



REPORT TO

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

REPORT ON NARCOLEPSY

And you will have confidence, because there is hope; you will be protected and take your rest in safety. Job 11:18

Created, Draft	First Tabling	Review
May 22, 2018	May 31, 2018	Click here to enter a date.
C. Fernandes, Superintendent of Special Services		
RECOMMENDATION REPORT		

Vision:

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

Mission:

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

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



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Executive Superintendent
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A. EXECUTIVE SUMMARY

This report outlines strategies to address students identified with Narcolepsy in schools

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

B. PURPOSE

1. This report arose from a report to trustees at the Student Achievement and Well-Being Committee by Dr. Shelly Weiss from the Hospital for Sick Children, regarding Childhood Narcolepsy.
2. Trustees requested a report to see how we might be able to provide education to teachers and parents on the topic of Narcolepsy.

C. BACKGROUND

1. On April 6, 2018, Dr. Shelly Weiss from the hospital for Sick Children presented to the Student Achievement and Well Being Committee information on Narcolepsy.
2. Narcolepsy is a serious, life-long disorder caused by the brain's inability to regulate sleep-wake cycles normally. The onset of narcolepsy is typically from age 10 to 17 but can occur at any age. Individuals with narcolepsy usually have Excessive Daytime Sleepiness (EDS) which are daytime sleep attacks that may occur without warning and which may be uncontrollable. It involves the need to sleep during the day and persistent drowsiness for prolonged periods during the day.
3. Symptoms of narcolepsy may also include other symptoms such as: cataplexy (brief loss of muscle tone that can happen when you feel a strong emotion); Disrupted/fragmented night-time sleep (involves multiple periods of awakening); hypnagogic hallucinations (vivid, realistic and frightening dreams or hallucinations during sleep onset or when waking); and, sleep paralysis (a temporary inability to move).

4. The known incidence of narcolepsy is 1 in 2000 individuals. Thus in approximately 92000 students, there may be about 46 individuals that may have the disorder.
5. Narcolepsy is not a well-known disorder but one that mimics other issues that students may have, which can have an impact on their learning. A student with narcolepsy can be misinterpreted by their peers and staff as lazy and unmotivated.
6. Narcolepsy is diagnosed through a primary care physician.

D. EVIDENCE/RESEARCH/ANALYSIS

1. Students come to school with a variety of medical conditions. At registration, parents are provided with the opportunity to disclose any medical condition that requires the attention of school staff.
2. If upon registration, parents disclose a medical condition, the school is able to contact the Assessment Programming Teacher - APT (in elementary schools) or the Programming Assessment Teacher - PAT (in secondary schools) to assist in developing a plan of care for the student to address the medical condition.
3. Schools consult with the School Based Support Learning Team (SBSLT) members when students display behaviours that are outside of the regular behaviours of students. This is the process by which possible medical conditions such as narcolepsy can be discussed in light of a student's demonstrated behaviours.
4. It is also at the SBSLT that parents are able to offer information that can assist the school in supporting the student's needs.
5. The School Principal and Special Services support staff (specifically APTs and PATs as well as psychologists), would be the best candidates to receive information on Narcolepsy that could help school staff to understand student needs and identify potential symptoms. Information will be shared with these staff members via team meetings.

E. METRICS AND ACCOUNTABILITY

1. As is the case for other medical conditions, an annual communication be sent to school administrators and special services staff to share some preliminary information on narcolepsy via the www.learnaboutnarcolepsy.org site. This would afford schools a point of contact with respect to this rare disorder.
2. In circumstances where a student is diagnosed with narcolepsy, then both the principal/vice-principal and special services support staff are able to provide support through the development of a **student plan of care** for the individual student. This plan will outline student needs, including any necessary accommodations to support the student in the classroom.

F. CONCLUDING STATEMENT

Staff recommends the following:

1. A **student plan of care** be developed for students with a diagnosis of narcolepsy as per the new medical conditions protocol (PPM 161- Other Medical conditions) to include any necessary accommodations.
2. That a communication be sent to principals/vice-principals and special education staff with respect to narcolepsy that may be used identify potential symptoms and support school staff with diagnosed students.