Measures of Variability, the Special Education Statistical Prediction Model and a Base Amount for Collaboration and Integration. Similar to the geographic adjustment factor that accounts for variations in need for capital construction, the Special Education Statistical Prediction Model estimates the likelihood of students in a school board needing special education programs and/or services. The model does this by taking into account neighbourhood profiles *for all* students across Ontario in each school board, and considering long form census factors, such as parent level of education, family income, unemployment and recent immigration to Canada.

Ministry staff have been consulting with stakeholders on the evolution of the DSENA allocation, including meeting with the Special Education Funding Working Group since 2008, and we will continue to work with stakeholders on the evolution of the DSENA funding allocation over the 2016-17 school year.

While this transition to a more fair and equitable DSENA model is provincially fiscally neutral, it will have redistribution impacts among boards, such as the Toronto Catholic District School Board. To mitigate this impact the new DSENA model is being phased in over four years (2014-15 to 2017-18), and despite projected enrolment declines the ministry is holding the provincial DSENA total allocation at \$1.05 billion over the four year transition.

Thank you for writing to share your concerns and recommendations with me. Please be assured that I understand your concerns, and will keep them in mind as we move forward. I trust this information is helpful to you.

Sincerely,



Mitzie Hunter, MBA
Minister

December XX, 2016

The Honourable Mitzie Hunter, M.P.P.
Minister of Education
Ontario Ministry of Education
900 Bay Street
22nd Floor, Mowat Block
Toronto, Ontario M7A 1L2

Dear Minister Hunter:

We have had the opportunity to review your letter of August 24, 2016, in response to the Toronto Catholic District School Board's written request for the Ministry of Education to reconsider the significant cuts being made to Special Education funding that is adversely impacting the 17,000 students with exceptionalities who receive essential learning support services.

The Ministry claims the overall increases in Special Education Grant funding benefits boards across the Ontario. For the record, the real fact is that this has been achieved on the backs of major urban boards like the TCDSB. A prime example is the Special Education High Needs (HNA) funding now called the DSENA Grant, has been spiralling downwards over the past three years: from \$51.7M in 2012-13 to \$47.4M in 2016-17. That is \$4.169M which has been taken from the TCDSB budget and redistributed to other school boards!

Special Education funding has also not kept pace with the special needs associated with Ministry's introduction of new programs such as Early Years learning (aka FDK). There has been a marked increase in the number of students in Kindergarten arriving with special needs. Many of these students have higher needs requiring additional human resources and intensive support programs. In particular, this is reflected in the 35 percent increase in the number of students diagnosed with autism since the Ministry mandated introduction of FDK. However, due to the nature of the age of these students, they are supported within the regular classroom which places significant pressures on in-class support for all students.

Over the past two years, ongoing Ministry of Education cuts to TCDSB's Special Education High Needs (HNA) Grants totalled close to \$7 million. This chronic underfunding by the Ministry jeopardizes the TCDSB's ability to provide adequate support to its most vulnerable students and poses a significant challenge supporting the growing number of special needs students.

Despite this underfunding, the TCDSB has made a concerted effort over the past two years to reduce its overspend in special services programming. These reductions have come at a significant cost to schools and school communities who are feeling the strain of having to do more with less staff.

The Board has not only reduced support staff, but also eliminated 90 percent of agency workers. In addition, Educational Assistant usage has been cut by approximately 100 staff members to deal with the removal of \$1.5 million high needs amount funding (Differentiated Special Education Needs Amount). This is an untenable situation as the number of students requiring special learning support services identified through an IEP has grown exponentially to 17,433 students, or close to 20 percent of the TCDSB's total student population of 90,000.

Your attention to this urgent request is appreciated.

Sincerely,

Cc: TCDSB Board of Trustees

Angela Gauthier, Director of Education

Cristina Fernandes, Superintendent, Special Services

Education Council

December XX, 2016

The Honourable Mitzie Hunter, M.P.P.
Minister of Education
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900 Bay Street
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Dear Minister Hunter:

We have had the opportunity to review your letter of August 24, 2016, in response to the Toronto Catholic District School Board's written request for the Ministry of Education to reconsider the significant cuts being made to Special Education funding that is adversely impacting the 17,000 students with exceptionalities who receive essential learning support services.

The Ministry claims the overall increases in Special Education Grant funding benefits boards across the Ontario. For the record, the real fact is that this has been achieved on the backs of major urban boards like the TCDSB. A prime example is the Special Education High Needs (HNA) funding now called the DSENA Grant, has been spiralling downwards over the past three years: from \$51.7M in 2012-13 to \$47.4M in 2016-17. That is \$4.169M which has been taken from the TCDSB budget and redistributed to other school boards!

Special Education funding has also not kept pace with the special needs associated with Ministry's introduction of new programs such as Early Years learning (aka FDK). There has been a marked increase in the number of students in Kindergarten arriving with special needs. Many of these students have higher needs requiring additional human resources and intensive support programs. In particular, this is reflected in the 35 percent increase in the number of students diagnosed with autism since the Ministry mandated introduction of FDK. However, due to the nature of the age of these students, they are supported within the regular classroom which places significant pressures on in-class support for all students.

Over the past two years, ongoing Ministry of Education cuts to TCDSB's Special Education High Needs (HNA) Grants totalled close to \$7 million. This chronic underfunding by the Ministry jeopardizes the TCDSB's ability to provide adequate support to its most vulnerable students and poses a significant challenge supporting the growing number of special needs students.

Despite this underfunding, the TCDSB has made a concerted effort over the past two years to reduce its overspend in special services programming. These reductions have come at a significant

cost to schools and school communities who are feeling the strain of having to do more with less staff.

The Board has not only reduced support staff, but also eliminated 90 percent of agency workers. In addition, Educational Assistant usage has been cut by approximately 100 staff members to deal with the removal of \$1.5 million high needs amount funding (Differentiated Special Education Needs Amount). This is an untenable situation as the number of students requiring special learning support services identified through an IEP has grown exponentially to 17,433 students, or close to 20 percent of the TCDSB's total student population of 90,000.

Once again, we urge your Ministry to honour the rights of special needs students. The **<insert # of members>** members of **<insert name of association>** respectfully request that your Ministry reconsider the cuts you have made and restore Special Education HNA funding to previous levels.

Should the Ministry continue to refuse to restore Special Education funding to appropriate levels, we will have no option but mobilize the thousands of parents of special needs students through our association and other partners to ensure this is top of mind for all voters and candidates during the next provincial election.

Your attention to this urgent request is appreciated.

Sincerely,

SEAC PENDING LIST AS AT FEBRUARY 8, 2017

1. Staff to update the Special Education Plan and resource documentation accessible to students and parents online to reflect current and accurate information. (requested September 2016)
2. Changes to the Accessibility policy be brought back to SEAC for review. (requested September 2016)
3. SEAC requested that the Board to seek a representation of indigenous persons from various organizations at SEAC. (November 2016)
4. Explore Opportunities to offer the S.T.Y.L.E program to secondary schools. (requested November 2016)
5. Staff to consider increasing Empower in high schools when the budget is balanced and the accumulated deficit is eliminated and bring it back to SEAC pending balanced budget (requested in 2015)
6. Staff to provide SEAC with Interim Budget within the same timeline as the Board of Trustees so that they may provide recommendations to the Board on how best to serve special needs students.