



Committee of the Whole Board Meeting

Monday, January 13, 2020
Board Room, Education Centre

AGENDA

- A - 1 **Opening**
- (a) Roll Call
 - (b) Declaration of Conflict of Interest
 - (c) In Camera Session (**6:30 p.m.**)
 - (i) Personnel Matters
 - (ii) Legal Matters
 - (d) Welcome to Open Session / Land Acknowledgement Statement (**7:15 p.m.**)
 - (e) Agenda Additions/Deletions/Approval
 - (f) In Camera Report
- B - 1 **Business Arising from Minutes and/or Previous Meetings**
- * (a) Response to Transportation Safety Concerns Delegation R. Wyszynski
 - * (b) Document Management System Scope R. Wyszynski
 - * (c) Joint Use of Facility Agreement: Next Steps R. Wyszynski
- C - 1 **Director's Report**
- D - 1 **New Business - Action/Decision Items**
- * (a) Mississaugas of the Credit – Education Services Agreement D. Martins
 - * (b) Mileage Remuneration R. Wyszynski
 - * (c) Special Education Advisory Committee (SEAC) Membership L. Thompson
- D - 2 **New Business - Information Items**
- * (a) Category III Trips B. Blancher
 - * (b) Enrolment vs Capacity by School Report R. Wyszynski
 - * (c) GELA Annual Report L. Munro
 - * (d) Request from the Children's Safety Village of Brant B. Blancher
- E - 1 **Bylaw/Policy/Procedure Consideration - Action/Decision Items**
- * (a) HR4 Health & Safety (**A**) R. Wyszynski
 - * (b) HR5 Harassment/Objectionable Behaviour (**A**) S. Sincerbox
 - * (c) SO13 Access to School Premises (**A**) W. Baker
 - * (d) SO14 Equity and Inclusive Education (**C**) W. Baker
 - * (e) SO15 Out of Classroom Field Trips and Excursions (**C**) B. Blancher
 - * (f) SO22 Fees for Learning Materials and Activities (**C**) D. Martins
 - * (g) SO26 Events Planning and Organizing Policy (**C**) B. Blancher
 - * (h) SO28 Student Concussion and Head Injury (**A**) R. Wyszynski
 - * (i) SO30 Management of Potentially Life-Threatening Health Conditions in Schools (**C**) L. Thompson
 - * (j) SO32 Exclusion of Students (**A**) W. Baker
- E - 2 **Procedure Consideration - Information Items**
- * (a) P101 Request for Core French Exemption (**I**) L. De Vos
 - * (b) SO108 Community Service Providers and Schools Working Together (**C**) L. Thompson

SUCCESS for Every Student



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- * (c) SO111 Fire Safety and Fire Safety Plans (C) R. Wyszynski
- * (d) SO120 Student and Visitor Injuries/Accidents (I) R. Wyszynski

F - 1 **Other Business**

G - 1 **Correspondence**

H - 1 **Adjournment**

Future Meetings (held at the Education Centre unless noted otherwise)

Special Education Advisory Committee	January 16, 2020	6:00 PM	Board Room
Grand Erie Parent Involvement Committee	January 16, 2020	6:30 PM	Dogwood, Norfolk SSC
School Year Calendar Committee	January 21, 2020	4:30 PM	Board Room
Chairs' Committee	January 27, 2020	5:45 PM	Norfolk Room
Board Meeting	January 27, 2020	7:15 PM	Board Room
Quality Accommodation Committee	January 30, 2020	2:00 PM	Board Room
Pre-Budget Review Meetings	January 30, 2020	5:30 PM	Board Room
Native Advisory Committee	February 10, 2020	1:00 PM	Cayuga Secondary
Committee of the Whole	February 10, 2020	7:15 PM	Board Room
Privacy and Information Management Committee	February 13, 2020	3:00 PM	Norfolk Room
Indigenous Education Advisory Committee	February 13, 2020	6:00 PM	Board Room
Special Education Advisory Committee	February 20, 2020	6:00 PM	Board Room
Chairs' Committee	February 24, 2020	5:45 PM	Norfolk Room
Board Meeting	February 24, 2020	7:15 PM	Board Room
Student Transportation Services Brant Haldimand Norfolk	February 25, 2020	9:00 AM	Norfolk Room
Pre-Budget Review Meetings	February 26, 2020	5:30 PM	Board Room

SUCCESS for Every Student



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Rafal Wyszynski, Superintendent of Business and Treasurer
RE: **Response to Transportation Safety Concerns Delegation**
DATE: January 13, 2020

<p>Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board receive the Response to Transportation Safety Concerns Delegation as information.</p>
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Background

A delegation was brought before the Board on November 25, 2019 expressing concerns over safety practices not being adhered to by spare drivers on a bus route in Norfolk. The bus route in question is N-560-R, a full-sized bus which makes its way through the Walsh Public School transfer location. The delegation focused on ensuring that students were fully seated before the bus driver engages the bus after a pickup had occurred.

Additional Information

Current Safety Standards and Practices: Current safety standards, as detailed in the Operator Agreements with each of our service providers, outline the mandatory safety training requirements that all school bus drivers are required to go through in order to upgrade their driver's license to a "B" or "E" class and transport the students within our district. One of the required items in the training speaks specifically to the need to secure the vehicle at every stop until all students are safely seated. Trainees received the information, are tested on it and sign off indicating that they know and understand the materials.

In addition to the initial training requirements, operators are required to provide on-going training to their drivers and office staff in the form of annual workshops. This annual refresh includes, among other topics, information on the requirement to keep buses secured until all passengers have loaded and are properly seated. Similar to the initial training, knowledge verifications are administered for the on-going training to ensure understanding of the information provided.

Additional information is provided to drivers by the school bus companies which includes their weekly safety messages, provided over the two-way radios, as well as through monthly safety messages. Due to the concerns brought forward by the delegation, both forms have been used as a means to convey the requirement to remain stationary and secure until students are safely in their seats.

History of events on route N-560-R: there have been several reported instances, from the delegation, directly to the bus company which have included their local manager, regional manager and Vice President. Email communication with STSBHN staff has gone back as far as November 2018 with phone conversations with staff before that. In every instance where concerns were brought forward, the driver(s) were investigated and met with local management to discuss the allegations.

Although statistics on complaint types are not currently collected by STSBHN, it was noted that calls of this nature are irregular and do not appear to indicate that a systemic problem exists with the operator who services route N-560-R or any other bus company for that matter. STSBHN is working

on implementing a holistic incident tracking system and expects the system to be running in September 2020.

Next Steps

To ensure the concerns raised on route N-560-R are being addressed by the bus company servicing the route, the following steps will continue to be followed or will be put in place:

- As the issue appears to only arise when the regular bus driver is absent, a camera bus will be assigned to the route on days when a spare is assigned. The camera buses capture audio and video events occurring inside the bus and will assist STSBHN in identifying safety issues if they are experienced;
- Before being assigned to the route, dispatch will speak to each spare driver reminding them of the requirement to keep the bus secured until all students who have boarded are safely in their seat(s). No specific mention of the grandchild's names or stop location will be shared to ensure that all students are being cared for in a similar fashion;
- STSBHN will continue to focus on auditing the initial and on-going training materials, include knowledge verifications, specific to the requirement to keeping the vehicles secured while students are boarding as part of their annual audit process;
- STSBHN will provide spot checks of records of drivers who have been accused to not abiding by the safety procedures relating to the securement of vehicles while students are boarding. The checks will ensure that a thorough investigation was completed, that any required retraining has taken place before the driver is allowed back on the road and that follow ups occur(ed) – likely in the form of shadowing the driver under review while performing services.

STSBHN and Grand Erie District School Board employ great care in ensuring that student safety is taken very seriously for all 26,000 students in Grand Erie.

Respectfully submitted,

Rafal Wyszynski
Superintendent of Business & Treasurer



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Rafal Wyszynski, Superintendent of Business and Treasurer
RE: **Document Management System Scope**
DATE: January 13, 2020

<p>Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board receive the Document Management System Scope Report as information.</p>
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Background:

Paper files and many paper-based processes are inherently risky due to the potential loss, misfiling or misplacing of paper records. Paper records are also more susceptible to unauthorized access to employee information, unlike electronic records that can be protected with system-controlled access privileges. The movement to electronic records was deemed to be a high priority in the list of recommendations made through the privacy assessment.

A Document Management System (DMS) would be the solution that would reduce this risk to the Board. There are thousands of paper records that should be digitized, some of which are very old and susceptible to damage inflicted by time. Other advantages of implementing a DMS include:

- Reduced storage space
 - Document storage costs can be reduced by eliminating the costs of paper, filing cabinets, reducing labour hours filing and retrieving, and by minimizing document storage space
- Enhanced security
 - Document retrieval speeds can be dramatically improved by storing documents on computer disks in a well-organized directory structure with an accompanying search engine
 - Security can be enhanced using access rights, passwords, backups, and offsite storage
- Easier retrieval
- Improved workflow and collaboration
- Stronger backup and disaster recovery
 - ITS has built Disaster Recovery capability for all the critical systems at the Disaster Recovery site at Simcoe Composite Secondary School. However, all the paper files in HR, Business Services, Facilities and even schools cannot be saved in the event of a fire or flood at any of our buildings.

During the 2019-20 revised budget development, Senior Administration recommended that \$120,000 be earmarked as an investment into a DMS. Trustees have requested more information on scope and budget impact, both of which are summarized below.

Additional Information:

The scope of the investment is for a software product not a service. While a vendor will provide some start-up training and support with the implementation; the primary investment and ongoing annual cost is for a product. There will also be hardware purchases required more specifically, two

types of scanners: large and small desktop units. The large scanners will help with the task of scanning large volumes of existing files while the desktop scanners will be used more for day-to-day processing of paper to electronic format.

During training and implementation, the system will allow for staff to introduce document workflows, such as processes for documents digitally moving to the appropriate staff for approval. Human Resources was identified, from a 2017 recommendation made in the Privacy Assessment, as the first department to begin a transition of historical documents.

The first phase of the plan would be to scan the current HR paperwork of each active employee and then finish with the historical files of past employees. Once complete, the process would move to other departments such as payroll and finance.

With respect to cost; senior administration is confident that a \$120,000 investment will be sufficient for the initial purchase of the software, the hardware and the training.

Although we have a choice to select from a few qualified vendors (either through piggyback clauses or the vendors of record identified through the Ministry of Government and Consumer Services), the costing can vary from vendor to vendor. However, here is an example of what a typical implementation at a much larger school board had cost:

	2019-20	2020-21	Annual Cost thereafter
System Cost (15 User Licenses)	\$ 56,000.00	\$ -	\$ -
Annual Support	\$ 11,000.00	\$ 11,000.00	\$ 11,000.00
Professional Services (and Training)	\$ 17,000.00	\$ -	\$ -
Desktop Scanners (6)	\$ 6,600.00	\$ -	\$ -
Large Scanners (2)	\$ 12,400.00	\$ -	\$ -
Annual Service Contract (Scanners)	\$ 2,950.00	\$ 2,950.00	\$ 2,950.00
Total	\$ 105,950.00	\$ 13,950.00	\$ 13,950.00

One of the items to also consider is how (and who) will perform the historical scanning. This can be a labour-intensive process and will have to be evaluated prior to a contract award. Some vendors offer the service a cost per page (\$0.05 to \$0.10) while others do not offer it at all, and there may be a need to employ temporary staff to manage the additional work. However, the current budget would have approximately \$14,000 to address this for 2019-20 should the above estimate reflect actual costs.

Senior administration recommends that Trustees approve the use of \$120,000 of the 2019-20 Board Initiatives for a Document Management System.

Next Steps:

ITS Staff, under the guidance of the Purchasing Department, will initiate a working group with several departments to evaluate existing qualified vendors and select a product based on input from HR, Business Services and Facility Services. The goal is to have the implementation begin in early spring 2020.

Respectfully submitted,

Rafal Wyszynski
Superintendent of Business & Treasurer



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Rafal Wyszynski, Superintendent of Business and Treasurer
RE: **Joint Use of Facilities Agreement: Next Steps**
DATE: January 13, 2020

<p>Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board receive the Joint Use of Facilities Agreement Next Steps as information.</p>

Background

The Joint Use of Facilities Agreement (JUFA) is an arrangement with the City of Brantford and the Brant Haldimand Norfolk Catholic District School Board (BHNCDSD) that provides access to schools and recreational facilities for community members and staff and students from both Boards. Grand Erie students benefit from access to various municipal indoor and outdoor facilities including the Wayne Gretzky Sports Centre, Lions Park and the Sanderson Centre.

A new JUFA was negotiated during the first part of 2019 and at the August 26, 2019 Board Meeting a report was presented to Trustees in camera requesting approval of the proposed revised agreement with the City of Brantford and BHNCDSD. During the presentation of the report Trustees were informed that BHNCDSD did not approve the agreement. Subsequently, a motion was presented that the Grand Erie District School Board approve, in principle, the Joint Use of Facilities Agreement with the City of Brantford and Brant Haldimand Norfolk Catholic District School Board and the motion was carried.

Additional Information:

At their Board Meeting on November 26, 2019, the trustees of the BHNCDSD passed a motion to notify the City of Brantford and the Grand Erie District School Board their intent to terminate the current Joint Use of Facilities Agreement; and to direct the BHNCDSD senior administration to pursue separate joint use agreements with the City of Brantford and Grand Erie.

Grand Erie Senior Administration is asking Trustees to provide direction on how we should proceed in light of the direction that BHNCDSD has taken.

Next Steps:

Senior Administration will proceed as directed by Trustees.

Respectfully submitted,

Rafal Wyszynski
Superintendent of Business & Treasurer



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Denise Martins, Superintendent of Education
RE: **Mississaugas of the Credit – Education Services Agreement Report**
DATE: January 13, 2020

Recommended Action: Moved by _____ Seconded by _____
THAT the Grand Erie District School Board receive the Mississaugas of the Credit – Education Services Agreement Report as information.

Additional Information

Attached is the 2018-19 report of the Mississaugas of the Credit under the terms of the Education Services Agreement.

Grand Erie Multi-Year Plan

This report supports the Achievement indicator of Success for Every Student and the following statement: we will set high expectations for our students and staff. We will monitor, measure and reflect on our outcomes.

Respectfully submitted,

Denise Martins
Superintendent of Education



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Wa'tkwanhela:tú:
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Tansi Aanii
Ndio! She:kon
O'tgwanö:nyö:?
Kwe' Tungasugit
Sge:nq? Kwe-Kwe

**EDUCATION SERVICES AGREEMENT FOR
MISSISSAUGAS OF
THE CREDIT STUDENTS**

PROGRESS REPORT FOR 2018-19

EXECUTIVE SUMMARY

The Education Services Agreement for Mississaugas of the Credit Students is an agreement between the Grand Erie District School Board and the Mississaugas of the Credit First Nation (MCFN), that outlines the services, programs and supports that will be provided to students from Mississaugas of the Credit that attend Grand Erie schools. This report highlights the work of the 2018-19 school year, specifically related to the progress of these students and the team who work to ensure *Success for Every Student*.

MULTI-YEAR PLAN 2016-20

In 2016, Grand Erie approved a new strategic direction to guide the work that the school board is doing. At the centre of Grand Erie's Multi-Year Plan is *Success for Every Student*.

Grand Erie will achieve *Success for Every Student* through a focus on students and staff in a culture of high expectations. The six indicators that support Grand Erie's goal are: Achievement, Community, Environment, Equity, Technology and Well-Being.



INDIGENOUS EDUCATION ADVISORY COMMITTEE

The purpose of Grand Erie's Indigenous Education Advisory Committee is to promote and improve Indigenous Education for all students. Membership on this committee includes the Mississaugas of the Credit Director of Education, Education Pillar Lead and an additional representative.

TRANSITION ACTIVITIES

The transition teacher together with the Lloyd S. King administrators and staff, participated in the implementation of the Grand Erie Transition Plan in 2018-19.

Collaboratively, the staff jointly plan pathway placements, timetabling, and supports for MCFN students entering Grade 9. A designate from the requested secondary school participated in the transition activities accompanied by the school's Student Success Teacher or Learning Resource Teacher.

The following activities were completed in the 2018-19 school year to facilitate successful transition of MCFN students to Grand Erie secondary schools.

SECONDARY SCHOOL INFORMATION AND SPECIAL PROGRAM INFORMATION NIGHTS

All secondary schools hosted this information event. Grade 8 students and their parents/guardians were invited to attend information nights at any Grand Erie secondary school.

THE RIGHT FIT TRANSITION ACTIVITY

The Indigenous Engagement and Support teacher visited each Grade 7 class to facilitate The Right Fit Activity. This activity helps students focus on the importance of choosing the secondary school that is best suited to their individual interests and goals.

GRADE 8 SHADOW DAYS

Each secondary school hosted the Grade 8 students that were registered to attend their school in September 2019. Students experienced 'a day in the life of a secondary school student' at their selected school.

Grand Erie District School Board sponsored the bus transportation for this event.

IDENTIFICATION, PLACEMENT AND REVIEW COMMITTEE (IPRC)

Grand Erie Special Education teacher consultants participated in IPRC transition meetings for Grade 8 students to determine placement recommendations and discuss individual transition plans.



THE BOARD ACTION PLAN ON INDIGENOUS EDUCATION

In line with the Achievement and Equity indicators of the Grand Erie District School Board's Multi-Year Plan and the following statements: "We will set high expectations for our students and staff; We will monitor, measure and reflect on our outcomes; We will promote practices that help students, families and staff feel safe, welcomed and included", the Board Action Plan for Indigenous Students supports the implementation of the First Nation, Métis, and Inuit Education Policy Framework. This provides Mississaugas of the Credit Students with an additional layer of support for their success. The 2018-19 Board Action Plan for Indigenous Students provided for initiatives that directly impacted students including:

- Cultural Mentorship program for the Nations-NewStart Community Based Learning Centre

- Rising Stars Cultural Leadership initiative at Hagersville Secondary School
- Indigenous Student Leadership Initiative
- Lacrosse and Cultural Games Project at Tollgate Technological Skills Centre
- Multi-lingual Indigenous Language Learner support program, piloted at Hagersville Secondary School and McKinnon Park Secondary School
- Instructional resources and supplies for Native Art (NAC10) classes
- Transition to Secondary School Activities for Grade 7 and 8 students at all schools
- Parent engagement event to Toronto Rock game
- Professional development activities for educators

ANNUAL EVENTS

All Grand Erie schools are encouraged to recognize the following dates of significance. Teachers are encouraged to invite community guest speakers to help facilitate activities for these days. The Indigenous Education team provides resources and supports to schools as requested.

- Orange Shirt Day (September 30) – acknowledging experiences of students in Residential Schools
- National Day of Remembrance acknowledging Missing and Murdered Indigenous Women and Girls (October 4)
- Treaty Recognition Week (First week of November)
- National Inuit Day (November 7)
- Rock Your Mocs Day/Week (November 15)
- Louis Riel Day (November 16)
- Have a Heart Day – in support of First Nations Child Welfare (February 14)
- Honouring Memories/Planting Dreams – Heart gardens honour residential school survivors and their families (May/June)
- Tom Longboat Day (June 4)
- National Indigenous Peoples Day (June 21)

HAGERSVILLE SS CULTURALLY RESPONSIVE EVENTS/ACTIVITIES

- Jordan's Principle Information Session
- Student tour to the University of Toronto campus and book store
- Anishinaabemowin Bingo
- Celebration of a student who signed an athletic deal with Buffalo State University
- Drumming Workshops
- Moccasin, Medicine Pouch and Hoop Dancing Workshops



SPECIAL PROGRAM HIGHLIGHTS

INDIGENOUS STUDENT LEADERSHIP INITIATIVE 2018-19

The Truth and Reconciliation Commission's 63rd Call to Action forms the foundation for Grand Erie's Indigenous Student Leadership Initiative (ISLI),

"Build student capacity for intercultural understanding, empathy, and mutual respect."

INDIGENOUS STUDENT LEADERSHIP INITIATIVE (ISLI)

PURPOSE:

- Enhancing Indigenous students' feeling of acceptance and belonging in their school and communities;
- Expanding Indigenous students' understanding and pride in their culture and the contributions they make to society;
- Providing Indigenous students opportunities to learn and explore outside of their own context;
- Increasing Indigenous students' level of engagement at school and in their communities; and
- Building the confidence, skills and capacity of Indigenous students to serve and lead in their school and communities.

SPECIFIC GOALS:

- Provide leadership training and support to secondary Indigenous Student Associations (Native Clubs) to help them grow into vibrant and integral parts of their respective schools;
- Foster student directed events for various cultural initiatives in their schools e.g. Rock Your Mocs, Treaty Recognition Week, Orange Shirt Day, Indigenous Solidarity Day, etc.;
- Support and assist students to undertake Indigenous Appreciation Days in each of the participating schools;
- Create a base of Indigenous student role models/mentors for future cohorts;
- Facilitate the development of an effective and vibrant Indigenous Student Council that includes representatives from all Grand Erie secondary schools;
- Provide a conduit for Indigenous student voice to the Student Senate and to support the new Board role of Indigenous Student Trustee

Since the ISLI began three years ago, we have met all of the initial goals:

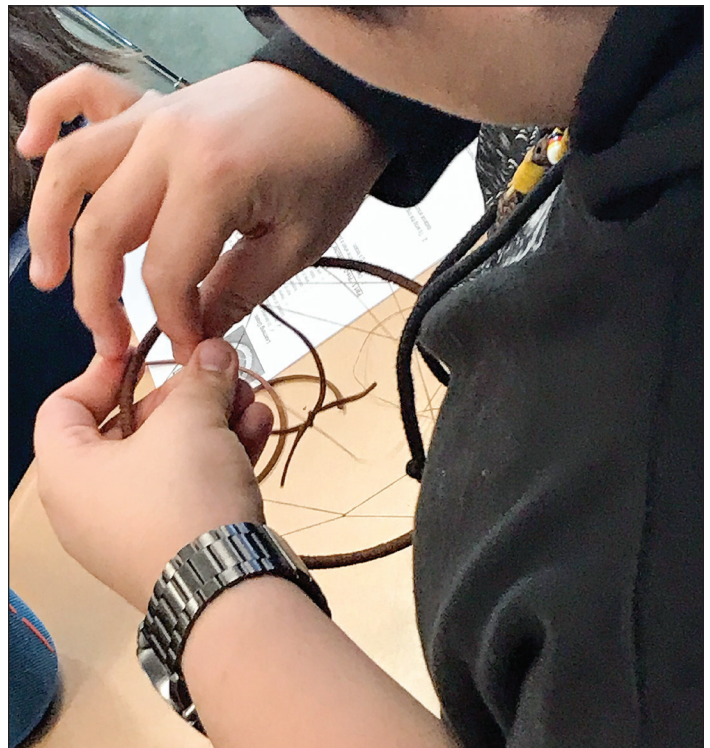
- Increase in number of schools participating in initiative
- Increase in staff and student participation in ISLI events
- Increase in number of Indigenous Engagement activities occurring in participating schools:
- Creation of Board-wide Indigenous Student Council;
- Indigenous student seats secured on Grand Erie District School Board Student Senate;
- Establishment of Indigenous Student Trustee position



la'teieká:nereh
Doxtador-
Swamp

STUDENT TRUSTEE

Indigenous Student Trustee Allan St. Pierre resigned in March 2019 to pursue a college program at Niagara College. As a result, a by-election was held and the remainder of the term was fulfilled by a Grade 12 student from Waterford District High School, Ashley Cattrysse. The 2019-20 Indigenous Student Trustee was selected by acclamation at the April 2019 Student Senate. la'teieká:nereh Doxtador-Swamp is a Grade 11 student from McKinnon Park Secondary School. The trustee is selected by the United Indigenous Student Association, which has Indigenous student representatives from each of the 13 secondary schools in Grand Erie.



MULTI-LINGUAL INDIGENOUS LANGUAGE LEARNERS (MLLL)

SUPPORTING INDIGENOUS LANGUAGES

The Grand Erie District School Board recognizes the vital role Indigenous languages play in helping to preserve vital links with families and cultural backgrounds, as well as, developing a solid sense of identity in the individual. The Board's goal is to work collaboratively with the local Indigenous communities to provide programs that support their language restoration and revitalization goals.

In 2018-19, a new initiative was launched to provide additional support to those students who have been in an

Indigenous language immersion program at any time during their elementary school years. The Multi-lingual Indigenous Language Learners program, facilitated by Atala Andratis, Grand Erie English Language Learner Teacher Consultant, involves an English language literacy and numeracy assessment that informs teachers of classroom approaches that will ensure participating students can more effectively access curriculum content in the English language. Grand Erie recognizes the value of immersion language schooling and actively supports students transitioning into an education setting that is fully English language based.

CULTURAL MENTORSHIP PROJECT

RETURNING TO THE CIRCLE OF TRADITION

Grand Erie District School Board introduced the Returning to the Circle of Tradition cultural mentorship program at the Hagersville SS Nations-NewStart Community Based Learning Centre in 2018-19. Through this program, students and staff had the opportunity to learn a variety of cultural teachings and concepts directly from community knowledge holders, 'Aunties and Uncles.'

The goal of the program, built on the belief that culture is the catalyst for change, is to provide cultural learning opportunities to Indigenous secondary school students as a means to enhance their success in school and in their overall well-being.

During the program, students learned about their culture through hands-on cultural learning activities. They also learned how to integrate cultural life skill teachings into their daily lives, and were introduced to community cultural supports to continue their learning.

Working in partnership with community member, Carmen Thomas, as the cultural mentor, the program was created with input from students and staff. This input determined the list of topics the program covered, including: Ganohonyohk and Creation; Roles and Responsibilities; Healthy Relationships and Dealing with Conflict; The Great Law; Seven Grandfather Teachings; Clan Systems; History of the People; Corn Husk Dolls; and Traditional Foods.

Cultural Mentor Thomas organized community speakers to facilitate learning on these topics.

The Returning to the Circle of Tradition program supports Grand Erie's vision for the Nations-NewStart Community-based Learning Centre - to foster a learning environment that is culturally responsive to the Haudenosaunee and Anishnabek students and the families it serves. It meets the

Equity and Well-Being indicators of the Board's Multi-Year Plan: We will promote practices that help students, families and staff feel safe, welcomed and included; and, We will create environments that are healthy and that recognize the well-being of mind body, emotion and spirit of students and staff.



TTSC LACROSSE AND CULTURAL GAMES PROJECT

In 2018-19, students and staff at Tollgate Technological Skills Centre (TTSC) got a full program of activities related to the best game on two feet... lacrosse! Through the Lacrosse and Cultural Games Program, staff and students got to experience the rich teachings and fantastic skill sets around the Creator's Game.

The goal of the Lacrosse and Cultural Games Program -to further enhance the positive school culture of mutual respect and active participation by offering new activities for students and staff to engage in was highly successful! Students were excited to be involved in this project!

Contained within the cultural teachings embedded in the game are lessons about self-discipline, respect and fair play. As these traits are developed, self-esteem and confidence grow. The Lacrosse and Cultural Games program focused on activities that will bring out these teachings in ways students can relate to.

As a result, students gained an understanding of the game's history and growth as one of Canada's national sports, and acquired the knowledge and technical skills to play the game through large group assemblies, intramurals, classroom activities, and school field trips.

Working with the Iroquois Lacrosse Program, a full line-up of program activities included: Crooked Arrows movie viewing; skills workshops with Mekwan Tulpin and National Lacrosse League (NLL) player, Johnny Powless, of the Toronto Rock; stick-making workshop in construction class with facilitator, Daniel (Bo) Henhawk; two field trips to Toronto Rock games and a field trip to Kanata Village to learn the traditions and skills of lacrosse. The project finished with a friendship tournament at the Iroquois Lacrosse Arena. Students from several local secondary schools participated as both players and game referees, scorekeepers and general helpers.



SUPPORTING PROFESSIONAL DEVELOPMENT OPPORTUNITIES

The Indigenous Education Teacher Consultant/Lead and the Native Advisor work together to provide professional development opportunities that enable teachers and Board leaders to increase their knowledge and awareness of Indigenous cultures, histories, traditions and perspectives as well as to enhance their capacity to support Indigenous learners more effectively. Opportunities are provided as an Indigenous Education initiative or by the inclusion of an Indigenous lens through various department initiatives.

GRAND ERIE PD DAY FOCUSES ON INDIGENOUS EDUCATION

The April 12th Professional Development (PD) day for secondary teachers was devoted to Indigenous Education. In the morning, over 600 teachers participated in a presentation on the vision and goals of the First Nation, Métis, Inuit Education Policy Framework and explored how it fits within Grand Erie's Multi-Year Plan and its focus on Equity as well as their own individual school improvement plans.

As part of the presentation, teachers were asked to reflect on current practice in their schools and classrooms through an 'Equity Walk' focused on Indigenous Education. The 'Equity Walk' is a tool to help schools assess where they

are in terms of culturally responsiveness in their buildings and classrooms. It also assists with addressing gaps moving forward.

The afternoon professional activities were optional for staff. The Indigenous Education team organized five options for staff to choose from that included: Being an Ally in Education by Understanding the Truth and Reconciliation Commission's Calls to Action; Woodland Cultural Centre Virtual Residential School Survivor Tour and Speaker; Canada's Dark Secret Documentary Viewing and Survivor Speaker; and the Grand Erie Blanket Exercise at Cayuga Secondary School and at Waterford District High School.

Additionally, some schools organized their own professional development plans such as self-directed tours of the Six Nations and Mississaugas of the Credit First Nations communities, and a Goodminds site visit.

This day solidified the foundation for future initiatives in Indigenous Education that are planned within Grand Erie. With increased professional learning related to Indigenous Education, the Board is able to further foster staff capacity and thereby further the work of Indigenous Education in a broader and deeper way to the success for every student.

OTHER PROFESSIONAL DEVELOPMENT/CURRICULUM

CULTURALLY INTEGRATED CURRICULUM PROGRAM

The Grand Erie District School Board offers Native Studies courses in schools enrolling Mississaugas of the Credit students and supports the work to develop curriculum units and courses of study which infuse Indigenous, history, knowledge and world views; provides professional development for increased educator competency in Indigenous Education; and supports the implementation of learning resources that work to heighten the understanding of Indigenous history, cultures and traditions.

PARTNERSHIP

The Grand Erie District School Board works with Mississaugas of the Credit (MCFN) education administrators and staff for an ongoing and strengthened partnership focused on respect and reciprocity leading to:

- smoother transitions of MCFN students from Grade 8 to secondary school and improved student attendance and achievement
- inclusion of MCFN federal school staff in Grand Erie professional development for teachers
- increased involvement of parents/guardians in the education of their children

COMMUNITY BASED EDUCATION PROGRAMS FOR MISSISSAUGAS OF THE CREDIT STUDENTS

COMMUNITY BASED EDUCATION PROGRAMS

Grand Erie District School Board has developed a variety of innovative community based education programs to meet the needs of Indigenous students. In 2018-19, the Nations, NewStart and ILA Turning Point programs were amalgamated into one location – the Nations NewStart Community Based Learning Centre. This new setting provides for more opportunities in experiential and culturally relevant learning. Grand Erie District School Board continues to seek innovative strategies and program delivery models to meet the needs of all learners, including those who may require re-engagement programs and alternative ways to earn secondary school credits towards their Ontario Secondary School Diploma (OSSD).

NATIONS AND NEWSTART COMMUNITY BASED LEARNING CENTRE:

The Nations NewStart Community Based Learning Centre provides alternative learning in a community setting for secondary students from Six Nations, Mississaugas of the Credit First Nation, and surrounding areas. It serves secondary students who prefer a smaller and more flexible learning environment.

Program highlights:

- **Eligible Students:** Grand Erie secondary students in Grades 9-12+, up to age 21 years old.
- **Supported Pathways:** All grades and pathways.
- Coop program

SECTION 23 PROGRAMS

Under the provisions of Section 23 of the Ministry of Education's General Legislative Grant Regulation (Reg. 287/98) educational programs may be provided by District School Boards in collaboration with community partners, for school-aged young people, who for various reasons are unable to attend regular schools. Grand Erie offers two Section 23 programs specific to Indigenous students.



COMMUNITY BASED EDUCATION PROGRAMS FOR MISSISSAUGAS OF THE CREDIT STUDENTS

RATIWEIENTEHTA'S – THEY ARE LEARNING

Grand Erie District School Board has partnered with Ganohkwasra Family Assault Support Services to offer a Section 23 classroom out of the Youth Lodge facility. Ganohkwasra provides therapeutic counselling and services while a Grand Erie Teacher provides individualized academic programming.

- **Eligible Students:** Students aged 13-21
- **Supported Pathway:** All grades and pathways
- **Program Details:** Students must complete an intake process with Ganohkwasra intake worker. They must have exhausted resources at their home school.

OHAHI:YO PROGRAM

In partnership with the Ministry of Child and Youth Services – Youth Justice Services Division, the Grand Erie District School Board employs one (1) itinerant teacher to provide services and supports to First Nation, Métis and Inuit youth who are engaged in some capacity with the youth justice system. Through a holistic approach, students are provided individualized program planning and support toward their full re-engagement into schooling and community.

Program highlights:

- **Eligible Students:** FNMI self-identified youth 14-21 years old engaged in Youth Justice System
- **Supported Pathway:** All grades and pathways.
- **Program Details:** Students must be referred by youth justice connection, such as a Probation Officer.

SCHOOL COLLEGE WORK INITIATIVE (SCWI) PROGRAMS

The School Within A College (SWAC) program is part of the School-College-Work Initiative (SCWI). SCWI is a co-operative effort with a mandate to assist in creating a seamless transition for students from secondary school to college. In addition to a wide array of learning and awareness opportunities for students, teachers, parents and the broader community, projects have been developed to provide dual credit programs for secondary students through the partnership of secondary schools and colleges.

SCHOOL WITHIN A COLLEGE (SWAC)

The Ohsweken SWAC program is a partnership between Grand River SCWI (Grand Erie and BHNCD SB), Grand River Employment and Training, and Mohawk College. The program is offered at the GREAT facility and provides secondary school students the opportunity to earn dual credits and secondary school credits in a post-secondary environment. The Ohsweken SWAC program is unique in Ontario in that it is the only one offered in an employment and training institution rather than a college setting.

In the dual credit portion of the program, students can take up to 4 college credit courses in the Trades and/or Humanity streams.

Program highlights:

- **Eligible Students:** Grand Erie and BHNCD SB students age 18 to 21 years old
- **Supported Pathway:** Grade 11 and 12, college, university and workplace preparation pathways
- **Program Details:** Students need 22 credits or more to enter the program

CELEBRATING SUCCESS

Each year a special awards event, Celebrating Success at Hagersville SS, is held to recognize the efforts and accomplishments of students in our community-based learning programs.

SPECIAL AWARDS

SPECIAL AWARD IN MEMORY OF ROBIN MARACLE

For most successful independent learner in the Nations program.

CAREER/LIFE SKILLS RESOURCES AWARD OF EXCELLENCE IN CO-OPERATIVE EDUCATION

This award provided by the Province of Ontario was awarded to a student in the Ohsweken SWAC (School Within a College Program).

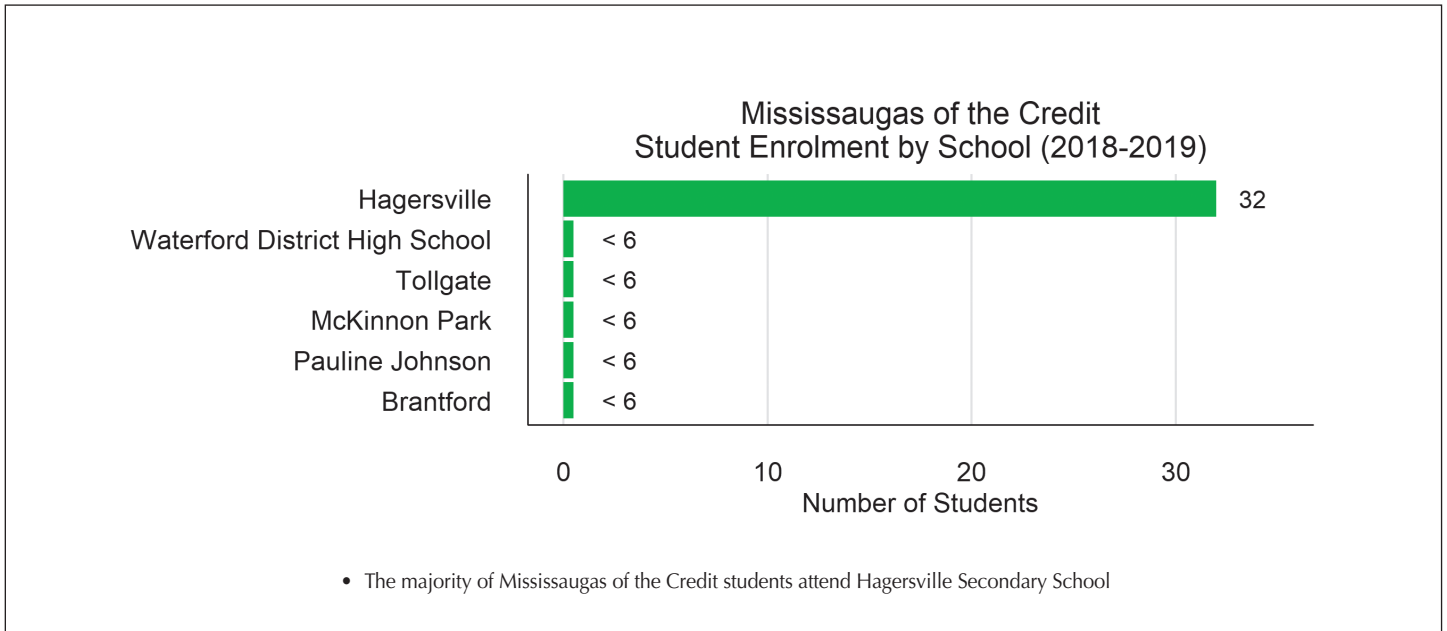
RECOGNITION AWARDS

NATIONS PROGRAM

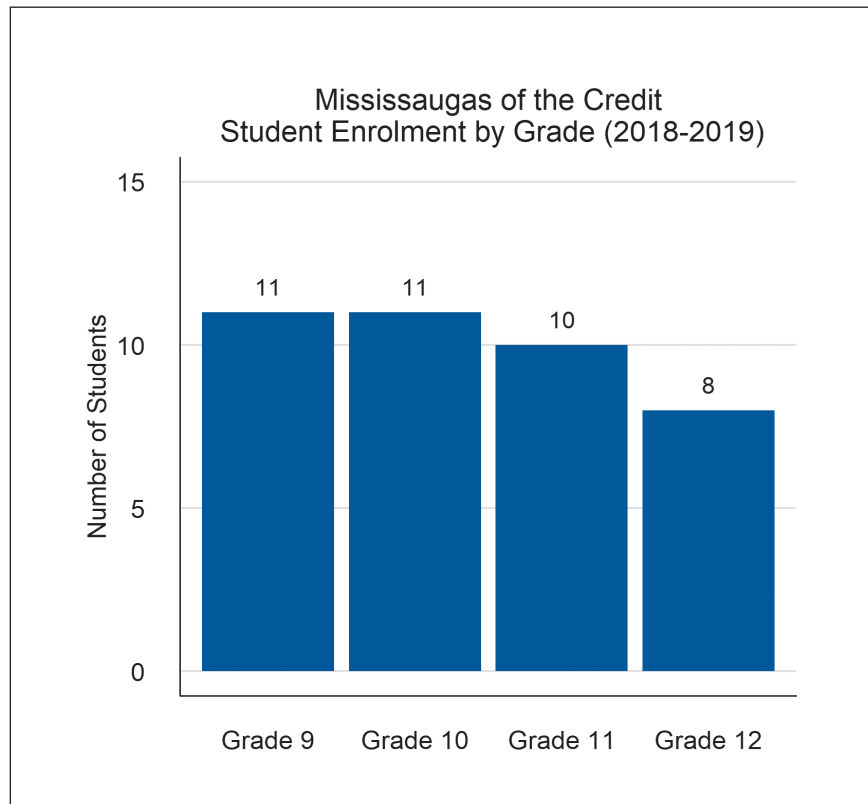
- Overcoming Obstacles and Perseverance Award
- Awesome Attendance Award
- AAA Award (Attendance, Attitude, Achievement)
- English Award
- Commitment to Excellence Award
- Art Award
- Positivity Plus Award
- Best in Co-Op Award

MISSISSAUGAS OF THE CREDIT STUDENT ENROLMENT BY SCHOOL AND GRADE 2018-19

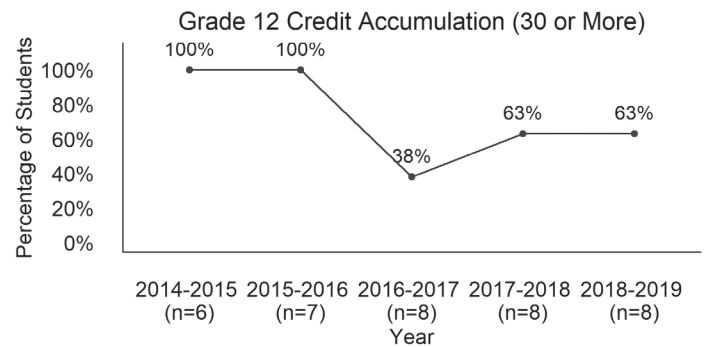
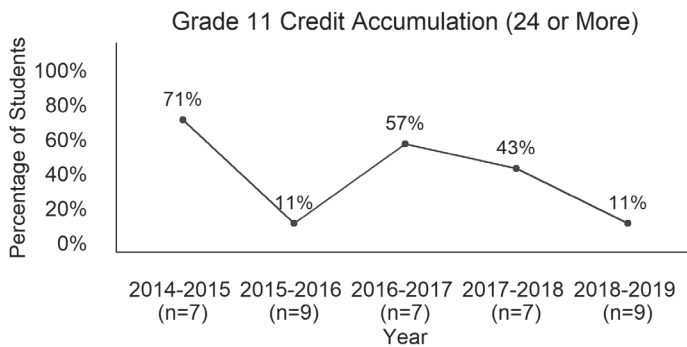
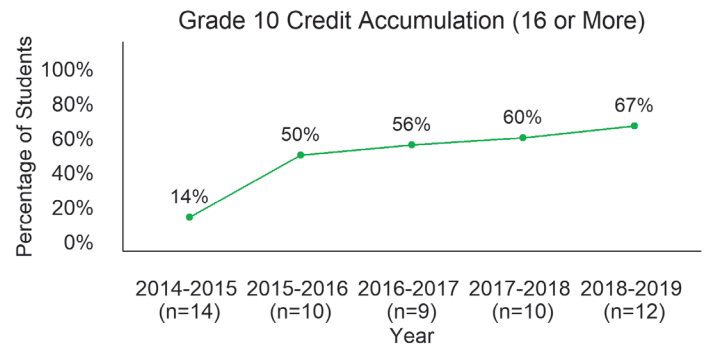
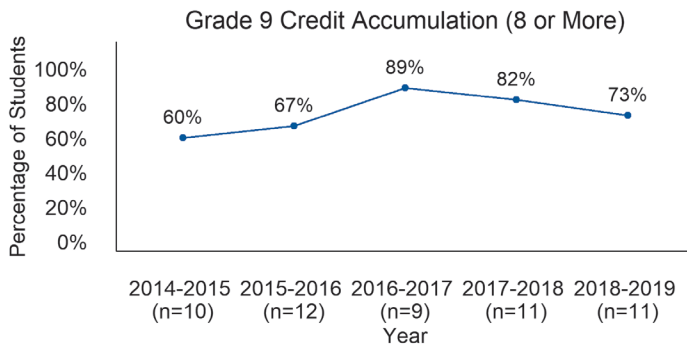
STUDENT ENROLMENT BY SCHOOL



STUDENT ENROLMENT BY GRADE



CREDIT ACCUMULATION BY GRADE AND YEAR



These graphs show the percentage of students who by the end of each grade have the following number of credits:

- Grade 9 – 8 credits
- Grade 10 – 16 credits
- Grade 11 – 24 credits
- Grade 12 – 30 credits

- The percentage of Grade 9 students achieving 8 credits has decreased from 2018 from 82% to 73%
- This data assumes that all students in Grade 9 are taking a full course load of 8 credit granting classes
- The percentage of Grade 10 students achieving 16 credits has increased from 60% to 67% since 2018
- Credit accumulation for students in Grade 11 decreased 32% in 2018-19.
- Grade 12 remained the same at 63% between 2018 and 2019.

NOTE: Grand Erie cannot report on groups with 5 or fewer students. As a result, the following data is unable to be provided as part of this report:

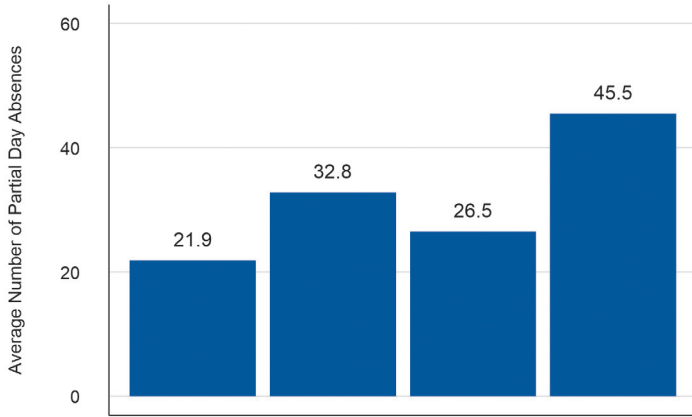
- Grade 9 EQAO Mathematics Assessment
- OSSLT EQAO Results
- Students with Exceptionalities

This information will be shared with the MCFN Education Director upon request.

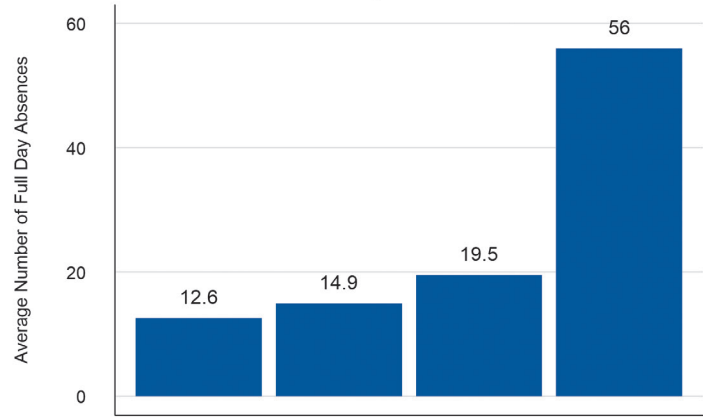
STUDENT ATTENDANCE

PARTIAL AND FULL DAY STUDENT ABSENCES

2018-2019 Average Number of Partial Day Absences by Grade

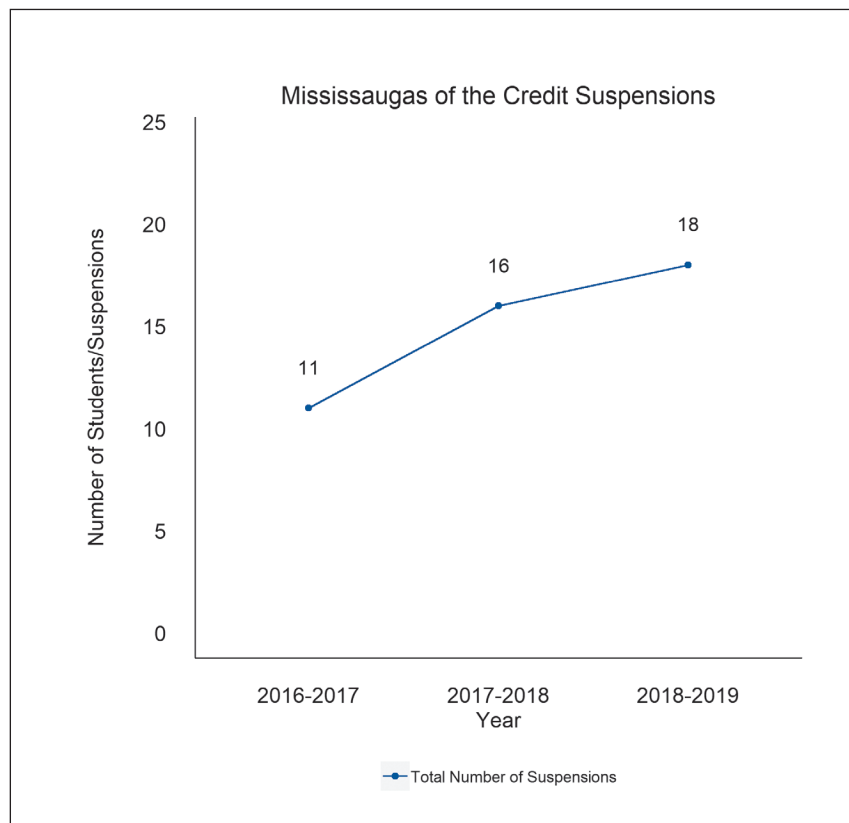


2018-2019 Average Number of Full Day Absences by Grade



- Full day absences are highest with Grade 12 students.

STUDENT SUSPENSIONS





349 Erie Avenue,
Brantford, Ont., N3T 5V3

Telephone: 519-756-6301 | **Toll Free:** 1-888-548-8878

Email: info@granderie.ca
granderie.ca



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[@granderiedsb](#) on Instagram.



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Rafal Wyszynski, Superintendent of Business & Treasurer
RE: **Mileage Remuneration Review**
DATE: January 13, 2020

Background

The Board's mileage rate is to be reviewed each year, for budgeting purposes, in accordance with a motion of the Board. At the April 8, 2019 Committee of the Whole, it was recommended by senior administration that the annual mileage remuneration report be presented to the Board for approval in November every year as the Board should align its rate with the rate recommended by the Canada Revenue Agency for each calendar year not each school year.

The Canada Revenue Agency' automobile allowance tables for 2020 rates have not yet been released.

Next Steps

Senior Administration now recommends that this report be presented every February to align with the release of the upcoming rate for each calendar year.

Respectfully submitted,

Rafal Wyszynski
Superintendent of Business & Treasurer



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Liana Thompson, Superintendent of Education
RE: **Special Education Advisory Committee (SEAC) Membership**
DATE: January 13, 2020

Recommended Action: Moved by _____ Seconded by _____
THAT the Grand Erie District School Board approve the addition of Joe Trovato and Paula Boutis as Community Representatives to the Special Education Advisory Committee.

Background

A letter of interest from Mr. Trovato was originally received by the SEAC Recording Secretary on February 22, 2019 after the application deadline of October 22, 2018. Mr. Trovato was informed the roster was full at that time but that his letter of interest and credentials would be kept on file in the event an opening became available.

On October 24, 2019, the SEAC Recording Secretary received a request from Ms. Boutis, a parent new to the Grand Erie DSB area, to attend a meeting as a guest.

Additional Information:

The SEAC Recording Secretary sent notices to Mr. Trovato and to Ms. Boutis that, although we were not in a formal recruitment period, given their interest, SEAC would be pleased to take their applications forward for approval by the Board of Trustees.

Next Steps

SEAC members, including the new applicants will be advised of the board's decision and a revised membership list will be posted to the Board's website.

Grand Erie Multi-Year Plan

This report supports the Community indicator of Success for Every Student and the following statement: we will facilitate opportunities to support family and community involvement in our schools.

Respectfully submitted,

Liana Thompson
Superintendent of Education



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Trustees of the Grand District School Board
FROM: Brenda Blancher, Director of Education & Secretary
RE: **Category III Trips**
DATE: January 13, 2020

Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board receive the Category III Trips as information.

Background Information

As per Procedure SO15 "Out-of-Classroom Field Trips and Excursions", the attached list is for trustee information.

Additional Information

The January report includes trips that were approved between July and December 2019, and previously approved trips that have not yet taken place.

Respectfully submitted,

Brenda Blancher
Director of Education & Secretary

Director Approval	School	Destination	Trip Departure Date	Trip Return Date	Anticipated # Students	Educational Purpose & Outcomes
May 17, 2018	HSS	Scotland/Ireland	March 10, 2020	March 19, 2020	20	Explore diverse culture, art, history in two countries
November 20, 2018	SCS	France	March 13, 2020	March 22, 2020	15	Experience French culture, language
November 30, 2018	CSS	Ireland Wales England	March 12, 2021	March 21, 2021	12	Experience historical sites, Geography, History, Art & Culture
January 14, 2019	PDHS	Costa Rica	March 14, 2020	March 21, 2020	30	Volunteer/Service Learning Trip
September 16, 2019	SCS	New York City	April 30, 2020	May 3, 2020	35	Architectural, Cosmetology, Cultural, History
December 16, 2019	VHSS	Mediterranean Coast	March 11, 2021	March 19, 2021	15	Participate in linguistic and food activities

This Chart reflects all trips approved by the Director since the last Board Report on June 10, 2019, and all previously approved trips that have not taken place yet



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
 FROM: Rafal Wyszynski, Superintendent of Business & Treasurer
 RE: **Enrolment vs Capacity by School**
 DATE: January 13, 2020

Recommended Action: Moved by _____ Seconded by _____
 THAT the Grand Erie District School Board receive the report Enrolment vs Capacity report as information.

Background:

In the past, when the moratorium on school closures did not exist, the Grand Erie District School Board actively participated in pupil accommodation reviews in order to right size its capacity with pupil enrolment. The Ministry has not yet released updated Pupil Accommodation Review Guidelines (PARG), therefore, it is unknown when boards will be able to reinstate pupil accommodation reviews in the future.

The format of the charts used in this report illustrate classroom space that has been provided for use by community partners and resulting net capacity in use. School capacity does not include space that is leased on a full cost recovery bases to others.

The following table summarizes the enrolment, school capacity and utilization as at October 31, 2019 with comparative data from October 2018. Elementary utilization has increased to 87% (from 86%) of capacity and increases to 89% when accounting for space provided for community partners.

Secondary utilization has decreased from 69% to 66% as to enrolment in the panel continues to decline. School by school data is provided in Appendix A attached.

Grand Erie Multi-Year Plan:

This report supports the Achievement indicator of Success for Every Student and the following statement: we will set high expectations for our students and staff. We will monitor, measure and reflect on our outcomes.

	Elementary			Secondary			Total		
	2018	2019	Change	2018	2019	Change	2018	2019	Change
Oct 31 Enrolment	18,021.2	18,347.0	325.8	8,133.8	7,885.7	-248.1	26,155.0	26,232.7	77.7
School Capacity	20,946.0	21,015.0	69.0	11,790.0	11,874.0	84.0	32,736.0	32,889.0	153.0
% in use	86%	87%	1%	69%	66%	-3%	80%	80%	0%
Surplus Capacity	2,924.8	2,668.0	-256.8	3,656.3	3,988.3	332.1	6,581.1	6,656.3	75.3

Respectfully submitted,

Rafal Wyszynski
 Superintendent of Business & Treasurer



Enrolment vs Capacity by School: October 31, 2019

Elementary School Building	Total FTE Enrol. Oct 31/19	Ministry OTG	Capacity % in use	Excess/ Short Capacity	Community Partner Use	Net Utilization	Portables, Portapaks & RCMs
Agnes G. Hodge Public School	396	492	80%	96.0		80%	1
Banbury Heights School	377	469	80%	92.0		80%	6
Bellview Public School	221	308	72%	87.0	23.0	78%	1
Bloomsburg Public School	201	268	75%	67.0		75%	
Boston Public School	190	233	82%	43.0		82%	
Branlyn Community School	307	426	72%	119.0	23.0	76%	
Brier Park Public School	314	363	87%	49.0		87%	2
Burford District Elementary School	484	541	89%	57.0	23.0	93%	
Caledonia Centennial Public School	425	366	116%	-59.0		116%	6
Cedarland Public School	290	348	83%	58.0		83%	
Centennial-Grand Woodlands School	182	326	56%	144.0		56%	
Central Public School	213	190	112%	-23.0		112%	3
Cobblestone Elementary School	521	536	97%	15.0		97%	3
Courtland Public School	225	294	77%	69.0		77%	
Delhi Public School	422	412	102%	-10.0		102%	6
Echo Place School	162	213	76%	51.0		76%	
Ecole Confederation	571	547	104%	-24.0		104%	7
Ecole Dufferin	370	380	97%	10.0		97%	3
Elgin Avenue Public School	221	469	47%	248.0		47%	
Glen Morris Central Public School	166	222	75%	56.0		75%	2
Graham Bell-Victoria Public School	141	305	46%	164.0	23.0	50%	
Grandview Public School	181	334	54%	153.0	23.0	58%	
Greenbrier Public School	236	303	78%	67.0		78%	
Hagersville Elementary School	248	338	73%	90.0		73%	2
Houghton Public School	341	305	112%	-36.0	23.0	121%	7
J. L. Mitchener Public School	333	420	79%	87.0	46.0	89%	
James Hillier Public School	300	314	96%	14.0		96%	3
Jarvis Public School	337	400	84%	63.0	23.0	89%	9
King George School	292	412	71%	120.0	23.0	75%	
Lakewood Elementary School	557	705	79%	148.0		79%	
Langton School	187	245	76%	58.0		76%	
Lansdowne-Costain Public School	265	328	81%	63.0		81%	4
Lynndale Heights Public School	436	465	94%	29.0		94%	9
Major Ballachey Public School	317	400	79%	83.0	46.0	90%	
Mapleview Elementary School	386	421	92%	35.0		92%	
Mt. Pleasant School	212	236	90%	24.0		90%	
North Ward School	419	504	83%	85.0	23.0	87%	7
Oakland-Scotland Public School	170	225	76%	55.0	23.0	84%	
Oneida Central Public School	250	213	117%	-37.0		117%	3
Onondaga-Brant Public School	221	190	116%	-31.0		116%	3
Paris Central Public School	220	259	85%	39.0		85%	
Port Rowan Public School	224	294	76%	70.0		76%	5
Prince Charles Public School	202	300	67%	98.0	23.0	73%	1
Princess Elizabeth Public School	213	294	72%	81.0	23.0	79%	
Rainham Central School	233	297	78%	64.0		78%	3
River Heights School	608	668	91%	60.0		91%	12
Russell Reid Public School	274	377	73%	103.0		73%	
Ryerson Heights Elementary School	645	593	109%	-52.0	23.0	113%	3
Seneca Central Public School	153	164	93%	11.0		93%	
St. George-German Public School	408	479	85%	71.0		85%	5
Teeterville Public School	215	272	79%	57.0		79%	
Thompson Creek Elementary School	515	539	96%	24.0		96%	
Walpole North Elementary School	253	236	107%	-17.0		107%	1
Walsh Public School	416	421	99%	5.0		99%	5
Walter Gretzky Elementary	697	498	140%	-199.0		140%	9
Waterford Public School	377	285	132%	-92.0		132%	4
West Lynn Public School	263	337	78%	74.0		78%	7
Woodman-Cainsville School	344	236	146%	-108.0		146%	5
Total Elementary:	18347.0	21,015.0	87%	2668.0	391.0	89%	147



Enrolment vs Capacity by School: October 31, 2019

Secondary School Building	Total FTE Enrol. Oct. 31/19	Ministry OTG	Capacity % in use	Excess/ Short Capacity	Community Partner Use	Net Utilization	Portables, Portapaks & RCMs
Brantford Collegiate Institute & Vocational School	1099	1260	87%	161.0		87%	
Cayuga Secondary School	489	927	53%	438.5		53%	
Delhi District Secondary School	521	546	95%	24.8		95%	
Dunnville Secondary School	352	978	36%	625.8		36%	
Hagersville Secondary School	406	822	49%	416.2		49%	1
McKinnon Park Secondary School	703	558	126%	-144.5		126%	10
North Park Collegiate & Vocational School	1042	1386	75%	344.0		75%	5
Paris District High School	830	948	88%	118.0		88%	4
Pauline Johnson Collegiate & Vocational School	763	1374	56%	610.7		56%	
Simcoe Composite School	629	1083	58%	454.0		58%	
Tollgate Tech Skills Centre	286	684	42%	397.8	21.0	43%	4
Valley Heights Secondary School	417	702	59%	285.0		59%	
Waterford District High School	349	606	58%	257.3		58%	
Total Secondary:	7,885.66	11,874.0	66%	3988.3		66%	24

NOTE: Portables reflect November 2019 figures



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Lisa Munro, Superintendent of Education
RE: **Grand Erie Learning Alternatives (GELA) Annual Report**
DATE: January 13, 2020

Recommended Action: Moved by _____ Seconded by _____
THAT the Grand Erie District School Board receive the Grand Erie Learning Alternatives (GELA) Report as information.

Background

A program review for Grand Erie Learning Alternatives was completed and reported to the Board in February 2014. Since that time, an annual update on the status of Grand Erie Learning Alternatives (GELA) has occurred. We continue to implement Ministry initiatives and new revenue streams to support and engage all students as they strive to complete their Ontario Secondary School Diploma (OSSD).

Update of Programs and Services offered by GELA

For the purpose of this report, GELA's programs and services will be offered in Appendices A, B, C, D and grouped by the following Ministries:

1. Ministry of Education (MOE – for students under 21 years of age) – *Appendix A*
2. Ministry of Education (MOE – for students under 21 years of age) – Summer School-*Appendix B*
3. Ministry of Education (MOE – for students over 21 years of age)- *Appendix C*
4. Other Ministry Offerings – *Appendix D*

Ministry of Citizenship and Immigration (MCI)

Ministry of Immigration, Refugees and Citizenship Canada (IRCC)

Ministry of Training, Colleges and Universities (MTCU)

CareerLink - Employment Ontario Service (EOS), funded by MTCU

Ministry of Community Safety & Correctional Services

1. Ministry of Education Programs (MOE - for Students Under 21 Years of Age)

* refer to Appendix A - Ministry of Education Programs (MOE - for Students Under 21 Years of Age)

* programs include:

- Day School Program
- School Within a College (SWAC)
- Night School
- Passion Courses
- Dual Credit
- Heritage Languages Elementary Program
- After-School Help

DAY SCHOOL (BRANTFORD CAMPUS AND SIMCOE CAMPUS)

The day school program supports students up to 21 years of age. The main campus is located on Rawdon Street in Brantford and a satellite campus is located at the Simcoe Town Centre in Simcoe. A model of continuous intake is used so that students can register throughout the school year. Students achieve credits through classroom instruction and teacher supported eLearning. Teachers use the eLearning Virtual platform within their classrooms by blending it with regular instructional strategies. Students are supported academically, socially and emotionally with support from staff and community partners. As a result of a MOE audit in 2014, the program at the Rawdon Street campus saw a reduction of program offering of 12 sections. Compulsory courses were retained while the optional course offering was reduced.

Session	Enrollment	Credits Attempted	Credits Earned	Success Rate %
2016-2017	125	820	465	56%
2017-2018	119	796	455	57%
2018-2019	82	674	350	52%

2. Ministry of Education (MOE – for students under 21 years of age) – Summer School

* refer to Appendix B - Ministry of Education (MOE - for Students Under 21 Years of Age) – Summer School

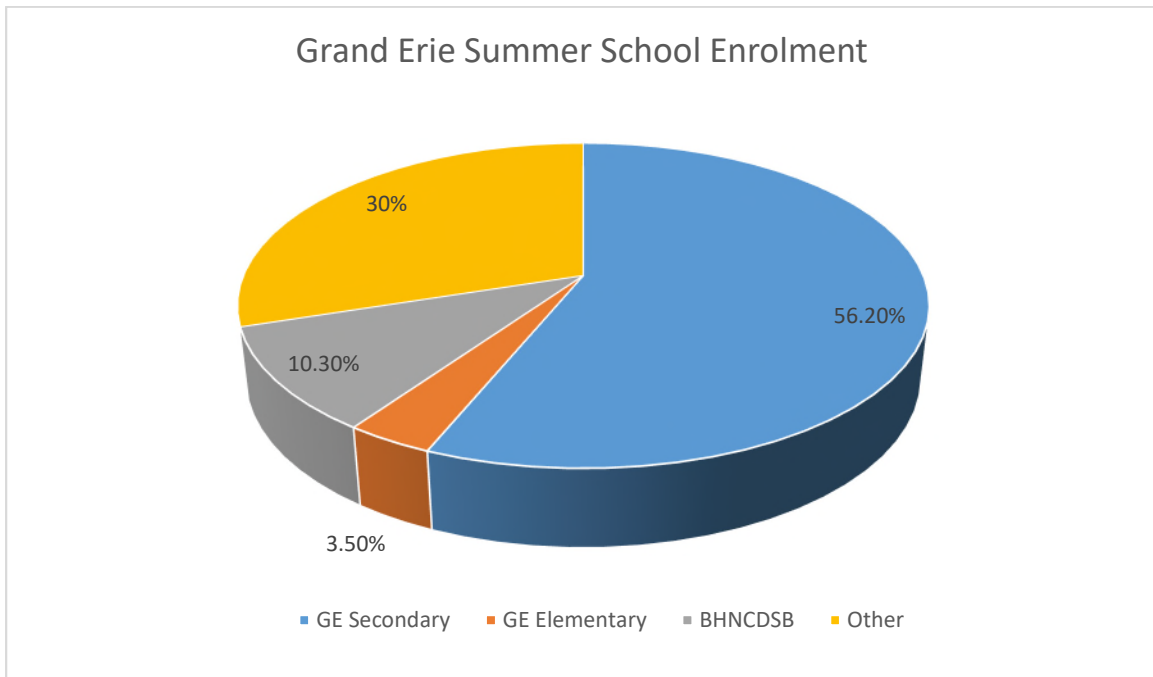
* programs include:

- Summer School - eLearning
- Summer School – In-Class
- Summer Co-op
- Summer Literacy and Numeracy Program
- Reach Ahead Opportunities

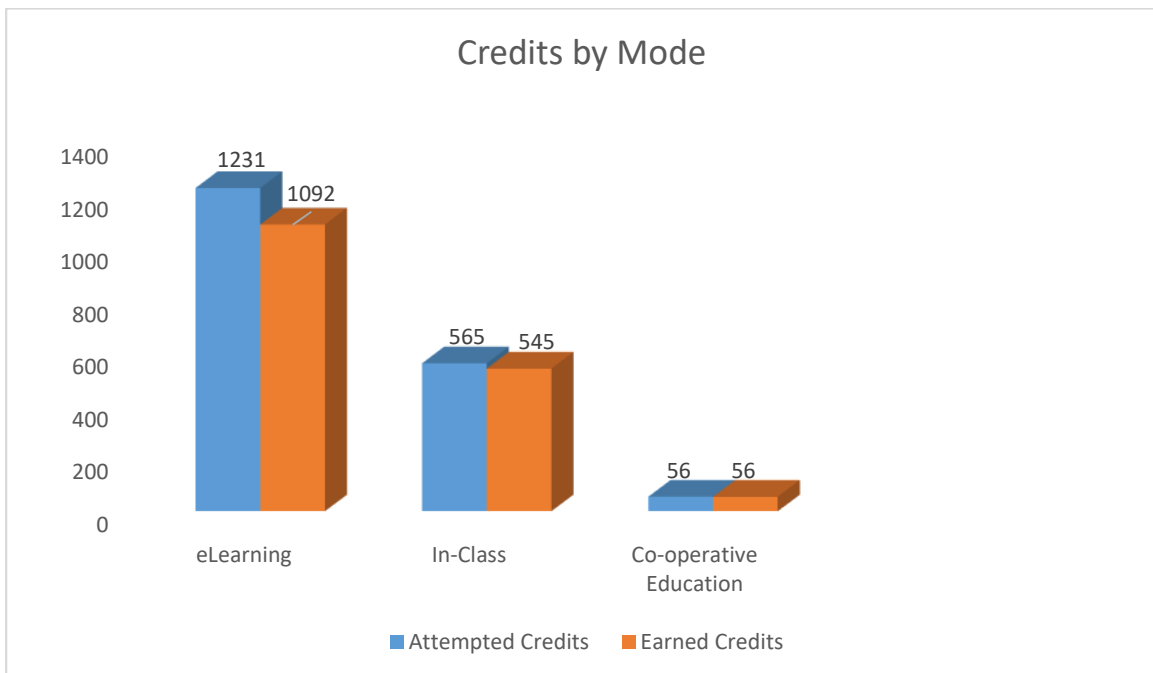
SUMMER SCHOOL

In 2019, Summer School was held in two locations: Brantford Collegiate Institute and Hagersville Secondary School. Summer school sites are selected using various criteria: availability, air conditioning, summer construction projects, and a central location in order to serve the maximum number of students and minimize transportation costs. Both the Hagersville and Brantford sites offered Full Credit, Repeat Credit, Credit Recovery and Reach Ahead Credit courses.

The Reach Ahead Program offered Grade 8 students the opportunity to earn Secondary School credits prior to entering Grade 9. (Note: data is included in the in-class numbers of Appendix B)



- a) GEDSB secondary: 1107
- b) GEDSB elementary: 52
- c) BHNCD SB: 155
- d) Other: 562 (includes students outside above categories; i.e., Six Nations, other Catholic and public schools, private schools) Inclusive of eLearning offerings.



Observations:

- a) 1231 eLearning credits attempted and 1092 credits were successful (88.7%)
- b) Cooperative Education - 56 attempted credits and 56 credits were successful (100%)
- c) 565 In-class credits attempted and 545 credits were successful (96.5%)

OVERALL CREDIT SUMMARY

Session	Credits Attempted	Credits Earned	Success Rate %
2017	1420	1271	89.5%
2018	1659	1530	92.2%
2019	1842	1682	91.3%

THREE YEAR TREND DATA – COURSE ATTEMPTS

Grade/Mode	Brantford 2017	Brantford 2018	Brantford 2019
9	92	101	122
10	154	150	169
11	76	51	59
12	47	26	28
Co-op	28	54	56
Literacy/Numeracy Program	13	16	19
eLearning	1142	1153	1231
Total	1552	1551	1674
Grade/Mode	Hagersville 2017	Hagersville 2018	Hagersville 2019
9	31	37	52
10	62	39	78
11	3	14	10
12	0	5	4
Dual Credit	7	24	38
Literacy/Numeracy Program	17	10	15
Total	120	129	197
Grand Total	1672	1680	1871

Note: Grade 8 Reach Ahead is inclusive of Grade 9 credit attempts.

3. Ministry of Education Programs (MOE) for Students Over 21 Years of Age

* refer to *Appendix C - Ministry of Education Programs (MOE - for Students Over 21 Years of Age)*

* programs include:

- Mature Prior Learning Assessment and Recognition (MPLAR)
- Adult Day School Brantford City Centre Campus
- Adult Dual Credit
- eLearning
- Independent Study
- Adult Co-operation Education (Co-op)
- Personal Support Worker Certificate (PSW)
- Family Literacy Program

In 2018-19, Adult Education included a full or part-time program for adults to complete their OSSD. The City Centre Campus in Brantford offers four, 9-week sessions per year. Students achieve credits through classroom instruction, eLearning using the Ministry's Virtual Learning platform, and Adult Co-op with an opportunity for adult students to earn Co-op credits at their place of employment.

Independent Study and eLearning weekly program supports were continued for adult students in Simcoe, Dunnville, Caledonia and Brantford. Weekly evening program supports were added for adult learners in Houghton and Ohsweken in response to community needs. The Ministry of Education extended funding to support these programs this year. Previously, these programs were funded through the increased pass rates of the adults who participated.

The Personal Support Worker Program ran in Brantford at our City Centre location in first semester and in Simcoe at Simcoe Composite School in second semester. All students successfully completed the program. Secondary school credits were also obtained.

GELA continued to offer an Adult Dual Credit program in partnership with Conestoga College in Brantford and Fanshawe College in Simcoe. The Ministry of Education fully funds this program that includes a GELA Adult Dual Credit teacher.

An Adult Re-Engagement teacher was hired again this year to support students taking online courses, provide drop in support, recruit students for our adult day school program and to encourage and support students to complete credits.

4. Other Ministry Offerings

* refer to *Appendix D – Other Ministry Offerings*

* programs include:

- Ministry of Citizenship and Immigration (MCI) - English as a Second Language Program
- Ministry of Immigration, Refugees and Citizenship Canada (IRCC) - Language Instruction for Newcomers to Canada (LINC)
- CareerLink - Employment Ontario Service (EOS)
- Ministry of Advanced Education and Skills Development (MAESD) - Bridges to Success (BTS)

In 2018, other Ministry offerings included language supports through the English as a Second Language Program and Language Instruction for Newcomers to Canada (LINC) along with employment supports through CareerLink and Bridges to Success (BTS).

GELA CREDIT TOTALS: Inclusive of Appendices A, B and C

Session	Credits Earned
2016-17	2765
2017-18	2989
2018-19	3057

* This number does not include credits from PLAR or MPLAR assessments.

GELA GRADUATES:

School Year	Under 21 years of age	Over 21 years of age	TOTAL Number of Graduates
2016 - 2017	32	157	189
2017 - 2018	24	118	142
2018 - 2019	15	115	130

Summary

Grand Erie Learning Alternatives strives to meet the needs of a diverse group of learners in our communities. Our learners require various pathways and modes of program delivery in a learning environment that is sensitive to social and family circumstances as well as physical and emotional states.

Next Steps- Moving Forward

- Provincial Online Adult Education program
 - A partnership with Contact North was launched in July 2019. GELA has begun accepting adult students from across Ontario with the support of staff at some of the 110 Contact North locations in the province. The partnership goal was to enroll 250 new students from outside of our Board between July 2019 and June 2020. As of November 30th, 170 new students have enrolled and 2 have become GELA graduates. These new students fit into our existing program, no new costs have been incurred.
- GELA is continuing to grow our partnership with Contact North. Plans and discussions are happening to put the following programs in place:
 - Have adult students from Grand Erie and from across the province take part in Adult Day School classes in Brantford through Adobe Connect.
 - Have PSW students in Haldimand and Norfolk complete some of their classroom sessions through Adobe Connect with our PSW classroom in Brantford. We are working with our Long Term Care partners in Haldimand and Norfolk to locate onsite facilities.
 - Have adult students from across the province use Adobe Connect to access our evening Adult Help program at North Park.
- Adult Dual Credit classes are being offered in a partnership between GELA and Mohawk College in Ohsweken.
- Adult Extra Help and Night School English classes are now being offered at the Community Based Learning Centre in Ohsweken.

Grand Erie Multi-Year Plan:


This report supports the Achievement indicator of Success for Every Student and the following statements: We will set high expectations for our students and staff. We will monitor, measure and reflect on our outcomes.

This report supports the Equity indicator of Success for Every Student and the following statement: We will promote practices that help students, families and staff feel safe, welcomed and included.


Respectfully submitted,

Lisa Munro
Superintendent of Education


Appendix A - Ministry of Education Programs (MOE - for Students Over 21 Years of Age)

	GELA Day School Program (Rawdon Campus and Simcoe Campus)	School Within a College (SWAC)	Continuing Education	Passion Courses	Dual Credit	Heritage Languages Elementary Program	After-School Help
Description	This program is offered at two locations. Rawdon Street in Brantford and the Simcoe Town Centre in Simcoe. Students achieve credits through classroom instruction and teacher supported eLearning. Students are supported academically, socially and emotionally with support from staff and community partners.	School Within a College (SWAC) is jointly funded by the Ministry of Education and the Ministry of Training, Colleges and Universities. The program is taught by College Instructors and Grand Erie Teachers to deliver college and high school credits. This dual credit program allows students to earn up to four college credits while completing their Ontario Secondary School Diploma (OSSD). The GELA SWAC program was in partnership with Conestoga College and was located at 171 Colborne Street in Brantford. Program offerings included Fit & Wellness (in partnership with the YMCA) and Media studies.	In 2018-2019, night school course offerings included Punjabi classes covering Grade 10 Open, Grade 10 Academic and Grade 12 University curriculum. These classes were held on Saturdays at Walter Gretzky Elementary School. In addition to these courses there was sufficient enrolment to run two classes of welding at Valley Heights Secondary.	Passion courses allowed students the opportunity to pursue credits in an area of specialization that are either not offered during in day school or conflict with other timetable choices in day school. Last year specialized music courses were offered at PDHS and SCS.	Dual Credits allowed students to attend afterschool courses taught by College Instructors and Grand Erie Teachers. Last year dual credit courses were offered at CSS and VHSS.	Heritage Languages classes are offered to elementary school age children at various locations in Brantford. GELA offers: Arabic; Polish; Punjabi; and Urdu. Classes are scheduled on Saturday and Sunday mornings or 2 evenings a week.	Nine secondary schools ran an after-school help program with a focus on literacy and numeracy. The program was catered to the individual needs of the participating schools and their communities. Program frequency varied by school, from twice a week to four times a week based on student need.
Enrollment	82	17	55	85	17	345	653
Credits Attempted	674	93	50	81	11	N/A	N/A
Credits Earned	350	74 Includes 28 Dual Credits	48	77	11	N/A	N/A
Success Rate	52%	80%	96%	95%	100%	N/A	N/A


Appendix B - Ministry of Education Programs (MOE - for Students Over 21 Years of Age) – Summer School

	Summer School - eLearning	Summer School – In-Class	Summer Co-op	Summer Literacy and Numeracy Program
Description	GELA offered 43 eLearning Courses covering a range of subjects primarily at the senior level. Students are able to take courses that may not normally be offered in their home school and are able to interact with students all across the province. Online learning offers students an educational experience that is engaging and flexible and meets their own unique learning needs.	GELA offered 65 sections covering 28 different subjects in Grades 9 to 12 in summer school between the two sites, BCI and HSS.	Summer School Co-op provides students the opportunity to be involved in experiential learning in the summer. GEDSB Summer School continued its partnership with St. Leonard's - Jobs for Youth Program, a program that helps support "At risk" youth in the Brantford Community.	The Summer School program for Grades 6, 7 & 8 offered by the Grand Erie District School Board provides students with the opportunity to improve their Basic Skills in Literacy and Numeracy. Two programs were offered at BCI and Hagersville Secondary School. Students also had opportunities to participate in physical activities and explore the arts.
Enrollment	1231	565	46	34
Credits Attempted	1231	565	56	N/A
Credits Earned	1092	545	56	N/A
Success Rate	88.7%	96.5%	100%	N/A


Appendix C - Ministry of Education Programs (MOE - for Students Over 21 Years of Age)

	Mature Prior Learning Assessment and Recognition (MPLAR)	Adult Day School (Brantford Campus and Simcoe Campus)	Adult Dual Credit	eLearning	Independent Study	Adult Co-op	Personal Support Worker Certificate (PSW)	Family Literacy Program
Description	MPLAR is a formal evaluation and accreditation process for secondary school adult learners over the age of 21. This process recognizes the knowledge and skills that adults have acquired, in both formal and informal ways, outside of the regular secondary school setting. MPLAR credits count towards completion of the OSSD. The MPLAR process for mature students involves three components: individual assessment/equivalency (Grade 9/10), equivalency (Grade 11/12), and challenge (Grade 11/12).	The Adult Day School program is a full or part-time program for adults to complete their OSSD. This program is offered at two locations. The City Centre Campus in Brantford offers four, 8-week sessions per year and at the Simcoe Town Centre in Simcoe offers two, 8-week sessions per year. Students achieve credits through classroom instruction and teacher supported eLearning. Students are supported academically, socially and emotionally with support from staff and community partners.	The Adult Dual Credit program continued into it's second year in partnership with Fanshawe College in Simcoe and Conestoga College in Brantford. GELA adult students were able to enroll in college courses while completing secondary credits with the support of a GEDSB teacher. The Ministry of Education provided funding to create, implement and monitor this program.	eLearning is a method through which secondary school credit courses are delivered online, using the Ministry's Desire 2 Learn platform. There were 60 courses offered which allowed students to study at their own pace in a continuous intake model.	These courses are independent study booklet courses that allow adult students to work at their own pace. We offered 27 of these courses last year.	Adult Co-op provides an opportunity for adult students to earn Co-op credits at their place of employment. This continuous intake model increases the graduation numbers for employed students. Many of these students also are enrolled in night school credits or eLearning credits.	The Personal Support Worker Certificate (PSW) program was offered in Brantford and Simcoe. This provincially accredited is offered by 23 school boards in Ontario. This program also allows students to earn six secondary school credits. The employment rate at graduation is 94%.	Family literacy program was offered in Norfolk County through partnership with the Norfolk Community Help Centre. The Norfolk Community Help Centre provides the location, volunteer staff, meals and free child minding. Adults primarily from the Mennonite community, are able to take classes ranging from beginner reader to advanced literacy classes. These classes increase literacy levels and enables parents to better assist their children academically at home.
Enrollment	217(Grade 9/10) 227(Grade 11/12) Assessments	226	20	1268 (586 never submitted 1 assignment)	507 (302 never submitted 1 assignment)	41	29	68
Credits Attempted	N/A	473	33	682	326	62	143	N/A
Credits Earned	430 (Grade 9/10) 553 (Grade 11/12)	253	22	233	126	27	143	N/A
Success Rate	N/A	53%	67%	34%	38%	43%	100%	N/A

Appendix D – Other Ministry Offerings

	<p>Ministry of Children, Community & Social Services (MCCSS)</p> <p>Adult Non-Credit Language Training</p>	<p>Ministry of Immigration, Refugees and Citizenship Canada (IRCC)</p> <p>- Language Instruction for Newcomers to Canada (LINC) and Care for Newcomer Children (CNC)</p>	<p>Ministry of Training Colleges and Universities (MTCU)</p> <p>Bridges to Success (BTS)</p>	<p>Co-Funded Ministry of Children, Community & Social Services (MCCSS) Ministry of Immigration, Refugees and Citizenship Canada (IRCC)- Coordinated Language Assessment and Referral System (CLARS)</p>	<p>Ministry of Training, Colleges and Universities (MTCU)</p> <p>- CareerLink - an Employment Ontario Service (EOS)</p>
<p>Description</p>	<p>The Adult Non-Credit Language Program (ESL) offers tuition free language training to adult immigrants in Brantford. Learners enroll in language training with a wide variety of goals in mind, including improving their language skills for daily life, for the labour market or to pursue higher education. New learners must be assessed for their language proficiency levels by a qualified assessor at a CLARS centre.</p> <p>To be eligible, you must be 18 years old, someone whose first language is not English (or French) and:</p> <p>A Canadian citizen, permanent resident, Convention refugee or a refugee claimant; or a provincial nominee, or their dependent; or a temporary foreign worker, or their dependent; or approved as a foreign domestic worker admitted under the Live-In Caregiver Program.</p> <p>Fiscal Year: September 1 – August 31</p>	<p>Language Instruction for Newcomers to Canada (LINC) is a program in Brantford offered to adults that are new to Canada. New learners must be assessed for their language proficiency levels by a qualified CLB assessor at a CLARS centre. Care of Newcomer Children (CNC) is an on-site child-minding service available to LINC students. CNC has limited spaces and is subject to availability.</p> <p>To be eligible, you must be of legal school-leaving age and be:</p> <p>A permanent resident of Canada; or a protected person; or a person determined by the Immigration and Refugee Board to be a Convention Refugee; or a person in Canada applying to become a Permanent Resident with initial approval of application.</p> <p>Fiscal Year: April 1 – March 31</p>	<p>Bridges to Success (BTS) is an Employment Ontario service funded by the Ministry of Training, Colleges and Universities (MTCU) with locations at 1 Market Square (Upper Level) and Dunnville Secondary School. BTS is offered free and offers a continuum of education and training services available to adults over the age of 19. These services are learner-centred, transition-oriented, based on adult learning principles and linked to the broader education and training system as well as the labour force. BTS helps learners prepare for e-learning and adult credit, post-secondary programs, employment and independence needs. BTS also offers a number of topic specific targeted training programs such as:</p> <ul style="list-style-type: none"> • Digital Basics • Customer Service • Office Administration • Family Literacy • Budgeting, Organization and Time Management • G1 Prep • Personal Support Worker (PSW) Prep • Early Childhood Educator (ECE) Prep <p>Fiscal Year: April 1 – March 31</p>	<p>The Coordinated Language Assessment and Referral System (CLARS) is located at JBLC. All students are provided with a language assessment prior to beginning classes. The assessment allows them to be placed appropriately according to their levels in reading, writing, speaking, and listening skills using the Canadian Language Benchmark Assessment (CLB) Assessment. Itinerant service is also offered on an as needed basis.</p> <p>As noted, this assessment determines placement into the ESL or LINC programs.</p> <p>Fiscal Year: April 1 – March 31</p>	<p>CareerLink is located at 1 Market Street (upper level) in Brantford. Services are provided to assist individuals to identify and reach their employment goals, make informed career choices and approach their job search with focus and confidence. CareerLink also offers supportive services to employers to assist them to meet their staffing and training needs. Employment Consultants offer 1:1 confidential assistance for employment and/or training/education. These services may include:</p> <ol style="list-style-type: none"> a) Resumes, cover letters, references, job interview preparation, client supports (i.e. clothing, transportation, tools) b) Access to the Youth Job Connection, Youth Job Connection Summer, Canada Ontario Job Grant and Second Career c) Job Development – referrals to employers for job trials, apprenticeship, on the job training, coaching and mentoring d) Referrals for Ontario Self Employment Benefit, Job Creation Partnership, Education Upgrading, Ontario Works, ODSP, Canadian Mental Health Association, Business Resource Centre, Adult Credit, Bridges to Success and many more. e) Ongoing collaboration with GELA, Business Resource Centre, Ontario Works, Workplace Safety Prevention Service, Enterprise Brant, and Workforce Planning Board of Grand Erie <p>Fiscal Year: April 1 – March 31</p>

Appendix D – Other Ministry Offerings

	Ministry of Children, Community & Social Services (MCCSS) Adult Non-Credit Language Training	Ministry of Immigration, Refugees and Citizenship Canada (IRCC) - Language Instruction for Newcomers to Canada (LINC) and Care for Newcomer Children (CNC)	Ministry of Training Colleges and Universities (MTCU) Bridges to Success (BTS)	Co-Funded Ministry of Children, Community & Social Services (MCCSS) Ministry of Immigration, Refugees and Citizenship Canada (IRCC)-Coordinated Language Assessment and Referral System (CLARS)	Ministry of Training, Colleges and Universities (MTCU) - CareerLink - an Employment Ontario Service (EOS)
Number of Clients Served	121 students (Sept 2018-June 2019)	61 students + 10 children in CNC (September 2018-June 2019)	133 learners (target 131) (April 2018-March 2019)	121 assessments (target 80) (Sept 2018-Aug 2019)	644 placements 1347 served in Resource area
Success Rate	N/A	N/A	102% of learner target completion 141% overall service quality	N/A	78% placements 141% Resource area



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Trustees of the Grand District School Board
FROM: Brenda Blancher, Director of Education & Secretary
RE: **Request from the Children's Safety Village of Brant**
DATE: January 13, 2019

<p>Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board receive the Request from the Children's Safety Village of Brant report as information.</p>

Background

The Children's Safety Village of Brant provides safety programs to Grand Erie students through school visits to the village. Programs are based on student outcomes as embedded within the Ontario Health and Physical Education and Science and Technology curriculum documents as noted in Appendix A. Participation from Grand Erie schools comes mainly from the Brantford elementary schools; however, there has been some participation from several Haldimand and Norfolk schools although the cost of busing is a barrier to participation outside Brant County and the City of Brantford. Our Haldimand elementary schools tend to visit the safety village located in Welland. Appendix B provides data on school visits.

On November 26, 2019, Director Blancher and Superintendent Wyszynski met with representatives of the Children's Safety Village of Brant at the request of Leo Vos, President of the Safety Village.

As has been shared with the Board previously, the Safety Village's lease at their current site on Elgin Street in Brantford will expire at the end of 2021. Since 2015 the Safety Village has been looking for a new location. Recently the County of Brant offered the Safety Village space on municipal property in Cainsville on Brant County Road 18.

Additional Information

At the meeting on November 26, we were informed that the cost of building a new Safety Village site and moving from the current site will cost approximately \$4m. The new building is planned to be 7,000 square feet and there will be significant investment in replicating the village streetscape. The representatives from the Safety Village are looking for stakeholder investment in the new site.

The Safety Village is looking for the two local school boards to invest a total of \$800,000 with a 70/30 split between Grand Erie District School Board and Brant Haldimand Norfolk Catholic District School Board to reflect number of students and visits to the Safety Village. The total investment request of Grand Erie is \$560,000. The request is to have a commitment from the Board by the end of March.

During the meeting, while we expressed that we value the service that the Children's Safety Village provides to our students, we also provided an overview of how school boards are funded. We explained school board finance issues, our budget process and the challenges with this kind of request at a time when school boards are experiencing reductions in funding.

We were asked to bring this request to the Board to see if there is interest in investing in the project. The Safety Village representatives also requested, outside of the funding investment piece, a show of support from the Board for the work of the Children's Safety Village as they believe this would support them as they reach out to private investors.

Next Steps

Director Blancher will communicate the Board's direction to the representatives of the Children's Safety Village of Brant.

Respectfully submitted,

Brenda Blancher
Director of Education & Secretary

Teacher Information Personal Safety Kindergarten



Student Outcomes Connected to Curriculum Requirements

Health and Physical Activity:

By the end of the program the students will be able to:

1.4 Discuss what action to take when they feel unsafe or uncomfortable, and when and how to seek assistance in unsafe situations (e.g., acting in response to inappropriate touching; seeking assistance from block parents, 911, playground monitors; identifying substances that are harmful to the body)

1.5 Discuss what makes them happy and unhappy, and why

2.3 Demonstrate strategies for engaging in cooperative play in a variety of games and activities



Teachers,

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Kindergarten – Personal Safety and Fire Safety Introduction

(April and May)

Time: 9:45 AM – 11:30 AM or 12:30 PM to 2:15 PM

Students will learn about pedestrian safety, community helpers, “No! Go! Tell!”, the Four Safety W’s, Your Body is Yours and how to use 9-1-1. Children will participate in a Safety Walk around the Village, visit our Police Station, and make fingerprint bookmarks. In the Fire Program students will learn about “stop, drop and roll” as well as an introduction to what a Fire Department does and fire safety.

Thank You to the program Instructors provided by these Community Partners.



Teacher Information Personal Safety Grade One



Student Outcomes Connected to Curriculum Requirements

By the end of the program the students will be able to:

Health and Physical Education

- C1.2 - Demonstrate an understanding of essential knowledge and practices for ensuring their personal safety (e.g., knowing their home phone numbers; knowing how to contact 9-1-1; seeking help from a police officer, teacher, elder, or other trusted adult; knowing routines for safe pickup from school or activities) [PS]
- C2.3 Demonstrate the ability to recognize caring behaviours (e.g., listening with respect, giving positive reinforcement, being helpful) and exploitive behaviours (e.g., inappropriate touching, verbal or physical abuse, bullying), and describe the feelings associated with each [IS]
- C2.4 Apply their knowledge of essential safety practices to take an active role in their own safety at school (e.g., inform teacher of allergies, be aware of food safety issues, play in supervised areas, follow safe routines for travelling to and from school) [PS]
- C3.1 Demonstrate an understanding of how to stay safe and avoid injuries to themselves and others in a variety of situations, using knowledge about potential risks at home, in the community, and outdoors (e.g., items or situations that could lead to poisoning, slips, falls, fire, or injury, including injuries from household products, medicines, kitchen tools and equipment, insecure furniture, candles, toys; road, water, and playground hazards; weather and sun hazards) [PS, CT]

Living Skills are Incorporated Throughout The Program
Healthy Living - Personal Safety and Injury Prevention



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Kids Personal Safety



Grade One : Personal Safety

(October & November)

Time: 10:00 AM – 11:30 AM or 12:30 PM to 2:00 PM

Students will learn about common road signs, railroad crossings, who are community helpers, “No! Go! Tell!”, review in detail the Four Safety W’s, and how and when to use 9-1-1. Students will put into action the common road signs and railroad crossing lessons by driving through our miniature town in battery operated Jeeps. Teachers and parent volunteers will help the police officer to supervise safe driving practices and provide reminders to students when needed.

Thank You to the program Instructors provided by these Community Partners.



Teacher Information Fire Safety Grade Two



Student Outcomes Connected to Curriculum Requirements

By the end of the program the students will be able to:

Health and Physical Education

- C1.1 demonstrate an understanding of practices that enhance personal safety in the home (e.g., observing precautions for answering the phone and door, establishing home fire escape strategies, respecting electrical outlet covers, following precautions for preparing and storing foods, washing hands) and outdoors (e.g., using UV protection; observing safety rules when riding the bus, riding a bicycle, walking to school, approaching railway tracks and crossings; carrying medication for allergic reactions; being cautious when approaching animals) [PS]

Science and Technology – Understanding Matter and Energy

- 1.1 assess the ways in which liquids and solids in the home are used, stored, and disposed of in terms of the effect on personal safety and the health of the environment, and suggest responsible actions to replace inappropriate practices

Living Skills are Incorporated Throughout The Program
Healthy Living - Personal Safety and Injury Prevention



Teachers,

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HOME FIRE & ELECTRICAL HAZARDS



Grade Two : Home Fire & Electrical Hazards Safety for Kids

(October & November)

Time: 10:00 AM – 11:30 AM or 12:30 PM to 2:00 PM

Fire based program

Students will learn to recognize fire hazards around the home, smoke alarm recognition and response and learn about the dangers of matches, lighters and candles. Children have the opportunity to visit "Sparky's Apartment" to identify potential fire and electrical hazards in the apartment and practice a fire exit through a back window in a fire escape exercise with simulated smoke. Sparky's Apartment is a full-size model suite designed to provide life-like experiences.

Thank You to the program Instructors provided by these Community Partners.



Teacher Information Bicycle Safety Grade Three



Student Outcomes Connected to Curriculum Requirements

By the end of the program the students will be able to:

Health and Physical Education

- A1.1 actively participate in a wide variety of program activities (e.g., tag games, cooperative games, movement exploration with equipment, dance, outdoor activities), according to their capabilities, while applying behaviours that enhance their readiness and ability to take part (e.g., trying new activities, being engaged and maintaining movement throughout the activity, actively cooperating with peers, having the required equipment to take part, accepting and showing respect for others in the group, listening actively, following rules, playing fair) [PS, IS]
- A3.1 demonstrate behaviours and apply procedures that maximize their safety and that of others during physical activity (e.g., self-monitoring, being in control of themselves and aware of their surroundings, cooperating with others, abiding by rules and playing fairly, communicating positively to help others be safe, using equipment appropriately both in class and on the playground) [PS, IS]
- C2.2 apply their understanding of good safety practices by developing safety guidelines for a variety of places and situations outside the classroom (e.g., guidelines for water safety; safe routes and practices for going to school; home fire safety and emergency plans; safe camping checklists; guidelines for safe Internet use; personal hygiene guidelines; wildlife safety precautions; guidelines for managing allergies; Halloween safety practices; rules for behaviour around guide dogs, other service animals, and animals in general) [CT]

Living Skills are Incorporated Throughout The Program
Healthy Living - Personal Safety and Injury Prevention



Teachers,

Book your class online today!



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Grade 3—Bicycle Safety (May & June)

Times: 10:00AM – 11:30 AM or
12:30 PM to 2:00 PM

- Police based program
- Students will learn about the “Rules of the Road” for bicycle safety. They will also learn about proper helmet fit and usage, as well as how to perform safety bike checks.
- Children will have the opportunity to ride bikes in our miniature village to practice the “Rules of the Road” they learned in class.

*Please have students bring their own bike helmets.



***Classes are booked on a first come, first serve basis. Visit our website to view the Bicycle Safety available dates.

Thank You to the program Instructors provided by these Community Partners.



Teacher Information Science of Fire Safety Grade Four



Student Outcomes Connected to Curriculum Requirements

By the end of the program the students will be able to:

Health and Physical Education

- C2.2 apply a decision-making process (e.g., identify potential dangers and risks, consider ways to stay safe, consider the pros and cons of each option, consider whether they need to check with an adult, choose the safest option, act, reflect on their decision, consider whether there is anything they could improve for next time) to assess risks and make safe decisions in a variety of situations (e.g., when using a wheelchair, cycling, preparing food) [CT]

Science and Technology – Understanding Matter and Energy

- 1.1 assess the impacts on personal safety of devices that apply the properties of light and/or sound (e.g., UV-coated lenses in sunglasses, safety eyes on garage door openers, reflective material on clothing, ear plugs, backup signals on trucks and cars, MP3 players, cellphones), and propose ways of using these devices to make our daily activities safer
- 3.7 distinguish between sources of light that give off both light and heat (e.g., the sun, a candle, an incandescent light bulb) and those that give off light but little or no heat (e.g., an LED, a firefly, a compact fluorescent bulb, a glow stick)

Living Skills are Incorporated Throughout The Program
Healthy Living - Personal Safety and Injury Prevention



Teachers,

Book your class online today!



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Grade 4—The Science of Fire (May & June)

Times: 10:00AM – 11:30 AM or
12:30 PM to 2:00 PM

- Fire based program
- Students will learn the power of fire, how to identify hazards and how to create an escape plan they can practice at home with their families.
- Children will learn about the “Triangle of Fire” through experiments and real life scenarios.



***Classes are booked on a first come, first serve basis. Visit our website to view the Science of Fire available dates.

Thank You to the program Instructors provided by these Community Partners.



Teacher Information Internet Safety Grade Five



Student Outcomes Connected to Curriculum Requirements

By the end of the program the students will be able to:

Health and Physical Education

- C1.1 identify people (e.g., parents, guardians, neighbours, teachers, crossing guards, police, older students, coaches, elders) and supportive services (e.g., help lines, 9-1-1, Telehealth, public health units, student services) that can assist with injury prevention, emergencies, bullying, and abusive and violent situations [PS]
- C2.2 demonstrate the ability to deal with threatening situations by applying appropriate living skills (e.g., personal skills, including self-monitoring and anger management; interpersonal skills, including conflict resolution skills; communication skills, including assertiveness and refusal skills) and safety strategies (e.g., having a plan and thinking before acting; looking confident; being aware of surroundings; seeking help; drawing on cultural teachings, where appropriate, to analyse situations and develop responses) [PS, IS, CT]

Living Skills are Incorporated Throughout The Program
Healthy Living - Personal Safety and Injury Prevention



INTERNET SAFETY & SOCIAL MEDIA SAFETY



"The perception of anonymity and privacy online increases a young person's willingness to share personal information, leaving them open to manipulation by others....In some instances, there are adults who have harmful intentions or sexual interest in children, and in other cases, it may involve peers who use technology in an effort to harm another young person." 2017 Canadian Centre for Child Protection

Grade 5 – Internet Safety (December, January, February and March)

- Program is taught by Brantford Police, Brant County OPP, or Six Nations Police Officers.
- Students will review internet usage and its consequences; Cyberbullying actions, examples of and consequences; importance of creating passwords and how to create strong ones; an introduction to social media and how to report inappropriate usage plus block others from your profile; mobile device security settings and privacy; discussion on who should see your online profile and who shouldn't, how to protect themselves from online predators.
- Children will have the opportunity to use donated laptops and iPad's at the Safety Village throughout the class to practice their learning.

Grade 7/8 – Social Media Safety (December, January, February and March)

- Program is taught by Brantford Police, Brant County O.P.P or Six Nations Police Officers.
- Students will receive a hands-on social media safety lessons, discuss the seriousness and legalities of cyberbullying as well as posting/sharing choices and their consequences. Students will learn about the dangers and possible consequences of sharing and taking photos.
- Participants will have access to safe social media on our iPads and laptops, practicing privacy settings and how to report cyberbullying, inappropriate photos or videos to site administrators.

Teachers, book your class online today! www.CSVBrant.ca

Teacher Information You're in Charge Fire Safety Grade Six



Student Outcomes Connected to Curriculum Requirements

By the end of the program the students will be able to:

Health and Physical Education

- C3.2 recognize the responsibilities and risks associated with caring for themselves and others (e.g., while babysitting, staying home alone, caring for pets, volunteering in the community, assisting someone with a disability, preparing meals, travelling to and from school and other locations), and demonstrate an understanding of related safety practices and appropriate procedures for responding to dangerous situations (e.g., safe practices for preparing food; responses to allergic reactions, fire, sports injuries, dental emergencies, hypothermia, bullying) [PS, IS]

Living Skills are Incorporated Throughout The Program
Healthy Living - Personal Safety and Injury Prevention



The
Children's
Safety Village
of Brant



5

SAFETY

For Children Home Alone

Grade 6 – Home Alone! Fire Safety

(December, January, February and March)

- Program is taught by Brantford Fire, Brant County Fire, Six Nations Fire and Norfolk County Fire
- Students will discuss fire safety as it pertains to babysitting and staying home alone, including cooking at home. Introduction using fire equipment and learning about exit strategies from public places.
- Students will practice what they were taught in "Sparky's Apartment".
- Sparky's Apartment is a model home constructed inside the Education Centre at the Children's Safety Village of Brant. Students practise valuable life-saving and tragic accident prevention strategies here.

JEOPARDY IS BACK!!!!

The Brantford Fire Department has brought back their popular Jeopardy teaching style to the Grade 6 program. As in previous years, the class that wins it all will enjoy a class pizza party hosted by Brantford Fire!

Teachers, book your class online today! www.CSVBrant.ca

Teacher Information Social Media Safety Grade Seven/Eight



Student Outcomes Connected to Curriculum Requirements

By the end of the program the students will be able to:

Health and Physical Education

Grade 7

- C1.1 describe benefits and dangers, for themselves and others, that are associated with the use of computers and other technologies (e.g., benefits: saving time; increased access to information; improved communication, including global access; dangers: misuse of private information; identity theft; cyberstalking; hearing damage and/or traffic injuries from earphone use; financial losses from online gambling; potential for addiction), and identify protective responses
- C2.2 assess the impact of different types of bullying or harassment (e.g., intimidation, ostracism, pressure to conform, gang activities) on themselves and others, and identify ways of preventing or resolving such incidents (e.g., communicating feelings; reporting incidents involving themselves or others; encouraging others to understand the social responsibility to report incidents and support others rather than maintaining a code of silence or viewing reporting as “ratting”; seeking help from support services; learning skills for emotional regulation; using strategies for defusing tense or potentially violent situations) [IS, CT]

Grade 8

- C2.2 demonstrate the ability to assess situations for potential dangers (e.g., getting into a car with a stranger or an impaired, unlicensed, or inexperienced driver; dependencies or coercion in dating relationships; joining gangs; participating in violence; attending a party where alcohol or drugs are being used; using cosmetic procedures or treatments such as piercing, tattooing, crash diets, or artificial tanning that involve potential health risks), and apply strategies for avoiding dangerous situations [CT]

Living Skills are Incorporated Throughout The Program
Healthy Living - Personal Safety and Injury Prevention



INTERNET SAFETY & SOCIAL MEDIA SAFETY



"The perception of anonymity and privacy online increases a young person's willingness to share personal information, leaving them open to manipulation by others....In some instances, there are adults who have harmful intentions or sexual interest in children, and in other cases, it may involve peers who use technology in an effort to harm another young person." 2017 Canadian Centre for Child Protection

Grade 5 – Internet Safety (December, January, February and March)

- Program is taught by Brantford Police, Brant County OPP, or Six Nations Police Officers.
- Students will review internet usage and its consequences; Cyberbullying actions, examples of and consequences; importance of creating passwords and how to create strong ones; an introduction to social media and how to report inappropriate usage plus block others from your profile; mobile device security settings and privacy; discussion on who should see your online profile and who shouldn't, how to protect themselves from online predators.
- Children will have the opportunity to use donated laptops and iPad's at the Safety Village throughout the class to practice their learning.

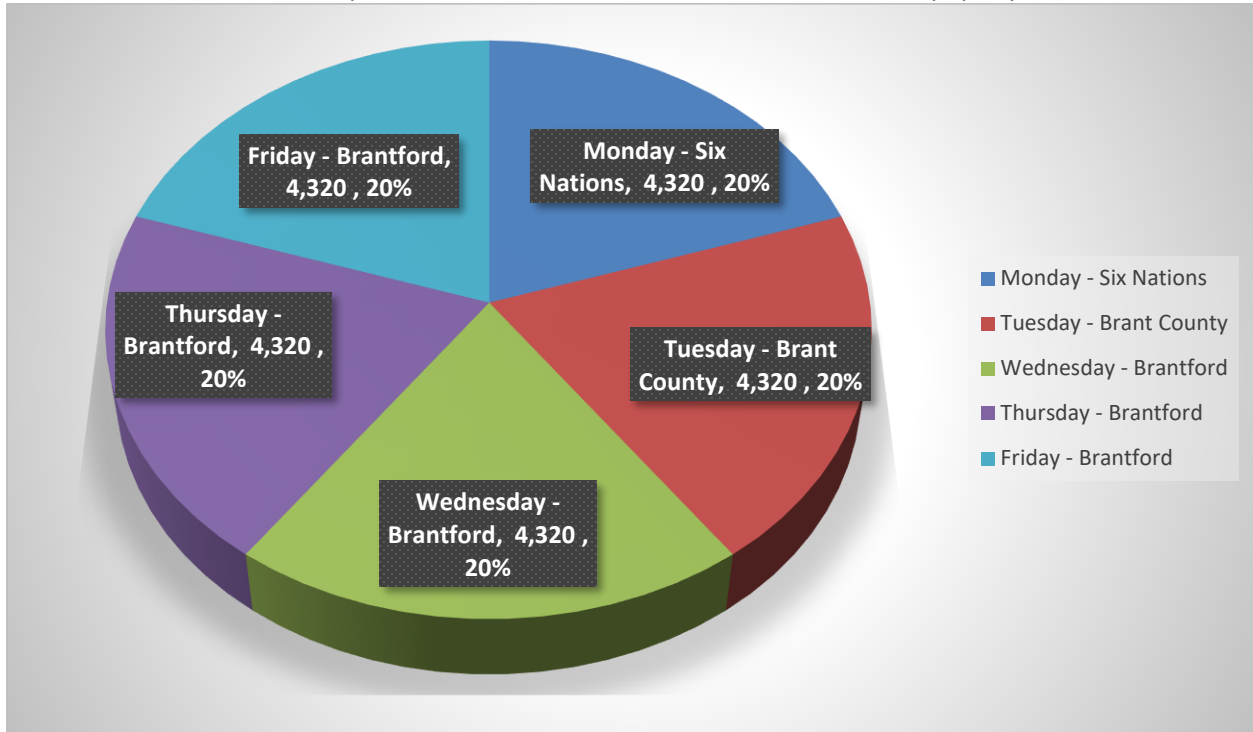
Grade 7/8 – Social Media Safety (December, January, February and March)

- Program is taught by Brantford Police, Brant County O.P.P or Six Nations Police Officers.
- Students will receive a hands-on social media safety lessons, discuss the seriousness and legalities of cyberbullying as well as posting/sharing choices and their consequences. Students will learn about the dangers and possible consequences of sharing and taking photos.
- Participants will have access to safe social media on our iPads and laptops, practicing privacy settings and how to report cyberbullying, inappropriate photos or videos to site administrators.

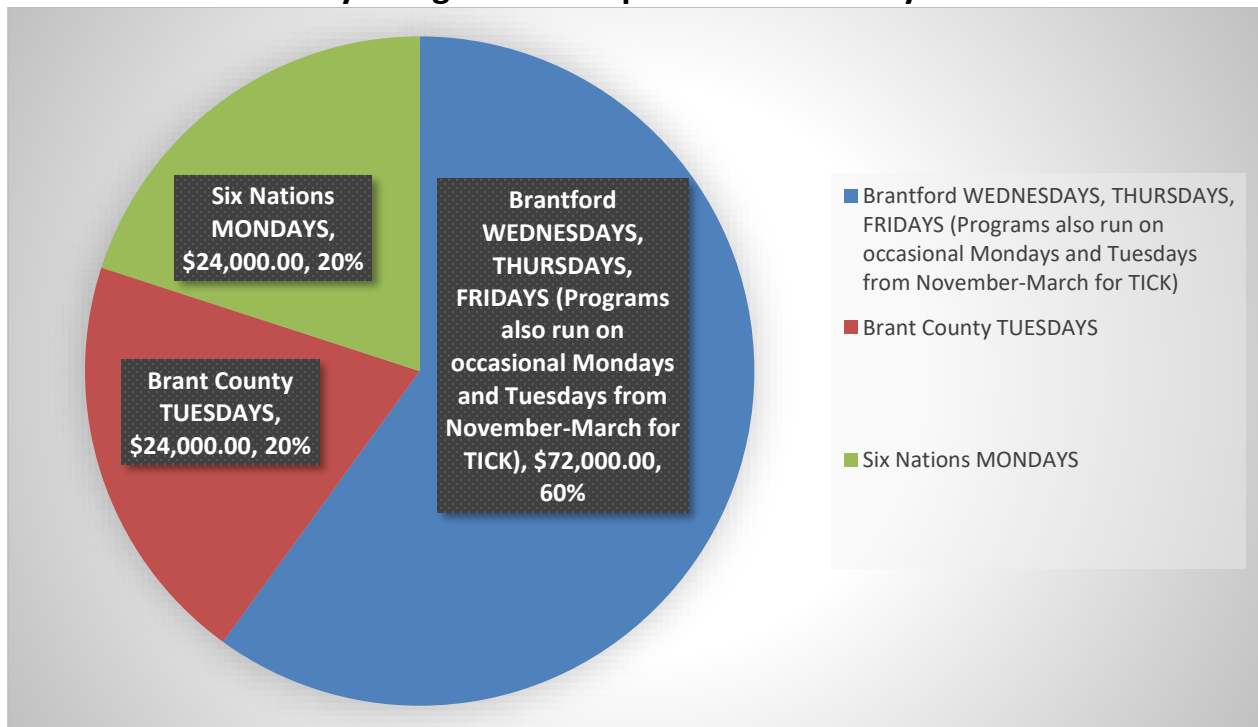
Teachers, book your class online today! www.CSVBrant.ca



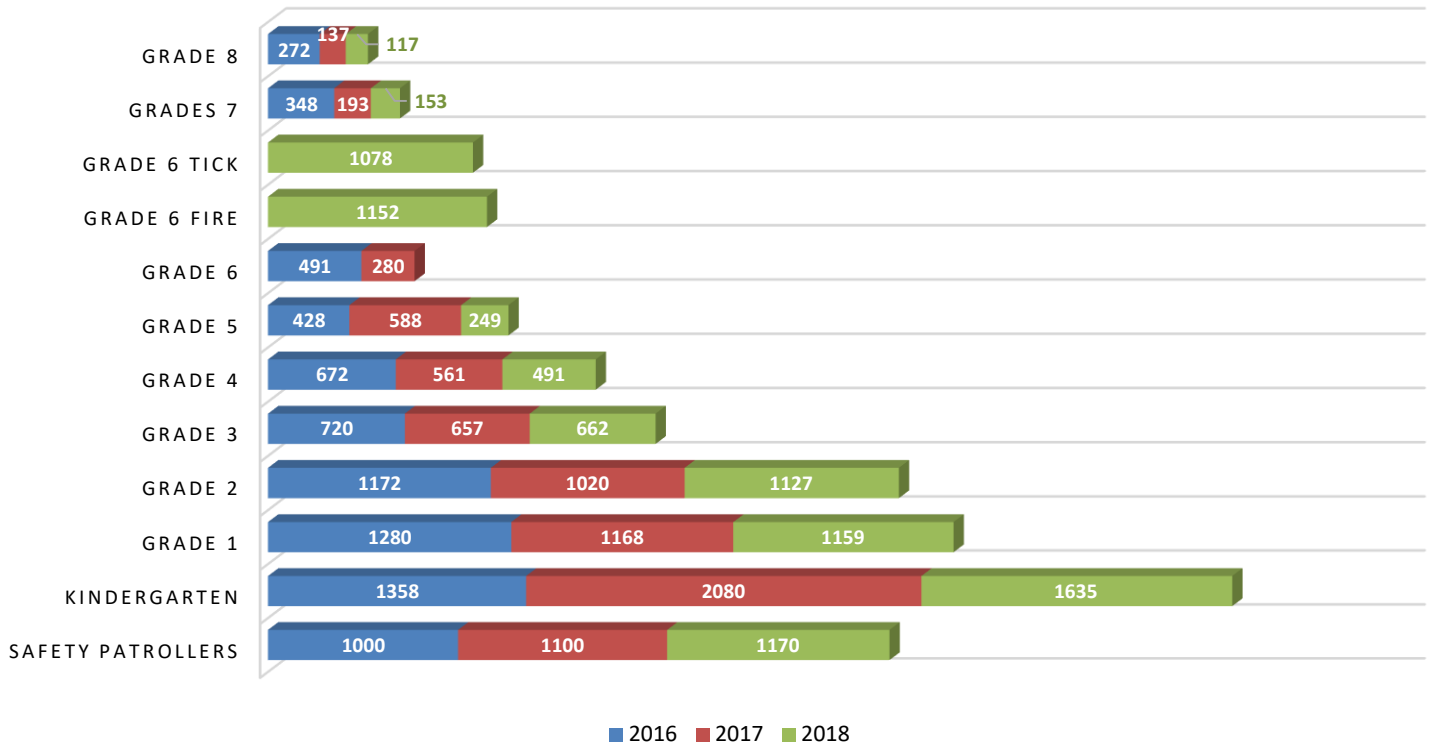
Student Capacity at Village Per Day Per School Year
 (30 students per class is the standard, based on 195 school days per year)



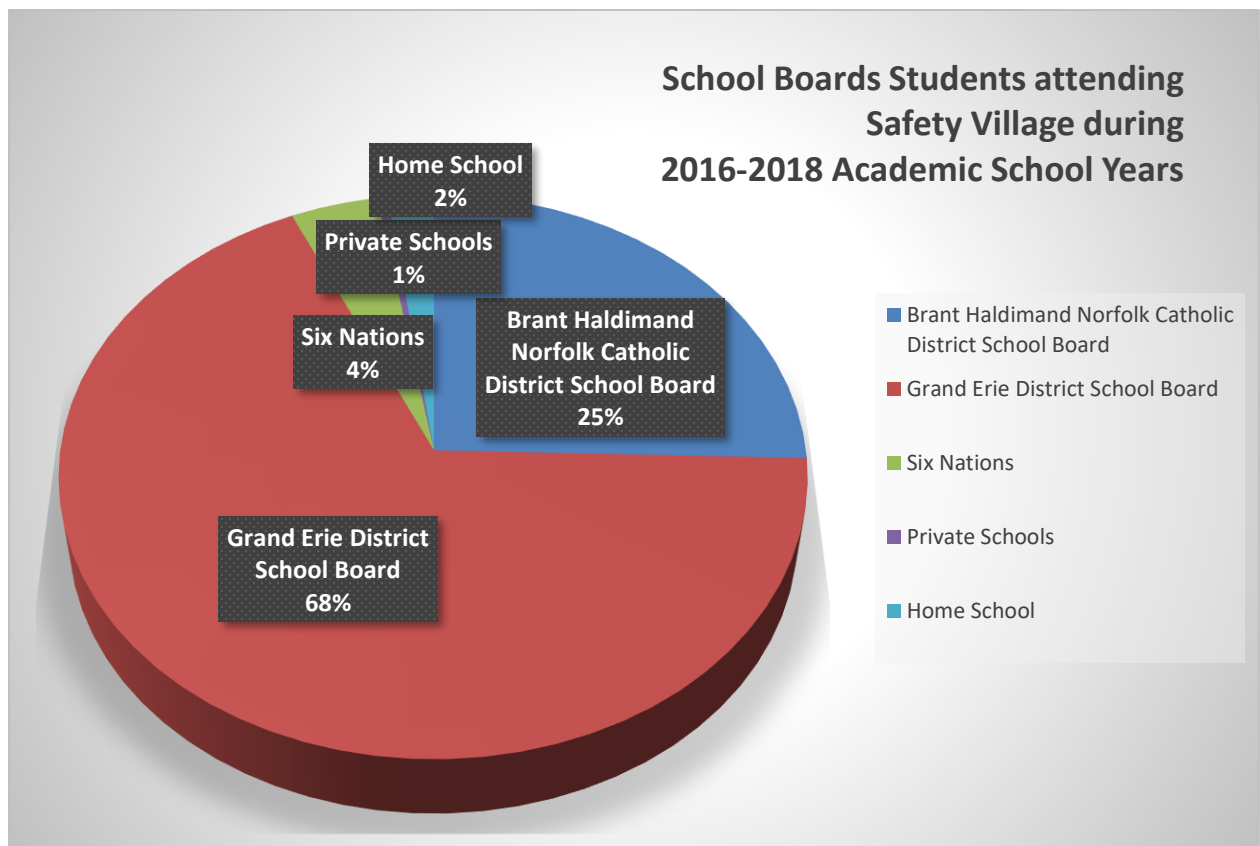
Safety Village Annual Operational Costs by Users



STUDENT ATTENDANCE BY GRADE DURING ACADEMIC SCHOOL YEAR



***2018 was the first year of the all-day Grade 6 T.I.C.K and Jeopardy Fire program.



2019-2020 School Year Teacher Comments:



“Great program! Very well organized and run. Lots of hands on activities to keep students engaged. Lots of important information given to students. Will be coming back next year!”

“Thank you for all you do!”

“The kids really enjoy this trip/activity. There is a less than positive attitude towards fire fighters and police in the community I work in. This is a great way to build trust and understanding that first responders are there to help you and to save lives.”

“Great use of media! I believe I’ve been here 15 times! I love the grade 1 police program!”

“Great information for the kids! Great hands-on activities to get them moving and active. Thank you for having us!”

“Program went very well. Directly related to the grade 2 curriculum and lots of hands-on age appropriate activities. The students really enjoy it and the handouts will be great to spark conversation at home.”

“Every year my class can recall what they did the year before—a year ago BECAUSE the facility is set up in such a kid-friendly way. The facility’s miniature village with small miniature size rooms and Sparky’s House captures the kids attention to be involved...Grade 3 can recall what to do in case of fire because they get to physically go out of Sparky’s bedroom window and call (911) on a phone at a meeting spot. This fire prevention program would not be remotely the same if they (fire) travel to the school.”



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Rafal Wyszynski, Superintendent of Business & Treasurer
RE: **HR4 Health & Safety**
DATE: January 13, 2020

Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board approve Policy HR4 – Health & Safety.

Background

Policy HR4 – Health & Safety was circulated to all appropriate stakeholders for comments to be received by November 27, 2019.

Comments Received

1. Comment: Procedure #7 – Reference Appendix A Should this be Terms of Reference?
Response: Amended.
2. Comment: Appendix A – update names and locations of Board facilities
Response: Amended.
3. Comment: Appendix B – update - number of staff are not GEMST and non-union is the same?
Response: The staffing numbers have been updated. GEMST and non-union are not the same (i.e. Superintendents are not GEMST)
4. Comment: Appendix G names of members updated, or should this be removed since it is kept up to date in the portal?
Response: This section has been updated

Additional Information

As a result of these comments, suggested revisions have been made to the Policy and a draft revised policy is attached.

Next Steps

This approved Policy will be distributed in keeping with Board Bylaw BL9.

Respectfully submitted,

Rafal Wyszynski
Superintendent of Business & Treasurer



Health and Safety

Board Received: _____

Review Date: _____

Policy Statement

It is the policy of the Grand Erie District School Board to be committed to the protection of its employees from injury, and its property from damage caused by accidents.

Accountability

1. Frequency of Reports – Annual/Monthly
2. Criteria for Success –
 - Enhanced safety in workplace
 - Elimination of unsafe work practices and procedures
 - Reduction in near misses
 - Reduction in accidents of all kinds up to and including lost time
 - Enhanced co-operation with employee groups
 - The policy is reviewed by the Joint Occupational Health and Safety Committee annually

Background

The Grand Erie District School Board is committed to preventing occupational illness and injury to students and staff by implementing and maintaining a safe and healthy working and learning environment. It is in the best interest of all parties to consider health and safety in every activity. Commitment to health and safety must form an integral part of the Grand Erie District School Board. The Grand Erie District School Board will make every reasonable effort to provide and maintain a safe and healthy work environment. The Grand Erie District School Board’s staff must all be committed to reducing the risk of injury in the workplace.

All staff are required to meet or exceed all statutory requirements concerning the health and safety of workers, as well as all safe work policies and procedures established by the Grand Erie District School Board, staff will be held accountable when they fail to do so. Staff are required to work safely and report any unsafe condition to their supervisor immediately. The Grand Erie District School Board’s supervisors are responsible for ensuring that staff work in a safe manner and employees receive adequate training in their specific work tasks to protect their health and safety. The Grand Erie District School Board and its supervisors must also take every precaution reasonable in the circumstances for the protection of the worker.

This Health and Safety Policy is implemented through the Grand Erie District School Board Health and Safety Program, developed and amended yearly, through consultation with the Joint Health and Safety Committee.

The Joint Health and Safety Committee shall review the Policy and Program annually and make recommendations, to ensure that all legislative requirements and practices are maintained, and the Policy and Program remain relevant and appropriate.

Procedures

1. In fulfilling this commitment, the Board will provide and maintain a safe workplace and healthy environment, as indicated by accepted safety practices and in compliance with legislative requirements of the Acts, Regulations, and Codes.
2. The Board will strive to eliminate foreseeable hazards that could result in fires, loss of security, damage to property, and which could cause personal injuries or illness.
3. Lost employee time due to accident or injury can be controlled through effective management in combination with active involvement of all employees. Prevention of accidents is the direct responsibility of all managers and employees alike.
4. Those in supervisory positions will comply with the Board's health and safety requirements to prevent accidents and lost time. These requirements apply to the design, operation, and maintenance of facilities and equipment.
5. All employees will perform their tasks properly in accordance with established procedures and operating philosophy.
6. The Board is committed to the highest degree of safety and acknowledges that this can be achieved by co-operation with the Joint Health and Safety Committee and other groups.
7. See Appendix ~~'A' for Guidelines~~ titled "Terms of Reference" for the Structure and Function of the Joint Occupational Health and Safety Committee.

TERMS OF REFERENCE FOR THE STRUCTURE AND FUNCTION OF THE
JOINT OCCUPATIONAL HEALTH AND SAFETY COMMITTEE (JOHSC)

AS AGREED BETWEEN
THE GRAND ERIE DISTRICT SCHOOL BOARD
AND
ONTARIO SECONDARY SCHOOL TEACHERS' FEDERATION, DISTRICT 23
(TEACHERS' BARGAINING UNIT, OCCASIONAL TEACHERS' BARGAINING UNIT,
PROFESSIONAL STUDENT SUPPORT PERSONNEL BARGAINING UNIT)

GRAND ERIE ELEMENTARY TEACHERS' FEDERATION

GRAND ERIE ELEMENTARY OCCASIONAL TEACHERS

GRAND ERIE DESIGNATED EARLY CHILDHOOD EDUCATORS LOCAL

CANADIAN UNION OF PUBLIC EMPLOYEES LOCAL 5100
(EDUCATIONAL ASSISTANTS, OFFICE/CLERICAL/TECHNICAL, FACILITY SERVICES)

ONTARIO PRINCIPALS' COUNCIL

GRAND ERIE MANAGEMENT SUPPORT TEAM

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1.0 DEFINITIONS

Workplace Team (WT) consists of one (1) employer representative and one (1) representative from each bargaining unit represented at the Workplace. Worker Representatives shall be selected by their respective Union/Federation members at the site. The Worker Representative should be chosen in each location before September of each school year. The WT is tasked with performing regular monthly workplace inspections of the worksite and other requirements as deemed appropriate by the Joint Occupational Health and Safety Committee (JOHSC).

Alternate Member is someone designated by a Joint Occupational Health and Safety Committee member to attend JOHSC meetings in their absence.

Beginning of testing implies the time at which testing begins; includes while equipment is being set up or affixed to a worker; ensuring the process has begun; ensuring valid testing procedures are used and conditions are representative.

Certified Member refers to a Joint Occupational Health and Safety Committee member who has successfully completed Parts 1 and 2 certification training through a Ministry of Labour approved provider.

Consensus denotes a general agreement amongst the parties involved.

Designated Certified Member(s) are the members who are designated to become solely entitled to exercise the rights and are required to perform the duties under the OHS Act of a certified member.

Each Union or Federation has a designated worker member. The Business Services Management Representative will be the designated employer representative.

Employer refers to the Grand Erie District School Board.

Internal Responsibility System is a system, within an organization, where everyone has direct responsibility for health and safety as an essential part of his or her job. It does not matter who or where the person is in the organization as they achieve health and safety in a way that suits the kind of work they do. Each person takes initiative on health and safety issues and works to solve problems and make improvements on an on-going basis.

Joint Occupational Health and Safety Committee is comprised of members as described herein.

Quorum is reached when a minimum of six (6) members are present (worker members present must be greater than the management members).

Supervisor is a person who has charge of a workplace or authority over a worker. This includes: The Board's Director of Education, Superintendents, Principal, Vice-Principal, Manager, Supervisor.

Workplace is any land, premises, location or thing at, upon, in or near which a worker works; herein referred to as a worksite or site.

2.0 PREAMBLE

- 2.1 The Grand Erie District School Board (herein referred to as 'GEDSB') and all of its Unions/Federations and employee groups have agreed to the establishment of a multi-site Joint Occupational Health and Safety Committee as per the Occupational Health and Safety Act (herein referred to as the 'OHS Act') and have reached an understanding as to this Terms of Reference document for the composition, practice and procedure thereof.
- 2.2 Here within, the Joint Occupational Health and Safety Committee shall be referred to as the Joint Committee and the Health and Safety Team shall be referred to as the Workplace Team.
- 2.3 The parties acknowledge that the diversity of workplaces in the educational sector requires reference to many Acts, Regulations, Codes, Standards and Guidelines to set the minimum standard to ensure the health and safety of workers. In addition, workplace policies and guidelines, along with Collective Agreements, may extend those standards.
- 2.4 The parties acknowledge that the proper functioning of the Joint Committee can only be carried out where the representatives of the employer and of the workers are committed to these responsibilities. To effect this, the undersigned undertake to make decisions that will be carried out by their respective organizations.
- 2.5 The parties agree to accept other employee group(s) as members of the Joint Committee, based upon a request by other employee group(s) and the mutual consent of the Board and each of the Unions/Federations who are a party to this agreement.
- 2.6 The parties hereto adopt these guidelines in good faith and agree to promote and assist the Joint Committee whenever and wherever possible.

3.0 DESCRIPTION OF THE WORKPLACES

- 3.1 The following Terms of Reference document applies to all Grand Erie District School Board administrative buildings, schools, worksites and leased spaces where board employees are regularly employed.
- 3.2 Separate appendices are provided for the following items covered by this Terms of Reference:

Appendix A: Each GEDSB workplace name, address and distance from the Education Centre.

Appendix B: Unions/Federations/Associations and approximate number of workers in each group.

Appendix C: Designated substances present at GEDSB workplaces.

Appendix D: Work Refusal Process

Appendix E: Critical Injury Process

Appendix F: Items to be posted on Workplace Health and Safety bulletin boards

Appendix G: 2016-17 JOHSC Members list

Appendix H: JOHSC and Workplace Team Training Modules

4.0 COMMITTEE STRUCTURE

JOHSC MEMBERSHIP

- 4.1 Members of the GEDSB JOHSC shall be paid employees of the GEDSB. Where a member ceases to be an employee of the Grand Erie District School Board, membership on the JOHSC shall be terminated (OHS Act, Part II, Section 9 (10)).
- 4.2 The committee is comprised of 10 worker members and 5 management members. One member of each shall be allocated as follows:

Worker Members	Management Members
CUPE - Educational Assistants	Business Services
CUPE - Facility Services	Elementary School Administration
CUPE - Office/Clerical/Technical	Facility Services
ETFO – Elementary Teachers	Human Resources
ETFO - Elementary Occasional Teachers	Secondary School Administration
ETFO – Designated Early Childhood Educators	
Non- Union	
OSSTF- Secondary Teachers	
OSSTF - Secondary Occasional Teachers	
OSSTF- Professional Student Services Personnel	

- 4.2.1 Worker members of the JOHSC shall be elected or appointed by their respective Union/Federation.
- 4.2.2 Management members of the JOHSC shall be selected by their respective association, employee group and/or designated by the employer.
- 4.2.3 For continuity and cost-effectiveness, all members will be asked to serve a minimum three (3)-year term on the committee. There will be no restrictions on the number of terms a member may serve.
- 4.2.4 All groups will notify the board of their representative(s) before the first meeting in September each year or upon replacing a member throughout the year.
- 4.3 The Board’s Health and Safety Officer shall attend meetings as a resource to the committee but shall not be considered a member of the committee.

JOHSC CO-CHAIRS

- 4.4 Two (2) of the JOHSC members shall co-chair the committee, one (1) of whom shall be selected by the members who represent workers, and the other of whom shall be selected by the members who represent management.
- 4.5 The Co-chairs will be appointed in September for a definite period of 12 months. If a co-chair leaves during that time a new co-chair will be selected as per 4.4 for the remainder of the term.
- 4.6 Co-chairs will alternate chairing the meeting and if one (1) Co-chair is absent, the other Co-chair will chair the meeting.

DESIGNATED CERTIFIED MEMBERS

- 4.7 The Joint Committee shall designate each Union/Federation certified worker member to represent their appropriate Union/Federation. This member shall be made available as soon as possible to investigate critical injuries, fatalities, work refusals, work stoppage and emergency closures for health and safety purposes, and be available for specific industrial hygiene issues that involve members of their Union/Federation and other health and safety matters within the Workplace that are identified in the Occupational Health and Safety Act. Where applicable, the investigating team shall be responsible for monitoring that the requirements prescribed in section 51 and 52 of the Occupational Health and Safety Act and sections 5 and 6 of the Regulations for Industrial Establishments are carried out.
- 4.8 The Joint Committee agrees that should the designated member of the appropriate Union/Federation be delayed, the Certified Worker member closest to the school of the safety emergency shall attend the safety emergency. This decision shall be made by the Worker Co-chairperson in consultation with the first Worker representative called. The Worker Co-chairperson shall notify the Health and Safety Department.

WORKPLACE TEAMS

- 4.9 Each school/facility shall establish a Workplace Health and Safety Team.
- 4.9.1 The Workplace Team should consist of one Management member and one (1) representative from each of the bargaining units represented at the Workplace. Worker Representatives shall be selected by their respective Union/Federation members at the site. The Worker Representative should be chosen in each location no later than September 30th of each school year.

5.0 ROLES AND RESPONSIBILITY

ROLE OF THE OCCUPATIONAL HEALTH AND SAFETY PROFESSIONAL

- 5.1 The Board's Health and Safety Officer shall attend meetings as a resource to the committee but shall not be considered a member of the committee.

ROLES AND POWERS OF JOHSC MEMBERS

- 5.2 In addition to those listed in section 9(18) of the OHS Act, the function of the JOHSC shall be:
- 5.2.1 To identify, evaluate and discuss health and safety matters within GEDSB workplaces and make recommendations to the employer on ways to improve workplace health and safety, as needed.
- 5.2.2 To conduct workplace inspections as defined in this Terms of Reference document.
- 5.2.3 To ensure that workplace inspections are carried out on a regularly scheduled basis by the Workplace Team.
- 5.2.4 To review employee accident/incident information, and Workplace Violent Incidence Reports via the report provided by the Health and Safety Department and make recommendations as required.

- 5.2.5 To provide consultation on health and safety orientation training programs so that all employees are knowledgeable in their rights, restrictions, responsibilities and duties under the Occupational Health and Safety Act.
- 5.2.6 To address matters related to Hazardous/Designated Substance Regulations and WHMIS where applicable.
- 5.2.7 To obtain information from management respecting:
 - i) the identification of potential or existing hazards of materials, processes or equipment, and;
 - ii) health and safety experience, and work practices and standards in similar school boards of which the employer has knowledge, and;
 - iii) timely results of workplace testing, and;
 - iv) any other data pertinent to health and safety;
- 5.2.8 To provide appropriate information to Workplace Team members in a timely manner.

ROLES AND POWERS OF WORKPLACE TEAMS

- 5.3 Members of the Workplace Team shall:
 - 5.3.1 Conduct monthly inspections at their school or worksite and be afforded the opportunity to participate in the annual JOHSC inspections, and to make recommendations to the Joint Committee.
 - 5.3.2 Monthly inspections must include all of areas within the actively used facility. Small to mid-sized facilities (elementary schools, administrative buildings, satellite locations) shall be inspected within half a day. Large facilities (secondary schools) shall be inspected within one day.
 - 5.3.3 Promote health and safety at the site.
 - 5.3.4 Worker members must inform the Principal/Supervisor/Manager of any health and safety related issues observed or brought to their attention.
 - 5.3.5 Ensure that current names of the JOHSC and WT are posted on the sites Health and Safety Bulletin Board.
 - 5.3.6 Ensure required postings are maintained on the sites' Health and Safety Bulletin Board (see Appendix F).
 - 5.3.7 Schedule all inspections at the beginning of the school year. Inspections shall coincide with any annual inspection by the Joint Committee.
 - 5.3.8 Unresolved Workplace Team concerns regarding occupational health and safety issues shall be documented on the Health and Safety Concern form and submitted to the Joint Committee and the Health and Safety Department.

- 5.3.9 The Workplace Team, through the Workplace Supervisor, is responsible for ensuring that a copy of all Ministry of Labour reports are forwarded to the Health and Safety Department.
- 5.3.10 The Workplace Supervisor shall endeavor to inform the Workplace Team prior to the commencement of maintenance work by board employees or outside contractors pertaining to the use, removal or disturbance of designated substances or any other toxic substances which may be used or disturbed during the course of the work.
- 5.3.11 The Workplace Team Supervisor shall immediately advise the Health and Safety Department of all critical injuries (involving all persons including employees, students or visitors), safety related work refusals and work stoppages resulting from safety issues. The Health and Safety Department shall, without delay, notify the appropriate certified Worker member of the Joint Committee.
- 5.3.12 A Workplace Team worker shall be entitled to be present at the beginning of testing conducted with respect to specific industrial hygiene issues or general indoor air quality testing at a school or facility.
- 5.4 In addition to the responsibilities of the WT, the JOHSC Co-chairs may request a workplace team worker and the Principal/Supervisor/Manager attend JOHSC meetings when a particular issue related to the worksite they represent is on the agenda. Release time shall be provided for the WT member to attend such meetings.
 - 5.4.1 When the workplace team worker/Principal/Supervisor/Manager is present at a JOHSC meeting they are considered a guest and a non-voting member.

ENTITLEMENTS OF THE JOHSC MEMBERS

- 5.5 Committee meetings, inspections, training and other functions undertaken by the JOHSC will be scheduled during normal working hours except in extraordinary circumstances. When performing duties as listed in these guidelines, Joint Committee Worker Representatives shall be replaced by casual/occasional workers and the Joint Committee member will receive the member's current rate of pay, and all other normal benefit entitlements.
- 5.6 When performing duties as listed in this Terms of Reference document, JOHSC worker members shall be released from their workplace in order to fulfill their duties as prescribed. All absences shall be recorded under a predetermined code designated for JOHSC business.
- 5.7 In accordance with section 9(35) of the Occupational Health and Safety Act, 1990, a JOHSC worker member, who is called out to perform legal responsibilities (i.e. work refusal, work stoppage, critical injury, Ministry of Labour summons) outside normal working hours shall be paid at the employee's regular or premium rate, and shall continue to receive all their benefit entitlements as may be proper. If there is any disagreement as to the rate or amount of compensation, it shall be referred to the Superintendent, Human Resource Services, in consultation with the JOHSC for resolution. If there is any disagreement as to the rate or amount of compensation, it may be resolved through the Grievance Procedure in the appropriate Collective Agreement.

- 5.8 Travel allowance as per the current Board Policy and rate, shall be paid for attendance at JOHSC meetings, work refusals, critical injury investigations, presence at industrial hygiene testing, Ministry of Labour summons and site inspections.
- 5.9 Time spent as a JOHSC Member performing Workplace inspections, and other duties as listed, will be paid for at the member's current rate of pay for performing work and the time spent will not interfere with the worker's preparation time, breaks, lunch time or personal time.

6.0 TRAINING

JOINT HEALTH AND SAFETY COMMITTEE

- 6.1 All new members of the JOHSC will receive orientation training delivered by the health and safety department.
- 6.2 The GEDSB shall ensure that all worker and management members of the JOHSC are trained under the certification process outlined in the Occupational Health and Safety Act. The certification training shall be completed within twelve (12) months upon joining the JOHSC and must be completed within six (6) months of completing Part 1. Certification training costs shall be the responsibility of the GEDSB.
 - 6.2.1 Part 1 and Part 2 certification training as outlined in Appendix H will be delivered to all JOHSC members by a Ministry of Labour (MOL) certified and approved trainer.
 - 6.2.2 The Health and Safety Department will maintain training records of JOHSC members. JOHSC members will be required to complete the recertification course once each school year.
 - 6.2.3 Lack of certification shall not prevent new JOHSC members from participating fully in JOHSC responsibilities with the exception of annual inspections.
- 6.3 New members to the JOHSC shall be paired with an experienced, certified member, as mentor. Mentors may accompany the new members on up to three (3) inspections, which shall include one (1) secondary school. Release time for inspections will be provided.
- 6.4 Information and instruction surrounding applicable health and safety topics will be provided to the JOHSC through the Health and Safety Department in consultation with the worker and management Co-chairs and the Committee members.

MEMBERS OF THE WORKPLACE TEAM

- 6.5 Members of the Workplace Team will receive training within 6 months of becoming a member. Training costs shall be the responsibility of the GEDSB.
 - 6.5.1 Part 1 and Part 2 certification training as outlined in Appendix H will be delivered to all Workplace Team members by a Ministry of Labour (MOL) certified and approved trainer.
 - 6.5.2 The Health and Safety Department will maintain training records of Workplace Team members. Workplace Team members will be required to complete the recertification course every three (3) years.

- 6.5.3 Lack of training shall not prevent new Workplace Team members from participating fully in or fulfilling Workplace Team responsibilities.
- 6.6 Any additional information and instruction to the members of the Workplace Team will be provided through the Health and Safety Department in consultation with the JOHSC.

7.0 JOHSC MEETINGS

SCHEDULE

- 7.1 The JOHSC shall meet monthly, excluding July and August. Additional meetings or cancellations will be upon the approval of the Co-chairs. JOHSC meeting dates will be distributed to the members before the first scheduled meeting of the school year.

MEETING AGENDA

- 7.2 JOHSC members shall make every effort to submit all agenda items in writing two (2) weeks before scheduled meetings. Agenda additions may be made on the meeting date, subject to the approval of both Co-chairs.
 - 7.2.1 Site-based agenda items raised at the meeting that have not been reported to the Workplace Supervisor, will not be accepted unless the Co-chairs agree that it is appropriate for it to be brought forward (see sections 10.5-10.6 'Referring Issues to the JOHSC').
- 7.3 Two (2) weeks in advance of the JOHSC meeting, the draft meeting agenda will be approved by the Co-chairs in consultation with the Health and Safety Department. The Health and Safety Department shall distribute the final copy of the agenda and meeting package to all members in advance of the meeting. Every effort will be made to have the agenda and meeting package available one (1) week prior to the meeting.
- 7.4 All items that are resolved or not will be reported in the minutes. Unresolved items will be tabled and placed on the agenda for the next meeting or a designated upcoming meeting as approved by the JOHSC members.
- 7.5 In the case where a JOHSC member has tabled an item on the agenda and is not present at the meeting; that item shall be deferred until the next meeting when he/she is present unless an alternate member has been identified to bring the item forward for discussion.
- 7.6 The Joint Committee may accept any item as proper for discussion and resolution pertaining to Workplace Health and Safety, except to violate any terms of the prevailing Collective Agreements. All items raised from the agenda in the meetings will be dealt with on the basis of consensus rather than by voting. Formal motions will not be used.

MEETING MINUTES

- 7.7 The Health and Safety Department will arrange for a recording secretary to take, type, and circulate the JOHSC meeting minutes. Minutes should contain a summary of all items reported in the agenda and discussed at the meeting. Minutes will be reviewed by the Co-chairs within a week of the meeting and approved for distribution to the Board community. Electronic copies will be made available on the Staff Portal for all committee members,

Workplace Teams, Health and Safety Representatives, Principals/Managers/Supervisors and Unions/Federations and other Board staff to view, print and post.

- 7.8 The minutes shall be reviewed by the JOHSC at the following monthly meeting and any errors or omissions will be noted on that month's meeting minutes.
- 7.9 A copy of the minutes will be retained as per the GEDSB's record retention process, and at a minimum of seven (7) years.

MEETING ATTENDANCE/QUORUM

- 7.10 The Joint Committee shall have a quorum of six (6) members present in order to conduct business. One (1) Co-chairperson must be present in order to conduct business. The number of management members shall not be greater than the number of employee members.
- 7.11 If one (1) Co-chair is absent, the other Co-chair will chair the meeting.
- 7.12 A JOHSC member may assign an alternate to attend the JOHSC meeting in their place if the member is unable to attend. Notice of the alternate shall be sent to the Co-chairs in advance of the meeting.
- 7.13 Where the requirements outlined in Article 7.10 are not met, the meeting shall be considered an information session only.

DECISION MAKING

- 7.14 Every effort will be made to resolve all issues brought forward on the agenda and to make decisions based on consensus rather than by voting.

WRITTEN RECOMMENDATIONS

- 7.15 Formal motions in the form of a written recommendation from the JOHSC will be printed separately from the JOHSC minutes, signed by the JOHSC Co-chairs and sent to the Superintendent responsible for Health and Safety.
- 7.16 The employer shall respond to the JOHSC within twenty-one (21) days. The written response shall indicate the employer's assessment of the JOHSC's recommendation and specify what action will, or will not (with explanations) be implemented as a result of the recommendations. Any proposed action by the employer shall include details of who will be responsible for such action and a proposed time frame.
- 7.17 Either Co-chair may make a recommendation to the employer as per section 9 (19.1) of the Act.

DISPUTE RESOLUTION

- 7.18 Where a dispute arises between worker and management members, every effort will be made by the JOHSC Co-chairs to resolve the issue internally.
- 7.19 In the event that consensus cannot be reached and/or an item remains unresolved after discussion at two (2) regularly scheduled meetings or as decided by the Co-chairs, a decision will be made based on a majority vote by all JOHSC members present. Quorum must be

maintained for a vote to occur. If consensus cannot be reached after voting, then the Ministry of Labour will be contacted for resolution

GUESTS

- 7.20 A Co-chair may, with the approval and consent of the second Co-chair, invite any additional person(s) to attend the meeting and provide information and comment, but they shall not participate in the regular business of the meeting.
- 7.21 Board staff and external guests may be invited to attend meetings through the Health and Safety Department, with prior notification to the Co-chairs.
- 7.22 A Ministry of Labour Occupational Health and Safety Inspector may attend Joint Committee meetings. Copies of minutes of previous meetings and/or written correspondence will be supplied to the inspector upon request.

8.0 WORPLACE INSPECTIONS

JOHSC WORKPLACE INSPECTIONS

- 8.1 Worker members of the JOHSC shall conduct a FULL annual workplace inspection of each site within the GEDSB;
 - 8.1.1 Once each school year for elementary schools, administrative buildings, and satellite workplaces.
 - 8.1.2 Twice each school year for secondary schools.
- 8.2 The schedule of inspection dates shall be completed by the end of May for the following academic year and may be adjusted by the Joint Committee at any time. All scheduled inspections shall be completed by the end of June. All worker members of the JOHSC will be afforded equal opportunity to participate in inspections at both elementary and secondary workplaces.
- 8.3 Small to midsized facilities (elementary schools, administrative buildings, satellite locations) shall be inspected within half a day. Large facilities (secondary schools) shall be inspected within one day.
 - 8.3.1 Notwithstanding the above, if any JOHSC inspection team requires additional time to complete the inspection, they shall contact the Health and Safety Department in advance with an explanation for the additional time required.
- 8.4 A designated member of the JOHSC inspection team will contact the site's Principal/Supervisor/Manager to make arrangements ahead of the inspection. Every effort should be made to coincide the timing of the inspection with the site's monthly inspection by the Workplace Team.
 - 8.4.1 Where a JOHSC inspection coincides with the scheduled Workplace Team inspection, the JOHSC inspection will be considered the inspection for the month.
- 8.5 Inspections shall be carried out by the designated JOHSC worker member, and all WT members.

- 8.6 JOHSC members will record items identified during the inspection on the JOHSC Inspection Report Form. Once the inspection is complete, a copy of the report form will be provided to the Principal/Supervisor/Manager for completion and then forwarded to the Health and Safety Department for record-keeping within five (5) days.
- 8.6.1 During the physical inspection, if a health and safety concern is observed or raised requiring immediate attention, the inspection team shall immediately bring the concern to the Principal/Supervisor/Manager or their designate. The Workplace Supervisor shall take the appropriate steps to ensure the safety of the staff.
- 8.6.2 It is the responsibility of the Principal/Supervisor/Manager to initiate corrective action as soon as possible after receiving a report and where possible remediate/correct all items on the report within twenty-one (21) calendar days of the inspection.
- 8.6.3 If it is expected that the actions to be implemented will take longer than twenty-one calendar (21) days, then the employer will provide a written response that shall outline in a timely fashion the proposed actions including details, time lines and who will be responsible for such action.
- 8.6.4 Once the form has been completed (all items remediated and work order numbers included, as applicable), a signed copy of the completed report form shall be sent by the Principal/Supervisor/Manager to the Health and Safety Department.
- 8.7 A copy of the completed JOHSC Inspection Report Form is to be posted:
- 8.7.1 On the site's Health and Safety Bulletin Board for a period of not less than one (1) year.
- 8.7.2 Made available to JOHSC members during the following month's meeting

WORKPLACE TEAM INSPECTIONS

- 8.8 Designated Workplace Team members shall be afforded time during their regular work day to perform monthly workplace inspections as per this Terms of Reference document and the Board's procedure for monthly workplace inspections. Time spent as a Workplace Representative performing Workplace inspections, and other duties as listed, will be paid for at the member's current rate of pay for performing work and the time spent will not interfere with the worker's preparation time, breaks, lunch time or personal time.
- 8.8.1 Monthly inspections must include all areas within the actively used facility.
- Small to mid-sized facilities (elementary schools, administrative buildings, satellite locations) shall be inspected within half a day. Large facilities (secondary schools) shall be inspected within one day.
- 8.9 Workplace Team members will record items identified during the inspection on the Inspection Report Form. Once the inspection is complete, a copy of the report form will be provided to the Principal/Supervisor/Manager for completion.
- 8.9.1 During the physical inspection, if a health and safety concern is raised requiring immediate attention, the inspection team shall immediately bring the concern to the

Principal/Supervisor/Manager or their designate. The Workplace Supervisor shall take the appropriate steps to ensure the safety of the staff.

- 8.9.2 It is the responsibility of the Principal/Supervisor/Manager to initiate and where possible remediate/correct all items on the report within twenty-one (21) days of the inspection.
- 8.9.3 Once the form has been completed (all items remediated and work order numbers included, as applicable), a signed copy of the completed report form shall be sent by the Principal/Supervisor/Manager to the Health and Safety Department.
- 8.10 A copy of the completed Workplace Inspection Form is to be posted:
 - 8.10.1 On the site's Health and Safety Bulletin Board for a period of not less than one (1) year.
 - 8.10.2 Made available to JOHSC members during the following month's meeting

MINISTRY OF LABOUR INSPECTIONS

- 8.11 When a Ministry of Labour (MOL) Inspector arrives at a site, the Principal/Supervisor/Manager shall make every effort to make available a worker member of the Workplace Team to accompany the Principal/Manager/Supervisor and the inspector during the inspection.
- 8.12 Upon notice of the Ministry of Labour Inspector's arrival, the Principal/Supervisor/Manager shall notify the Health and Safety Department who will inform the appropriate designated JOHSC worker member.
- 8.13 The Principal/Supervisor/Manager is responsible for ensuring that a copy of all Ministry of Labour reports are posted on the site's Health and Safety Bulletin Board for a period of not less than twenty-one (21) days and a copy forwarded to the Health and Safety Department within twenty-four (24) hours of receiving document(s).
- 8.14 The Health and Safety Department will ensure the report is shared with the JOHSC electronically and in the following month's meeting package.

9.0 NOTIFICATIONS AND INVESTIGATIONS

ACCIDENTS

- 9.1 Principals/Supervisors/Manager shall immediately advise the Health and Safety Department of all critical injuries, safety related work refusals and work stoppages resulting from dangerous circumstances.
- 9.2 If a person is disabled from performing his or her usual work, has lost time from work and/or requires medical attention because of an accident, injury or incident, the employer will give written notice of the occurrence to the JOHSC Union/Federation member representing the worker within four (4) days of the occurrence as per established GEDSB procedures.
- 9.3 Where advised by a worker or notified on behalf of a worker, that the worker has an occupational illness or that a claim in respect to an occupational illness has been filed with the Workplace Safety and Insurance Board, the employer shall give notice in writing to the

committee and to the JOHSC Union/Federation member representing the worker within four (4) days of being so advised.

9.4 The Principal/Supervisor/Manager is responsible to investigate all injuries reported to them.

CRITICAL INJURIES

9.5 Where a person is killed or critically injured, the employer shall immediately notify the Ministry of Labour, the JOHSC Co-Chairs, and the JOHSC Union/Federation worker member representing the injured worker as per established GEDSB procedures.

9.6 The Certified Union/Federation worker member representing the injured worker, Management Co-chair or designate and the Principal/Supervisor/Manager in consultation with the Health and Safety Department will investigate critical injuries and fatalities.

9.7 The Joint Committee agrees that should the designated member of the appropriate Union/Federation be delayed, the Certified Worker member closest to the school or location of the injury shall attend.

9.8 Where applicable, the investigating team shall be responsible for overseeing that the requirements prescribed in the Occupational Health and Safety Act, sections 51 and 52, and the Regulations for Industrial Establishments, sections 5 and 6, are carried out.

REFUSAL TO WORK

9.9 The process outlined in section 43 of the OHS Act shall be followed for enacting a work refusal (Appendix D).

9.10 Upon learning that a worker refuses work because they believe that they are likely to endanger themselves or another worker, the Health and Safety Department will contact the Union/Federation worker member representing the worker to participate in an investigation with the Principal/Manager/Supervisor. The investigation will begin forthwith as per established board procedures and as set out in section 43 of the OHS Act.

9.11 The Joint Committee agrees that should the designated member of the appropriate Union/Federation be delayed, the Certified Worker member closest to the school of the work refusal shall attend. This decision shall be made by the Worker Co-chairperson in consultation with the first Worker representative called. The Worker Co-chairperson shall notify the Health and Safety Department.

WORK STOPPAGE

9.12 A JOHSC Certified member may direct the employer to stop specified work or to stop the use of any part of a workplace, equipment, machine, device, article or thing if they find a dangerous circumstance exists.

9.13 Where a JOHSC Certified Worker member believes that a dangerous circumstance exists in the workplace that has not been resolved by the Principal/Supervisor/Manager, they will immediately contact the Health and Safety Department who will contact the worker Co-chair (or designate) to initiate an investigation in the presence of the Certified Member and Health and Safety Department. The investigation will continue as outlined in sections 45 of the OHS Act.

- 9.14 If both JOHSC Certified members find that the dangerous circumstances remain, the certified members may direct the employer to stop the use of any part of a workplace, equipment, machine, device, article or thing if they find a dangerous circumstance exists.
- 9.15 The Health and Safety Department will notify the JOHSC of all work stoppages that occur.

WORKPLACE TESTING

- 9.16 The Committee will be consulted regarding strategies for industrial hygiene testing within the Workplace.
- 9.17 A Certified Workplace Team Worker Member shall be entitled to be present at the beginning of testing conducted with respect to specific industrial hygiene issues at a worksite. Where the Industrial hygiene issue involves general indoor air quality testing, the Joint Committee Worker member shall be advised of the testing and shall be entitled to be present at the beginning of general indoor air quality testing.

10.0 JOHSC EVALUATION AND EFFECTIVENESS

COMMUNICATIONS

- 10.1 All communications and documentation shared with the JOHSC will, at a minimum, be done through the Board's email system and shared at the monthly meetings.
- 10.2 Co-chairs and Certified Members shall provide the Health and Safety Department with emergency contact information in the event they need to be contacted to fulfil the obligations as outlined in the OHS Act and these terms.
- 10.3 In emergency situations the Health and Safety Department will make every effort to keep the Co-chairs informed. Like all Board employees the JOHSC members have access to the Board website for emergency information.
- 10.4 Where an item raises policy issues, the JOHSC shall inform the GEDSB and may recommend policy changes.

CONFIDENTIALITY

- 10.5 Except as required by law, no JOHSC member shall disclose or communicate any confidential information, report, worker personal information or result of any testing acquired through serving as a JOHSC member. The exception is granted for the disclosure of information to the JOHSC member's Union/Federation President.

REFERRING ISSUES TO THE JOHSC (supporting the internal responsibility system)

- 10.6 As per the OHS Act and this Terms of Reference document, employees shall discuss workplace health and safety concerns with their immediate Supervisor first before bringing it to the attention of the Committee.
- 10.7 Supervisors shall acknowledge and take appropriate actions to remediate/correct a concern within a reasonable amount of time according to the severity or urgency of the concern reported. Supervisors shall respond to all concerns within twenty-one (21) days. The Supervisor will also communicate updates on progress of actions to the worker who reported the concern.

- 10.8 Unresolved occupational health and safety concerns reported to a JOHSC member from a worker that have followed the Internal Responsibility System shall be submitted to the Co-chairs and/or the Health and Safety Department. Concerns will be discussed and/or brought to the next available JOHSC meeting.

REVIEWING JOHSC EFFECTIVENESS

- 10.9 During the first scheduled meeting of the JOHSC of each school year, a review of the Committee and members' responsibilities and the need to maintain confidentiality will be added as an item to the agenda for discussion.
- 10.10 Concerns or suggestions regarding the effectiveness of the JOHSC can be submitted at any time to the Co-chairs. Any findings or actions will be documented in the appropriate meeting minutes.

11.0 TERMS OF REFERENCE

REVISION/REVIEW

- 11.1 This Terms of Reference document will be reviewed annually at the September JOHSC meeting of the school year.
- 11.2 Upon review, should any signatory party to the agreement deem it necessary that this Terms of Reference document be revised, a revision process shall be undertaken between worker and management representatives within three (3) months. A signed copy of this Terms of Reference document with new or amended sections clearly identified shall be submitted to the Ministry of Labour for approval, as required.
- 11.3 An approved copy of the GEDSB JOHSC Terms of Reference document and Minister's Letter (order under section 9(3.1)) must be maintained at all GEDSB workplaces and made available for review by a Ministry of Labour Inspector.
- 11.3.1 Sites should make sure the JOHSC Terms of Reference document and Minister's Letter is posted on their Health and Safety Bulletin Board.

WITHDRAWAL OF MINISTER'S ORDER

- 11.4 The Minister has the right to withdraw the agreement for a multi-workplace JOHSC without consultation with the workplace parties.
- 11.5 Any workplace party may request that the existing order allowing for the multi-site JOHSC be rescinded by writing to the Regional Director. The Regional Director may contact workplace parties to discuss the rescinding of the Minister's Order.
- 11.6 An inspector or other ministry representative with concerns about the functioning of the multi-site JOHSC may also recommend that the Regional Director review the Minister's Order.

12.0 SIGNATURES

We, the undersigned, have read and accept the JOHSC Terms of Reference document as written, dated

Brenda Blancher
Director of Education
Grand Erie District School Board

David Dean
Chair of the Board
Grand Erie District School Board

CUPE - Canadian Union of Public Employees Local 5100

ETFO - Elementary Teachers

ETFO - Elementary Occasional Teachers

ETFO - Designated Early Childhood Educators

OSSTF - Secondary Teachers

OSSTF - Secondary Occasional Teachers

OSSTF - Professional Student Services Personnel

GEMST- NON Union

OPC - Principals

JOHSC MEMBERS

Workers

Management

12.0 SIGNATURES

We, the undersigned, have read and accept the JOHSC Terms of Reference document as written, dated

march 27, 2017

B. Blanche

[Signature]

Brenda Blanche
 Director of Education
 Grand Erie District School Board

David Dean
 Chair of the Board
 Grand Erie District School Board

CUPE - Canadian Union of Public Employees Local 5100	<i>Jennifer Falkner</i>
ETFO - Elementary Teachers	<i>[Signature]</i>
ETFO - Elementary Occasional Teachers	<i>[Signature]</i>
ETFO - Designated Early Childhood Educators	<i>[Signature]</i>
OSSTF - Secondary Teachers	<i>[Signature]</i>
OSSTF - Secondary Occasional Teachers	<i>[Signature]</i>
OSSTF - Professional Student Services Personnel	<i>[Signature]</i>
GEMST- NON Union	<i>[Signature]</i>
OPC - Principals	<i>[Signature]</i>

JOHSC Members

Workers

Management

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JOINT OCCUPATIONAL HEALTH AND SAFETY COMMITTEE (JOHSC) TERMS OF REFERENCE APPENDICES

APPENDIX A: GEDSB Workplaces and Distance/Proximity from the Education Centre

SCHOOL	ADDRESS	CITY	POSTAL CODE	DISTANCE FROM ED CENTRE (KM)
A.G. Hodge Public School	52 Clench Ave.	Brantford	N3T 1B6	4
Anna Melick Memorial School	1347 Hutchinson Rd. RR#8	Dunnville	N1A 2W7	73
Banbury Heights School	141 Banbury Rd.	Brantford	N3P 1E3	10
Bellview Public School	97 Tenth Ave.	Brantford	N3S 1G5	1
Bloomsburg Public School	RR#3, 25 Concession 12	Waterford	N0E 1Y0	32
Boston Public School	RR#1, 2993 Cockshutt Rd.	Waterford	N0E 1Y0	16
Branlyn Community School	238 Brantwood Park Rd.	Brantford	N3P 1N9	10
Brantford Collegiate Institute & Vocational School	120 Brant Ave.	Brantford	N3T 3H3	4
Brier Park Public School	10 Blackfriar Lane	Brantford	N3R 6C5	9
Burford District Elementary School	35 Alexander St.	Burford	N0E 1A0	18
Caledonia Centennial Public School	110 Shetland St.	Caledonia	N3W 2H1	30
Cayuga Secondary School	#70 Haldimand Hwy. 54	Cayuga	N0A 1E0	44
Cedarland Public School	60 Ashgrove Ave.	Brantford	N3R 6E5	9
Centennial Grand Woodlands School	41 Ellenson Dr.	Brantford	N3R 3E7	8
Central Public School	135 George St.	Brantford	N3T 6B4	4
Cobblestone Elementary School	179 Granville Circle	Paris	N3L 0A9	17
Confederation Elementary School	54 Ewing Dr.	Brantford	N3R 5H8	7
Courtland Public School	1012 Queen St.	Courtland	N0J 1E0	56
Delhi Public School	227 Queen St.	Delhi	N4B 2K6	43
Delhi District Secondary School	393 James St.	Delhi	N4B 2B6	43
Dufferin Public School	106 Chestnut St.	Brantford	N3T 4C6	5
Dunnville Secondary School	110 Helena St.	Dunnville	N1A 2S5	62
Echo Place School	723 Colborne St. East	Brantford	N3S 3R5	5
Elgin Avenue Public School	80 Elgin Ave.	Simcoe	N3Y 4A8	40
Fairview Avenue Public School	223 Fairview Ave. West	Dunnville	N1A 1M4	63
Glen Morris Central Public School	522 Glen Morris Rd. East	Glen Morris	N0B 1W0	23
Graham Bell-Victoria Public School	56 Grand St.	Brantford	N3R 4B2	6
Grandview Public School	68 North Park St.	Brantford	N3R 4J9	6
Grandview Central Public School	11 Thrush St.	Dunnville	N1A 1X7	64
Greenbrier Public School	33 White Oaks Ave.	Brantford	N3R 5N8	8
Hagersville Elementary School	40 Parkview Rd.	Hagersville	N0A 1H0	32
Hagersville Secondary School	70 Parkview Rd.	Hagersville	N0A 1H0	31
Houghton Public School	RR#5, 505 Fairground	Langton	N0E 1G0	82
J. L. Mitchener Public School	60 Munsee St. South	Cayuga	N0A 1E0	46
James Hillier Public School	62 Queensway Dr.	Brantford	N3R 4W8	6
Jarvis Public School	14 Monson St.	Jarvis	N0A 1J0	34
King George School	265 Rawdon St.	Brantford	N3S 6G7	4
Lakewood Elementary School	713 St. George St.	Port Dover	N0A 1N0	41

SCHOOL	ADDRESS	CITY	POSTAL CODE	DISTANCE FROM ED CENTRE (KM)
Langton School	23 Albert St.	Langton	N0E 1G0	62
Lansdowne-Costain Public School	21 Preston Blvd.	Brantford	N3T 5B1	6
Lynndale Heights Public School	55 Donly Dr. South	Simcoe	N3Y 5G7	41
Major Ballachey Public School	105 Rawdon St.	Simcoe	N3S 6C7	3
<u>Mapleview Elemetary School</u>	<u>233 Fairview Ave. W.</u>	<u>Dunnville</u>	<u>N1A 1M4</u>	<u>69</u>
McKinnon Park Secondary School	91 Haddington St.	Caledonia	N3W 2H2	31
Mt. Pleasant School	667 Mt. Pleasant Rd.	Mt. Pleasant	N0E 1K0	10
North Park Collegiate & Vocational School	280 North Park St.	Brantford	N3R 4L1	7
North Ward School	107 Silver St.	Paris	N3L 1V2	19
Oakland-Scotland Public School	15 Church St. West	Scotland	N0E 1R0	19
Oneida Central Public School	661 4 th Line	Caledonia	N3W 2B2	38
Onondaga-Brant Public School	21 Brant School Rd., RR#1	Brantford	N3T 5L4	9
Paris Central Public School	7 Broadway St. East	Paris	N3L 2R2	17
Paris District High School	231 Grand River St. North	Paris	N3L 2N6	18
Pauline Johnson Collegiate & Vocational School	627 Colborne St.	Brantford	N3S 3M8	4
Port Rowan Public School	48 College Ave.	Port Rowan	N0E 1M0	80
Prince Charles Public School	40 Morton Ave.	Brantford	N3R 2N5	6
Princess Elizabeth Public School	60 Tecumseh St.	Brantford	N3S 2B5	2
Rainham Central School	572 Concession 5., RR#1	Fisherville	N0A 1G0	48
River Heights School	37 Forfar St. East	Caledonia	N3W 1L6	30
Russell Reid Public School	43 Cambridge Dr.	Brantford	N3R 5E3	8
Ryerson Heights Elementary School	33 Dowden Ave.	Brantford	N3T 0A3	6
Seneca Central Public School	2767 Haldimand Rd. #9	York	N0A 1R0	48
Simcoe Composite School	40 Wilson Dr.	Simcoe	N3Y 2E5	40
<u>Sprucedale Secondary School</u>	<u>660 Ireland Rd.</u>	<u>Simcoe</u>	<u>N3Y 4L8</u>	<u>42</u>
St. George German Public School	3 College St.	St. George	N0E 1N0	18
Teeterville Public School	229 Teeter St.	Teeterville	N0E 1S0	33
Thompson Creek Elementary School	800 Cross St. West	Dunnville	N1A 1N7	63
Tollgate Technological Skills Centre	112 Tollgate Rd.	Brantford	N3R 4Z6	7
Valley Heights Secondary School	2561 Hwy. 59	Langton	N0E 1G0	68
Walpole North Elementary School	RR#5, 1895 Haldimand	Hagersville	N0A 1H0	30
Walsh Public School	RR#2, 933 St. John's Rd.	Simcoe	N3Y 4K1	56
Walter Gretzky Elementary	365 Blackburn Dr.	Brantford	N3T 0G5	6
Waterford District High School	227 Main St. South	Waterford	N0E 1Y0	27
Waterford Public School	100 East Church St.	Waterford	N0E 1Y0	25
West Lynn Public School	18 Parker Dr.	Simcoe	N3Y 1A1	42
Woodman-Cainsville School	51 Woodman Dr.	Brantford	N3S 4K3	5

OTHER SITES	ADDRESS	CITY	POSTAL CODE	DISTANCE FROM ED CENTRE (KM)
Adult Learning City Centre	1 Market St.	Brantford	N3T 6C8	3
Adult Learning Norfolk	150 West St., Unit 5	Simcoe	N3Y 5C1	40
Bridges to Success – Adult Literacy and Basic Skills, Brantford	3 rd Level, Market Square, 1 Market St.	Brantford	N3T 6C8	3
Bridges to Success – Adult Literacy and Basic Skills, Haldimand	110 Helena Street	Dunnville	N1A 2S5	62
CAREERLINK – Employment Ontario Services	3 rd Level, Market Square, 1 Market St.	Brantford	N3T 6C8	3
Education Centre and Facility Services	349 Erie Ave.	Brantford	N3T 5V3	0
English as a Second Language (ESL)/LINC	347 Erie Ave.	Brantford	N3T 5V3	0
H.E. Fawcett Teacher Resource Centre	108 Tollgate Rd.	Brantford	N3R 4Z6	7
Joseph Brant Learning Centre	347 Erie Ave.	Brantford	N3T 5V3	0
GELA - Main Campus	365 Rawdon St.	Brantford	N3S 6J3	5
GELA – Simcoe Town Centre	150 West St.	Simcoe	N3Y 5C1	40
Hagersville - Nations	2319 3rd Line Road, Oshweken 1676 Chiefswood Rd., Six Nations	Oshweken– Six Nations	N0A 1M0	16 <u>17</u>
Hagersville - New Start	2319 3rd Line Road, Oshweken HWY 6 and First Line	Oshweken, Hagersville	N0A 1M0	32 <u>17</u>
Hagersville – SWAC	16 Sunrise Court	Oshweken	N0A 1M0	17
Hagersville – Youth Lodge	35 Sunrise Court	Oshweken	N0A 1M0	17
Haldimand School Support Centre	70 Parkview Rd.	Hagersville	N0A 1H0	31
Norfolk School Support Centre	227 Main St. South	Waterford	N0E 1Y0	27
Turning Point – Cayuga Secondary	28 Cayuga St. North	Cayuga	N0A 1E0	46
Turning Point – Delhi District Secondary School	640 James St.	Delhi	N4B 2C7	42
Turning Point – Dunnville Secondary	304 Broad St. East, Unit 2	Dunnville	N1A 1G3	70
Turning Point – Hagersville Secondary	12 Alma St. South	Hagersville	N0A 1G0	29
Turning Point – McKinnon Park Secondary School	174 Caithness St.	Caledonia	N3W 1C2	30
Turning Point – McKinnon Park Secondary School	3201 Second Line Rd., RR#6	Hagersville	N0A 1H0	22
Turning Point – Paris District High School	2 Elm St.	Paris	N3L 2L6	15
Turning Point - Pauline Johnson Collegiate & Vocational School	140 Colborne St.	Brantford	N3S 3N6	3
Turning Point – Simcoe Composite	320 St. Patrick St.	Port Dover	N0A 1N0	40
Turning Point – Waterford District High School	433 Thompson Rd. West	Waterford	N0E 1Y0	30
Turning Point – Valley Heights Secondary School	50619 Talbot Line	Aylmer	N5R 2R1	80
Turning Point – Valley Heights Secondary School	707 Norfolk County Road 28	Langton	N0E 1G0	78

APPENDIX B: GEDSB Unions and Federations

# OF STAFF (FULL-TIME/PART-TIME)	2,784
# OF OCCASIONAL STAFF	704
TOTAL # OF GEDSB STAFF	3,488

UNIONS/BARGAINING UNITS:	TOTA
Canadian Union of Public Employees (CUPE)	726
Elementary Teachers' Federation – Designated Early Childhood Educators (ETFO)	119
Grand Erie Elementary Teachers' Federation (ETFO)	1,119
Grand Erie District School Board Occasional Elementary Teachers (ETFO)	318
Grand Erie District School Board Management Support Team (GEMST)	69
Ontario Principals' Council (OPC)	105
Ontario Secondary School Teachers' Federation – Occasional Secondary Teachers (OSSTF)	214
Ontario Secondary School Teachers' Federation – Professional Student Services Personnel (OSSTF)	60
Ontario Secondary School Teachers' Federation – Secondary Teachers (OSSTF)	586
Non-Union	12

APPENDIX C: Designated Substances

The following designated substances are at sites within the GEDSB:

1. Asbestos: Can be found in multiple different building materials throughout the board.
2. Lead: Can be found in wiring connectors, electric cable sheathing, solder joints on copper piping, ceramic glazes, lead sheeting, masonry mortar, and as sub-surface layers to paint.
3. Mercury: Can be found in fluorescent light tubes, switches, electrical controls, heating system thermostats and thermometers.

APPENDIX D: Procedure for a Work Refusal

Procedure for a Work Refusal

First Stage

Worker considers work unsafe.



Worker reports refusal to his/her supervisor or employer.
Worker may also wish to advise the worker safety representative and/or management representative.
Stays in safe place.



Employer or supervisor investigates in the presence of the worker and the worker safety representative.



Issue Resolved

Worker goes back to work.



Issue Not Resolved

[proceed to the second stage]

Second Stage

With reasonable grounds to believe work is still unsafe, worker continues to refuse and remains in safe place.

Worker or employer or someone representing worker or employer calls the Ministry of Labour.



Ministry of Labour Inspector investigates in consultation with the worker, safety representative and supervisor or management representative.*



Inspector gives decision to worker, management representative/supervisor and safety representative in writing.



Changes are made if required or ordered.
Worker returns to work.

*Pending the Ministry of Labour investigation:

- The refusing worker may be offered other work if it doesn't conflict with a collective agreement
- Refused work may be offered to another worker, but management must inform the new worker that the offered work is the subject of a work refusal. This must be done in the presence of:
 - a member of the joint health and safety committee who represents workers; or
 - a health and safety representative, or
- a worker who because of his or her knowledge, experience and training is selected by the trade union that represents the worker or, if there is no trade union, by the workers to represent them

SOURCE: Ministry of Labour (https://www.labour.gov.on.ca/english/hs/pubs/filmguide/work_refusal)

APPENDIX E: GEDSB Procedure for a Critical Injury

Procedure for a Critical Injury

The following procedure must be followed in the event a worker, student or visitor suffers a critical injury.

A critical injury is an injury of a serious nature that:

- a. places life in jeopardy
- b. produces unconsciousness
- c. results in substantial blood loss
- d. involves the fracture of an arm or a leg
- e. the fracture of a foot or ankle
- f. the fracture of more than one toe
- g. the fracture of the hand or the wrist
- h. the fracture of more than one finger
- i. involves the amputation of a leg, arm, hand, or foot
- j. consists of burns to a major portion of the body
- k. causes the loss of sight in an eye

Critical Injury Procedure

Worker, Student or Visitor Critical Injury Procedure

First Aid treatment provided to injured party by a certified first aid responder



Call 911 if emergency medical attention is needed.



Secure the scene and isolate hazards.



Begin the Injury Investigation, talk to witnesses and request witness statements.



Ensure online injury reports are submitted for worker injuries and OSBIE reports are submitted for injuries to students and visitors.



Contact the Health and Safety Department.



Health and Safety will contact the Ministry of Labour and notify the Joint Occupational Health and Safety Committee.



Health and Safety will prepare a written report to be submitted to the Ministry of Labour in consultation with the worker representative on the Joint Occupational Health and Safety Committee

APPENDIX F: Items to be Posted on the Health and Safety Board

The following items are to be posted on the workplace Health and Safety Board. **These should be the most current version available.**

- Occupational Health and Safety Act
- In Case of Injury at Work – WSIB Poster
- Health and Safety at Work: Prevention Starts Here – MOL Poster
- Workplace Violence – Poster
- WHMIS 2015 - Pictograms
- Health and Safety Policy – HR4 includes the Terms of Reference and the Minister’s Letter
- Workplace Violence Policy – HR8
- Harassment and Objectionable Behaviour Policy – HR5
- Health and Safety Annual Report
- First Aid Requirements - Regulation 1101
- List of First Aid Responders for the location
- Consumer Symbols
- Asbestos Plan for the location
- Occupational Health and Safety Brochure
- List of Joint Occupational Health and Safety Committee Members
- Ministry of Labour Reports for the location for the past 12 months
- Workplace Inspection Report for the location
- Joint Occupational Health and Safety Committee Meeting Minutes for past 12 months
- Hygiene testing reports for the location
- Asbestos Abatement Reports, Bulk Sample Analysis Reports, and Designated Substance Reports for the location
- List of current Workplace Team Members

APPENDIX G: Joint Occupational Health and Safety Committee Member 2016-2017

2016-2017 Joint Occupational Health and Safety Committee Members		
Worker Representatives		
Name	Group	Current Location
Amanda Baxter (CM)	Grand Erie Elementary Teachers' Federation Occasional Teachers (ETFO)	Not Applicable
Andrea Murik (CM) <u>CC</u>	Ontario Secondary School Teachers Federation OSSTF	GELA—Main-Campus <u>Hagersville Secondary School</u>
Angela Korakas (CM)	Elementary Teachers' Federation of Ontario Designated Early Childhood Educator (ETFO)	St. George German Public School
Dan McDougald (CM) <u>Laura Adlington</u>	Professional Student Services Personnel Ontario Secondary School Teachers' Federation (OSSTF)	H.E. Fawcett Teacher Resource Centre
George Wittet (CM)—Co-Chair <u>Paul Keresturi</u>	Ontario Secondary School Teachers Federation Occasional Teachers OSSTF	Not Applicable
Jennifer Faulkner <u>Elizabeth Armstrong (CM)*</u>	Canadian Union of Public Employees Office Clerical/Technical (CUPE)	CUPE Office <u>GELA Rawdon</u>
Jennifer Orr (CM)	Grand Erie Elementary Teachers' Federation (ETFO)	Seneca Central Public School
Jim Clayton (CM) <u>Denise Kelly</u>	Canadian Union of Public Employees Facility Services (CUPE)	Facility Services <u>Russell Reid Public School</u>
Laura Mels (CM) <u>Val Slawich</u>	Grand Erie District School Board Management Support Team – Non-Union (GEMST)	Education Centre
Nancy Hondula (CM)	Canadian Union of Public Employees Educational Assistants (CUPE)	Dunnville Secondary School
Management/Employer Representatives		
Cheryl Innes (CM)	Elementary School Administration	Echo Place-School <u>Centennial Grand Woodlands School</u>
Griffin Cobb (CM)	Secondary School Administration	<u>Pauline Johnson Collegiate & Vocational School</u> Delhi-District Secondary School
Lena Latreille (CM)	Business Services Management	Facility Services
Rebecca Jago <u>Philip Kuckyt (CM)</u>	Human Resources Management	Education-Centre <u>Transportation</u>
Tom Krukowski	Facility Services Management	Facility Services
Resources to the Joint Occupational Health and Safety Committee		
Hilary Sutton <u>Janice Wilkie</u>	Health and Safety Officer	Facility Services
Ministry of Labour	Inspectors	Hamilton, Ontario
Joint Occupational Health and Safety Committee Recording Secretary		
Amanda DePlancke	Human Resources Assistant	Education Centre

CM = Certified Member

*Alternate Member

APPENDIX H: JOHSC and Workplace Team Training Modules

JOHSC

Part 1 and Part 2 certification training will be delivered to all JOHSC members by a Ministry of Labour (MOL) certified and approved trainer.

All Part 2 Education specific training shall include at a minimum of the following seven (7) modules: Flammables and Combustibles, Moving Machine Parts, Working at Heights Awareness, Electrical hazards, Office Biohazards, Walking and Working Surfaces and Confined Spaces.

Workplace Team

Part 1 and Part 2 certification training will be delivered to all members by a Ministry of Labour (MOL) certified and approved trainer.

All Part 2 Education specific training shall include at a minimum of the following six (6) modules: Flammables and Combustibles, Moving Machine Parts, Working at Heights Awareness, Electrical hazards, Office Biohazards and Walking and Working Surfaces.



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Scott Sincerbox, Superintendent of Education (Human Resources)
RE: **HR5 Harassment/Objectionable Behaviour**
DATE: January 10, 2019

<p>Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board approve Policy HR5 Harassment/Objectionable Behaviour.</p>
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Background

Policy HR5 Harassment/Objectionable Behaviour was circulated to all appropriate stakeholders for comments to be received by November 27, 2019.

Comments Received

1. Comment: 2.0 Suggest remove 'other' before visitors
Response: Suggestion considered; change made
2. Comment: 3.3 this seems to fit better in section 4.0 procedures. Is it covered in 4.2.1?
Response: This doesn't apply just to an informal resolution. It needs to be in the general section
3. Comment: 4.1.1 the reference to 2.1 or 4.2. Are these correct? "With the victim's consent" Is the victim the best word we can use? complainant?
Response: Suggestion considered; change made
4. Comment: 4.1.2 Threshold assessment – by whom? Who advises the complainant?
Response: Suggestion considered; change made
5. Comment: Last sentence – should it be rewritten? ...be advised of the outcome of the assessment and if the compliant is shown to be vexatious etc. then disciplinary action may be taken.
Response: Suggestion considered; change made
6. Comment: 4.1.3 Direction for accessing this policy need to be updated to reflect the new website
Response: Suggestion considered; change made
7. Comment: 4.4.10 refers to 4.2 below. Should be updated.
Response: Suggestion considered; change made
8. Comment: 4.5.2 j. Why has "the investigator failed to comply with these procedures been removed? It is a possibility. J last line suggest saying see HR2.
Response: Depending on the investigation, logistics and volume of interviews, timelines cannot always be maintained.
Last line in 'J' was changed.

9. Comment: 4.5.3 why have the directions for record retention been removed? What are the retention guidelines?

Response: We follow the processes identified in the Privacy Guidelines.

10. Comment: 4.6 This section is laid out very well for quick reference – can this be duplicated for the harassment by an employee? Maybe at the start of section 4.0?

Response: It is not the same process.

11. Comment: Add the following two points to section 'Accountability':

- increased awareness of what constitutes harassment and objectionable behaviour
- increased awareness of the consequences for engaging in harassing or objectionable behaviour

Response: The first bullet was added. The second bullet wasn't as the policy/procedure doesn't increase awareness of the consequences. Consequences are identified in HR119.

12. Comment: Reword Section 1.3 - 3rd sentence - ...consenting adults which are voluntary and are "mutually agreed upon",...

Response: Suggestion considered; change not accepted.

13. Comment: Reword Section 1.4 – 1st sentence - ...where employees, others perform work...

- Remove (e.g. social functions).
- Add sentence after ...function. "The environment includes any space where student receives instruction and all locations where guest are invited to participate in Board functions."

Response: Suggestion considered, change not accepted as it is too restrictive

14. Comment: Amend title of section 1.6 to read "Employees and Other Users"

Response: Suggestion considered; change made.

15. Comment: Section 1.6 – 1st sentence change "Employee includes" to "Employees include" 2nd sentence – change "The words other user" to "Other Users" - "attending" to "who attend" – add "are" before "in a business/social"

Response: Suggestion considered; change made

16. Comment: Section 2 – 1st paragraph 2nd line - remove "and other", "last line remove "but" and "nevertheless"

- 2nd paragraph – 2nd line – change "dealt with" to "outlined"

Response: Suggestion considered; change made

17. Comment: Section 3.1 add "positive and harmonious" before "relationships in a"

Response: Positive added, harmonious was not.

18. Comment: Section 3.2 – 1st sentence change "free of" to "free from"

Response: Suggestion considered; change made

19. Comment: Section 4.1.1 – revise 1st sentence – remove "such", add "outline in sections 1.1. and/or 1.2" and remove "2.1 or" – there is no section 2.1

Response: Did not remove such, it refers to the above paragraph. 2.1 removed

20. Comment: Section 4.1.1 2nd sentence – remove “, or have reasonable ground to suspect that it is occurring”

- Rationale to deletion: only those who have directly witnessed harassment or objectionable behaviour should be reporting. A third party who has heard of or suspects harassment should not make a formal complaint but should inform the potential victim of their rights under this policy.

Response: Suggestion considered; change not made as this is addressed in Bill 168.

21. Comment: Section 4.1.1 last sentence – add “alleged” before victim’s consent.

- Add new last sentence “Such consent must be provided in writing on the formal compliant form”
- Rationale for additional sentence: It is important that a potential victim of harassment or objectionable behaviour provide written consent for a claim made by a third party to go forward.

Response: Suggestion considered; change not made as this is addressed in Bill 168.

22. Comment: Section 4.1.2 - 1st paragraph – change “proven” to “investigated”

- Rationale for change: if the Board can use a “proven” level of assessment to determine if compliant meets the threshold, then why would any investigation be needed?

Response: Suggestion considered; change made.

23. Comment: Section 4.1.2 – reword last sentence to “Then the complainant shall be so advised, no further investigation shall be taken under this Policy, and the individual who filed the complaint may face disciplinary action.”

Response: Suggestion considered; change made (investigation was changed to ‘action’)

24. Comment: Section 4.1.3 -1st sentence – remove “the” before “relevant”, change “this would include to “including”, remove “is” before “not” and add “this policy” before SO10.

- 2nd sentence – change “how the incident will be investigated and dealt with the” to “the investigation process.”
- 3rd sentence – change “by” to “through”:

Response: Suggestion considered; change made

25. Comment: Section 4.1.3 a) – change “activity” to “activities”

- Add “;” to end of a), b), c)
- d) “procedure” should be plural “procedures” – add “.”
- Last paragraph add an “s” to procedure – remove “such as the”- start new sentence after “communication.” “The following recommended statement may appear...”

Response: Suggestion considered; change made

26. Comment: Section 4.3 2nd paragraph – remove “Where there is already a formal complaint being investigated under these procedure,” start paragraph “At any” and add “formal complaint” before “investigation,”

Response: Suggestion considered; change made

27. Comment: Section 4.4.10 – 1st sentence – change “Section 4.2” to “Section 4.5.2”

Response: Suggestion considered; change not made, wrong number referenced

28. Comment: Section 4.5.2 (g) should retain language that complies with section 32.0.7 (1) (b) of the *Occupational Health and Safety Act, R.S.O. 1990*, that states, ‘the worker who has allegedly experienced workplace harassment and the alleged harasser, if he or she is a worker of the employer, are informed in writing of the results of the investigation and of any corrective action that has been taken or that will be taken as a result of the investigation;’. Rather than deleting the wording that includes this provision in Board policy, suggested wording is:

- 4.5.2 (g) Within five (5) working days of the response from the complaint and respondent in (f) above, the Superintendent of Education (Human Resources), or designate, shall make any further inquiries or amendments, if required, in order to prepare a final Summary Report that will describe the incident, the results of the investigation, and any corrective action that has been or will be taken as a result of the investigation. A copy of the final Summary Report will be provided to both the complainant and respondent within ten (10) working days of the completion of the report.

Response: Suggestion considered; change not made as it is not the 3rd party’s role or responsibility to determine discipline.

29. Comment: Section 4.5.2 (i) reword to read:

- *Where the Report substantiates an allegation of harassment/objectionable behaviour that results in disciplinary action taken against an employee, the disciplinary action shall be conveyed, discussed, and confirmed at a meeting with the employee found to have engaged in harassment/objectionable behaviour. A unionized employee may request union representation at such a meeting. The Board will meet with and take appropriate action against a third party who is not an employee of the Board if the Report substantiates an allegation of harassment/objectionable behaviour.*
- **Rationale:** Reports provided by a third-party investigator do not indicate disciplinary measures that the Board should or will take. The purpose of the report is to determine, based on the balance of probabilities, if harassment/objectionable behaviour took place. This section of policy should also include steps to address harassment/objectionable behaviour by a person who is not a Board employee.

Response: Suggestion considered; change not made as the Board cannot discipline a non-Board person.

30. Comment: Section 4.5.2 (j): This section should keep the sentence, ‘the investigator failed to comply with these Procedures’. If it is found that the investigator did not follow Board procedures, this is a legitimate reason to call for a review of the findings.

Response: Suggestion considered; change not made as external investigations do not always keep to the necessary timelines.

31. Comment: Section 4.5.2 (l): This paragraph should be on its own and not attached as a step under ‘Step Two’ procedures. This paragraph outlines consequences for reprisals and is not a step in the process.

Response: Suggestion considered; change not made

32. Comment: Section 4.6 b) add “the completed” before Appendix B and change “copy of Appendix B” to “the completed Formal Complaint Form”

Response: Suggestion considered; change made.

33. Comment: Appendix A – add an additional section indicating consent by the alleged victim given to the third party to submit a harassment complaint on their behalf. This would align Appendix A form with section 4.1.1. of this policy.

- Suggested wording:
- *Alleged victim consent must be provided if this form is completed by a third party under section 4.1.1 of this Policy.*
- *I, (alleged victim), hereby provide my consent for the completion and submission of this form by (third party witness).*
- *Signature: (alleged victim) Date:*

Response: Suggestion considered; change not made.

Additional Information

As a result of these comments, suggested revisions have been made to the Policy and a draft revised policy is attached.

Next Steps

This approved Policy will be distributed in keeping with Board Bylaw BL9.

Respectfully submitted,

Scott Sincerbox
Superintendent of Education (Human Resources)



Harassment/Objectionable Behaviour

Board Received: _____

Review Date: _____

Policy Statement

The Grand Erie District School Board (the “Board”) is committed to providing a working and learning environment in which all individuals are treated with respect and dignity. Beyond the provisions of the *Ontario Human Rights Code*, every individual has an equal right to learn and work in an environment that is free from harassment and objectionable behaviour.

The Board recognizes the value of establishing and maintaining respectful working and learning environments and of responsiveness to the damaging effects of harassment and objectionable behaviour. The Board will not tolerate harassment or objectionable behaviour from any person in the workplace. The following definitions, applications, duties, responsibilities and procedures have been developed to ensure that workplace disputes attributed to harassment and objectionable behaviour are dealt with expeditiously.

Accountability:

1. Frequency of Reports – Annual
2. Criteria for Success – Promote a positive workplace environment
 - Reduce in reported harassing or objectionable behavior
 - Annual review by the Joint Occupational Health and Safety Committee
 - Increase awareness of what constitutes harassment and objectionable behaviour

1.0 Definitions

1.1 Harassment/Workplace Harassment

Harassment/Workplace Harassment means engaging in a course of vexatious comment or conduct which is known or ought reasonably to be known to be unwelcome pursuant to the *Ontario Human Rights Code* and the *Occupational Health and Safety Act (OHS Act)*. Harassment/Workplace Harassment can include sexual harassment.

1.2 Objectionable Behaviour

Objectionable Behaviour is often, but not always, persistent, ongoing vexatious conduct towards an individual in the workplace which might reasonably be known to be unwelcome. Bullying, misuse of power or a single serious act or expression can constitute objectionable behaviour.

1.3 What is NOT Objectionable Behaviour or Workplace Harassment?

Reasonable action or conduct by a manager or supervisor that is part of their normal work function will not be considered objectionable behaviour or workplace harassment. This is the case even if there are sometimes unpleasant consequences for a worker. Examples may include changes in work assignments, scheduling, job assessment and evaluation, workplace inspections, relationships between consenting adults which are voluntary and are based on mutual attraction, and disciplinary action. Differences of opinion or minor disagreements between co-workers will also not be considered objectionable behaviour or workplace harassment. In addition,

any behaviour that would meet the definition of workplace violence is addressed in policy HR8.

1.4 Working and Learning Environment

The working and learning environment is any place where employees, ~~students~~ and others ~~users~~ perform work or work-related duties or functions (e.g., social functions). Schools and school-related activities, such as extracurricular activities and excursions, comprise this environment, as do Board offices and facilities. Conferences and training sessions fall within the scope of this policy.

1.5 Workplace

Workplace is defined as all work activities that occur while on Board premises, or while engaging in workplace activities or workplace social events.

1.6 Employee~~s~~ and Other Users

Employee~~s~~ includes all persons employed by the Board. The words 'other users' includes all persons, who are neither students nor employees while on Board premises ~~or who attending~~ Board or school programs/functions at other premises or ~~are~~ in a business/social community relationship with the Board.

2.0 Application

This Policy on Harassment/Objectionable Behaviour applies to all Board employees, trustees and ~~other~~ visitors, such as members of consultative committees, clients of the Board, parents, volunteers, permit holders, contractors, and employees of other organizations not related to the Board ~~but~~ who ~~nevertheless~~ work on or are invited onto Board premises.

The rights of students to a respectful working and learning environment, free from harassment and objectionable behaviour, are ~~dealt with~~ addressed under other appropriate policy~~ies~~, legislation or regulations including but not limited to the Board's Code of Conduct, *Safe Schools Act* (now Section XIII of the *Education Act*) and Professional Codes of Conduct.

3.0 Duties and Responsibilities

3.1 The Board values inclusiveness, responsibility, respect, integrity and positive relationships in a safe learning and teaching environment. All persons in its learning/working environment will:

- a) respect differences in people, their ideas and opinions;
- b) treat one another with dignity and respect at all times, and especially when there is disagreement;
- c) respect the rights of others;
- d) show proper care and regard for Board property and for property of others;
- e) demonstrate honesty and integrity; and
- f) respect the need of others to work in an environment of learning and teaching.

3.2 All members of the Board community are accountable for complying with this policy and for maintaining an environment free from harassment and objectionable behaviour. The Board expects that all persons in its learning/working environment will:

- a) be aware of and sensitive to issues of harassment and objectionable behaviour;
- b) support individuals who are, or have been targets of harassment and objectionable behaviour;
- c) prevent harassment and objectionable behaviour through training;
- d) take all allegations seriously and respond promptly;
- e) act as positive role models; and

- f) not demonstrate, allow or condone behaviour contrary to the Policy, including reprisal.

3.3 All those who are covered by this Policy have a right to report harassment and objectionable behaviour and are entitled to have access to the dispute resolution processes. Every attempt should be made to resolve matters through an informal resolution. The first step is to inform the individual that their behaviour is unwelcome and must stop immediately. Many disputes can be resolved quickly and effectively using this approach. In order to stop such conduct, supervisory and managerial personnel must address and attempt to resolve disputes in a timely fashion.

4.0 Procedures

4.1 General

In accordance with the Policy, these Procedures provide a mechanism for dealing with complaints of harassment and objectionable behaviour occurring in the working and learning environment.

Nothing in these Procedures denies or limits an employee's right to approach the Human Rights Tribunal, initiate legal proceedings, contact the police or any other avenues of redress available under the law or through the filing of a grievance or through progressive discipline.

If the complainant takes a case to the Ontario Human Rights Commission or decides to initiate legal proceedings, the Board's harassment procedures may be suspended until the alternative process is completed. Whenever the complainant initiates action through the legal system, the issue becomes a private matter between the complainant and the alleged harasser, including costs incurred.

4.1.1 Who May Initiate a Complaint?

Board employees who believe that they have been subjected to such conduct may report the harassment or objectionable behaviour as per ~~2.1 or 4.2 or 4.5~~. In addition, those who have witnessed harassment or objectionable behaviour directly, or have reasonable grounds to suspect that it is occurring, may initiate a report. Anonymous reports will not be entertained for dispute resolution under these Procedures. ~~Third party disclosures will only go forward (to the formal stage) with the victim's consent.~~

4.1.2 Threshold Assessment

All formal reports filed shall be subject to an immediate threshold assessment by the Superintendent of Education (Human Resources), or designate to determine whether the alleged conduct would, if ~~proven~~ investigated, meet the definition of harassment or objectionable behaviour.

If it is determined, following this threshold assessment, that the report filed:

- a) would not, if true, meet the definition of harassment or objectionable behaviour;
- b) does not provide sufficient details of the alleged behaviour (provided the complainant is given notice that insufficient details have been provided and given reasonable time to provide sufficient details); or,
- c) is vexatious, frivolous or trivial, has not been made in good faith or would, if investigated, constitute an abuse of the Policy;

~~Then~~ the complainant shall be so advised, ~~and~~ no further action shall be taken under this Policy and ~~the individual who filed the complaint may face~~ disciplinary action. ~~may be taken~~

4.1.3 Education and Prevention

In order to promote a harassment-free environment, all employees should be aware of ~~the~~ relevant Board policies and procedures, ~~this would include~~, but ~~is~~ not limited to, ~~this Policy~~, SO10 Bullying Prevention and Intervention, SO12 Code of Conduct and SO14 Equity and Inclusive Education. Employees should know how to report incidents of harassment and objectionable behaviour and ~~the investigation process~~ ~~how the incident will be investigated and dealt with~~. Employees will be made aware of this policy and procedure ~~through~~by:

- a) Annual awareness activities ~~iesy~~ ~~to~~will be conducted by all principals/supervisors;
- b) Pamphlets;
- c) Policy and procedures ~~to~~will be posted in a conspicuous location in the workplace
- d) ~~Orientation for~~ ~~N~~new employees. ~~will be made aware of the Board's policy and procedure~~

Principals shall ensure that staff, parents, ~~and~~ school communities will be made aware of ~~the~~is policy and procedures ~~through~~ the school website and ~~other forms of~~ communication. ~~such as~~ ~~I~~the following statement ~~must~~to appear annually in a school newsletter:

The Grand Erie District School Board is committed to providing a working and learning environment that is free of harassment and objectionable behaviour, which supports productivity and the personal goals of dignity and self-esteem of every individual. The Board expects all students, staff and visitors to behave in a respectful, courteous and appropriate manner at all times. The Board will not tolerate any forms of harassment or objectionable behaviour. The Board will respond to all forms of unacceptable behaviour in a manner consistent with the Board Policy and Procedure on Harassment/Objectionable Behaviour and the response will be appropriate to the harassment or objectionable behaviour incident. To view this Policy/Procedure, please visit the Board's website at www.granderie.ca, select the drop-down menu titled 'Board', then 'Bylaws, Policies, Procedures and Protocolscedures', then 'Policies', ~~then Human Resources~~ and finally 'HR5'.

Information regarding this policy/procedure will be made available on the Board website.

4.2 Informal Resolution

4.2.1 Supervisory and managerial personnel may become aware of harassment or objectionable behaviour in the working or learning environment in different ways. They may observe harassment or objectionable behaviour directly or receive a report from the individual affected or they may receive reports from third parties. It is important that supervisory and managerial personnel pay attention to symptoms arising out of possible harassment or objectionable behaviour such as reduced productivity, changes in behaviour, absenteeism, and requests for transfers or rumours. Without assistance, the employee may be embarrassed or reluctant to report a situation.

A speedy resolution of a complaint can prevent escalation and further negative consequences while promoting restoration of a healthy learning and working environment.

Informal Resolution is a procedure that provides an opportunity for parties to resolve a dispute mutually in a respectful manner. The Board encourages supervisory and managerial personnel, as well as union/federation representatives, to first attempt Informal Resolution as a means of resolving issues.

Supervisory or managerial personnel, as well as union/federation representatives may facilitate an informal resolution by:

- a) supporting the complainant to confront the problem by making it clear to the individual alleged to have engaged in harassing or objectionable behaviour that the behaviour is not acceptable and by obtaining a commitment that the behaviour will stop;
- b) informing the individual of the complainant's concern regarding the alleged harassing or objectionable behaviour and the Board's expectation for appropriate behaviour, providing a copy of the Board's Policy and Procedures on Harassment/Objectionable Behaviour and/or other relevant Board policies, and obtaining a commitment that the behaviour will stop;
- c) following up with the complainant to ensure that the behaviour has stopped.

In cases where an informal plan of action is implemented, supervisory and managerial personnel shall follow up by monitoring the situation, holding, if necessary, subsequent meetings with the parties and taking further steps to ensure that the harassing or objectionable behaviour has stopped.

Where disputes are resolved informally, there will be no formal reports about such disputes. Every effort will be made to protect the privacy of individuals.

For informal complaints, where the parties are members of a union, federation, association or the school community, a resolution facilitated by the appropriate representative(s) in concert with the supervisor, is recommended.

4.3 Mediated Resolution

Mediation involves an unbiased third party, acting as a facilitator in direct communication between the parties, who voluntarily agrees to enter into this process. It is an opportunity to resolve disputes in a respectful manner. It provides the opportunity to generate a variety of options for resolution and contributes to restoring the working relationship between the parties. The employer and both parties must agree to using mediation as an option to resolve a dispute.

~~Where there is already a formal complaint being investigated under these procedures, at any time during the investigation, the parties may agree to hold the investigation in abeyance and attempt to achieve a mediated resolution. Mediation will only occur if the employer agrees to using it as an option in resolving a particular dispute.~~

Mediation is appropriate when all parties agree that a mutually agreeable solution is achievable and desirable. The Superintendent of Education (Human Resources), or designate, will be responsible for obtaining the mediator, in consultation with the parties.

Meetings required for mediation sessions shall be scheduled as soon as possible and, where practical, in a time and place convenient for the complainant, the respondent and the mediator.

When matters are resolved through mediation, the complainant and the respondent ~~may~~ will sign a memorandum of agreement outlining the terms to which they have agreed. Supervisory and managerial personnel shall ensure that the terms that the parties have agreed to have been met.

Mediation is voluntary and the complainant or the respondent may choose to withdraw at any time.

4.4 Formal Resolution Complaint Handling Procedure

4.4.1 While the complaint is being investigated, the Board will take appropriate measures to ensure that the learning and working environment for all parties involved is safe and free from harassment and objectionable behaviour.

4.4.2 The successful resolution of concerns and complaints is often determined by the way in which they are handled. The existence of a process with detailed procedures and guidelines is critical to ensure that all complaints are dealt with in a consistent and fair manner which allows flexibility to accommodate different situations, circumstances, and needs.

4.4.3 The harassment of an individual is viewed as a serious matter and may be subject to a range of disciplinary measures by the Board.

4.4.4 While the Board provides a process by which individuals may proceed with complaints of harassment or objectionable behaviour, any person may approach the Ontario Human Rights Commission, subject to provisions set out in the *Code*, initiate legal proceedings, contact the police, or Ministry of Labour, at any time. If the complainant takes a case to the Ontario Human Rights Commission or decides to initiate legal proceedings, the Board's procedures may be suspended until the alternative process is completed. Whenever the complainant initiates action through the legal system, the issue becomes a private matter between the complainant and the alleged harasser, including costs incurred.

- 4.4.5 The complaint procedure is preventative in intention. Therefore, the process may stop and the parties may agree to an alternate dispute resolution process at any of the steps if agreed to by the complainant, respondent (alleged harasser), and Superintendent of Education (Human Resources), or designate.
- 4.4.6 Every attempt will be made throughout the investigative procedure to respect confidentiality.
- 4.4.7 If the complaint is against the person identified as an investigator, the complainant should proceed directly to the Superintendent of Education (Human Resources) or the Director.
- 4.4.8 Both the complainant and the respondent will be advised that they have the right to have present at any meeting a Federation/Union/Association/Council representation and/or a friend.
- 4.4.9 Any time limits outlined in this procedure may be extended, if mutually agreed by the parties concerned.
- 4.4.10 The steps listed below in Section 4.5~~2~~ represent the official formal procedure of the Grand Erie District School Board for resolving a complaint concerning harassment or objectionable behaviour. This procedure is not intended to preclude employee rights which are covered under a collective agreement. It should be understood, however, that if a grievance is in process under a collective agreement, the procedures herein set out will be held in abeyance.

4.5 **Formal Resolution Complaint Procedure for Harassment/Objectionable Behaviour of Employees by Employees**

This Procedure anticipates an active and supportive role of the various unions and associations which represent the employees. All union/association employees are encouraged to seek the assistance and advice of their union/association representatives prior to engaging in, or at any time throughout, the complaint process.

4.5.1 **Step One**

It is strongly recommended that the complainant, or a representative of the complainant (eg. principal/supervisor, friend, colleague and/or union/association representative), make known to the alleged harasser that the conduct/behaviour of the person is considered harassment or objectionable behaviour and is unwelcome, and request that the offending behaviour cease immediately. If the complainant is not comfortable initiating the process at Step One, or there is a recurrence of the inappropriate behaviour, the process moves to Step Two.

4.5.2 **Step Two**

At this point, the Superintendent of Education (Human Resources), or designate, will advise both the complainant and the respondent of the right to union/association representation.

- a) The complainant shall inform the Superintendent of Education (Human Resources), or designate, in writing as soon as possible after the date of the alleged incident, and shall specify the particulars of the incident and the name(s) of the person(s) involved (see Appendix A for form). Where a Superintendent is the alleged harasser, the Director of Education shall conduct the investigation or may bring in a 3rd party.
- b) The Superintendent of Education (Human Resources) or designate will provide the respondent with the written formal complaint within five (5) working days of its receipt.
- c) The Superintendent of Education (Human Resources), or designate, shall notify both the complainant and respondent in writing that the formal

complaint has been received and that the investigative process has commenced. The Superintendent of Education (Human Resources), or designate, will again make the complainant and respondent aware of their right to union representation.

- d) The Superintendent of Education (Human Resources), or designate, initiates the investigative process. The process will be as follows:
 - i. interview with complainant;
 - ii. interview with respondent;
 - iii. interview with witnesses;
 - iv. consideration of evidence;
 - v. re-interview with complainant or respondent or both (if necessary).

The Superintendent of Education (Human Resources), or designate, shall meet with both the complainant and respondent individually (or jointly with the agreement of the complainant) within ten (10) working days of receipt of the written complaint to investigate the validity of the complaint. Interviews will be held with witnesses within the twenty (20) working days of receipt of the written complaint.

- e) Within twenty-five (25) working days of receiving the written complaint, the Superintendent of Education (Human Resources), or designate, shall compile a draft Summary Report. The standard of proof to be applied is the balance of probabilities.
- f) Within five (5) working days of completion of the draft Summary Report the Superintendent of Education (Human Resources) or designate shall provide the Report to both the complainant and respondent, who shall have five (5) working days in which to respond to the Superintendent of Education (Human Resources), or designate, in writing.
- g) Within five (5) working days of the response from the complainant and respondent in (f) above, the Superintendent of Education (Human Resources), or designate, shall make any further inquiries or amendments, if required, in order to prepare a Final Report. A copy of this Report will be provided to both the complainant and respondent within ten (10) working days of the completion of the Final Report.
- h) Where the Superintendent of Education (Human Resources), or designate, finds no facts to substantiate the allegations and the complaint was not frivolous, vexatious, false or in bad faith, this finding will be reflected in the Final Summary Report. Where the Superintendent of Education (Human Resources), or designate, finds that the complaint was frivolous, vexatious, false or in bad faith, this finding will be reflected in the Final summary Report.
- i) Where the ~~Report identifies Superintendent of Education (Human Resources), or designate, determines~~ disciplinary action ~~against a party, the disciplinary action shall be conveyed, discussed, and confirmed at a meeting with the employee involved, consistent with~~ is necessary, HR119 Progressive Discipline, will be followed.
- j) The grounds for review are:
 - i. new evidence becomes known after the final decision but within ten (10) working days of the issuing of the Final Summary Report (in (g) above);
 - ii. discipline is imposed

No review of the final decision will be undertaken with regard to the claim that the conclusions drawn by the investigator based on findings of

fact were incorrect. In the case of an employee who is a member of a bargaining unit, the matter may be grieved in accordance with the procedure set out in the appropriate collective agreement. In the case of an employee who is not a member of a bargaining unit, the matter may be appealed in accordance with existing policies or procedures appropriate to that individual (if applicable, see [Human Resources HR Policy/Procedure—HR2 Consideration of Non-Unionized Employee Concerns](#)).

- k) Notwithstanding the above procedures, the parties may agree to an alternate dispute resolution process at any point during the complaint procedure.
- l) Reprisals against individuals because they have reported a complaint are strictly forbidden. Alleged reprisals shall be investigated as formal complaints and, if substantiated, are subject to the same consequences as complaints of workplace harassment or objectionable behaviour.

4.5.3 Confidentiality

- a) It is the duty of the Board and supervisory/managerial personnel to make every effort to maintain strict confidentiality in the complaint process. All complainants, respondents, and other persons involved with the complaint processes under these procedures have a responsibility to ensure that all matters remain confidential. The obligation to maintain confidentiality does not prohibit any party to a complaint from obtaining advice or counsel or from speaking to any union/association representative or the respondent/complainants' supervisor(s) as required. This also pertains to communication to supervisors/managers with regards to the implementation of a resolution.
- b) The Board may be required to provide information obtained during an investigation to an outside agency that has the right to require information otherwise protected by the *Municipal Freedom of Information and Protection of Privacy Act*. Examples of such agencies are the Ontario Human Rights Commission, another tribunal, or court.

4.5.4 Contacts and Supports

- a) ETFO Office – (519) 753-9291 or 1-888-753-9291
- b) OSSTF Office – (519) 426-8545
- c) CUPE President – 226-250-3105
- d) Board – Superintendent of Education (Human Resources) - (519) 756-6301
- e) Board – Manager of Human Resources - (519) 756-6301
- f) Human Rights Commission, Toronto Office – (416) 326-9511 or 1-800-387-9080
- g) Ministry of Labour, Call Centre – 1-877-202-0008

4.6 Formal Resolution Complaint Procedures for Harassment of Employees by Visitors

Complaint Procedures

- a) An employee who believes that they have been harassed by a visitor shall complete the form entitled “Harassment of an Employee by a Visitor” (Appendix B) and submit it to their supervisor, and the Superintendent of Human Resources as soon as possible after the incident(s).

- b) Within five (5) days of receipt of the completed Appendix B, the supervisor, or designate, will provide a copy of the completed Formal Complaint Form~~Appendix B~~ to the respondent.
- c) An investigation will be conducted by the supervisor and feedback provided to the complainant, within five (5) school days by their supervisor.
- d) Timelines may be extended upon mutual consent of the parties.
- e) Should the investigation indicate that the complaint has merit, the supervisor shall notify his/her supervisor and do any or all of the following:
 - i. meet with the individual to outline and resolve concerns
 - ii. provide a copy of the harassment pamphlet
 - iii. send an access to property letter
 - iv. recommend the cancellation or non-renewal of permits/contracts (in the event that the perpetrator is a permit holder, contractor or service provider)
 - v. limit access to that work site



Grand Erie District School Board

Workplace Harassment – Formal Complaint Form (Employees)

Private and Confidential

Complainant(s)		Job Title	
Workplace		Phone Number	

Name(s) of Person(s) Accused of Harassment

Description of Alleged Harassment (set out all facts, in chronological order, on which complaint is based, including dates and times and location, ~~the identity of any witnesses,~~ and a description of the steps, if any, already taken to resolve the matter. Attach additional pages if necessary.)

Identification of Witnesses

Resolution Requested

I have contacted the following with regard to the incident(s)

Supervisor	
Union/Association	
Other (Please specify)	

Complainant(s) Signature(s) _____ Date _____

NOTE: When the complainant and the respondent are both teachers, the complainant must meet the reporting obligations of Section 18(1)(b) of the Regulation made under the *Teaching Profession Act*.

INSTRUCTIONS FOR SUBMITTING THIS FORM

Place this form in a sealed envelope marked "**PRIVATE AND CONFIDENTIAL**" and forward to the Superintendent of Education (Human Resources).



Grand Erie District School Board

Formal Complaint Form - Harassment of an Employee by a Visitor

Private and Confidential

Complainant(s)		Job Title	
Relationship to the Respondent		Work Location	

Name(s) of Person(s) Accused of Harassment

Status (e.g. parent, service provider)

--

Description of Alleged Harassment (set out all facts, in chronological order, on which complaint is based, including dates and times and location, ~~the identity of any witnesses,~~ and a description of the steps, if any, already taken to resolve the matter. Attach additional pages if necessary.)

Identification of Witnesses

Resolution Requested

I have contacted the following with regard to the incident(s)

Supervisor	
Union/Association	
Other (Please specify)	

Complainant(s) Signature(s) _____ Date _____

Complainant(s) Signature(s) _____ Date _____

INSTRUCTIONS FOR SUBMITTING THIS FORM

Place this form in a sealed envelope marked "*PRIVATE AND CONFIDENTIAL*" and forward to your supervisor and Superintendent of Human Resource, as soon as possible after the incident(s).



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Wayne Baker, Superintendent of Education
RE: **SO13 – Access to School Premises**
DATE: January 13, 2020

Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board approve Policy SO13 – Access to School Premises.
--

Background

Policy SO13 – Access to School Premises was circulated to all appropriate stakeholders for comments to be received by November 27, 2019.

Comments Received

1. Comment: Procedures item #1 – High Schools – exterior doors to be locked after opening bell.
Response: The goal is to have all doors at our secondary schools locked during the school day, except for the main door. In order to provide a degree of convenience, the installation of swipe pads will be conducted by Facilities Services, with a completion target of December 1, 2020.
2. Comment: #7 Should there be signs at more than just the main entrance, especially in high schools where more than one door is unlocked.
Response: Revision made.

Additional Information

As a result of these comments, suggested revisions have been made to the Policy and a draft revised policy is attached.

Next Steps

This approved Policy will be distributed in keeping with Board Bylaw BL9.

Respectfully submitted,

Wayne Baker
Superintendent of Education



Access to School Premises

Board Received: _____

Review Date: _____

Policy Statement

The Grand Erie District School Board supports schools in creating and maintaining positive school environments that are safe, caring and welcoming for all students, staff, and school communities. Access to school premises shall follow the provisions of Ontario Regulation 474/00.

Accountability

1. Frequency of reports - as needed
2. Criteria for Success - Safe climates in all schools of the board

Procedures

1. Entry to schools will comply with the Safe Welcome program. Specifically, elementary schools will be locked at all times during the school day. ~~As of December 1, 2020, all doors at secondary schools will be locked during the school day, except for the main door, as necessary.~~
2. Entry to schools will also comply with SO5 – School/Site Security (Emergency, Preparedness, Response and Recovery). Specifically, schools will not be accessible during any school emergency response (Shelter in Place, Hold and Secure, Lockdown or evacuation).
3. The following persons are permitted to be on school premises:
 - i. a person enrolled as a pupil in the school;
 - ii. a parent or guardian of such a pupil;
 - iii. a person employed or retained by the Board;
 - iv. a person who is otherwise on the premises for a lawful purpose;
 - Invited to attend an event or meeting
 - Invited for a particular purpose by the administrator or Board personnel
4. Invitation to be on school property does not entitle a person to have access to all areas of the school premises.
5. The Board may lock the school premises when they are not being used for a purpose authorized by the Board.
6. A person is not permitted to remain on school premises if their presence is detrimental to the safety or well-being of a person on the premises, in judgment of the principal, a vice-principal or another person authorized by the Board to make such a determination.
7. Schools shall have signs posted at the main entrance to the school, as well as at other strategic locations, advising visitors to report their presence to the office.
8. It is the responsibility of all staff to notify the principal or vice-principal of the presence of unauthorized persons.

9. Under the authority of the Education Act, S.305(4), the principal "may direct a person to leave the school premises" if they "believe that the person is prohibited by regulation...from being there".

References

- SO5 – School/Site Security (Emergency Preparedness, Response and Recovery).
- Grand Erie Safe Welcome Program



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Wayne Baker, Superintendent of Education
RE: SO14 – Equity and Inclusive Education
DATE: January 13, 2020

Recommended Action: Moved by _____ Seconded by _____
THAT the Grand Erie District School Board forward **SO14 – Equity and Inclusive Education** to all appropriate stakeholders for comments to be received by February 27, 2020.

Background

SO14 – Equity and Inclusive Education was approved by the Board in 2018 and has been identified for early review, specifically to incorporate AM20 – Parental Requests for Program Accommodation Based on Religious Beliefs or Creed.

AM20 was created as a remedy to requests from parents to exempt their elementary-school children from portions of the health curriculum dealing with human development and sexuality. Procedure SO110 – Exemption to Human Development and Sexual Health establishes the updated process for dealing with such requests. AM20 will be rescinded.

Additional Information

Suggested revisions have been made to the Policy and a draft revised Policy is attached for circulation to stakeholders for comment.

Next Steps

This Policy will be circulated for stakeholder input in keeping with Board Bylaw BL9.

Respectfully submitted,

Wayne Baker
Superintendent of Education



Equity and Inclusive Education

Board Received: January 29, 2018 Review Date: February 2022

Accountability

1. Frequency of Reports – as needed
2. Criteria for Success – consistent and fair practice in our schools
– diverse communities feel comfortable and supported within Grand Erie

Policy Statement

The Grand Erie District School Board promotes the principles of equity and inclusive education, free of discriminatory biases and barrier-free. The Board values diversity within our school communities.

The Board recognizes that equity of access to the full range of programs, services, and resources is critical to the achievement of successful educational and social outcomes for those served by the school system. To that end, Grand Erie will implement strategies in accordance with the Ontario Education Equity Action Plan.

Definitions:

Diversity – Diversity refers to the presence of a wide range of human qualities and attributes within a group, organization or society. Dimensions include, but are not limited to, race, colour, creed, sexual orientation, age, ancestry, gender identity, disability, citizenship, family status, marital status, gender expression, sex, place of origin, and ethnicity.

Equity – Equity refers to a condition of fair, inclusive and respectful treatment of all people. Equity does not mean treating people the same without regard for individual differences.

Inclusive Education – Inclusive education is based on the principles of acceptance and inclusion of all students. Students see themselves reflected in their curriculum, their physical surroundings, and the broader environment, in which diversity is honoured and all individuals are respected.

Equity and Inclusive Education Implementation Strategy:

The Board has identified eight areas of focus which serve to honour diversity and commit to the principles of equity and inclusive education.

1. Programs, Guidelines and Practices

Programs, guidelines and practices of the Board will serve students, staff and families in diverse communities by incorporating the principles of equity and inclusive education into all aspects of its operations, structures, policies, programs, procedures, guidelines, and practices, consistent with the principles of the *Ontario Human Rights Code*.

2. Shared and Committed Leadership

The Board will foster development of leaders who demonstrate commitment to equity and inclusion, and include members of marginalized communities in shared leadership.

3. School Community Relationships

The Board will establish and maintain a collaborative relationship with diverse communities so that the perspectives and experiences of all students, families, and employees are valued and reflected in our practice.

4. Inclusive Curriculum and Assessment Practices

The Board will implement curricula in an inclusive manner and will review resources, instruction, and assessment and evaluation practices in order to identify, and raise awareness of, discriminatory biases so that each student may maximize their learning potential.

The Board will ensure that resources and instructional practices are respectful of the protected grounds of the *Ontario Human Rights Code*.

5. Religious Accommodation

The Board acknowledges each individual's right to follow, or not to follow, religious beliefs (or creed) and practices free from discriminatory or harassing behaviour and is committed to taking all reasonable steps to provide religious accommodations to staff and students.

The Board is committed to ensuring that appropriate religious accommodations are developed collaboratively in an environment founded in trust and mutual respect.

Religious accommodations could include, but are not limited to, the following:

- a. Religious Holy Days and celebrations
- b. Opening and closing exercises
- c. Prayer
- d. Dietary requirements
- e. Fasting
- f. Religious attire
- g. Participation in daily activities and curriculum*
- h. Scheduling for religious leaves
- i. Recruitment, job applications, and succession planning

* Parents may exempt their child from strand D of the Ontario Curriculum: Health and Physical Education, Grades 1-8, 2019. Grand Erie Procedure SO110 – Exemption to Human Development and Sexual Health describes the process for this curriculum exemption.

6. School Climate and the Prevention of Discrimination and Harassment

The Board is committed to the principle that every person within a school community is entitled to a respectful, positive school climate and learning environment free from all forms of discrimination and harassment. The Board will ensure that revisions to school codes of conduct include active consultation with diverse communities.

7. Professional Learning

The Board provides administrators, staff, students and other members of the school community with opportunities to acquire the knowledge, skills, attitudes, and behaviour needed to identify, and raise awareness of, discriminatory biases and systemic barriers. The Board encourages and supports staff and students in their efforts to promote social justice, equity, and anti-discrimination in schools and classrooms.

8. Accountability and Transparency

The Board assesses and monitors progress in implementing the principles of Equity and Inclusion into all Board policies, programs, guidelines and practices, and communicates these results to the community. The Board ensures that the principles of equity and inclusive education are embedded in school improvement plans, with particular emphasis on identifying and removing barriers to student achievement.

9. Communication and Outreach

This policy, and all related policies and procedures, will be communicated to parents/guardians, students, staff, and community members by all means possible.

All Grand Erie employees will be provided with information outlining policies and procedures related to Equity and Inclusive Education, in addition to training opportunities as they arise.

Legislative and Policy Framework

- [*Guide to your rights and responsibilities under the Human Rights Code \(2009\)*](#)
- [*Realizing the Promise of Diversity: Ontario's Equity and Inclusive Education Strategy \(2009\)*](#)
- [*Equity and Inclusive Education in Ontario Schools: Guidelines for Policy Development and Implementation \(2009\)*](#)
- *the Accepting Schools Act (2012)*
- *Achieving Excellence: A Renewed Vision for Education in Ontario (2014)*
- [*Ontario Education Equity Action Plan \(2017\)*](#)
- [*The Ontario Curriculum: Health and Physical Education, Grades 1-8, 2019.*](#)
- [*SO110 – Exemption to Human Development and Sexual Health*](#)



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Trustees of the Grand Erie District School Board
FROM: Brenda Blancher, Director of Education
RE: **SO15 – Out of Classroom Field Trips and Excursions**
DATE: January 13, 2020

<p>Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board forward SO15 – Out of Classroom Field Trips and Excursions to all appropriate stakeholders for comments to be received by February 27, 2020.</p>
--

Background

SO15 – Out of Classroom Field Trips and Excursions was approved by the Board in November 2015 and has been identified for review.

Additional Information

Suggested revisions have been made to the Policy and a draft revised policy and manual is attached for circulation to stakeholders for comment.

Next Steps

This Policy will be circulated for stakeholder input in keeping with Board Bylaw BL9.

Respectfully submitted,

Brenda Blancher
Director of Education



Out of Classroom Field Trips and Excursions

Board Received: November 23, 2015 Review Date: December 2019

Policy Statement

The Grand Erie District School Board believes that out of classroom field trips and excursions offer educational value that serve to enhance the curriculum and provide opportunities for student social development.

Accountability

1. Frequency of Reports - Semi-annual for Category III Trips
2. Criteria for Success - Trips are relevant, out-of-classroom educational opportunities related to the curricular or extra-curricular program
 - Adherence to proper supervision requirements

General Procedures for All Trips

1. Only school sanctioned trips will be approved. Any activity or travel tour which is not approved as part of the school program, shall not be promoted or organized during school hours or in association with the school or the board.
2. All Field Trips and Excursions shall be accessible to all students, regardless of race, religion, socio-economic status, gender, sexual orientation or physical ability.
3. It is the responsibility of all participants to adhere to the Board Code of Conduct at all times during a field trip or excursion.
- ~~3.4.~~ It is the responsibility of the teacher supervising the field trip and excursion that they understand and be familiar with the risks of the activity.
- ~~4.5.~~ Written approval must be obtained for all students to participate in any trip which takes students beyond the school property. Parents/Guardians must be informed in writing as soon as possible regarding out of classroom field trips and excursions.
- ~~5.6.~~ Information on planning field trips and excursions including trip ~~forms and checklists,~~ is are included in the Out of Classroom Field Trips and Excursions Manual which is available on the website ~~Staff Portal.~~

Specific Requirements for Trips by Category:

Category I Trips

Category I	Approval	Supervision Ratios	Approval Lead Time
Day Trips, In-province, departing and returning on the same day and not involving activities of increased inherent risk	Principal	Kindergarten—1:8 Grades 1—8 ———1:10 Grades 9—12 ———1:15	Two weeks prior to the trip

Category II Trips

Category II	Approval	Supervision Ratios	Approval Lead Time
Activities involving increased elements of inherent risk All overnight excursions up to and including 5 days within Canada	Principal, and Superintendent of Education	Grades 1—8—1:10 Grades 9—12—1:15	Four weeks prior to the trip

Category III Trips

Category III	Approval	Supervision Ratios	Approval Lead Time
All one-day trips to USA	Principal, and Superintendent of Education and the Director of Education	Grades 7—8—1:10 Grades 9—12—1:15	One month prior to the trip
All trips within Canada over five (5) days			Three months prior to the trip
All overnight trips out of Canada			Six months prior to the trip
All trips involving air and marine travel			Six months prior to the trip

<u>Category I</u>	<u>Approval</u>	<u>Insurance</u>	<u>Timeline</u>
<u>Day Trips, In-province, departing and returning on the same day and not involving activities of increased inherent risk</u>	<u>Principal</u>	<u>Recommended</u>	<u>Two weeks prior to trip</u>

<u>(All trips must occur between the first and last day of school)</u>			
<u>Category II</u>	<u>Approval</u>	<u>Insurance</u>	<u>Timeline</u>
<u>Activities involving increased elements of inherent risk (All trips must occur between the first and last day of school)</u>	<u>Principal, and Superintendent of Education</u>	<u>In Province – Recommended</u>	<u>Four weeks prior to trip</u>
<u>All trips up to and including five (5) days within Canada</u>		<u>Out of Province – Mandatory</u>	<u>Four weeks prior to trip</u>
<u>Swimming Activities including but limited to: Hotel Pools, Public Pools, Lazy River, Camp/Campsites, Open Water</u>			<u>One month prior to trip</u>
<u>Canoeing and Kayaking</u>			<u>One month prior to trip</u>
<u>All skating trips</u>			<u>One month prior to Trip</u>
<u>Skiing, Snowboarding, Tubing Trips at participating Ontario Snow Resorts Association (OSRA) facilities</u>			<u>One month prior to Trip</u>
<u>Category III</u>	<u>Approval</u>	<u>Insurance</u>	<u>Timeline</u>
<u>All one-day trips to USA (All trips must occur between the first and last day of school)</u>	<u>Principal, Superintendent of Education and the Director of Education</u>	<u>Mandatory</u>	<u>One month prior to trip</u>
<u>All trips over five (5) days within Canada</u>			<u>Three months prior to trip</u>
<u>All overnight trips outside of Canada</u>			<u>Six months prior to trip</u>
<u>All trips involving air and/or marine travel</u>			<u>Six months prior to trip</u>

Related Resources:

SO126 Volunteers

SO12 Code of Conduct

SO28 Concussions



SO15 Out of Classroom Field Trips and Excursions

January 2019

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Trip Category Details

Category I	Approval	Insurance	Timeline
Day Trips, In-province, departing and returning on the same day and not involving activities of increased inherent risk (All trips must occur between the first and last day of school)	Principal	Recommended	Two weeks prior to trip
Category II	Approval	Insurance	Timeline
Activities involving increased elements of inherent risk (All trips must occur between the first and last day of school)	Principal, and Superintendent of Education	In Province – Recommended	Four weeks One Month prior to trip
All trips up to and including five (5) days within Canada		Out of Province – Mandatory	Four weeks One Month prior to trip
Swimming Activities including but limited to: Hotel Pools , Public Pools, Lazy River, Camp/Campsites, Open Water			One month prior to trip
Canoeing and Kayaking			One month prior to trip
All skating trips			One month prior to Trip
Skiing, Snowboarding, Tubing Trips at participating Ontario Snow Resorts Association (OSRA) facilities			One month prior to Trip
Category III	Approval	Insurance	Timeline
All one-day trips to USA (All trips must occur between the first and last day of school)	Principal, Superintendent of Education and the Director of Education	Mandatory	One month prior to trip
All trips over five (5) days within Canada			Three months prior to trip
All overnight trips outside of Canada			Six months prior to trip
All trips involving air and/or marine travel			Six months prior to trip

1. SUPERVISION RATIO

Ratios for All Categories <u>Category III Trips</u>	
Grade	Ratio Supervisors : students
<u>Kindergarten</u>	<u>1:8</u>
Grades 1 – 8	1:10
Grades 7 – 8	1:10
Grades 9 - 12	1:15

- 1.1 Trip supervisors must include at least one certified teacher employed by the Board.
- ~~1.2 Teachers are responsible for ensuring that there is “in the area” supervision at all times for Water and Winter related trips. Refer to OPHEA definition.~~
- 1.2 Staff and volunteer supervisors are not allowed to bring their children who are not part of the trip.
- 1.3 It is the responsibility of the teacher supervising the field trip and excursion that they understand and be familiar with the risks of the activity.
- 1.4 Trip Supervisors must be experienced in the activities being permitted. Trip Supervisors must receive written instructions on their supervisory duties from the teacher in charge and attend an orientation meeting at the venue.
- 1.5 Male and female chaperones are necessary for all overnight co-ed trips. Non-staff supervisors are considered to be volunteers and they must conform to the Board’s Volunteer Procedure SO126 *and* complete the Volunteer Supervisors’ Release and Indemnification Form, Appendix D.
- 1.6 The minimum supervision ratio should be exceeded to give special consideration to the physical, emotional, medical and behavioural needs of any students participating in the trip.
- 1.7 The ratio may be also exceeded when taking into consideration the nature of the activity including consideration of risks or as mandated by the facility, to improve student safety when deemed necessary.
- 1.8 Educational activities such as swimming, and water sports and winter related activities involve increased elements of risk. On-site, “in the area” supervision is required for all water and ski/snowboarding activities. Please refer to the OPHEA Safety Guidelines.
- 1.9 Supervision Ratios must be met during any mode of transportation.
- 1.10 OPHEA Safety Guideline supervision ratios must be adhered to wherever they are lower than in this Policy.

2. PLANNING FOR INCLUSIVE AND ACCESSIBLE FIELD TRIPS

- 2.1 ~~When the field trip is in the planning stage, c~~Consult with parents/guardians of young students as well as older students about any fears/anxieties or potential barriers on the trip. Don’t presume full knowledge of a student’s needs because of a disability.
- 2.2 Always inquire about the accessibility of the field trip location, including washrooms and lunch areas, ahead of time. Usually, this requires a simple phone call. Does the site have a calming/sensory space for students who might become overstimulated? Larger sites often have specific accessibility staff that can help. ~~Check out the Toronto~~

~~Star Ontario Field Trip Guide to determine the accessibility of many popular destinations: www.classroomconnection.ca/fieldtrip.html~~

- 2.3 Identify potential challenges and rehearse with the child ahead of time. Create a social story to make the trip as predictable as possible. Ensure that essential self-regulation tools (comfort objects, fidgets, weighted vests, special foods, quiet space) are available on the trip.
- 2.4 Check and double-check that accessible transportation has been confirmed. Contact the Manager of Transportation ~~Phil Kuckyt (pkuckyt@stsbhn.ca)~~ with any concerns around funding accessible transportation.
- 2.5 Ensure that any support staff requirements have been arranged (there is no admission cost for support workers who are required to assist a person with a disability). Contact your Teacher Consultant, Special Education with any concerns.
- 2.6 Make arrangements for any students who do not go on the trip. They should not be expected to stay at home. Field trips are meant to support curriculum expectations, trips should not exclude any students unless there is no other way to access that curriculum expectation.
- 2.7 Promote the connection between all peers participating in field trips or any school special events. Ensure that the student with a disability is not required to just watch from the sidelines.

3. RESPONSIBILITIES

- ~~3.1 It is the responsibility of the teacher to hold an information night for parents/guardians/volunteers, once approval has been given for the field trip/excursion.~~
- ~~3.2 It is the responsibility of the Director of Education to review and approve all Category III Trips. The appropriate Family of Schools Superintendent must forward the Excursion Request to the Director's office for review and approval within the timelines as set out in the Manual.~~
- 3.1 It is the responsibility of the principal, appropriate Family of Schools Superintendent of Education, and Director of Educations to administer this policy in accordance with the Out-of-Classroom Field Trips and Excursions Manual.
- 3.2 All Trips, Excursions and Extra-curricular activities exceeding one day, must be booked through an approved Trip and Excursion vendor following TICO Guidelines for School Trips.
- ~~3.3 It is the responsibility of the Director of Education to review and approve all Category III Trips, and approve all school-sanctioned Category III trips.~~
- ~~3.4 It is the responsibility of the principal to ensure that all Board policies and procedures related to out-of-classroom experiences are followed by all board employees and volunteers.~~
- 3.4 All trips must occur between the first and last day of school.
- 3.5 It is the responsibility of the teacher and the principal when planning out-of-classroom experiences to follow and implement all Board policies and procedures within the appropriate timelines.
- 3.6 A student may be denied participation on a school trip based on a demonstrated inability to follow school behaviour guidelines.
- 3.7 Consideration must be given to the possibility that a student may have to return to the school or home prior to the completion of the trip.

- 3.8 Duties of non-teaching personnel, adult volunteers, and coaches will be assigned by the teacher in consultation with the principal and may include specific supervision responsibilities.
- 3.9 Learning expectations for the trip will be established early in the planning process.
- 3.10 The responsibility of the Trip Supervisor is to take reasonable steps to reduce the risks of injuries. This responsibility includes being prepared for emergencies and providing communication to parents/guardians as quickly as possible in the event of a health or safety concern for the student(s). Trip Supervisors must conform to OPHEA Safety Standards.
- 3.11 It is the responsibility of the teacher to hold an Orientation meeting ~~information night~~ for all overnight trips for parents/guardians/volunteers/supervisors, once approval has been given for an overnight field trip/excursion. Orientation meetings should include the nature of the activities planned, the foreseeable risks of engaging in the activity, supervisors and how many, rules and parameters to be aware of, and abilities of all students. Parents must confirm in writing that they have participated in the Orientation meeting.
- 3.12 Principal, Superintendent, and Director of Education approval must be secured before any commitments, including fundraising, are made to agents, organizers, parents, or students. Teacher to principal communication about the trip is continuous and on-going.
- ~~3.13 Principal, Superintendent, and Director approval must be secured before any commitments, including fundraising, are made to agents, organizers, parents, or students. Teacher to principal communication about the trip is continuous and on-going.~~
- 3.13 The principal or teacher shall accompany the students and shall act as head Trip Supervisor for all out-of-classroom activities.
- 3.14 Please ensure that the expectations for unstructured times are clearly communicated in the itinerary as well as expectations for curfew.
- ~~3.15 For water activities such as swimming, kayaking, canoeing please refer to the requirements outlined in the Water Package. Where there are multiple activities, please complete the package in the appropriate category. As an example, for a 7 to 10 day International trip that includes swimming, complete the Category III Field Trips and Excursions package, but refer to the Swim Test requirements within the Water Package.~~
- ~~3.16 For Extra-Curricular activities please refer to AM 08.~~
- ~~3.17 For Trips involving increase inherent risks (Cat. II & III), the elements of risk must be clearly identified on the Consent Forms. Risks can be identified by reviewing the OPHEA Safety Guidelines specific to each activity.~~
- 3.15 For Category II or III trips, one supervisor must have their Emergency First Aid Training and CPR and as outlined by OPHEA and have a travel first aid kit readily available for the duration of the trip.
- 3.16 For all trips, an adequate emergency response plan must be determined in advance of the trip for all activities and must be communicated with all trip supervisors, i.e. lost student, medical emergency, behavioural issue.

4. RESPONSIBILITIES – WATER ACTIVITIES

- 4.1 These are in addition to Section "3. Responsibilities"

- 4.2 — Residential pools and hotel pools are not permitted for swimming. ~~must not be used for any form of aquatic program.~~
- ~~4.2~~ Swimming in hotel pools is not permitted.
- 4.3 Swim tests are to be completed in advance of all trips involving water, unless the trip destination has non water related alternative programming.
- 4.4 Emergency procedures must be outlined to students prior to entering the water.
- 4.5 For natural sites please refer to OPHEA Safety Guidelines for Outdoor Education-Swimming. For canoeing and/kayaking please refer to OPHEA Safety Guidelines for Outdoor Education-Canoeing/Kayaking.
- 4.6 It is the responsibility of the teacher to ensure that the supervision ratio and qualifications for lifeguards is followed as outlined in the OPHEA Safety Guidelines.
- 4.7 Standard safety equipment must be accessible at pool or water ~~sites~~sites, e.g., signaling devices, reaching poles, spinal boards, throwing line(s), first aid kit.
- 4.8 SWIM TEST:
- ~~a.~~ The principal must call the Public Pool Facility in advance to understand what the Facility's Swim Admission Standards are.
- ~~b.a.~~ The principal or teacher must refer to the OPHEA Safety Guidelines to select the ~~appropriate~~ activity specific OPHEA swim test requirements for their trip/excursion.
- ~~e.b.~~ The teacher must provide the activity specific OPHEA swim test requirements to the Head Guard conducting the test, along with the attendance sheet to record Pass/Fail status for each student. Swim Test results must be provided to the principal or teacher in charge.
- ~~d.c.~~ For Excursions, students must complete the OPHEA swim test upon arrival for their scheduled swim. Students who do not pass the OPHEA swim test and are swimming at a public pool, must follow the Facility Swim Admission Standards. The principal must call the Public Pool Facility in advance to understand what the Facility's Swim Admission Standards are. For class trips not at a public pool, and where a student is not successful, they are not permitted to participate in the swimming. Where the trip is primarily a water trip and there are students who cannot participate, it is recommended that an alternative trip be planned that does not have a water focus.
- ~~e.d.~~ For Category II or III school trips that include swimming, it is required that swim tests are conducted in advance; the only exception to this is for overnight camps where swim tests are conducted on site. Overnight camps where the swim test is performed on site must provide a supervised alternative program in the event that there are students that do not successfully complete the test. Programming should be offered by the camp staff and information on the alternative programming is to be provided to the teacher in advance of the trip. ~~Students who do not pass the OPHEA swim test will not participate in the Category II or III school trip.~~
- ~~e.~~ The Head Instructor/Guard must be informed of any student having life-threatening allergies, a history of diabetes, asthma, heart conditions, convulsions, epilepsy, frequent ear infections, or a medical condition that may affect the student's safety in the water.
- ~~f.~~ For Special Education students, swim tests are still performed and documented, for public pools follow the swim admission standards.
- ~~g.~~

5. RESPONSIBILITIES – WINTER ACTIVITIES

- 5.1 These are in addition to Section “3. Responsibilities”
- 5.2 Review OSRA listing of member resorts to ensure that the resort is an approved OSRA member. Visit www.skiontario.ca. ~~Scheduled trips to resorts must undertake the classification and lesson component.~~
- 5.3 For non-English/French speaking parents/guardians, refer to the OSBIE Ski Package and use of a multi-lingual cover page to ensure there is a clear understanding of the risks, safety rules and use of consent forms.
- 5.4 All trips that include ski/snowboarding must adhere to the OSBIE School Board/Snow Resort Safety Guidelines for Out-Of-School Trips for Winter Sports Education Programs.
- 5.5 CSA approved ski or snow board helmets are mandatory for snowboarding, downhill skiing, and tubing for all students, staff and volunteers. Skating/Hockey/Bicycle helmets are not an appropriate helmet for these activities.
- 5.6 An assessment of the students’ abilities by a visual assessment of performance must be completed. For all non-skiers/snowboards and/or beginners must have lessons before permitted on trails.
- 5.7 All students, staff, and volunteers who are on a skating or hockey trip must wear a CSA approved hockey helmet while on the ice. Full-face masks are required for participation in hockey instructional program, games, or scrimmages. Bicycle or snowboarding helmets are not an appropriate helmet for skating or hockey activities

CSA Approved Hockey Helmets



Helmets Not Permitted



6. MULTIPLE EVENT TRIPS AND EXCURSIONS

- 6.1 For short excursions within regular school hours, an Informed Consent Form may be obtained at the beginning of the school year or semester (i.e. Skating programs, health and physical education programs, construction projects or activities that fall within Category II as outlined in the Activity Risk Chart).
- 6.2 For short excursions within regular school hours, trip supervisors must follow classroom supervision ratios; have parental permission; consider age, ability and any required special supervision; consider transportation and number of students.

7. EXTRA-CURRICULAR ACTIVITIES

7.1 Extra-curricular activities are defined as:

- a. All activities that take place outside of the instructional day
- b. all student tryouts for team sports
- c. any after school club or team
- d. all organized activities during nutritional breaks

~~6.3~~ 7.2 Occasional events such as fun days, play days, school dances, barbecues etc. held during the school day at the school site, where parents are informed through school newsletters or other communication channels, are exempt from SO15 Out of Classroom Field Trips and Excursions.

7.8. INSURANCE

7.8.1 Students

- a. The Board does not provide insurance for students against any accidental death, disability, dismemberment or medical expenses that might occur as a result of an accident during school activities, including sporting events and trips.
- b. Grand Erie District School Board requires that all parents/guardians declare whether or not they have accident insurance. The declaration form is sent home at the beginning of the school year and kept on file at the school.
- c. The Board offers information on a protection plan that is made available to the parent/guardian to purchase for their students (Insure My Kids Protection Plan). This plan can be purchased throughout the year.
- d. Student Accident Insurance is mandatory for Category II trips out of Province and Category III trips as they involve activities requiring special skill or increased inherent risks. All students travelling on board approved trips outside the province of Ontario are required to have individual insurance coverage regardless of the length of the trip, even if it is only a one-day trip. All students must have the appropriate travel insurance coverage that meets or exceeds the Insure My Kids Protection Plan offered to students.
- e. Parents/guardians may purchase student accident insurance through Grand Erie District School Board approved Travel and Tour operators or provide private accident insurance coverage. ~~Parents/guardians should be advised that students without some form of accident insurance will be prohibited from participating in Category III trips. principals should ensure all chaperones and volunteers have sufficient travel/health insurance coverage.~~

7.8.2 Grand Erie District School Board Employees

- a. Employees are provided with Workplace Insurance benefits provided by the Workplace Safety and Insurance Board (WSIB) while acting within the scope of their duties on behalf of the board. All employee accidents must be reported according to Administrative Procedure HR 121.

~~7.3~~8.3 *Volunteers and Chaperones*

- a. The Board does not provide insurance for volunteers or chaperones against any accidental death, disability, dismemberment or medical/dental expenses that might occur as a result of accidents during their involvement in school activities, including sporting events and field trips.
- b. For all Category II trips out of Province or Category III trips, volunteers must obtain or provide proof of -accident insurance before participating in school trips.

~~7.4~~8.4 *Confirmation of Insurance*

- a. Proof of adequate commercial general liability insurance is required through a Certificate of Insurance from venues and service providers who are privately owned and operated independently, including and not limited to rock climbing, zip lining, ~~inflatables~~, summer camps, and family farms. Large established public venues, such as Canada's Wonderland, Rogers Centre, Royal Ontario Museum, Maid of the Mist, CN Tower, Canadian War Plane Heritage Museum, Toronto Zoo, and Ontario Science Centre would not be required to provide proof of insurance.
- ~~a.b.~~ Evidence of comprehensive general liability insurance in the amount of \$2 million dollars must be provided in advance of the trip.

~~8.9.~~ TRANSPORTATION

~~9.1~~ 9.1 Transportation methods (i.e. train, boat, other) other than bussing or taxi through approved vendors, is beyond the approval level of both the principal and Superintendent for all Categories and requires approval of the Director.

~~8.1~~9.2 For kindergarten and primary out of classroom trips, where transportation is required, students must travel by bus only.

~~8.2~~9.3 Transportation must be appropriate to the age of the students. Provincial legislation regarding child car-seats must be followed.

~~8.3~~9.4 Depending on the nature of the trip, evaluate the transportation needs taking into consideration the age of the participants, distance of the trip and required accommodations.

~~8.4~~ For kindergarten and primary out of classroom trips, where transportation is required, students must travel by bus only.

9.5 For ~~extra-curricular~~ all activities that take place outside of the school day, communication to parents/guardians must clearly outline all transportation responsibilities.

~~8.5~~9.6 For extra-curricular activities during the school day, the school is responsible for the student transportation and ensuring the requirements are met for volunteer drivers.

~~8.6~~9.7 If the planned transportation method changes (such as a student leaving with parent/guardian instead of returning ~~via the~~ on the original transportation method), it is the responsibility of the parent/guardian to inform the school prior to the activity.

~~8.7~~ Staff and volunteers are not permitted to transport students in rental vehicles. Only certified ground transit as meeting the official standards of the destination and/or as recommended by a qualified travel agent, is to be used during authorized school trips outside Canada.

~~8.8~~9.8 Staff and volunteers are not permitted to transport students in rental vehicles. Only certified ground transit through an approved Board vendor is acceptable. These vendors can offer a variety of transportation options and can provide services across Canada.

~~8.9~~9.9 Vehicle Restrictions:

- a. 9+ passenger vans (driver plus eight students) are not permitted for student transportation. ~~Board staff shall not use or rent such vehicles for student transportation.~~

~~8.10~~9.10 For booking transportation outside of Canada, travel must be booked through an approved Travel and Tour operator.

~~8.11~~9.11 If bussing or a taxi is required, the following steps must be completed

- a. Obtain a quote through an approved Board vendor.
- b. Complete a purchase requisition through the current purchasing system identifying the key transportation requirements of the trip.
- c. Board staff will process the requisition and forward the completed copy to the school and successful vendor.
- d. Vendors submit invoices directly to Student Transportation Services Brant Haldimand Norfolk for verification and payment.
- e. Cancellations or changes must be made within 48 hours of the scheduled departure ~~so as~~ to avoid cancellation or change fees.
- f. Please refer to the Staff Portal > Business Services > Purchasing > What to Buy and Where: Transportation for instructions on booking various modes of transportation, and; Travel and Tour Operators to locate the approved transportation vendor listing.

~~8.12~~9.12 Marine Travel Documentation & Guidelines

- a. Any kind of Marine Travel including but not limited to ferry, tour boat or dinner cruise is considered a Category III trip.
- b. Marine Travel must be booked through an approved Travel and Tour Operator.
- c. It is the responsibility of the Travel and Tour operator to obtain a current Inspection Certificate and Liability Insurance Certificate.

9.10. VOLUNTEER DRIVERS

~~9.1~~10.1 Students can only be transported in privately-owned or rented vehicles by staff or volunteers who possess a valid G Licence and a minimum of \$2 million of liability insurance.

~~9.2~~10.2 Students may be permitted to drive themselves to extra-curricular events. Students that wish to provide transportation for other students are considered volunteer drivers and must follow the requirements for volunteer drivers.

~~9.3~~10.3 All volunteer drivers must have completed and signed a Volunteer Driver Form.

~~9.4~~ ~~Vehicle Restrictions: 9+ passenger vans (driver plus eight students) are not permitted for student transportation. Board staff shall not use or rent such vehicles for student transportation.~~

10.11. VEHICLE LIABILITY INSURANCE

~~10.1~~11.1 Staff and Volunteers should be aware that under the Insurance Act of Ontario the insurance of the driver/owner of the vehicle is the primary policy accessed for claims. The Board does provide liability coverage for employees and volunteers providing transportation on approved out-of-classroom programs. Volunteer drivers and the vehicle owners should check with their insurance providers ensure their policy permits them to transport students for “educational purposes”.

11.12. TRIPS INVOLVING AIRCRAFT

- ~~11.1~~12.1 Only licensed, certified commercial passenger air carriers are to be used.
- ~~11.2~~12.2 Cancellation insurance~~ee~~ is mandatory and is the responsibility of the student, parent/guardian.
- ~~11.3~~12.3 Cancellation and resultant loss of funds, no matter what the cause, is the responsibility of the student, parent /guardian or their insurer should coverage have been purchased.
- ~~11.4~~12.4 The Board assumes no financial responsibility in the event of flight cancellation for whatever reason.
- ~~11.5~~12.5 For trips involving aircraft, the trip commences at the school. Students can either take the chartered bus to the airport or arrive by their parent. Parents/guardians who wish to drive other students please refer to section 6.7 and complete Appendix E.
- ~~11.6~~12.6 Booking of Flights:
- a. The trip must be approved by the Director of Education prior to booking flights.
 - b. Please notify Purchasing Services of any required flights to temporarily suspend any restrictions on Purchasing Cards.
 - c. Flights must be paid with a staff Purchasing Card.
 - d. Flights must be booked in consultation with Purchasing Services and/or through an approved Trip and Tour Operator.
 - e. Direct flights are preferred over flights with layovers.

~~12.~~13. TRAVEL AND TOUR OPERATORS

- ~~12.1~~13.1 It is required that Category II and III trips are booked through the vendors of record. Business Services has completed a competitive process and has provided a list of approved vendors for Travel and Tour Operators. Please refer to the staff portal Travel and Tour Operators Travel and Tour Operators - All Documents to obtain a listing of the approved vendors who can provide full service trips and tours. (travel, accommodations, meals, links to curriculum). These vendors have the Board required insurance and licencing to provide this service and have been vetted.
- ~~12.2~~13.2 Billeting will not be accepted as a form of accommodation.

~~13.~~14. TRAVEL ADVISORIES

- ~~13.1~~14.1 When planning out-of-country trips, teachers must check Canada's Foreign Affairs and International Trade website for travel advisories to ensure it is safe to travel in the selected country, and again at one month, one week, and one day prior to travel:

Travel Advisories

- ~~13.2~~14.2 Changes of a significant nature must be reported to the Pprincipal, Superintendent and Director of Education who will review the information and will reaffirm or withdraw permission for the trip.

~~14.~~15. IMMUNIZATIONS REQUIRED FOR TRAVEL

- ~~14.1~~15.1 Staff, students and volunteers are to consult their family health care provider at least three (3) months before departure to obtain immunizations which may be required for travel to the planned destination. Please refer to the Public Health Agency for more information.

15.16. REGIONAL PROVINCIAL AND NATIONAL ATHLETIC TRIPS OUTSIDE OF CANADA or REQUIRING FLIGHTS

~~15.1~~16.1 Athletic Trips include teams and individual students who train outside of school but complete at higher levels. (ie. OFSAA, ie. Basketball teams).

~~15.2~~16.2 Please follow all Category III requirements for Athletic Trips that are outside of Canada or requiring flights.

~~15.3~~16.3 When a high school team is performing well, and the possibility of moving on to a higher level of competition is great, the teacher and principal will begin planning for team travel.

~~— Trip forms should be completed in advance prior to team qualification. This will speed up the approval time to the principal, Superintendent, and Director. Please see 'Section 28. Trips Involving Aircraft', for booking flights.~~

16.17. REQUESTS FOR FORMER STUDENTS TO PARTICIPATE IN SCHOOL TRIPS AND EXCURSIONS

~~16.1~~17.1 Occasionally students may transfer schools after a school trip has been planned and or paid for. The former student is to receive the same duty of care as a student of the school/board and must complete all the same trip and excursion requirements and complete all forms.

~~16.2~~17.2 Requests for former students to participate must have the following:

a. Approval and support from the Teacher and Principal

b. No concerns with student behaviour

c. Not impact current students from participating

~~b~~-d. Approval from the Director of Education

17.18. FILE RETENTION

~~17.1~~18.1 Field Trips/Education Outside the Classroom: The school is responsible for keeping all documents on site for 1 year; offsite in a board-designated storage area for 3 years; for a total of 4 years.

SAMPLE: Parental Consent Form

PART A – Trip Information:

Student Name					
School Name		Grade/Class			
Emergency Contact Name		Emergency Contact Phone			
Medical and Emergency Information not previously provided to the school					
Trip Destination					
Method of Transportation <small>Alert Teacher in Charge if method changes</small>					
Teacher in Charge					
Departure From		Date:		Time:	
Return To		Date:		Time:	
Itinerary has been received for trips more than one day		Yes		No	
Cost per Student					

Ontario Health Cards:

Students are encouraged to carry their Ontario Health Cards or photocopy with them when going outside their local school community.

Behaviour:

Students participating in Out-Of-Classroom Education Programs are expected to meet the same standards of behaviour as are required in the regular school setting. Alternative arrangements will be made with the student should it be necessary to return him/her to the school/home prior to the completion of the trip as a result of inappropriate behaviour as outlined in the school’s Code of Conduct or Board Policies. No student would be sent home until appropriate sending and receiving arrangements had been made ensuring the safety of transport and reception of the parent/guardian.

PART B – For Trips of Increased Inherent Risk

Educational activity programs, such as _____
 _____ involve certain elements of risk. Accidents may occur while participating in these activities. Accidents may cause injury. A few examples (the list is not exhaustive) of the type of injury which one is at risk of having, occur while participating in the above-mentioned activity include:

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Accidents may result from the nature of the activity and may occur without any fault on either the part of the student or the Grand Erie District School Board or its employees or agents, or the facility where the activity is taking place. By allowing your child to participate in the activity, you are accepting the risk of an accident occurring. The chance of an accident occurring can always be reduced by carefully following instructions while engaged in the activity. If you choose to allow your child to participate in the activity on the date(s) mentioned, you must understand that you will bear the responsibility for any accident that might occur.

The Grand Erie District School Board does NOT provide any accidental death, disability, dismemberment or medical expenses insurance for students participating in these activities.

PART C – Parental Consent Form:

Student Name					
School Name		Grade/Class			
Emergency Contact Name		Emergency Contact Phone			
Medical and Emergency Information not previously provided to the school					
Trip Destination					
Method of Transportation <small>Alert Teacher in Charge if method changes</small>					
Teacher in Charge					
Departure From		Date:		Time:	
Return To		Date:		Time:	
Itinerary has been received for trips more than one day		Yes		No	
Cost per Student					

I hereby consent to the use of any personal information on file at the school by the persons authorized by the Principal to supervise this activity and by such other officers or employees of the Grand Erie District School Board who may need the personal information in the performance of their duties as employees of the Grand Erie District School Board.

I have read the information supplied, understand and accept the conditions, including the inherent risks, outlined above in Parts A and B of the Parental Information Form and agree that my son/daughter may participate in the trip and the related activities.

Should my child be competing in an inter-school sport event organized by Central Western Ontario Secondary Schools Association (CWOSSA), Southern Ontario Secondary Schools Association (SOSSA) or Ontario Federation of School Athletic Associations (OFSAA), I hereby consent to the release of my child's name, date of birth, gender and year of entry to the current school to the appropriate Association to facilitate the event(s).

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

Date

Home Address

Telephone

I would be willing to go on the trip as a supervisor

Yes

No

Volunteer Supervisors must have a police record check as required by the Board's Volunteer Procedure SO126.

Use of the personal information collected on this form is authorized under Section 31(a) of the *Municipal Freedom of Information and Protection of Privacy Act* and will be used for the purpose of conducting the out-of-classroom education program outlined in Part A of this form.



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Denise Martins, Superintendent of Education
RE: **SO22 – Fees for Learning Materials and Activities**
DATE: January 13, 2020

Recommended Action: Moved by _____ Seconded by _____
THAT the Grand Erie District School Board forward **SO22-Fees for Learning Materials and Activities** to all appropriate stakeholders for comments to be received by February 27, 2020.

Background

SO22- Fees for Learning Materials and Activities was approved by the Board in November 2015 and has been identified for review.

Additional Information

Suggested revisions have been made to the Policy and a draft revised policy is attached for circulation to stakeholders for comment.

Next Steps

This Policy will be circulated for stakeholder input in keeping with Board Bylaw BL9.

Respectfully submitted,

Denise Martins
Superintendent of Education



Fees for Learning Materials and Activities

Board Received: November 23 2015 Review Date: December 2019

Policy Statement

The Grand Erie District School Board will ensure all students have access to learning materials and equipment necessary to meet curricular requirements, and be proactive in providing a barrier free learning environment for all. ~~without imposing undue hardship on any pupil or their family.~~ The Grand Erie District School Board is committed to supporting students' participation in school activities regardless of their individual economic circumstances.

As indicated in Ministry of Education Guidelines, parent(s)/guardian(s) or students may be asked to contribute resources in the way of time, money, or materials to support enhanced or optional programs and activities.

When fees are collected, the purposes and method for their collection must be consistent with Grand Erie District School Board policies.

Accountability

1. Frequency of Reports – As needed
2. Criteria for Success – Every school's Student Handbook and School Profile ~~Course Calendar~~ will reference this policy.
 - Schools will follow the policies as set out in this document and will communicate these policies through the regular school communication process such as student agendas and school website.

Background Information

In March 2011, the Ministry of Education distributed Memorandum 2011: B02 directing boards of education to develop their own policies on school fees in compliance with the Education Act.

Memorandum 2010: B11 states that it is important to ensure existing practices are not in contravention of the Education Act requirement that resident pupils are entitled to attend a regular day school program without payment of a fee.

Statements from The Education Act that inform this policy:

- Section 32 (1) that *"a person has the right, without payment of fee, to attend a school...in which the person is qualified to be a resident pupil."*
- Section 170 (1) paragraph 13, *"Every board shall: ...provide, without charge, for the use of pupils...the textbooks that are required by the regulations to be purchased by the board."*
- The exception to these statements is noted in Section 171(1) paragraph 31.1 in which a book deposit is permitted to be charged to students enrolled in a continuing education course or class that is eligible for credit towards a secondary school diploma.

Procedure

~~Consistent with Policy SO22, fees can be collected as set out in this appendix.~~

1. Regular Day School

There shall be no fees charged to a student to participate in the regular day school program. A pupil has a right to attend without fee.

If the student is in the regular day school program:

- 1.1 There will be no fees or cost charged to students to participate in the regular day school program. In some courses (i.e. art, music, construction technology) students may wish to use a superior product or consumable than that provided by the school, in which case they will be asked to pay the additional cost to be provided upgraded materials ~~or pay the additional cost of the upgrade.~~
- 1.2 Fees may not be charged for a textbook or a textbook deposit.
- 1.3 Fees may not be charged for a workbook. If the workbook is used as a regular part of the program, the school shall provide the workbook to all students. Fees may be charged for a workbook if the workbook is optional. To the extent possible, schools must minimize dependence on charges for learning and/or resource materials.

2. Other School Registers

- 2.1 Schools may collect a book deposit if the student's enrolment is contained on a continuing education student register, an adult credit course student register, or an international language student register.

3. Student Fees at Schools

- 3.1 The school principal is responsible for ensuring that the materials required to meet the expectations of the core curriculum are available without cost to students. No fee may be charged for learning resources that are essential to the delivery of a core course or program.
- 3.2 The school principal must review all proposed optional charges for all courses prior to inclusion of such optional charges in any publication, and prior to the fee being levied. When changes cannot be incorporated into already-published materials, the principal will inform parents in writing of the new fee(s).
- 3.3 The Equity and Inclusive Education Strategy directives recognized that socio-economic status is one of many ~~factors~~forms of difference that ~~the board~~we must consider in order to create ~~more equal~~barrier-free, equitable opportunities ~~for success~~ for all students. In situations where fees may be charged to students, every effort shall be made to assist students with limited financial means. The school principal will develop collection methods that afford reasonable expectations of privacy for students and parents/guardians and develop and communicate a practice for the respectful and private identification of students/parents who may be experiencing financial hardship.
- 3.4 All field trips for which there is a cost must be optional to a course. Where the student chooses not to participate in an optional field trip, alternative assignments must be provided in order for the student to meet the expectations of the course.

- 3.5 In order to maximize the resources provided to students, Grand Erie promotes green practices which include judicious use of consumable items in all school programs.
- 3.6 When a school dress code requires particular uniforms, this clothing will be available for purchase at cost at each school.
- 3.7 Schools may collect student activity fees and/or admission fees to recover the cost of participation in optional extra-curricular activities.
- 3.8 No student will be denied access to report cards, courses, use of the library, or a locker for failure to pay student activity fees.
- 3.9 The school principal shall communicate with staff, student councils, and school councils about student activity and athletic fees.
- 3.10 Optional programs are courses or activities that students choose to attend in addition to regular day school programs, with knowledge that these programs are beyond the provincially mandated curriculum. Examples may include Advanced Placement, Hockey Canada Skills Academy, or specialized courses. Throughout the course selection process, schools must communicate information to parents/guardians and students regarding optional program fees. It is understood that fees can be subject to change based upon reasonable and unforeseen circumstances.
- 3.11 The basic Secondary Athletic Fee will be set initially at a maximum of \$75 and will be reviewed on an annual basis. This fee may include: tournament costs, game or sport based equipment, supplemental sport costs (referee fees, rentals etc.) and athletic celebrations and awards. A principal may request an increase to the fee, having undertaken the appropriate consultation with members of the school community. Any increase is subject to the approval of the Superintendent responsible for Athletics. The fee will be waived or subsidized for students who maybe experiencing financial hardship
- ~~3.11~~3.12 The following statements must be included in the school profile~~course calendar~~ and the student handbook.

Student Fees

There will be no fees or cost charged to students to participate in the regular day school program. Fees may be charged where the student chooses to upgrade the material or where purchase of material is optional. Students enrolled in Grand Erie District School Board schools can expect to be provided with the basic classroom learning resources that are required in order to complete the course expectations. It is recognized there may be optional resources that students may purchase to enhance their programs; e.g. field trips, ~~workbooks~~, upgrading materials in courses such as construction technology and visual arts. Students may choose enhanced program options where fees are required to recover associated costs.

Students are expected to come to school ready and willing to participate actively in their own learning. To that end, students are expected to bring materials with them for their own personal school-work. Teachers will communicate the basic materials needed to complete learning tasks in each class; e.g., pencils, pens, pencil crayons, markers, erasers, rulers, calculators, etc.

Students are encouraged to pay the student activity fee. The activity fee includes ~~but is not limited to~~ access to the co-instructional program (e.g., sports, dances and other school activities). Students involved in co-instructional teams, groups and clubs will be made aware of any additional fund-raising obligations or participation fees prior to making a commitment to participate.

The basic Secondary Athletic Fee will be set initially at a maximum of \$75 and will be reviewed on an annual basis. The fee will be waived or subsidized for students who may be experiencing financial hardship.

Students and families experiencing hardship may contact the school administration for assistance to support students' success in school.

4. Fees for Damaged or Lost Material

- 4.1 The principal may charge fees for the replacement or repair of textbooks, library material, technology, or other loaned materials (e.g., equipment), if said loaned material is not returned as required or is returned in damaged condition. The fee may not exceed the replacement or repair cost, as appropriate.



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Trustees of the Grand Erie District School Board
FROM: Brenda Blancher, Director of Education & Secretary
RE: **Policy SO26 – Event Planning and Organization**
DATE: January 13, 2020

Recommended Action: Moved by _____ Seconded by _____
THAT the Grand Erie District School Board forward **Policy SO26 – Event Planning and Organization** to all appropriate stakeholders for comments to be received by February 27, 2020.

Background

SO26 – Evening Planning and Organization was approved by the Board in June 2017 and has been identified for review, out of cycle.

Additional Information

Suggested revisions have been made to the Policy/Procedure and a draft revised policy/procedure is attached for circulation to stakeholders for comment.

Next Steps

This Policy/Procedure will be circulated for stakeholder input in keeping with Board Bylaw BL9.

Respectfully submitted,

Brenda Blancher
Director of Education & Secretary



POLICY

SO26

Event Planning and Organization

Board Received: June 26, 2017

Review Date: September 2021

Policy Statement

Grand Erie District School Board events should further the Board's ~~vision~~ vision of Success for Every Student.

Accountability

1. Frequency of Reports – as needed
2. Criteria for Success – system stakeholders consistently adhere to the policy to guide event planning and organization. Events are successful for attendees ~~because of~~ as a result of good/proper planning and organization.

Definitions

Event: ~~An event is a~~ function, activity or reception held in a school or within the system that is coordinated by ~~either Grand Erie staff members or the Manager of Communications and Community Relations on behalf of the Board, or representatives from community organizations that require representation from Grand Erie District School Board Trustees, Senior Administration and/or a designate.~~

Event Types: There are six types ~~of events that meet the definition and support included in the~~ policy statement: School-Organized Event, System-Sponsored Event, School-Internal Event, System-Internal Event, Community Event, and Ministry/Government Event.

Event Leads: ~~An Event Lead is~~ a Grand Erie staff member who is on the planning team or the Manager of Communications and Community Relations. This individual is responsible for consulting with the Principal and following this Policy ~~to ensure events are executed in a consistent manner.~~

~~**Event Planning and Organization Checklist:** Examples of events within each Event Type and a reference of helpful tips to assist the Event Lead in his or her planning can be found in the Communications and Community Relations section on the Staff Portal.~~

~~**Official Representation:** The Director of Education or designate should be invited to appear on behalf of the Administration and the Chair of the Board or designate should appear on behalf of the Board of Trustees.~~

Procedures

- 1.0 **Event Planning and Organization Checklist:** ~~The Event Planning and Organization Checklist~~ will assist in the event planning process. The checklist outlines all Event Types, including examples with examples. It also, identifies who should be invited, who speaks and who the Event Lead is, typically leads the event. Additional information is included, such as ~~a~~ Audio/Visual considerations, signage, and other resources to ~~execute~~ host a successful event.

2.0 **Invitations:** The Chair of the Board, Trustees, the Director of Education and Senior Administration will receive ~~an~~all ~~invitations~~ from ~~the Event Lead~~the Manager of Communications and Community Relations on behalf of the Event Lead.

2.1 **Invitation to Politicians:** Regardless of the Event Type, when~~ever~~ a politician from the Municipal, Provincial or Federal level is invited to a school ~~for a non instructional event,~~ ~~the~~all Trustee(s) and the Chair of the Board must be ~~invited to attend~~informed and invited.

3.0 **Special Guests:** Student greeters should welcome ~~all~~ guests and be assigned to ~~welcome and escort~~ all Politicians special guests and dignitaries (Trustees, MP, MPPs, and Councillors) to the ~~e~~Event ~~Lead~~ or ~~the~~ Principal ~~of the school who will then make appropriate introductions to Board dignitaries~~. Student greeters may also be assigned to give school tours ~~to guests~~. ~~A letter should be written to all special guests thanking them for their participation in the event.~~

~~4.0~~ **Role of the Manager of Communications and Community Relations:** The Manager of Communications and Community Relations must be ~~advised~~informed of all events ~~where that Trustees, and Senior Administration or Politicians are to be in attendance, invited with the exception of the School Internal and System Internal events.~~

The Manager of Communications and Community Relations will lend support and advice to all Event Leads and act as the Event Lead for all System-Sponsored Events.

~~5.0~~4.0 **Speaking Order:** The following speaking order ~~shall~~must be adhered to

1. Principal ~~or Event Lead~~ from the host ~~school/~~organizing committee ~~is~~may serve as the emcee
2. Chair of the Board (~~and/~~or designate) delivers remarks and is responsible for welcoming all Politicians
3. Director of Education (~~and/~~or designate) delivers remarks and is responsible for welcoming all Grand Erie Senior Administration
4. Politicians may Dignitary (In order: Federal, Provincial, and Municipal) delivers remarks, in the following order: Federal, Provincial, Municipal.
5. Students, Parents, Community Partner(s), or third-party stakeholder(s) may also including parents deliver remarks, if required

~~6.0~~5.0 **Land Acknowledgement Statement**

At all ~~Grand Erie District School Board~~ events covered under this policy, the land acknowledgement statement (see below) ~~must~~ will be read at the opening of the event, and before the playing of O Canada.

The Grand Erie District School Board recognizes the Haudenosaunee and Anishinaabe as the traditional peoples of this territory. We acknowledge and give gratitude to the Indigenous peoples for sharing these lands in order for us to continue our work here today.

Board Resources

- Bylaw No. 19 – Use of Board Logo, and Grand Erie Name
- SO 25 – Visual Identity Policy
- SO 31 - Accessibility
- Administrative Procedure F104 – Advertising



Event Planning and Organization Checklist

Last Revised: June 26, 2017

The Event Planning and Organization Checklist is a product of the *Event Planning and Organization Policy SO-26*.

~~Grand Erie District School Board~~ events and activities ~~held at Grand Erie District School Board~~ should further ~~the Board's~~ the vision ~~of the Board~~. When planning an event, ~~Grand Erie~~ staff must follow the policy to ensure the event is coordinated in a professional manner that reflects ~~a~~ the positive image of the Board.

Event Leads

~~An~~ ~~The~~ Event Lead is a Grand Erie staff member ~~who is on the organizing committee~~ or ~~is the principal of the school~~ ~~the Manager of Communications and Community Relations~~ ~~who is on the planning team~~. This individual is responsible for consulting with the ~~host~~ Principal and following the *Event Planning and Organization Policy SO-26* ~~to ensure events are executed in a consistent manner~~.

Event Planning Charts

There are six Event Types; ~~which include~~: School-Organized Event, System-Sponsored Event, School-Internal Event, System-Internal Event, Community Event, and Ministry/Government Event.

The following charts outline the following:

1. Examples of ~~the possible~~ events found within each Event Type;
2. Who should be invited to the event ~~to fulfill the role of official representation*~~;
3. Who ~~should~~ ~~speaks on behalf of the organization**~~; and
4. Who the Event Lead should be ~~for the event~~.

**This chart provides Event Leads with a list of individuals who must be invited to the corresponding event. All events are different and this chart does not list all stakeholders who should receive an invitation based on the particular event. These may include, but not limited to: Representatives from the local public health unit, union representatives or parent council members.*

***Administrators play a role in the speaking order, especially when events are held at his or her school. Refer to the Speaking Order section in Policy SO26 to supplement the information in the column: Who Speaks?*

School-Organized Event

Events	Who's Invited?	Who Speaks?	Who's the Event Lead?
School anniversaries	<ul style="list-style-type: none"> Trustees Director of Education Family of Schools Superintendent of Education of Education Former administrators of the school 	<ul style="list-style-type: none"> Chair of the Board (or designate) Director of Education <ul style="list-style-type: none"> Superintendent of Education may be asked to speak in addition to the Director 	<ul style="list-style-type: none"> Grand Erie staff member on the School-Organizing Committee
Secondary School Graduations	<ul style="list-style-type: none"> Trustees Director of Education or a Superintendent of Education will represent Senior Administration 	<ul style="list-style-type: none"> Executive Assistant to the Board of Trustees will coordinate a schedule identifying which Trustee will speak and which Superintendent will attend Director or Superintendents of Education will present awards / speaking role optional 	<ul style="list-style-type: none"> Grand Erie staff member on the School-Organizing Committee
Recognition assemblies (i.e. character education assembly, athletic banquet, Remembrance Day assembly, fundraising celebrations etc.)	<ul style="list-style-type: none"> Local-Trustees (Optional) Family of Schools Superintendent of Education (Optional) 	<ul style="list-style-type: none"> Optional – Speaking role for Trustees optional 	<ul style="list-style-type: none"> Grand Erie staff member on the School-Organizing Committee
Official school closings	<ul style="list-style-type: none"> Trustees Senior Administration Director of Education Family of Schools Superintendent of Education School Council Chair School staff <ul style="list-style-type: none"> Manager of Communications and Community Relations 	<ul style="list-style-type: none"> Chair of the Board or designate Senior Administration Director of Education 	<ul style="list-style-type: none"> Grand Erie staff member on the School-Organizing Committee

System-Sponsored Events

Events	Who's Invited?	Who Speaks?	Who's the Event Lead?
<p>Official school openings</p> <p><u>A plaque is presented to the school on behalf of the Trustees and Senior Administration</u></p>	<ul style="list-style-type: none"> • Trustees • Director of Education • Senior Administration • <u>Ministry of Education Representatives and/or funding partners</u> • School Council <u>Chair</u> • School staff • Community Dignitaries <u>Local Politicians (Provincial, Municipal)</u> • Contractors <u>and</u> Architects & Engineers • Community <u>or</u>& Neighbourhood Representatives <u>(Optional)</u> • Board Departments: Facilities, Finance, Purchasing, Information Technology and Human Resources • Media Representatives • Union Presidents 	<ul style="list-style-type: none"> • Chair of the Board or <u>designate</u> • <u>Director of Education</u> • <u>Ministry of Education Representative and/or funding partners</u> <p>(Refer to speaking order as defined in <u>5.0 of SO26 – Events Planning and Organization Policy</u>)</p> <p>(<u>A plaque is presented to the school on behalf of the Trustees and Senior Administration</u>)</p>	<ul style="list-style-type: none"> • Manager of Communications and Community Relations <u>will act as Event Lead within a School Organizing Committee in coordination with the Organizing Committee</u>
<p>Major renovations or additions greater than \$1 <u>m</u>illion</p>	<ul style="list-style-type: none"> • Trustees • Director of Education • Family of Schools Superintendent <u>Senior Administration</u> • <u>Ministry of Education Representatives and/or funding partners</u> • <u>School Council Chair</u> • Facilities Staff • Union Presidents • Community Dignitaries <u>Media Representatives</u> 	<ul style="list-style-type: none"> • Chair of the Board or <u>designate</u> • Director of Education • <u>Ministry of Education Representatives and/or funding partners</u> <p><u>Refer to speaking order as defined in 5.0 of SO26 – Events Planning and Organization Policy</u> (<u>Refer to speaking order defined in SO26 – Events Planning and Organization Policy</u>)</p>	<ul style="list-style-type: none"> • Manager of Communications and Community Relations <u>will act as Event Lead within a School Organizing Committee in coordination with the Organizing Committee</u>
<p>Program launch</p> <p>(Examples: Turning Point, Energy Dashboard etc.)</p>	<ul style="list-style-type: none"> • Trustees • <u>Director of Education</u> • Superintendent <u>of Education</u> responsible for the program portfolio • Director of Education • Staff members within the program portfolio • Union Presidents • Community Dignitaries 	<ul style="list-style-type: none"> • Chair of the Board or <u>designate</u> • <u>Director of Education</u> • Superintendent of Education <u>responsible for the program</u> <ul style="list-style-type: none"> • <u>No speaking role for Director of Education</u> 	<ul style="list-style-type: none"> • Manager of Communications and Community Relations <u>will act as Event Lead within the program planning team organizing the event in coordination with the Organizing Committee</u>
<p>Partnership events</p> <p>(Examples: Solar-energy launch, Community Hub, etc.)</p>	<ul style="list-style-type: none"> • Trustees • <u>Director of Education</u> • <u>Senior Administration Superintendent of Education responsible for the partnership</u> • Union Presidents • Partners <u>Community Dignitaries</u> 	<ul style="list-style-type: none"> • Chair of the Board <u>(or designate)</u> • or designate • Director of Education <u>(or designate)</u> 	<ul style="list-style-type: none"> • Manager of Communications and Community Relations

<p>Student-led Voice Eevents</p>	<ul style="list-style-type: none"> • <u>Local Politicians (Municipal)</u> • Trustees • <u>Student Trustees</u> • Senior Administration • Union Presidents • Student Voice event – Student Trustees 	<ul style="list-style-type: none"> • Chair of the Board (or designate) • Director of Education (or designate) • GEPIC Chair or member of GEPIC 	<ul style="list-style-type: none"> • Manager of Communications and Community Relations will act as <u>in coordination with Event Lead within the System Level</u> the Organizing Committee
<p>Parent Engagement eEvents at the system-level</p>	<ul style="list-style-type: none"> • Trustees • Senior Administration <u>Director of Education</u> • GEPIC Chair or a <u>and</u> members of GEPIC • School Council <u>Chairs and</u> Amembers • Union Presidents 	<ul style="list-style-type: none"> • Chair of the Board (or designate) • Director of Education • GEPIC Chair or <u>member of GEPIC</u> 	<ul style="list-style-type: none"> • Manager of Communications and Community Relations <u>in coordination with the GEPIC Chair</u>

System-Internal Event

Events	Who's Invited?	Who Speaks?	Who's the Event Lead?
Grand Erie retirement dinner	<ul style="list-style-type: none"> Trustees Senior Administration 	<ul style="list-style-type: none"> Chair of the Board Director or designate Director of Education or designate 	<ul style="list-style-type: none"> Executive Assistant to the Director of Education Grand Erie staff member on the School Organizing Committee
Professional/leadership development special events or a launch	<ul style="list-style-type: none"> Trustees Senior Administration 	<ul style="list-style-type: none"> Chair of the Board (or designate) Director of Education Superintendent of Human Resources 	<ul style="list-style-type: none"> Communications Assistant Grand Erie staff member on the School Organizing Committee

School-Internal Event

Events	Who's Invited?	Who Speaks?	Who's the Event Lead?
Milestones, birthdays, retirements, years of service recognitions, staff award initiatives etc.	<ul style="list-style-type: none"> Family of Schools Superintendent of Education (Optional) At the principal's discretion 	n/a	<ul style="list-style-type: none"> Grand Erie staff member on the Organizing Committee
Memorials	<ul style="list-style-type: none"> Local Trustees (Optional) Director of Education (Optional) Family of Schools Superintendent of Education (Optional) 	n/a	<ul style="list-style-type: none"> Grand Erie staff member on the Organizing Committee Please notify the Manager of Communications and Community Relations when memorials are extended to parents and the broader school community - must be notified

Community Events

Events	Who's Invited?	Who Speaks?	Who's the Event Lead?
CareerLink	<ul style="list-style-type: none"> Trustees Senior Administration Superintendent of Education responsible for CareerLink Manager of Communications and Community Relations 	<ul style="list-style-type: none"> Chair of the Board (or designate) Director of Education (or designate) Superintendent of Education responsible for CareerLink 	<ul style="list-style-type: none"> Grand Erie staff member on the Organizing Committee CareerLink representative on the Organizing Committee
Community agency/business/non-profit events (Examples: Fundraising events, Rick Hansen Relay, Chamber of Commerce Gala, fall fairs, United Way etc.)	<ul style="list-style-type: none"> Trustees (Optional) Director of Education (Optional) and/or Family of Schools Superintendent of Education Manager of Communications and Community Relations 	<ul style="list-style-type: none"> Optional – Chair of the Board (or designate) Optional – Director of Education (or designate) Director of Education or designate Family of Schools Superintendent of Education 	<ul style="list-style-type: none"> Grand Erie staff member on the Organizing Committee A Grand Erie representative may be requested to be included in the Community Organizing Committee Manager of Communications and Community Relations must be notified
Contracts or grants with that have communication agreements requirements	<ul style="list-style-type: none"> Trustees Director of Education 	<ul style="list-style-type: none"> Optional – Chair of the Board (or designate) 	<ul style="list-style-type: none"> Grand Erie staff member on the Organizing Committee Manager of

<p>(Example: Indigo’s For the Love of Reading Grant)</p>	<ul style="list-style-type: none"> • and/or Family of Schools Superintendent <u>of Education</u> 	<ul style="list-style-type: none"> • <u>Optional</u> – Director of Education (or designate_) • <u>Family of Schools Superintendent of Education</u> 	<p>Communications and Community Relations will act as Event Lead within a Community or School Organizing Committee</p>
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Ministry/Government Events

Events	Who's Invited?	Who Speaks?	Who's the Event Lead?
Prime Minister visit , Federal Minister or Member of Parliament visit	<ul style="list-style-type: none"> Trustees Director of Education Senior Administration 	<ul style="list-style-type: none"> Chair of the Board or designate Director of Education <p>Refer to speaking order as defined in 5.0 of SO26 – Events Planning and Organization Policy</p>	<ul style="list-style-type: none"> Manager of Communications and Community Relations
Premier visit, Minister of Education, Member of Provincial Parliament visit or any Ministry within the Government of Ontario	<ul style="list-style-type: none"> Trustees Director of Education Senior Administration 	<ul style="list-style-type: none"> Chair of the Board or designate Director of Education <p>Refer to speaking order as defined in 5.0 of SO26 – Events Planning and Organization Policy</p>	<ul style="list-style-type: none"> Manager of Communications and Community Relations
Municipal Mayor or County Councillor visits	<ul style="list-style-type: none"> Trustees Director of Education Senior Administration 	<ul style="list-style-type: none"> Chair of the Board (or designate) Director of Education (or designate) <p>Refer to speaking order as defined in 5.0 of SO26 – Events Planning and Organization Policy</p>	<ul style="list-style-type: none"> Manager of Communications and Community Relations

Audio/Visual Equipment

When events are held at a school, A/V equipment ~~should~~ may need to be coordinated and provided by the school. A/V equipment includes microphones ~~and~~ (podiums), speakers, LCD projectors, etc.

Signage

Signage displayed during events should promote a the positive image of ~~the Board as indicated in the policy statement~~ Grand Erie:

- Consider school signage/banners displayed during all School-Organized Events-
- Grand Erie ~~b~~anners that showcase the Board’s Multi-Year Plan ~~should~~ must be displayed at all System-Sponsored, Community and Ministry/Government Events ~~when possible~~.
- Contact the Manager of Communications and Community Relations to access Board signage-

Media Notification

~~Informing the media about an event can be done through the “Submit an Event” process (see below). Media are welcome to attend events that are publicized in ways other than the “Submit an Event” process. The Manager of Communications and Community Relations should be informed when media attend an event.~~

~~Conveners, physical education teachers and coaches are welcome to complete the “Submit an Event” process to communicate athletic/sporting events. Routine athletic/sporting events are best communicated directly with the sports reporter by the organizers. All invites to local media will be completed by the Manager of Communications and Community Relations on behalf of the Event Lead.~~

“Submit an Event” Procedure

Events are opportunities to share good news in the community about what is happening in ~~our schools~~ Grand Erie. ~~and as a Board.~~ To share an event, visit the Community section on Grand Erie’s website

~~(www.granderie.ca) and follow the link to Submit Your Event Here! Visit the Community Tab at granderie.ca and click Newsroom.~~

~~Find the “Submit an Event” section and complete the online form.~~ Once the event is submitted, it will appear in *Grand Erie Next Week*, a weekly media advisory that is sent to local media, Trustees and Senior Admiration, to media. It also gets posted on the Board’s Calendar and considered as a news item featured on the Board’s website.

Contact Information

Contact the Manager of Communications and Community Relations for support building an effective event.
~~communication plan for the event or general advice on planning a successful event.~~

- ~~—~~ Manager of Communications and Community Relations
- ~~—~~ Work: ~~(519) 756-6301~~ ~~or toll free: 1-888-548-8878~~, ext. 281147 or
- Cell: 519-732-8540 ~~(905) 978-1417~~



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Rafal Wyszynski, Superintendent of Business & Treasurer
RE: **SO28 – Student Concussion and Head Injury**
DATE: January 13, 2020

Recommended Action: Moved by _____ Seconded by _____
THAT Bylaw 9 – Processes for Development of Bylaws, Policies and Procedures be waived with respect to circulating Policy SO28- Student Concussion and Head Injury to all appropriate stakeholders for comments.

Recommended Action: Moved by _____ Seconded by _____
THAT the Grand Erie District School Board approve **Policy SO28- Student Concussion and Head Injury**.

Background

Policy SO28 – Student Concussion and Head Injury was circulated was approved by the Board in June 2019, however recent changes to PPM 158 have resulted in mandatory changes to the Board’s policy. These must be in effect by January 31, 2020 and are focus to two appendices which have been updated in the policy.

Additional Information:

The revised Policy and manual are attached with changes shown.

Next Steps

This approved Policy will be distributed in keeping with Board Bylaw BL9.

Respectfully submitted,

Rafal Wyszynski
Superintendent of Business and Treasurer



Student Concussion and Head Injury

Board Received: June 24, 2019Review Date: September 2023

Policy Statement

Grand Erie District School Board is committed to ensuring the safety and well-being of students recognizing that children and adolescents are among those at greatest risk of concussion and/or head injury. The Board is committed in building awareness, prevention, identification and management of concussions and/or head injuries to reduce increased risk.

Accountability

1. Criteria for Success – Adherence to the Student Concussion and Head Injury Policy
2. Frequency of Reports - As needed

1. Purpose

The Grand Erie District School Board recognizes concussions as a serious injury which requires appropriate follow-up measures to reduce risk of potential additional injury. Concussion awareness, prevention, identification and management are a priority. The implementation of the Student Concussion and Head Injury Policy is another important step in creating healthier schools in Grand Erie.

The resource package “Student Concussion and Head Injury” (SO 28-1) contains general concussion information, strategies for preventing and minimizing the risk of sustaining concussions (and other head injuries) in schools and at off-site school events. Included within the package is information on the safe removal of an injured student from activity, initial concussion – assessment strategies (use of common symptoms and signs of a concussion) and steps to take following an initial assessment. This package also includes information and the materials necessary for the management of a diagnosed concussion.

2. Information

2.1. Definitions

The definition of **concussion** outlined below is adapted from the definition provided in the concussion protocol in the Ontario Physical Education Association (Ophea) Safety Guidelines.

A concussion:

- is a traumatic brain injury that causes changes in how the brain functions, leading to signs and symptoms that can emerge immediately or in the hours or days after the injury. It is possible for symptoms to take up to 7 days to appear;
- signs and symptoms can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional/behavioural (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep);
- may be caused by a significant impact to the head, face, neck or body, with an impulsive force transmitted to the head, that causes the brain to move rapidly and hit the walls of the skull (for a visual description of how a concussion occurs, consult [How a concussion occurs](#));

- can occur even if there has been no loss of consciousness, in fact most concussions occur without a loss of consciousness;
- cannot normally be seen on X-rays, standard CT scans or MRIs; and
- is typically expected to result in symptoms lasting 1- 4 weeks in children and youth (18 years or under), but in some cases symptoms may be prolonged.

A concussion diagnosis:

Medical doctors and nurse practitioners are the only healthcare professionals in Canada with licensed training and expertise to diagnose a concussion; therefore, all students with suspected concussions should undergo evaluation by one of these professionals.

Second Impact Syndrome:

Research suggests that students who suffer a second concussion before they are symptom free from the first concussion are susceptible to a prolonged period of recovery, and possibly Second Impact Syndrome – a rare condition that causes rapid and severe brain swelling and often catastrophic results, including death.

Collaborative Team Approach

Concussion prevention and management requires the cooperation of all partners in the school community. To ensure the safety of students while they enjoy the many benefits of being active, parents/guardians, students, volunteers, all staff, and school boards must understand and fulfill their responsibilities. It is critical to a student's recovery that the Return to Learn/Return to Physical Activity Plan be developed through a collaborative team approach led by the school principal. This team should include the concussed student, their parents/guardians, school staff and volunteers who work with the student, and the medical doctor/nurse practitioner. Ongoing communication and monitoring by all members of the team are essential for the successful recovery of the student.

3. Signs and Symptoms of a Concussion

The first step to managing a concussion is being able to recognize common signs and symptoms. A concussion may be caused by a significant impact to the head, face, neck or body, with an impulsive force transmitted to the head. It is important to observe for **one** or more of the signs or symptoms of a concussion which may take hours or days to appear. Refer to the Student Concussion and Head Injury resource package for a list of common signs and symptoms.

4. Roles and Responsibilities

4.1 Appropriate Senior Administrator(s) will:

- a. Perform an annual review to ensure guidelines align with current best practice recommendations and, at a minimum, Opeha concussions guidelines;
- b. Ensure concussion education is made available to all school personnel and volunteers;
- c. Implement concussion awareness and education strategies for students and their parents/guardians;
- d. Provide support to schools and staff to ensure enforcement of Return to Learn and Return to Physical Activity guidelines and the Student Concussion and Head Injury Policy;
- e. Ensure that all Board staff, including volunteer coaches, involved in physical activity education and supervision (includes but not limited to: recess supervision, curricular, interschool, and intramural physical activity, before and after school care), are trained to recognize signs and symptoms of a suspected concussion and what immediate action to take;

- f. Ensure that information on the Student Concussion and Head Injury Policy is available to the school community, including organizations that use the school facilities, such as community sports organizations and licensed child-care providers operating in schools of the Board; and
- g. Ensure each elementary and secondary school implements the *Concussion Management – Home Preparation for Return to School (RTS) and Return to Physical (RTPA) Plan* (Appendix E1) and the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E-2).

4.2 Principal will:

- a. Implement the Student Concussion and Head Injury Policy;
- b. Ensure all staff, volunteers, parents/guardians, and students are aware of the Student Concussion and Head Injury Policy and understand their roles and responsibilities;
- c. Ensure the Student Concussion and Head Injury Policy is followed by all school staff (including occasional staff/support staff, recess supervisors), parents/guardians, students, and volunteers;
- d. Arrange for concussion in-servicing for staff and coaching volunteers, and repeat as necessary;
- e. parents/guardians:
 - i. For a suspected concussion: *Tool to identify a Suspected Concussion* (Appendix C) and the *Documentation of Monitoring/Documentation of Medical Assessment Form* (Appendix D2).
 - ii. For a diagnosed concussion: *Concussion Management – Home Preparation for Return to School (RTS) and Return to Physical (RTPA) Plan* (Appendix E1) and the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E2).
- f. Ensure Opeha safety guidelines are being followed;
- g. Work as closely as possible with students, parents/guardians, staff, volunteers, and health professionals to support concussed students with their recovery and academic success;
- h. Maintain up to date emergency contact and telephone numbers;
- i. Encourage parental/guardian cooperation in reporting all non-school related concussions;
- j. Ensure concussion information is readily available to all school staff and volunteers;
- k. Ensure that all incidents have been reported, recorded and filed as necessary:
 - i. the Ontario School Boards' Insurance Exchange (OSBIE) incident report; and
 - ii. Critical Injury Report.
- l. Coordinate a student conference to determine the individualized RTS Plan and to identify the RTS learning strategies and/or approaches required by the student based on the post concussions symptoms. See Appendix B for Return to Learn Strategies/Approaches;
- m. Once concussion is diagnosed, appoint primary staff member to act as the student's school contact to ensure adequate communication and coordination of their needs.
- n. Approve any adjustments to the student's schedule as required;
- o. Alert appropriate staff about students with a suspected or diagnosed concussion;
- p. Prior to student return to school, ensure the completion and collection of the following documentation:
 - i. *Documentation of Monitoring/Documentation of Medical Assessment Form* (Appendix D2); and
 - ii. *Concussion Management – Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E1).
- q. Ensure the completion of the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E2);

- r. Ensure the completion and collection of the *Documentation for Medical Clearance* (Appendix F) prior to the student moving on to full participation in non-contact physical activities and full contact practices (RTPA Stage 5);
 - s. File above documents (Appendix D2, E1, E2 and F) in student's OSR and provide copy to appropriate school staff; and
- 4.3 School Staff (Includes administration staff, teaching staff, support staff, coaches, volunteers, team trainers, officials, etc.) will:
- a. Understand and follow the Student Concussion and Head Injury Policy;
 - b. Attend and complete concussion training (this includes the online modules);
 - c. Ensure age-appropriate concussion education, including prevention, is included for all students participating in activities that could result in a concussion. Have students and their parent/guardian complete the *Player Code of Conduct* (Appendix G);
 - d. Be able to recognize signs, symptoms and respond appropriately in the event of a concussion see the *Tool to Identify a Suspected Concussion* (Appendix C);
 - e. For all coach/team trainers ensure completion of Coach/Teach Trainer Code of Conduct (Appendix I)
 - e.f. Follow current Opeha safety guidelines related to concussions and implement risk management and injury prevention strategies;
 - f.g. Make sure that occasional teaching staff are updated on concussed student's condition.
- 4.4 Parents/Guardians will:
- a. Review with their child the concussion information that is distributed through the school (e.g. *Concussion Information for Parents and Students* (Appendix A));
 - b. Reinforce concussion prevention strategies with their child, for example the *Player Code of Conduct* (Appendix G);
 - c. Understand and follow parents/guardian roles and responsibilities in this policy;
 - d. Complete the Parent/Guardian Code of Conduct (Appendix H)
 - d.e. In the event of a suspected concussion, ensure their child is assessed as soon as possible by physician/nurse practitioner, preferably on the same day;
 - e.f. Cooperate with school to facilitate the *Concussion Management – Home Preparation for Return to school (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E1) and the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E2);
 - f.g. Follow physician/nurse practitioner recommendations to promote recovery;
 - g.h. Be responsible for the completion of all required documentation;
 - h.i. Support their child's progress using the *Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E1) and the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E2);
 - i.j. Collaborate with school to manage their child's suspected or diagnosed concussions appropriately; and
 - j.k. Report non-school related concussion to principal and complete Documentation of Monitoring/Documentation of Medical Assessment Form (Appendix D2).
- 4.5 Students will:
- a. Learn about concussions, including prevention strategies, signs and symptoms, concussion management and student roles and responsibilities, throughout applicable curriculum;
 - b. Immediately inform school staff of suspected or diagnosed concussions occurring during or outside of school;

- c. Inform school staff if they experience any concussion related symptoms (immediate, delayed or reoccurring);
- d. Remain on school premises until parent/guardian arrives if concussion is suspected;
- e. Communicate concerns and challenges during recovery process with appropriate school staff, parents/guardians, and health care providers;
- f. Complete the *Player Code of Conduct* (Appendix G);
- g. Follow concussion management strategies as per medical doctor/nurse practitioner direction and the *Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E1) and the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E2).



Student Concussion and Head Injury Resource Package

June 2019

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1. Information

1.1. Definitions

The definition of **concussion** outlined below is adapted from the definition provided in the concussion protocol in the Ontario Physical Education Association (Ophea) Safety Guidelines.

A concussion:

- is a traumatic brain injury that causes changes in how the brain functions, leading to signs and symptoms that can emerge immediately or in the hours or days after the injury. It is possible for symptoms to take up to 7 days to appear.
- signs and symptoms can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional/behavioural (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep);
- may be caused by a significant impact to the head, face, neck or body, with an impulsive force transmitted to the head, that causes the brain to move rapidly and hit the walls of the skull (for a visual description of how a concussion occurs, consult [How a concussion occurs](#));
- can occur even if there has been no loss of consciousness, in fact most concussions occur without a loss of consciousness;
- cannot normally be seen on X-rays, standard CT scans or MRIs; and
- is typically expected to result in symptoms lasting 1- 4 weeks in children and youth (18 years or under), but in some cases symptoms may be prolonged.

A concussion diagnosis:

Medical doctors and nurse practitioners are the only healthcare professionals in Canada with licensed training and expertise to diagnose a concussion; therefore, all students with suspected concussions should undergo evaluation by one of these professionals.

Second Impact Syndrome:

Research suggests that students who suffer a second concussion before they are symptom free from the first concussion are susceptible to a prolonged period of recovery, and possibly Second Impact Syndrome – a rare condition that causes rapid and severe brain swelling and often catastrophic results, including death.

2. Signs and Symptoms of a Concussion

The first step to managing a concussion is being able to recognize common signs and symptoms. A concussion may be caused by a significant impact to the head, face, neck or body, with an impulsive force transmitted to the head.

- 2.1 There is a difference between signs and symptoms:
 - a. A sign is something that will be observed.
 - b. A symptom is something the student will feel and explain.
- 2.2 When examining for signs and symptoms of a suspected concussion:
 - a. Concussion should be suspected in the presence of any **one** or more of the signs or symptoms
 - b. Signs and symptoms of a suspected concussion can occur immediately after the incident or can occur hours or days after the incident
 - c. Student does not have to lose consciousness in order to have a concussion

- d. Signs and symptoms may be different for everyone
- e. Concussion symptoms for younger students may not be as obvious compared to older students
- f. Students may be reluctant to report symptoms because of a fear that they will be removed from the activity, their status on a team or in a game could be jeopardized or academics could be impacted
- g. It may be difficult for students under 10, with special needs, or students for whom English/French is not their first language, to communicate how they are feeling
- h. If any one or more red flag sign(s) or symptom(s) are present, call 911. Followed by a call to parents/guardians/emergency contact. Follow the Risk Management Advisory-Transporting Students to Hospital/Urgent Care.

2.3 Reference the Red Flag signs and symptoms and the other signs and symptoms below.

a. **Red Flag(s)** sign(s) or symptoms, call 911.

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

b. Other Concussion Sign(s) and Symptoms(s)

i. Other Signs (what you see)

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

ii. Other Symptoms reported (what the student is saying)

- Headache
- Blurred vision
- More emotional
- Difficulty concentrating
- "Pressure in head"
- Sensitivity to light
- More irritable
- Difficulty remembering
- Balance problems

- Sensitivity to noise
- Sadness
- Feeling slowed down
- Nausea
- Fatigue or low energy
- Nervous or anxious
- Feeling like “in a fog”
- Drowsiness
- “Don’t feel right”
- Dizziness

3. Roles and Responsibilities

3.1 Principal will:

- a. Implement the Student Concussion and Head Injury Policy;
- b. Ensure all staff, volunteers, parents/guardians, and students are aware of the Student Concussion and Head Injury Policy and understand their roles and responsibilities;
- c. Ensure the Student Concussion and Head Injury Policy is followed by all school staff (including occasional staff/support staff, recess supervisors), parents/guardians, students, and volunteers;
- d. Arrange for concussion in-servicing for staff and coaching volunteers, and repeat as necessary;
- e. Provide the following concussion documentation to students and their parents/guardians:
 - i. For a suspected concussion: *Tool to identify a Suspected Concussion* (Appendix C) and the *Documentation of Monitoring/Documentation of Medical Assessment Form* (Appendix D2)
 - ii. For a diagnosed concussion: *Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E 1) and the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E 2)
- f. Ensure Opeha safety guidelines are being followed;
- g. Work as closely as possible with students, parents/guardians, staff, volunteers, and health professionals to support concussed students with their recovery and academic success;
- h. Maintain up to date emergency contact and telephone numbers;
- i. Encourage parental/guardian cooperation in reporting all non-school related concussions;
- j. Ensure concussion information is readily available to all school staff and volunteers;
- k. Ensure that all incidents have been reported, recorded and filed as necessary:
 - i. the Ontario School Boards’ Insurance Exchange (OSBIE) incident report; and
 - ii. Critical Injury Report.
- l. Coordinate a student conference to determine the individualized RTS Plan and to identify the RTS learning strategies and/or approaches required by the student based on the post-concussion symptoms. See Appendix B for Return to Learn Strategies/Approaches;
- m. Approve any adjustments to the student’s schedule as required;
- n. Alert appropriate staff about students with a suspected or diagnosed concussion;
- o. Prior to student return to school, ensure the completion and collection of the following documentation:
 - i. *Documentation of Monitoring/Documentation of Medical Assessment Form* (Appendix D2); and

- ii. *Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E 1).
 - p. Ensure the completion of the School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan (Appendix E 2);
 - q. Ensure the completion and collection of *Documentation for Medical Clearance* (Appendix F) prior to the student moving on to full participation in non-contact physical activities and full contact practices (RTPA Stage 5)
 - r. File above documents (Appendix D2, E 1, E 2 and F) in student’s OSR and provide copy to appropriate school staff; and
 - s. Once concussion is diagnosed, appoint primary staff member to act as the student’s school contact to ensure adequate communication and coordination of their needs.
- 3.2 School Staff (Includes administration staff, teaching staff, support staff, coaches, volunteers, [team trainers](#), [officials](#) etc.) will:
- a. Understand and follow the Student Concussion and Head Injury Policy;
 - b. Attend and complete concussion training ([this includes the online modules](#));
 - c. Ensure age-appropriate concussion education, including prevention, is included for all students participating in activities that could result in a concussion. Have students and their parent/guardian complete the *Player Code of Conduct* (Appendix G);
 - d. Be able to recognize signs, symptoms and respond appropriately in the event of a concussion see the *Tool to Identify a Suspected Concussion* (Appendix C);
 - [e. For all coach/team trainers ensure completion of Coach/Term Trainer Code of Conduct \(Appendix I\)](#)
 - [e.f.](#) Follow current Opeha safety guidelines related to concussions and implement risk management and injury prevention strategies; and
 - [f.g.](#) Make sure that occasional teaching staff are updated on concussed student’s condition.
- 3.3 Parents/Guardians will:
- a. Review with their child the concussion information that is distributed through the school (e.g. *Concussion Information for Parents and Students* (Appendix A));
 - b. Reinforce concussion prevention strategies with their child, for example the *Player Code of Conduct* (Appendix G);
 - c. Understand and follow parent/guardian roles and responsibilities in this policy;
 - [d. Complete the Parent/Guardian Code of Conduct \(Appendix H\)](#)
 - [d.e.](#) In the event of a suspected concussion, ensure their child is assessed as soon as possible by physician/nurse practitioner, preferably on the same day;
 - [e.f.](#) Cooperate with school to facilitate the *Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E 1) and the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E 2);
 - [f.g.](#) Follow physician/nurse practitioner recommendations to promote recovery;
 - [g.h.](#) Be responsible for the completion of all required documentation;
 - [h.i.](#) Support their child’s progress using the *Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E 1) and the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E 2);
 - [i.j.](#) Collaborate with school to manage their child’s suspected or diagnosed concussions appropriately; and
 - [j.k.](#) Report non-school related concussion to principal and complete Documentation of Monitoring/Documentation of Medical Assessment Form (Appendix D2).

- 3.4 Students will:
- a. Learn about concussions, including prevention strategies, signs and symptoms, concussion management and student roles and responsibilities, throughout applicable curriculum;
 - b. Immediately inform school staff of suspected or diagnosed concussions occurring during or outside of school;
 - c. Inform school staff if they experience any concussion related symptoms (immediate, delayed or reoccurring);
 - d. Remain on school premises until parent/guardian arrives if concussion is suspected;
 - e. Communicate concerns and challenges during recovery process with appropriate school staff, parents/guardians, and health care providers;
 - f. Complete the *Player Code of Conduct* (Appendix G); and
 - g. Follow concussion management strategies as per medical doctor/nurse practitioner direction and the *Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E 1) and the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E 2).

4. Prevention

Regardless of the steps taken to prevent injury, some students will continue to be injured. The severity of the injury can be mitigated by the following:

- 4.1 Awareness and education for coaches, staff, parents and students to:
 - a. Recognize the symptoms of concussion;
 - b. Remove the student from play;
 - c. Refer the student to a medical doctor/nurse practitioner.
- 4.2 Wearing the sport specific protective equipment that:
 - a. Fits properly;
 - b. Is well maintained;
 - c. Is worn consistently and correctly;
 - d. Meets current safety standards;
 - e. Is replaced when damaged or expired.
- 4.3 Follow Ophea sport specific safety guidelines and follow the *Player Code of Conduct* (Appendix G), [Parent/Guardian Code of Conduct \(Appendix H\)](#) and [Coach/Team Trainer Code of Conduct \(Appendix I\)](#)
- 4.4 Ensure all students receive instruction, understand and follow the sport/activity specific safety rules and skills prior to participation (e.g. eliminate all checks to the head and eliminate all hits from behind)
- 4.5 Teach skills in proper progression (e.g. emphasize the principles of head-injury prevention, keeping the head up and avoiding collision)
- 4.6 Outline the concussion risks associated with the activity/sport and demonstrate how they can be minimized e.g. teach proper sport techniques such as correct tackling in football, effective positioning in soccer and how to avoid over-crowding when using the playground

- 4.7 Students must follow their supervising staff/coach’s/volunteer’s safety instructions at all times
- 4.8 Reinforce to students that it is extremely important not to return to learning or physical activity while still recovering from a concussion to avoid further risk of injury
- 4.9 Discourage parents/guardians/teachers/coaches, school staff from pressuring recovering concussed students to play or learn before they are ready
- 4.10 Parents need to reinforce with their child the importance of following the Return to Learn/Return to Physical Activity Plan
- 4.11 Parents are encouraged to report concussion history on the student registration form
- 4.12 Provide reassurance, support and request/offer academic accommodations as needed.
- 4.124.13 Participate and promote annual concussion awareness events for students, parents, staff, coaches etc. to coincide with Rowan’s Law Day which occurs on the last Wednesday in September.

5. Identification Procedures - Steps and Responsibilities in a Suspected Concussion

Immediate action must be taken following a significant impact to the head, face, neck, or body, that is either observed or reported, and where the individual (e.g., teacher/coach) responsible for that student suspects a concussion. Refer to the *Tool to Identify a Suspected Concussion* (Appendix C) and *Emergency Action Plan for Concussion and Head Injury* (Appendix D1).

As stated in SO 120 – Student and Visitor Injuries/Accidents, initial response to all injuries is to administer first aid. Each school and work site has staff who have received first aid training.

- 5.1 Initial Response:
- a. If any Red Flag sign(s) and/or symptom(s) are present (you can reference section 2.3 for a list of Red Flag signs and/or symptoms):

Action	Responsibility
1. Stop the activity immediately; assume concussion.	Supervising School Staff/Volunteers
2. Initiate <i>Emergency Action Plan for Concussion and Head Injury</i> (Appendix D1) and call 911. If there has been any loss of consciousness, assume neck injury. Only if trained, immobilize student. <u>DO NOT</u> move the student or remove athletic equipment unless there is breathing difficulty.	Supervising School Staff/Volunteers
3. Remain with student until emergency medical service arrives	Supervising School Staff/Volunteers
4. Contact student’s parent/guardian (or emergency contact) to inform of incident and that emergency medical services have been contacted.	Supervising School Staff/Volunteers
5. Monitor student and document any changes (physical, cognitive, emotional/behavioural).	Supervising School Staff/Volunteers
6. If the student has lost consciousness and regains consciousness, encourage student to remain calm and still. Do not administer	Supervising School Staff/Volunteers

Action	Responsibility
medication (unless the student requires medication for other conditions (e.g. insulin)).	
7. Complete the <i>Tool to Identify a Suspected Concussion</i> (Appendix C) and, if present, provide copy to parent/guardian retaining a copy.	Supervising School Staff/Volunteers
8. If present, provide the parent/guardian a copy of the <i>Documentation of Monitoring/Documentation of Medical Assessment</i> (Appendix D2) and inform parent/guardian that form needs to be completed and submitted to principal prior to student's return to school.	Supervising School Staff/Volunteers
9. Complete board injury report (OSBIE, Critical Injury), inform principal of suspected concussion, and forward copy of the completed and signed <i>Tool to Identify a Suspected Concussion</i> (Appendix C) to principal.	Supervising School Staff/Volunteers
10. Ensure student is examined by a medical doctor or nurse practitioner as soon as possible that day.	Parent/ Guardian/ Emergency Contact
11. Once diagnosis is made complete, <i>Documentation of Monitoring/Documentation of Medical Assessment</i> (Appendix D2) and return completed and signed document to school principal prior to student's return to school.	Parent/Guardian
12. Inform all school staff (e.g. classroom teacher, LRTs, physical education teachers, intramural supervisors, recess supervisors, coaches) and volunteers who work with the student, of the suspected concussion.	Principal
13. Indicate that the student shall not participate in any learning or physical activities until parent/guardian communicates the results of the medical assessment to the school principal.	Principal

b. If there are no Red Flag sign(s) and/or symptom(s):

Action	Responsibility
1. Stop the activity immediately	Supervising School Staff/Volunteers
2. Initiate school <i>Emergency Action Plan for Concussion and Head Injury</i> (Appendix D1).	Supervising School Staff/Volunteers
3. When safe to do so, remove student from current activity/game.	Supervising School Staff/Volunteers
4. Conduct an initial concussion assessment of the student using the <i>Tool to Identify a Suspected Concussion</i> (Appendix C).	Supervising School Staff/Volunteers

c. Where a concussion is suspected (signs are observed, and/or symptoms are reported, and/or student does not answer correctly the Quick Memory Function Assessment):

Action	Responsibility
1. Do not allow student to return to play in the activity, game or practice that day even if the student states they are feeling better.	Supervising School Staff/Volunteers
2. Contact the student's parent/guardian (or emergency contact) to inform them: <ul style="list-style-type: none"> • Of the incident • That they need to come and pick up the student • That the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day 	Supervising School Staff/Volunteers
3. Stay with student until their parent/guardian (or emergency contact) arrives.	Supervising School Staff/Volunteers

Action	Responsibility
4. Monitor and document any changes (i.e. physical, cognitive, and emotional/behavioural) in the student. If signs or symptoms worsen, call 911.	Supervising School Staff/Volunteers
5. Complete the <i>Tool to Identify a Suspected Concussion</i> (Appendix C)	Supervising School Staff/Volunteers
6. Do not administer medication (unless student requires medication for other conditions--e.g. insulin).	Supervising School Staff/Volunteers
7. Stay with student until their parent/guardian (or emergency contact) arrives.	Supervising School Staff/Volunteers
8. Student must not: <ul style="list-style-type: none"> • leave the premises without parent/guardian supervision; • drive a motor vehicle until cleared to do so by a medical doctor or a nurse practitioner; and • take or be administered medications except for life threatening medical conditions (for example, diabetes, asthma); 	Supervising School Staff/Volunteers & Student
9. Provide parent/guardian (or emergency contact) a copy of the <i>Tool to Identify a Suspected Concussion</i> (Appendix C).	Supervising School Staff/Volunteers
10. Provide parent/guardian (or emergency contact) copy of the <i>Documentation of Monitoring/Documentation of Medical Assessment</i> (Appendix D2) and inform parent/guardian that form needs to be completed and submitted to principal prior to student's return to school.	Supervising School Staff/Volunteers
11. Inform parent/guardian (or emergency contact) that the student must be examined by a medical doctor or nurse practitioner as soon as possible that day.	Supervising School Staff/Volunteers
12. Complete an OSBIE incident report, inform principal of suspected concussion, and forward copy of the completed and signed <i>Tool to Identify a Suspected Concussion</i> (Appendix C) to principal.	Supervising School Staff/Volunteers
13. Ensure student is examined by a medical doctor or nurse practitioner as soon as possible that day.	Parent/Guardian/Emergency Contact
14. Complete <i>Documentation of Monitoring/Documentation of Medical Assessment</i> (Appendix D2) once diagnosis is made. Return to school principal prior to student's return to school.	Parent/Guardian
15. Inform all school staff (e.g. classroom teacher, LRTs, physical education teachers, intramural supervisors, coaches) and volunteers who work with the student of the suspected concussion.	Principal
16. Indicate that the student shall not participate in any learning or physical activities until parent/guardian communicates the results of the medical assessment to the school principal.	Principal

- d. Where signs are NOT observed, symptoms are NOT reported AND student passes Quick Memory Function Assessment (Appendix C) but supervising school staff/volunteers recognized that a possible concussion event occurred.

Action	Responsibility
1. Student to be monitored for 24 hours and removed from physical activity	Supervising School Staff/Volunteers
2. Inform parent/guardian (or emergency contact) of the incident and provide a copy of the <i>Tool to Identify a Suspected Concussion</i> (Appendix C) and the <i>Documentation of Monitoring/Documentation of Medical Assessment</i> (Appendix D2) and inform parent/guardian	Supervising School Staff/Volunteers Parent/Guardian

Action	Responsibility
<p>that the form (Appendix D2) needs to be completed and submitted to principal after the monitoring period is completed. Explain to parent/guardian (or emergency contact) that student</p> <ul style="list-style-type: none"> • will attend school • will not participate in physical activity for a minimum of 24 hours • will be monitored for signs and/or symptoms for 24 hours • will be monitored at school by teachers • will be monitored at home by parents/guardians <p>If any signs or symptoms appear, the student needs to be examined by medical doctor or nurse practitioner as soon as possible on the same day and results shared with principal before return to school.</p> <p>Note: continued monitoring by parent/guardian (beyond 24 hours) may be necessary as signs and/or symptoms may take hours or up to 7 days to emerge</p>	
3. Inform Supervising School Staff/Volunteers if symptoms appear during learning or any activity.	Student
4. If symptoms appear proceed with Action items under “If a concussion is suspected”.	Supervising School Staff/Volunteers & Parent/Guardian/Emergency Contact
5. If sign(s) and/or symptom(s) do not emerge, the student is permitted to resume physical activity after 24 hours. Medical Clearance is not required	Parent/Guardian

5.2 No Concussion Diagnosis

If **NO CONCUSSION** is diagnosed student may resume regular learning and physical activity.

Action	Responsibility
1. Communicate diagnosis to school principal and return completed and signed <i>Documentation of Monitoring/Documentation of Medical Assessment</i> (Appendix D2).	Parent/Guardian
2. Inform all school staff (e.g. classroom teacher, LRTs, physical education teachers, intramural supervisors, recess supervisors, coaches) and volunteers who work with the student of the diagnosis.	Principal
3. File any related written documentation of the incident and results of the medical assessment (e.g. in the student’s OSR).	Principal
4. Resume regular learning and physical activity.	Student

6. Management Procedures for a Diagnosed Concussion:

If a concussion is diagnosed by a medical doctor or nurse practitioner, the student follows a medically supervised, individualized, and gradual Return to School (RTS) and Return to Physical Activity (RTPA) Plan.

Knowledge of how to properly manage a diagnosed concussion is critical in a student's recovery. It is essential in helping to prevent the student from returning to school or unrestricted physical activities too soon, risking further complications. Ultimately, this awareness and knowledge could help contribute to the student's long-term health and academic success.

The management of a student's concussion is a shared responsibility, requiring regular communication between the home, school (Collaborative Team), and outside sports team (where appropriate) with consultation from the student's medical doctor or nurse practitioner.

Other licensed healthcare providers (a healthcare provider who is licensed by a national professional regulatory body to provide concussion-related healthcare services that fall within their licensed scope of practice) may play a role in the management of a diagnosed concussion (e.g., nurses, physiotherapists, chiropractors, and athletic therapists).

6.1 Collaborative Team Approach:

The school collaborative team provides an important role in a student's recovery. In consultation with the parent/guardian, the team identifies the student's needs and provides learning strategies and approaches (consult Appendix B) for the prescribed stages in the Return to School (RTS) and Return to Physical Activity (RTPA) plan. Led by the school principal/designate, the team should include:

- the concussed student;
- the student's parents/guardians;
- school staff and volunteers who work with the student; and,
- the medical doctor or nurse practitioner and/or other licensed healthcare providers (e.g., nurses, physiotherapists, chiropractors, and athletic therapists).

The management of a student concussion is a shared responsibility, requiring regular communication between the Collaborative Team and outside sports team (where appropriate).

Principal will ensure collaborative team understands the importance of not placing undue pressure on concussed student to rush through the return to learn/physical activity steps to avoid prolonged or increased symptoms. Return to learn should proceed slowly and gradually.

One school staff lead (i.e., a member of the collaborative team, either the school principal/designate, or another staff person designated by the school principal) needs to serve as the main point of contact for the Collaborative Team.

The designated School Contact will monitor the student's progress through the Return to School and Return to Physical Activity Plan.

It is important for the designated School Contact, in consultation with other members of the collaborative team, to identify the student's symptoms and the ways they respond to various learning activities in order to develop appropriate strategies and/or approaches that meet the changing needs of the student. School staff and volunteers who work with

the student need to be aware of the possible difficulties (i.e., cognitive, emotional/behavioural) a student may encounter when returning to learning activities following a concussion. These difficulties may be subtle and temporary, but may significantly impact a student's performance (consult Appendix B).

6.2 Completion of the Steps within the Plan:

The members of the collaborative team must factor in special circumstances which may affect the setting in which the steps may occur (i.e., at home and/or school), for example:

- a. the student has a diagnosed concussion just prior to winter break, spring break or summer vacation; in this circumstance, the collaborative team must ensure that the student has:
 - completed RTS Stage 1 – 4b (full day at school without adaptation of learning strategies and/or approaches);
 - completed RTPA Stage 1 – 4 and is symptom free; and
 - obtained a signed Medical Clearance Letter from a medical doctor or nurse practitioner (refer to *Documentation of Medical Clearance* (Appendix F)) that indicates the student is able to return to full participation in Physical Education, intramural activities, Interschool sports (non-contact) and full contact training/practice in contact interschool sports.
- b. the student is neither enrolled in Health and Physical Education class, nor participating on a school team, the collaborative team must ensure that the student has:
 - completed RTS Stage 1 – 4b (full day at school without adaptation of learning strategies and/or approaches);
 - obtained a signed Medical Clearance Letter from a medical doctor or nurse practitioner (refer to *Documentation of Medical Clearance* (Appendix F)) that indicates the student is able to return to full participation in Physical Education, intramural activities, interschool sports (non-contact) and full contact training/practice in contact interschool sports.

6.3 If a Concussion Is Diagnosed:

Parent/Guardian must:

- communicate the diagnosis to school principal;
- return completed and signed *Documentation of Monitoring/Documentation for a Diagnosed Concussion* (Appendix D2); and
- report non-school related concussions.

A Return to School (RTS) and Return to Physical Activity (RTPA) Plan must be initiated and completed.

While the RTS and RTPA stages are inter-related they are not interdependent. A student's progress through the stages of RTS is independent from their progression through the RTPA stages. Different students will progress at different rates.

a. Student is at Home

There are two parts to a student's RTS and RTPA plan. The first part occurs at home and prepares the student for the second part which occurs at school.

The home stages of RTS and RTPA occur under the supervision of the parent/guardian in consultation with the medical doctor or nurse practitioner or other licensed healthcare provider.

Refer to the *Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E 1) for detailed background information, general procedures, instructions on how to complete the plan as well as activities that are permitted and are not permitted throughout the process.

b. Student Returns to School

The School Concussion Management plan occurs at school and where appropriate the RTPA part of the plan may occur at school activities or outside activities under the supervision of the Collaborative Team.

Refer to the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E 2) for general procedures, instructions on how to complete the plan as well as activities that are permitted and are not permitted throughout the process.

c. Return of Symptoms

Action	Responsibility
1. Report any return of symptoms to supervising staff/volunteers	Student
2. During all stages of RTS and in Stages 1-4 of RTPA: <ul style="list-style-type: none"> if symptoms return or new symptoms appear, the student returns to previous stage for a minimum of 24 hours and only participates in activities that can be tolerated. 	Collaborative Team
3. During stages 5 and 6 of RTPA: <ul style="list-style-type: none"> if symptoms return or new symptoms appear, the student must return to medical doctor/nurse practitioner to have the Medical Clearance re-assessed. 	Collaborative Team
4. During all stages of RTS and RTPA if symptoms worsen over time, follow school (collaborative team procedures) for contacting parents/guardians to inform them that the student needs a follow-up medical assessment.	Collaborative Team
If the student requires a medical assessment for return/worsening symptoms	
5. Contact parent/guardian (or emergency contact) to inform of returned symptoms and need for medical assessment on the same day.	Principal or Designate
6. Have student examined by a medical doctor/nurse practitioner as soon as possible on the same day	Parent/Guardian
7. Follow medical doctor/nurse practitioner's recommendations.	Student & Parent/Guardian
8. Inform all school staff, School Contact, and volunteers who work with the student that student has experienced return/worsening of symptoms which requires a medical assessment.	Principal or Designate

6.4 Additional Information Pertaining to the Steps in Diagnosed Concussions

- a. Cognitive or physical activities can cause student's symptoms to reappear.
- b. Steps are not days; each step must take a minimum of 24 hours and the length of time needed to complete each step will vary based on the student and the severity of the concussion.
- c. The signs and symptoms of a concussion often last for 7-10 days, but may last longer in children and adolescents.
- d. Most students who sustain a concussion while participating in sport/physical activities will make a complete recovery and be able to return to full school and sport/physical activities within 1-4 weeks of injury.
- e. Approximately 15-30% of individuals will experience symptoms that persist beyond this time frame.
- f. Individuals who experience persistent post-concussion symptoms (greater than 4 weeks for youth athletes) may benefit from referral to a medically supervised multidisciplinary concussion clinic that has access to professionals with licensed training in traumatic brain injury that may include experts in sport medicine, neuropsychology, physiotherapy, occupational therapy, neurology, neurosurgery, and rehabilitation medicine.
- g. Compared to older students, elementary school children are more likely to complain of physical problems or misbehave in response to cognitive overload, fatigue, and other concussion symptoms.
- h. If a student returns to activity while symptomatic, or before the brain has fully recovered, they are at an increased risk of sustaining another concussion with symptoms that can be prolonged and increased.
- i. Principals, supervising staff, coaches and volunteers must not place pressure on injured students to "Return to School" or "Return to Physical Activity" prematurely.
- j. Parents/guardians must report non-school related concussions.
- k. Return to Learn/Return to Physical Activity steps must be followed regardless of where diagnosed concussion occurred.
- l. It is imperative that open communication be maintained between the collaborative team to ensure successful transition between Return to School (RTS) and Return to Physical Activity (RTPA) stages.

6.5 Encouraging Parent/Guardian Cooperation:

If the Parent/Guardian refuses a physician consultation and/or refuses to adhere to the Student Concussion and Head Injury Policy, the principal will:

- a. Discuss parental concerns (e.g. documentation fees) surrounding the process and attempt to address these concerns.
- b. Provide rationale for the required steps of the Student Concussion and Head Injury Policy.
- c. Include parent/guardian and their child in every step of the recovery process
- d. Provide parents/guardians with concussion information to increase their awareness and knowledge.
- e. Re-iterate the importance of obtaining an official diagnosis from trained physician/nurse practitioner.
- f. Explain to parent/guardian that if a staff member feels immediate medical attention is required, that they are obligated to call 911.
- g. Inform parent/guardian that school is obligated to follow the steps of the "Return to Learn" and "Return to Physical Activity" process.
- h. If unsuccessful in acquiring full parental cooperation seek support from Senior Administration.



Appendix A: Concussion Information for Parents and Students

Context

Knowledge of how to properly manage a diagnosed concussion is critical in a student’s recovery and is essential in helping to prevent the student from returning to school or unrestricted physical activities too soon and risking further complications.

The management of a student’s concussion is a shared responsibility, requiring regular communication between the home, school and outside sports/activities (where appropriate), with consultation from the student’s medical doctor or nurse practitioner.

Concussion Definition

A concussion:

- is a traumatic brain injury that causes changes in how the brain functions, leading to signs and symptoms that can emerge immediately or in the hours or days after the injury;
- may be caused by a significant impact to the head, face, neck or body, that causes the brain to move rapidly and hit the walls of the skull (for a visual description of how a concussion occurs, consult [How a concussion occurs](#));
- signs and symptoms can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional/behavioural (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep);
- can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness); and,
- cannot normally be seen on X-rays, standard CT scans or MRIs.

Common Concussion Signs and Symptoms

Following a significant impact to the head, face, neck or body, a concussion should be suspected with the presence of any one or more of the following signs or symptom:

Presence of ANY Red Flag sign(s) and or symptom(s) – Call 911.

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

Other Concussion Signs: Visual cues (what you see).

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

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Other Concussion Symptoms: What the student is saying (what you hear).

Headache	Blurred vision	More emotional	Difficulty concentrating
“Pressure in head”	Sensitivity to light	More irritable	Difficulty remembering
Balance problems	Sensitivity to noise	Sadness	Feeling slowed down
Nausea	Fatigue or low energy	Nervous or anxious	Feeling like “in a fog”
Drowsiness	‘don’t feel right”	Dizziness	

➤ **IF ANY SIGN(S) OR SYMPTOM(S) WORSEEN, CALL 911**

Concussion Diagnosis and Management

Medical doctors and **nurse practitioners** are the only healthcare professionals in Canada with licensed training and expertise to diagnose a concussion; therefore, all students with a suspected concussion should undergo evaluation by one of these professionals.

Other licensed healthcare providers (Examples include nurses, physiotherapists, chiropractors, and athletic therapists) may play a role in the management of a diagnosed concussion.

Second Impact Syndrome

Research suggests that a child or youth who suffers a second concussion before he or she is symptom-free from the first concussion is susceptible to a prolonged period of recovery, and possibly **Second Impact Syndrome** – a rare condition that causes rapid and severe brain swelling and often catastrophic results.

Additional Information:

- Signs and symptoms can appear immediately after the injury or may take hours or days to emerge. It is possible for symptoms to take up to 7 days to appear.
- Most students who sustain a concussion while participating in sport/physical activities will make a complete recovery and be able to return to full school and sport/physical activities within 1-4 weeks of injury.
- Individuals who experience ongoing concussion symptoms beyond 4 weeks (for youth athletes) may benefit from referral to a medically supervised multidisciplinary concussion clinic that has access to professionals with licensed training in traumatic brain injury that may include experts in sport medicine, neuropsychology, physiotherapy, occupational therapy, neurology, neurosurgery, and rehabilitation medicine.
- Signs and symptoms may be different for everyone.
- A student may be reluctant to report symptoms because of a fear that they will be removed from the activity, their status on a team or in a game could be jeopardized, or academics could be impacted.
- It may be difficult for students with special needs or those for whom English/French is not their first language to communicate how they are feeling.
- Signs for younger students (under the age of 10) may not be as obvious as in older students.

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Information for Parents/Guardians when a concussion is suspected

A student with a suspected concussion will NOT participate in any physical activity for a duration of 24 hours.

Student <i>has</i> signs and symptoms:	Student <i>has no</i> obvious signs or symptoms (student will be monitored because the supervising school staff/volunteers recognized that a possible concussion event occurred):
<p>Parent/Guardian will be:</p> <ul style="list-style-type: none"> • provided with appropriate documentation; • informed that the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day; and • informed that they need to communicate to the school principal the results of the medical assessment prior to the student returning to school. <p><u>If no concussion is diagnosed:</u> the student may resume regular learning and physical activities.</p> <p><u>If a concussion is diagnosed:</u> the student follows a medically supervised, individualized and gradual Return to School (RTS) and Return to Physical Activity (RTPA) Plan with support from the school team.</p>	<p>Parent/Guardian will be:</p> <ul style="list-style-type: none"> • provided with appropriate documentation; • informed that the student will: <ul style="list-style-type: none"> o attend school; o not participate in physical activity for a minimum of 24 hours; o be monitored for signs and/or symptoms for 24 hours; o be monitored at school by teachers; and o be monitored at home by parents/guardians. • informed that monitoring information needs to be shared with the principal after the monitoring period is completed. • if any signs or symptoms emerge, the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.

Management for a Diagnosed Concussion

If a concussion is diagnosed by a medical doctor or nurse practitioner, the student follows a medically supervised, individualized, and gradual Return to School (RTS) and Return to Physical Activity (RTPA) Plan.

There are two parts to a student’s RTS and RTPA plan. The first part occurs at home and prepares the student for the second part which occurs at school.

For more information visit www.granderie.ca (select Elementary/Secondary > Concussion Information)



Appendix B: Return to Learn Strategies Approaches

COGNITIVE DIFFICULTIES		
Post-Concussion Symptoms	Impact on Student's Learning	Potential Strategies and/or Approaches
Headache and Fatigue	<ul style="list-style-type: none"> Difficulty concentrating, paying attention or multitasking 	<ul style="list-style-type: none"> ensure instructions are clear (e.g., simplify directions, have the student repeat directions back to the teacher) allow the student to have frequent breaks, or return to school gradually (e.g., 1-2 hours, half-days, late starts) keep distractions to a minimum (e.g., move the student away from bright lights or noisy areas) limit materials on the student's desk or in their work area to avoid distractions provide alternative assessment opportunities (e.g., give tests orally, allow the student to dictate responses to tests or assignments, provide access to technology)
Difficulty remembering or processing speed	<ul style="list-style-type: none"> Difficulty retaining new information, remembering instructions, accessing learned information 	<ul style="list-style-type: none"> provide a daily organizer and prioritize tasks provide visual aids/cues and/or advance organizers (e.g., visual cueing, non-verbal signs) divide larger assignments/assessments into smaller tasks provide the student with a copy of class notes provide access to technology repeat instructions provide alternative methods for the student to demonstrate mastery
Difficulty paying attention/ concentrating	<ul style="list-style-type: none"> Limited/short-term focus on schoolwork Difficulty maintaining a regular academic workload or keeping pace with work demands 	<ul style="list-style-type: none"> coordinate assignments and projects among all teachers use a planner/organizer to manage and record daily/weekly homework and assignments reduce and/or prioritize homework, assignments and projects extend deadlines or break down tasks facilitate the use of a peer note taker provide alternate assignments and/or tests check frequently for comprehension consider limiting tests to one per day and student may need extra time or a quiet environment

EMOTIONAL/BEHAVIOURAL DIFFICULTIES		
Post-Concussion Symptoms	Impact on Student's Learning	Potential Strategies and/or Approaches
Anxiety	<ul style="list-style-type: none"> Decreased attention/concentration Overexertion to avoid falling behind 	<ul style="list-style-type: none"> inform the student of any changes in the daily timetable/schedule adjust the student's timetable/schedule as needed to avoid fatigue (e.g., 1-2 hours/periods, half-days, full-days) build in more frequent breaks during the school day provide the student with preparation time to respond to questions
Irritable or Frustrated	<ul style="list-style-type: none"> Inappropriate or impulsive behaviour during class 	<ul style="list-style-type: none"> encourage teachers to use consistent strategies and approaches acknowledge and empathize with the student's frustration, anger or emotional outburst if and as they occur reinforce positive behaviour provide structure and consistency on a daily basis prepare the student for change and transitions set reasonable expectations anticipate and remove the student from a problem situation (without characterizing it as punishment)
Light/Noise sensitivity	<ul style="list-style-type: none"> Difficulties working in classroom environment (e.g., lights, noise, etc.) 	<ul style="list-style-type: none"> arrange strategic seating (e.g., move the student away from window or talkative peers, proximity to the teacher or peer support, quiet setting) where possible provide access to special lighting (e.g., task lighting, darker room) minimize background noise provide alternative settings (e.g., alternative work space, study carrel) avoid noisy crowded environments such as assemblies and hallways during high traffic times allow the student to eat lunch in a quiet area with a few friends where possible provide ear plugs/headphones, sunglasses
Depression/Withdrawal	<ul style="list-style-type: none"> Withdrawal from participation in school activities or friends 	<ul style="list-style-type: none"> build time into class/school day for socialization with peers partner student with a "buddy" for assignments or activities

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Appendix C: Tool to Identify a Suspected Concussion

This tool is a quick reference, to support identifying a suspected concussion and to communicate this information to parent/guardian

Identification of Suspected Concussion

Following a significant impact to the head, face, neck, or body that is either observed or reported, a concussion must be suspected in the presence of **any one or more** of the signs or symptoms outlined below **and/or** the failure of the Quick Memory Function Assessment.

First, assess the danger to the victim and the rescuer, and then check airway, breathing and circulation.

COMPLETE APPROPRIATE STEPS BELOW.

An incident occurred involving _____ student name _____ on _____ date _____ at _____ time _____

They were observed for signs and symptoms of a concussion.

- No signs or symptoms described below were noted at the time of assessing the student/athlete.
Note: Continued monitoring of the student/athlete is important as signs and symptoms of a concussion may appear hours or days later (refer to Step D).
- The following signs were observed or symptoms reported (refer to Step A or Step B).

STEP A

If any one or more of the following **Red Flag** sign(s) or symptom(s) are present, call 911. Then call parents/guardians/emergency contact. Follow the Risk Management Advisory-Transporting Students to Hospital/Urgent Care.

Red Flag(s) sign(s) and/or symptoms.

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

If **Red Flag(s) are** identified, complete only Step D – Action to be taken.

Please **complete** the following steps if Red Flag(s) have **not** been identified.



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STEP B

Other Sign(s) and Symptoms(s)

If red flag(s) are not identified continue and complete the following steps (as applicable) and Step D – Action to be taken.

STEP B1

Other Concussion Signs

Check for visual cues (what you see).

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

STEP B2

Other Concussion Symptoms reported (what the student is saying)

Check for what the student feels.

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

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

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STEP C: Perform Quick Memory Function Assessment

Ask the student the following questions and record the answers below. Failure to answer any one of these questions correctly may indicate a concussion.

Note: It may be difficult for younger students (under the age of 10), students with special needs or students for whom English is not their first language to communicate how they are feeling. Select the most appropriate questions for the student based on their ability to respond.

Primary/Junior:

- What is your name? *Answer:* _____
- How old are you? *Answer:* _____
- What grade are you in? *Answer:* _____
- What is your teacher’s name? *Answer:* _____
- Other _____ Answer _____

Intermediate/Senior:

- What room are we in right now? *Answer:* _____
- What activity/sport/game are we playing now? *Answer:* _____
- What field are we playing on today? *Answer:* _____
- What part of the day is it? *Answer:* _____
- What is the name of your teacher/coach? *Answer:* _____
- What school do you go to? *Answer:* _____

Comments:

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STEP D: Action to be taken

- Red Flag(s)** sign(s) observed and/or symptom(s) reported and EMS called. Parent/guardian (or emergency contact) contacted. Follow the **Risk Management Advisory-Transporting Students to Hospital/Urgent Care**.
- Signs observed or Symptoms reported:**

If there are **any** signs observed or symptoms reported, or if the student/athlete fails to answer any of the above questions correctly:

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

In all cases of a suspected concussion, the student/athlete must be examined by a medical doctor or nurse practitioner for diagnosis and must follow the Student Concussion and Head Injury Policy.

- No signs observed or symptoms reported:**
 - Student to be monitored for 24 hours and removed from physical activity (where sign(s) and/or symptom(s) were not identified but a possible concussion event was recognized by supervising school staff/volunteers).
 - Monitoring of the student/athlete to take place at home by parents and at school by school staff.
 - To monitor for signs and symptoms parents/guardians can refer to Step A and B on the front of this information form.
 - If any signs or symptoms emerge, the student/athlete needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.

Comments:

School Contact/Teacher Advisor Name: _____ **Date** _____

Following the completion of this form (Appendix C), an OSBIE Incident Report form must be completed, indicating that the tool has been completed and the parent/guardian has received copies of Appendix C and Appendix D2.

Under the direction of the *Ontario Ministry of Education* and under the legal authority of the *Education Act*, the Grand Erie District School Board collects this information in order to fulfil its commitment to promoting the health and safety of students by raising awareness, identification, and prevention of concussion injuries, and managing diagnosed concussions. In accordance with the *Municipal Freedom of Information and Protection of Privacy Act* this information will be used solely to assess the student's *Return to Learn and Return to Physical Activity*. It will be retained in the Ontario Student Record [OSR] for one year after the student graduates or transfers out of the school. The Ministry of Education may also request school reports on concussion activity. If you have any questions or concerns about the collection of information on this form, please contact the school principal.

***The original copy is filed with the principal**

***Duplicate copy provided to parent/guardian**

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Retention: E + 1 yr (E = retirement or graduation of student)

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Appendix D1: Emergency Action Plan for Concussion and Head Injury

After a significant impact to the head, face or neck or elsewhere on the body has been observed or reported, and the individual (for example, teacher/coach) responsible for that student suspects a concussion, the following actions must be taken immediately:

**First, assess the danger to the victim and the rescuer.
Then, check Airway, Breathing and Circulation.**

If any Red Flag sign(s) and or symptom(s) are present:

- Stop the activity immediately – assume there is a concussion.
- Initiate Emergency Action Plan for Concussion and Head Injury and call 911.
- Assume there is a possible neck injury and, only if trained, immobilize the student before emergency medical services arrive.
 - Do not remove athletic equipment (e.g., helmet) unless there is difficulty breathing.
- Stay with the student until emergency medical services arrive.
- Contact the student's parent/guardian (or emergency contact) to inform them of the incident and that emergency medical services have been contacted.
- Monitor and document any changes (i.e., physical, cognitive, emotional/behavioural) in the student.
- If the student has lost consciousness and regains consciousness, encourage him/her to remain calm and to lie still. Do not administer medication (unless the student requires medication for other conditions – e.g., insulin for a student with diabetes).
- Complete the *Tool to identify a Suspected Concussion* (Appendix C) and, if present, provide duplicate copy to parent/guardian retaining a copy.
- If present, provide the parent/guardian a copy of the Documentation of Monitoring/*Documentation of Medical Assessment*(Appendix D2) and inform parent/guardian that form needs to be completed and submitted to principal prior to student's return to school.
- Complete all necessary Board injury reports (i.e. OSBIE, Critical Injury), inform principal of suspected concussion, and forward copy of the completed and signed *Tool to Identify a Suspected Concussion* (Appendix C).

If there are no Red Flag sign(s) and or symptom(s), follow the actions listed below.

- Stop the activity immediately.
- Initiate Emergency Action Plan for Concussion and Head Injury.
- When the student can be safely moved, remove him/her from the current activity or game.
- Conduct an initial concussion assessment of the student (i.e., check for common signs and symptoms of concussion using the *Tool to Identify a Suspected Concussion* (Appendix C)).

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If Signs are Observed or Symptoms are reported:

- A concussion should be suspected – do not allow the student to return to play in the activity, game or practice that day even if the student states that they are feeling better.
- Contact the student’s parent/guardian (or emergency contact) to inform them:
 - of the incident;
 - that they need to come and pick up the student;
 - that the student must not:
 - drive a motor vehicle until cleared to do so by a medical doctor or a nurse practitioner;
 - take medications except for life threatening medical conditions (for example, diabetes, asthma).that the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.
- Monitor and document any changes (i.e., physical, cognitive, emotional/behavioural) in the student. If any signs or symptoms worsen, call 911.
 - Refer to your board’s injury report form for documentation procedures.
- Stay with the student until their parent/guardian (or emergency contact) arrives.
- Information to be provided to the Parent/Guardian:
 - A copy of the *Tool to Identify a Suspected Concussion* (Appendix C).
 - A copy of the *Documentation of Monitoring/Documentation of Medical Assessment*(Appendix D2) and inform parent/guardian that the form needs to be completed and submitted to principal prior to student’s return to school.
- Complete OSBIE incident report, inform principal of suspected concussion, and forward copy of the completed *Tool to Identify a Suspected Concussion* (Appendix C) to principal.

If Signs are Not Observed or Symptoms are Not Reported but the Supervising School Staff/Volunteers recognized that a possible concussion event occurred:

- Student to be removed from physical activity.
- The student’s parent/guardian (or emergency contact) must be contacted and informed of the incident.
- Information to be provided to the Parent/Guardian:
 - Student will attend school
 - Student will not participate in physical activity for a minimum of 24 hours
 - Student will be monitored for signs and/or symptoms for 24 hours at school by teachers and at home by parents/guardians
 - A copy of the *Tool to Identify a Suspected Concussion* (Appendix C).
 - A copy of the *Documentation of Monitoring/Documentation of Medical Assessment*(Appendix D2) and inform parent/guardian that the form needs to be completed and submitted to principal after the monitoring period is completed.
 - If any signs or symptoms emerge, the student needs to be examined by a physician/nurse practitioner as soon as possible that day and results shared with principal before return to school.

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Appendix D2: Documentation of Monitoring/Medical Assessment Form

This form is provided to the parent/guardian, in conjunction with [Appendix C - Tool to Identify a Suspected Concussion](#)

MONITORING FORM

_____ Student name _____ Date _____ sustained a significant impact to the head, face or neck or elsewhere on the body (observed or reported), and the individual responsible for that student suspects a concussion.

Results of initial assessment using Tool to Identify a Suspected Concussion:

NO SIGNS OR SYMPTOMS OBSERVED AT TIME OF INCIDENT.

Signs or symptoms can occur later within a 24-hour period. Your child is **not** to participate in physical activity for a **24-hour period**. While at home parent/guardian is to monitor their child using the *Tool to Identify a Suspected Concussion (Appendix C)*. School Staff will monitor the student/athlete while at school.

Actions: If no signs/symptoms occur during the monitoring period, parent/guardian is to complete the Results of Monitoring section and submit the *Documentation of Monitoring/Documentation of Medical Assessment (Appendix D2)* to the principal after the monitoring period is completed.

Results of Monitoring

As the parent/guardian, my child has been observed for the 24-hour period, and no signs/symptoms have been observed.

Parent/Guardian Signature: _____ Date: _____

Comments:

If signs or symptoms are observed within the 24-hour monitoring period, please fill out the Medical Assessment Form to follow.

MEDICAL ASSESSMENT FORM

Student Name: _____ *Date:* _____

Your child must be seen by a medical doctor or nurse practitioner as soon as possible with the results of Medical Examination form (to follow) returned to the school principal after medical assessment.

SIGNS OR SYMPTOMS were observed or reported by the individual responsible your child

Results of Medical Assessment

- My child has been examined and **a concussion has not** been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions.
- My child has been assessed and a concussion has not been diagnosed but the assessment led to the following diagnosis and recommendations:

- My child has been examined and **a concussion has been diagnosed** and therefore must begin a medically supervised, individualized and gradual Return to School (RTS) and Return to Physical Activity (RTPA) Plan.

Medical Doctor/Nurse Practitioner providing assessment

Name: _____

Phone Number: _____

Parent/Guardian

Parent/Guardian Signature: _____ *Date:* _____

Comments:

Under the direction of the *Ontario Ministry of Education* and under the legal authority of the *Education Act*, the Grand Erie District School Board collects this information in order to fulfil its commitment to promoting the health and safety of students by raising awareness, identification, and prevention of concussion injuries, and managing diagnosed concussions. In accordance with the *Municipal Freedom of Information and Protection of Privacy Act* this information will be used solely to assess the student's Return to Learn and Return to Physical Activity. It will be retained in the Ontario Student Record [OSR] for one year after the student graduates or transfers out of the school. The Ministry of Education may also request school reports on concussion activity. If you have any questions or concerns about the collection of information on this form, please contact the school principal.

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Original Filed in OSR

Retention: E + 1 yr (E = retirement or graduation of student)

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Appendix E 1: Concussion Management -Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan

Student Name: _____ *Date:* _____

This form is to be used by parents/guardians to track and to communicate to the school the student's progress through the stages of the Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan following a diagnosed concussion.

- Each stage must take a minimum of 24 hours.
- All stages must be followed.

Background Information on the Concussion Recovery Process

A student with a diagnosed concussion needs to follow an individualized and gradual RTS and RTPA Plan. In developing the Plan, the RTS process is individualized to meet the particular needs of the student, as there is not a pre-set plan of strategies and/or approaches to assist a student returning to their learning activities. In contrast the RTPA Plan follows an internationally recognized graduated approach.

The management of a student concussion is a shared responsibility, requiring regular communication between the Collaborative Team* and outside sports team (where appropriate).

- * *The Collaborative Team consists of the student, parents/guardians, staff and volunteers working with the student with consultation from the student's medical doctor or nurse practitioner and/or other licensed healthcare providers (for example, nurses, physiotherapists, chiropractors and athletic therapists).*

There are two parts to a student's RTS and RTPA Plan. The first part of the plan occurs at home (refer to the *Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan (Appendix E 1)*) and prepares the student for the second part which occurs at school (refer to the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan (Appendix E 2)*).

General Procedures for Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan

➤ **This Plan does not replace medical advice.**

1. The home part of the plan begins with the Parent/Guardian communicating the diagnosis to school principal. Reporting non-school related concussions as well.
2. The school principal or designate will communicate information on the stages of RTS and RTPA Plan that occur at home.
3. The stages of the plan occur at home under the supervision of the parent/guardian in consultation with the medical doctor/nurse practitioner and/or other licensed healthcare providers.

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4. A student moves forward to the next stage when activities at the current stage are tolerated and the student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
5. If **symptoms return**, or **new symptoms appear at any stage** in the Home Preparation for RTS and RTPA Plan, the student returns to previous stage for a **minimum of 24 hours** and only participates in activities that can be tolerated.
6. If at any time **symptoms worsen**, the student/parent/guardian contacts medical doctor/nurse practitioner or seeks medical help immediately.
7. While the RTS and RTPA stages are inter-related they are not interdependent. Students do not have to go through the same stages of RTS and RTPA at the same time. However, **before a student can return to school** to start the second part of the plan (Appendix E 2) they must have completed RTS Stage 2 and RTPA Stage 2b.
8. A student must not return to vigorous or organized physical activities where the risk of re-injury is possible, until they have successfully completed all stages of the Return to School Plan. Early introduction of some low intensity physical activity in controlled and predictable environments with no risk of re-injury is appropriate.
9. Progression through the Plan is individual; timelines and activities may vary.
10. Prior to the student returning to school the principal will identify and inform members of the collaborative team and designate a staff member to serve as the main point of contact for the student and the collaborative team.

INSTRUCTIONS

- Review the activities (permitted and not permitted) at each stage prior to beginning the Plan.
- Check (✓) the boxes at the completion of each stage to record student's progress through the stages.
- A student may progress through the RTS stages at a faster or slower rate than the RTPA stages.
- When the student has successfully completed all stages of the Home Preparation for RTS and RTPA Plan, parent(s)/guardian(s) must sign and date this form.
- Communicate to the school principal/designate that the student is ready to begin the school portion of the RTS and RTPA Plan (Appendix E 2).

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Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan

Home Preparation for Return to School (RTS) Stages	Home Preparation for Return to Physical Activity (RTPA) Stages
Each stage must last a minimum of 24 hours.	Each stage must last a minimum of 24 hours.
<p><u>RTS–Initial Rest</u> 24 – 48 hours of relative cognitive rest (sample activities below): <u>Sample activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Short board/card games ✓ Short phone calls ✓ Photography (with camera) ✓ Crafts <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ TV ✗ Device use (e.g., computer, laptop, tablet, iPad, cell phone) ✗ Video games ✗ Reading ✗ Attendance at school or school-type work 	<p><u>RTPA –Initial Rest</u> 24 – 48 hours of relative physical rest (sample activities below): <u>Sample activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Limited movement that does not increase heart rate or break a sweat ✓ Moving to various locations in the home ✓ Daily hygiene activities <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Physical exertion (increases breathing and heart rate and sweating) ✗ Stair climbing other than to move locations throughout the home ✗ Sports/sporting activity
<p>Student moves to RTS Stage 1 when:</p> <p><input type="checkbox"/> Symptoms start to improve or after resting 2 days maximum, or whichever occurs first.</p>	<p>Student moves to RTPA Stage 1 when:</p> <p><input type="checkbox"/> Symptoms start to improve or after resting 2 days maximum, or whichever occurs first.</p>
Stage 1	
<p><u>RTS – Stage1</u> Light cognitive (thinking/memory/knowledge) activities (as per activities permitted listed below). Gradually increase cognitive activity up to 30 minutes. Take frequent breaks.</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ Easy reading (for example, books, magazines, newspaper) ✓ Limited TV ✓ Limited cell phone conversations ✓ Drawing/building blocks/puzzles ✓ Some contact with friends <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Device use (e.g., computer, laptop, tablet, iPad, cell phone) ✗ Attendance at school or school-type work 	<p><u>RTPA – Stage1</u> Light physical activities (as per activities permitted listed below) that do not provoke symptoms. Movements that can be done with little effort (do not increase breathing and/or heart rate or break a sweat).</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Daily household tasks (for example, bed-making, dishes, feeding pets, meal preparation) ✓ Slow walking for short time <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Physical exertion (increased breathing and/heart rate and sweating) ✗ Sports/sporting activity ✗ Stair climbing, other than to move locations throughout the home

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Retention: E + 1 yr (E = retirement or graduation of student)

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<p>Student moves to RTS Stage 2 when:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student tolerates 30 minutes of light cognitive activity (for example a student should be able to complete 3-4 of the permitted activities listed above) and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms. <input type="checkbox"/> Student has completed a minimum of 24 hours at RTS – Stage 1. 	<p>Student moves to RTPA Stage 2a when:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student tolerates light physical activities (completes both activities above) and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms. <input type="checkbox"/> Student has completed a minimum of 24 hours at RTPA – Stage 1
<ul style="list-style-type: none"> <input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms and must return to the previous stage for a minimum of 24 hours. <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner. 	<ul style="list-style-type: none"> <input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms and must return to the previous stage for a minimum of 24 hours. <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
<p>Stage 2</p>	
<p><u>RTS -Stage 2</u> Gradually add cognitive activity (as per activities permitted listed below). When light cognitive activity is tolerated, introduce school work (at home and facilitated by the school). <u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ School-type work in 30-minute increments ✓ Crosswords, word puzzles, Sudoku, word search ✓ Limited device use (for example, computer, laptop, tablet, iPad)/cell phone (for example, texting/games/photography) starting with shorter periods and building up as tolerated <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ School attendance 	<p><u>RTPA –Stage 2a</u> Daily activities that do not provoke symptoms. Add additional movements that do not increase breathing and heart rate or break a sweat. <u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ Light physical activity for example, use of stairs ✓ 10-15 minutes slow walking 1-2x per day inside and outside (weather permitting) <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Physical exertion (increases breathing and/heart rate and sweating) ✗ Sports ✗ Sporting activities
<p>Student moves to RTS Stage 3a when:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student tolerates the additional cognitive activity (for example a student should be able to complete 3-4 of the activities permitted) and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms. <input type="checkbox"/> Student has completed a minimum of 24 hours at RTS – Stage 2. 	<p>Student moves to RTPA Stage 2b when:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student tolerates daily physical activities (completes activities permitted listed above) and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms. <input type="checkbox"/> Student has completed a minimum of 24 hours at RTPA – Stage 2a.
<ul style="list-style-type: none"> <input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms and must return to the previous stage for a minimum of 24 hours. 	<ul style="list-style-type: none"> <input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms and must return to the previous stage for a minimum of 24 hours.

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

Parent/Guardian communicates to school principal (by completing the following information on this form) that the student has completed RTS Stage 2 and RTPA Stage 2b and is ready to return to school and begin the school part of the Return to School and Return to Physical Activity Plan.

My child has successfully completed all of the stages of the Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) and is ready to return to school

Parent/Guardian Signature: _____ **Date:** _____

Comments:

The school part of the plan begins with:

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Retention: E + 1 yr (E = retirement or graduation of student)

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- Communication from the principal or designate to the Parent/Guardian to provide information on:
 - the school part of the RTS and RTPA Plan (Appendix E 2)
 - Collaborative Team participants and parent/guardian role on the team
- A student assessment to determine possible strategies and/or approaches for student learning

Under the direction of the *Ontario Ministry of Education* and under the legal authority of the *Education Act*, the Grand Erie District School Board collects this information in order to fulfil its commitment to promoting the health and safety of students by raising awareness, identification, and prevention of concussion injuries, and managing diagnosed concussions. In accordance with the *Municipal Freedom of Information and Protection of Privacy Act* this information will be used solely to assess the student's Return to Learn and Return to Physical Activity. It will be retained in the Ontario Student Record [OSR] for one year after the student graduates or transfers out of the school. The Ministry of Education may also request school reports on concussion activity. If you have any questions or concerns about the collection of information on this form, please contact the school principal.

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Appendix E 2: School Concussion Management - Return to School (RTS) and Return to Physical Activity (RTPA) Plan

This form is to be used by parents/guardians and the school Collaborative Team to communicate and track a student's progress through the stages of the Return to School and Return to Physical Activity Plan following completion of Home Preparation for Return to School and Return to Physical Activity. The RTS and RTPA Plan is to be used with the GEDSB Student Concussion and Head Injury Resource Package (section 6 - Management Procedures for a Diagnosed Concussion)

- Each stage must take a **minimum of 24 hours**.
- All steps must be followed.

General procedures for School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan

➤ **The Plan does not replace medical advice.**

1. The school part of the plan begins with a parent/guardian and principal or designate communicating information on:
 - the school part of the RTS and RTPA Plan (Appendix E 2);
 - the Collaborative Team members and their role
2. A student conference will be established to determine the individualized RTS and RTPA Plan and to identify:
 - the RTS learning strategies and/or approaches required by the student based on the post-concussion symptoms
 - the best way to provide opportunities for the permissible activities.
3. The need to report any return of symptoms to supervising staff/volunteer should be emphasized to the student and parent/guardian.
4. The stages of the General Procedures for School Concussion Management plan occur at school and where appropriate the RTPA part of the plan may occur during school activities or outside activities
5. For the student who is participating in activities outside of the school, communication is essential between the parent/guardian/student, activities supervisor and the collaborative team members.
6. Stages within the plan:
 - Stages are not days – each stage must take a **minimum of 24 hours**
 - The length of time needed to complete each stage will vary based on the student and the severity of the concussion.
 - A student who has no symptoms when they return to school must progress through all of the RTS stages and RTPA stages and remain symptom free for a minimum of 24 hours in each stage prior to moving to the next stage.
 - Completion of the plan may take 1-4 weeks.
7. The Collaborative Team will closely monitor student for the return of any concussion symptoms and/or deterioration of work habits and performance.
8. A student moves forward to the next stage when activities at the current stage are tolerated and the student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.

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9. A student's progression through the stages of RTS is **independent** from their progression through the RTPA stages.
10. Medical clearance by a doctor/nurse practitioner is required **prior** to beginning Stage 5 of RTPA (*Documentation for Medical Clearance* Appendix F).
11. Until a student has successfully completed all stages in the RTS plan they must not participate in the following physical activities where the risk of re-injury is possible:
 - full participation in the physical education curricular program;
 - intramural activities;
 - full participation in non-contact interschool activities; or
 - participation in practice for a contact sport.
12. Upon completion of the RTS and RTPA Plan, this form is returned to the principal or designate for filing in the OSR.

Return of Symptoms

- The student and the parent/guardian will report any return of symptoms to supervising staff/volunteers
- During all stages of RTS and in Stages 1-4 of RTPA:
 - o if symptoms return or new symptoms appear, the student returns to previous stage for a **minimum of 24 hours** and only participates in activities that can be tolerated.
- After Medical Clearance, during stages 5 and 6 of RTPA:
 - o if symptoms return or new symptoms appear, the student **must return to medical doctor/nurse practitioner** to have the Medical Clearance re-assessed.
- During all stages of RTS and RTPA, if symptoms worsen over time, follow the school's collaborative team procedures for contacting parents/guardians to inform them that the student needs a follow-up medical assessment.

Students requires a medical assessment for return/worsening symptoms

- When there is a return/worsening of symptoms the principal or designate contacts parent/guardian (or emergency contact) to inform of returned/worsened symptoms and the possible need for medical assessment on the same day.
- The collaborative team is to be informed and to follow the medical doctor/nurse practitioner's treatment recommendations.

Instructions: At each stage, this form will be exchanged between the school and home.

- Review the activities (permitted and not permitted) at each stage prior to beginning the Plan.
- School provides appropriate activities and documents student's progress by checking (✓), dating, initialing completion of each stage and communicating information (form) to parent/guardian.
- Within each stage, parent/guardian completes, checks (✓), dates, and signs the student's tolerance to those activities giving permission for the student to progress to the next stage and returns completed form to school.
- Principal or designate will inform all school staff when the student:
 - o is able to advance to the next stage
 - o must return to the previous stage
 - o must be medically assessed
 - o has completed the plan

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School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan

Return to School (RTS) Stages	Return to Physical Activity (RTPA) Stages
Stage 3	
<p><u>RTS - Stage 3a</u> Student begins with an initial length of time at school of 2 hours.</p> <p>The individual RTS Plan is developed by Collaborative Team following the student conference and assessment of the student’s individual needs determining possible strategies and/or approaches for student learning (refer to Appendix B: Return to Learn Approaches).</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ School work for up to 2 hours per day in smaller chunks (completed at school) working up to a 1/2 day of cognitive activity ✓ Adaptation of learning strategies and/or approaches <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Tests/exams ✗ Homework ✗ Music class ✗ Assemblies ✗ Field trips 	<p><u>RTPA –Stage 3</u> Simple locomotor activities/sport-specific exercise to add movement.</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage (20-30 minutes walking/stationary cycling/elliptical/recreational dancing at a moderate pace) ✓ Simple individual drills (e.g., running/throwing drills, skating drills in hockey, shooting drills in basketball) in predictable and controlled environments with no risk of re-injury ✓ Restricted recess activities (e.g., walking) <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Full participation in physical education or DPA ✗ Participation in intramurals ✗ Full participation in interschool practices ✗ Interschool competitions ✗ Resistance or weight training ✗ Body contact or head impact activities (e.g., heading a soccer ball) ✗ Jarring motions (e.g., high speed stops, hitting a baseball with a bat)
<p>School</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has demonstrated they can tolerate up to a half day of cognitive activity. <input type="checkbox"/> E 2 sent home to parent/guardian. <p>School Initials (e.g., collaborative team Lead/designate): _____</p> <p>Date: _____</p>	<p>School</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has demonstrated they can tolerate simple individual drills/sport-specific drills as listed in permitted activities. <input type="checkbox"/> E 2 sent home to parent/guardian. <p>School Initials (e.g., collaborative team lead/designate): _____</p> <p>Date: _____</p>
<p>Home</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms. <input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours. <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner. 	<p>Home</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms. <input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours. <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.

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<input type="checkbox"/> E 2 sent back to school. Parent/Guardian: Signature: _____ Date: _____ Comments: _____	<input type="checkbox"/> E 2 sent back to school. Parent/Guardian: Signature: _____ Date: _____ Comments: _____
<p>RTS - Stage 3b Student continues attending school half time with gradual increase in school attendance. Gradual increase in school work and a decrease in the adaptation of learning strategies and/or approaches.</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ School work for 4-5 hours per day, in smaller chunks (e.g., 2-4 days of school/week) ✓ Homework – up to 30 minutes per day ✓ Decrease adaptation of learning strategies and/or approaches ✓ Classroom testing with accommodations <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Standardized tests/exams 	
<p>School</p> <input type="checkbox"/> Student has demonstrated they can tolerate up to 4-5 hours of the cognitive activities listed above. <input type="checkbox"/> E 2 sent home to parent/guardian. School Initials (e.g., collaborative team Lead/designate): _____ Date: _____	
<p>Home</p> <input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms. <input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours. <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner. <input type="checkbox"/> E 2 sent back to school. Parent/Guardian: Signature: _____ Date: _____ Comments: _____	

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Stage 4	
<p><u>RTS– Stage 4 a</u> Full day school, minimal adaptation of learning strategies and/or approaches. Nearly normal workload.</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ Nearly normal cognitive activities ✓ Routine school work as tolerated ✓ Minimal adaptation of learning strategies and/or approaches <ul style="list-style-type: none"> • Start to eliminate adaptation of learning strategies and/or approaches • Increase homework to 60 minutes per day • Limit routine testing to one test per day with accommodations (e.g., supports - such as more time) <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Standardized tests/exams 	<p><u>RTPA –Stage 4</u> Progressively increase physical activity. Non-contact training drills to add coordination and increased thinking.</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ More complex training drills (e.g., passing drills in soccer and hockey) ✓ Physical activity with no body contact (e.g., dance, badminton) ✓ Participation in practices for noncontact interschool sports (no contact) ✓ Progressive resistance training may be started ✓ Recess – physical activity running/games with no body contact ✓ DPA (elementary) <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Full participation in physical education Participation in intramurals ✗ Body contact or head impact activities (e.g., heading a soccer ball) ✗ Participation in interschool contact sport practices, or interschool games/competitions (non-contact and contact)
<p>School</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has demonstrated they can tolerate a full day of school and a nearly normal workload with minimal adaptation of learning strategies and/or approaches. <input type="checkbox"/> E 2 sent home to parent/guardian. <p>School Initials (e.g., collaborative team Lead/designate): _____</p> <p>Date: _____</p>	<p>School</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has completed the activities in RTPA Stage 4 as applicable. <input type="checkbox"/> E 2 sent home to parent/guardian. <input type="checkbox"/> Documentation for Medical Clearance (Appendix F) sent home to parent/guardian. <p>School Initials (e.g., collaborative team lead/designate): _____</p> <p>Date: _____</p>
<p>Home</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms. <input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours. <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner. <input type="checkbox"/> E 2 sent back to school. 	<p>Home</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms. <input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours. <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner. <input type="checkbox"/> E 2 sent back to school.

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Parent/Guardian:	Parent/Guardian:
Signature: _____	Signature: _____
Date: _____	Date: _____
Comments: _____	Comments: _____
<p>RTS - Stage 4b At school: full day, without adaptation of learning strategies and/or approaches</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Normal cognitive activities ✓ Routine school work ✓ Full curriculum load (attend all classes, all homework, tests) ✓ Standardized tests/exams ✓ Full extracurricular involvement (non-sport/non-physical activity - e.g., debating club, drama club, chess club) 	<p><u>Before progressing to RTPA Stage 5, the student must:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> have completed RTS Stage 4a and 4b (full day at school without adaptation of learning strategies and/or approaches), <input type="checkbox"/> have completed RTPA Stage 4 and be symptom-free, and <input type="checkbox"/> obtain a signed Medical Clearance from a medical doctor or nurse practitioner. <p>Please Note: Premature return to contact sports (full practice and game play) may cause a significant setback in recovery.</p>
<p>School</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has demonstrated they can tolerate a full day of school without adaptation of learning strategies and/or approaches. <input type="checkbox"/> E 2 sent home to parent/guardian. 	
School Initials (e.g., collaborative team Lead/designate): _____ Date: _____	
<p>Home</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms. <input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours. <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner. 	
Parent/Guardian:	
Signature: _____	
Date: _____	
Comments: _____	
Stage 5	
	<p><u>RTPA–Stage 5</u> Following medical clearance, full participation in all non-contact physical activities (i.e., non-intentional body contact) and full contact training/practice in contact sports.</p>

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	<p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Physical Education ✓ Intramural programs ✓ Full contact training/practice in contact interschool sports <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Competition (e.g., games, meets, events) that involves body contact <p>School</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has successfully completed the applicable physical activities in RTPA Stage 5. <input type="checkbox"/> E 2 sent home to parent/guardian. <p>School Initials (e.g., collaborative team lead/designate): _____</p> <p>Date: _____</p>
	<p>Home</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has not exhibited or reported a return of symptoms or new symptoms. <input type="checkbox"/> Student has exhibited or reported a return of symptoms or new symptoms and must return to medical doctor or nurse practitioner for Medical Clearance reassessment. <input type="checkbox"/> E 2 sent back to school. <p>Parent/Guardian:</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Comments: _____</p>
Stage 6	
	<p><u>RTPA - Stage 6</u></p> <ul style="list-style-type: none"> ✓ Unrestricted return to contact sports. Full participation in contact sports games/competitions <p>School</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has completed full participation in contact sports. <input type="checkbox"/> E 2 sent home to parent/guardian <p>School Initials (e.g., collaborative team lead/designate): _____</p> <p>Date: _____</p>
	<p>Home</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has not exhibited or reported a return of symptoms or new symptoms and has completed the RTPA Plan. <input type="checkbox"/> Student has exhibited/reported a return of symptoms or new symptoms and must

SO28 Student Concussion and Head Injury – Resource Package

	return to medical doctor/nurse practitioner for Medical Clearance reassessment. <input type="checkbox"/> E 2 sent back to school for documentation purposes.
	Parent/Guardian:
	Signature: _____
	Date: _____
	Comments: _____

Under the direction of the *Ontario Ministry of Education* and under the legal authority of the *Education Act*, the Grand Erie District School Board collects this information in order to fulfil its commitment to promoting the health and safety of students by raising awareness, identification, and prevention of concussion injuries, and managing diagnosed concussions. In accordance with the *Municipal Freedom of Information and Protection of Privacy Act* this information will be used solely to assess the student's Return to Learn and Return to Physical Activity. It will be retained in the Ontario Student Record [OSR] for one year after the student graduates or transfers out of the school. The Ministry of Education may also request school reports on concussion activity. If you have any questions or concerns about the collection of information on this form, please contact the school principal.

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Appendix F: Documentation for Medical Clearance

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

Note: Forms completed by other licensed healthcare professionals will not be otherwise accepted.

Student Name: _____ *Date:* _____

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

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

Other Comments:

Medical Doctor/Nurse Practitioner

Name: _____

Signature: _____

Date: _____

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

School Concussion Management Plan

Return to School (RTS) Stages	Return to Physical Activity (RTPA) Stages
Each stage must last a minimum of 24 hours.	Each stage must last a minimum of 24 hours.
<p><u>RTS - Stage 3a</u> Student begins with an initial length of time at school of 2 hours.</p> <p>The individual RTS Plan is developed by Collaborative Team following the student conference and assessment of the student's individual needs determining possible strategies and/or approaches for student learning .</p>	<p><u>RTPA –Stage 3</u> Simple locomotor activities/sport-specific exercise to add movement.</p>
<p><u>RTS - Stage 3b</u> Student continues attending school half time with gradual increase in school attendance time, increased school work, and decrease in learning strategies and/or approaches.</p>	
<p><u>RTS– Stage 4 a</u> Full day school, minimal adaptation of learning strategies and/or approaches.</p> <p>Nearly normal workload.</p>	<p><u>RTPA –Stage 4</u> Progressively increase physical activity. Noncontact training drills to add coordination and increased thinking.</p>
<p><u>RTS - Stage 4b</u> At school: full day, without adaptation of learning strategies and/or approaches.</p>	<p><u>Before progressing to RTPA Stage 5, the student must:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> have completed RTS Stage 4a and 4b (full day at school without adaptation of learning strategies and/or approaches <input type="checkbox"/> have completed RTPA Stage 4 and be symptom-free, and obtain signed Medical Clearance from a medical doctor or nurse practitioner.
	<p><u>RTPA–Stage 5</u> Following medical clearance, full participation in all non-contact physical activities (i.e., non-intentional body contact) and full contact training/practice in contact sports.</p>
	<p><u>RTPA - Stage 6</u> Unrestricted return to contact sports.</p>

Under the direction of the *Ontario Ministry of Education* and under the legal authority of the *Education Act*, the Grand Erie District School Board collects this information in order to fulfil its commitment to promoting the health and safety of students by raising awareness, identification, and prevention of concussion injuries, and managing diagnosed concussions. In accordance with the *Municipal Freedom of Information and Protection of Privacy Act* this information will be used solely to assess the student's Return to Learn and Return to Physical Activity. It will be retained in the Ontario Student Record [OSR] for one year after the student graduates or transfers out of the school. The Ministry of Education may also request school reports on concussion activity. If you have any questions or concerns about the collection of information on this form, please contact the school principal.

Reproduced and adapted with permission from Ophea, [*Ontario Physical Education Safety Guidelines, 2018*]

Filed in OSR once completed

Retention: E + 1 yr (E = retirement or graduation of student)

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Appendix G: Player Code of Conduct

Respect yourself:

As a Student at: _____ for the _____ school year,
I am committed to:

- I will bring any potential issues related to the safety of equipment and facilities to the attention of the coach.
- I will wear the protective equipment for my sport and wear it properly.
- I will show respect for my teammates, opponents, officials, spectators, and practice fair play.
- I will not pressure injured teammates to participate in practices or games/competitions.
- I will learn and follow the rules of the sport and follow the coach's instructions prohibiting behaviours that are considered high-risk for causing concussions.
- I will respect and accept that the coach will strictly enforce, during practice and competition, the consequences for dangerous behaviour.
- I will respect and accept the decisions of the officials and the consequences for any behaviours that are considered high-risk for causing concussion.
- I will follow my coach's instructions about the proper progression of skills and strategies of the sport.
- I will ask questions and seek clarity for any skills and strategies of which I am unsure.
- I will talk to my coach or caring adult if I have questions or issues about a suspected or diagnosed concussion or about my safety in general.
- I have read and am familiar with an approved Concussion Awareness Resources provided by my coach Concussion Information.
- I will remove myself immediately from any sport and will tell the coach or caring adult if I think I might have a concussion.
- I will tell the coach or caring adult immediately when I think a teammate might have a concussion.
- I understand that if I receive a jarring impact to the head, face, neck, or elsewhere on my body that is observed by or reported to the coach, that I will be removed immediately from the sport, and:
 - I am aware that when I have signs or symptoms I should go to a medical doctor or nurse practitioner to be diagnosis as soon as reasonably possible that day and will report the results to appropriate school staff.
 - I am aware that not all signs and symptoms emerge immediately and there are times when signs and symptoms emerge hours or days after the incident and I must stop physical activities and be monitored for the next 24 hours.
- If no signs or symptoms appear after 24 hours, I will inform the appropriate school staff and I can then be allowed to participate.
- If signs or symptoms begin, I will be assessed by a medical doctor or nurse practitioner as soon as reasonably possible that day and will report the results to appropriate school staff.
- I will communicate with my coaches, parent/guardian, and school staff and any sport organization with which I am registered about a suspected or diagnosed concussion or general safety issues.
- I understand that I will have to follow the Return to School Plan if diagnosed with a

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concussion.

- I understand I will not be able to return to full participation, including practice or competition until permitted to do so in accordance with the School Board's Return to School Plan.
- I understand that I will need a Medical Clearance as required by the Return to School Plan, prior to returning to full participation in "non-contact sports" or returning to a practice that includes full contact in "contact sports".
- I will follow the recovery stages and learning strategies proposed by the collaborative team for my Return to School Plan.

I have read and under all 2 pages of this code of conduct:

Student Name: _____

Student Signature _____

Date: _____

Parent/Guardian: _____

- ~~I will wear the proper equipment and wear it correctly.~~
- ~~I will develop my skill and body strength so that I can play the game to the best of my abilities.~~
- ~~I understand that a concussion is a serious brain injury that has both short and long term effects.~~
- ~~I understand that I don't need to lose consciousness to have had a concussion.~~
- ~~I understand that a significant impact to the head, face, neck or body may cause a concussion.~~
- ~~I understand that if I suspect I might have a concussion I should stop playing the sport immediately.~~
- ~~I understand that continuing to play with a suspected concussion increases my risk of more severe, longer lasting concussion symptoms, as well as increases my risk of other injury.~~
- ~~I will not hide my symptoms.~~
- ~~I will tell my coach, trainer, parent, or other responsible person if I am concerned.~~
- ~~I have had a concussion and/or experience any signs and symptoms of concussion following a collision.~~
- ~~I understand I will not be able to return to play following a collision where I experience signs and symptoms of concussion.~~
- ~~I understand I will have to be cleared by a physician or qualified medical professional, preferably one with experience in concussion management, prior to returning to play.~~
- ~~I understand I will have to follow the 6 step Return to Play guidelines when returning to activity.~~

Respect Others:

- ~~I will respect the rules of the game.~~
- ~~I will respect my opponents and play fair.~~
- ~~I will not fight or attempt to injure anyone on purpose.~~

Filed in School Office.

Retention: C +1 (C=Current School year)

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- I will respect my coaches, trainers, parents and the medical professionals and any decisions made with regards to my health and safety

Team: _____

Player: _____

Parent/Caregiver: _____

Date: _____





Appendix H: Player/Guardian Code of Conduct

As a parent/Guardian of _____ at _____
for the _____ school year, I am committed to:

- I will encourage my child to bring potential issues related to the safety of equipment and the facilities to the attention of the coach.
- I will ensure the protective equipment that we provide is properly fitted as per the manufacturer's guidelines, in good working order, and suitable for personal use.
- I will follow the school board's fair play policy and will support it by demonstrating respect for all students, coaches, officials, and spectators.
- I will encourage my child to demonstrate respect for teammates, opponents, officials, and spectators and to follow the rules of the sport and practice fair play.
- I will not pressure my child to participate in practices or games/competitions if they are injured.
- I will encourage my child to learn and follow the rules of the sport and follow the coach's instructions about prohibited play
- I will support the coach's enforcement of consequences during practices and competition regarding prohibited play.
- I will respect the decisions of officials and the consequences for my child for any prohibited play.
- I will encourage my child to follow their coach's instructions about the proper progression of skills and strategies of the sport.
- I will encourage my child to ask questions and seek clarity regarding skills and strategies they of which they are unsure.
- I will encourage my child to participate in discussions/conversations related to concussions, including signs and symptoms, with the coach or caring adult.
- I will encourage my child to talk to their coach/caring adult if they have any concerns about a suspected or diagnosed concussion or about their safety in general.
- I have read and am familiar with an approved Concussion Awareness Resource identified by the school board found on the Board's website under Concussion Information
- I understand that if my child receives a jarring impact to the head, face, neck, or elsewhere on the body that is observed by or reported to the coach my child will be removed immediately from the sport, and:
 - I am aware that if my child has signs or symptoms of a suspected concussion they should be taken to a medical doctor or nurse practitioner for a diagnosis as soon as reasonably possible that day and I will report any results to appropriate school staff.
 - I am aware that not all signs and symptoms emerge immediately and there are times when signs and symptoms emerge hours or days after the incident and in these cases my child must stop all physical activities and be monitored at home and at school for the next 24 hours.
- If no signs or symptoms emerge after 24 hours, I will inform the appropriate school staff and I understand my child will be permitted to resume participation.
- If signs or symptoms emerge, I will have my child assessed by a medical doctor or nurse practitioner as soon as reasonably appropriate that day and will report the results to

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- appropriate school staff.
- I will inform the school principal, coach and/or other relevant school staff when my child experiences signs or symptoms of a concussion, including when the suspected concussion occurs during participation in a sport outside of the school setting.
 - I will inform the school principal, coach and/or other relevant school staff any time my child is diagnosed with a concussion by a medical doctor or nurse practitioner.
 - I will encourage my child to remove themselves from the sport and report to a coach or caring adult if they have signs or symptoms of a suspected concussion.
 - I will encourage my child to inform the coach or caring adult when they suspect a teammate may have sustained a concussion.
 - I will share with the coach, school staff, and/or staff supervisor of all sport organizations with which my child has registered if/when my child has experienced a suspected or diagnosed concussion or general safety issues.
 - I understand that if my child has a suspected or diagnosed concussion, they will not return to full participation, including practice or competition, until permitted to do so in accordance with the School Board’s Return to School Plan.
 - I will ensure my child receives a Medical Clearance as required by the Return to School Plan, prior to returning to full participation in “non-contact sports” or returning to a practice that includes full contact in “contact sports”.
 - I will follow the recovery stages and learning strategies proposed by the collaborative team for my child as part of the Return to School Plan.

I have read and understand all 2 pages of this code of conduct.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ *Date:* _____



Appendix I: Coach/Team Trainer Code of Conduct

As a coach/team trainer at _____
for the _____ school year, I am committed to:

- I will review and adhere to the School Board's safety standards for physical activity and concussion protocol, as they apply to my sport prior to taking on the responsibility as coach/team trainer
- I will check the facilities and equipment take necessary precautions and bring potential hazards to the attention of the students.
- I will provide and maintain a safe learning environment for my students and uphold a culture of safety-mindedness.
- I will inform students and their parent/guardian (for students under the age of 18) about the risks of a concussion or other potential injuries associated with the sport and ways to minimize those risks.
- I will demonstrate a commitment to fair play and will respect my students, opponents, officials, and spectators.
- I will not pressure a student to participate in practices or games/competitions if they are injured.
- I will teach students the rules of the sport and will provide instructions about prohibited play.
- I will strictly enforce, during practice and competition, the consequences for prohibited play.
- I will accept and respect the decisions of officials and the consequences for any prohibited play.
- I will instruct students in training and practices using the proper progression of skills and strategies of the sport.
- I will encourage students to ask questions and seek clarity regarding skills and strategies they of which they are unsure.
- I will provide opportunities by creating an environment for student discussions/conversations related to suspected and diagnosed concussions, including signs and symptoms, questions, and safety concerns, throughout the day, including before and after practice and competition.
- I have read and am familiar with an approved Concussion Awareness Resource identified by the school board Concussion Information.
- I will emphasize the seriousness of a concussion to my students along with outlining the signs and symptoms of a concussion.
- I will provide instruction to students about the importance of removing themselves from the sport and reporting to a coach/team trainer or caring adult if they have signs or symptoms of a concussion.
- I will provide instruction to students about the importance of informing the coach/caring adult when they suspect a teammate may have a concussion.
- I will immediately remove from play, for assessment, any student who receives a jarring/significant impact to the head, face, neck, or elsewhere on the body and adhere to the School Board's concussion protocol prior to allowing return to physical activity.
- I will support and adhere to a process for communication to take place between myself and the student, parent/guardian, and relevant school staff.

Filed in School Office.

Retention: C +1 (C=Current School year)

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- I will promote the importance of communication about a suspected or diagnosed concussion between the student, parent/guardian, and all sport organizations with which the student has registered.
- I will support the implementation of the Return to School Plan for students with a diagnosed concussion
- I understand the need to prioritize a student’s return to learning as part of the Return to School Plan.
- I will follow the Return to School Plan and make sure a student diagnosed with a concussion does not return to training, practice, or competition until permitted to do so in accordance with the Return to School Plan.

I have read and understand all 2 pages of this code of conduct.

Coach/Team Trainer Name: _____

Coach/Team Trainer Signature: _____ *Date:* _____

Student Concussion and Head Injury Supplemental Resources



Student Concussion Diagnosis Report

GRAND ERIE DISTRICT SCHOOL BOARD Student Concussion Diagnosis Report			
<input type="checkbox"/> January 30		<input type="checkbox"/> June 28	
School:		Principal:	
Student(s) Name(s)		Date of Birth YYYY/MM/DD	Documentation for a Diagnosed Concussion - Return to School/Return to Physical Activity Plan in Place
Surname	Given Name		Status of Return to School/Return to Physical Activity Plan Completed (Y) Ongoing (N)
1.			<input type="checkbox"/> YES <input type="checkbox"/> NO
Date/Location of incident:		Circumstances causing concussion:	
2.			<input type="checkbox"/> YES <input type="checkbox"/> NO
Date/Location of incident:		Circumstances causing concussion:	
3.			<input type="checkbox"/> YES <input type="checkbox"/> NO
Date/Location of incident:		Circumstances causing concussion:	
4.			<input type="checkbox"/> YES <input type="checkbox"/> NO
Date/Location of incident:		Circumstances causing concussion:	
5.			<input type="checkbox"/> YES <input type="checkbox"/> NO
Date/Location of incident:		Circumstances causing concussion:	
Concussion Awareness Training			
Staff Completed on: DATE			
Comments:			

Initial Response: Steps and Responsibilities in a Suspected Concussion

Student: Receives a significant impact to the head, face, neck, or body (observed or reported), that transmits a force to the head, and as a result may have suffered a concussion.

Teacher/Coach/Supervisor/Volunteer:
Stop Activity Immediately! *Initiate* Emergency Action Plan for Concussion and Head Injury (Appendix D1).

Teacher/Coach/Supervisor/Volunteer:
Check for **Red Flag** sign(s) and/or Symptom(s) - *Tool to Identify Suspected Concussion* (Appendix C)

Teacher/Coach/Supervisor/Volunteer:
Check for other concussion sign(s) and/or symptoms

Teacher/Coach/Supervisor/Volunteer:
Follow **Red Flag** Procedures - Call 911

Student:
No concussion sign(s) and/or symptoms observed or reported but a possible concussion event was recognized

Student:
Concussion signs and/or symptoms ***ARE*** present

Teacher/Coach/Supervisor/Volunteer:

- Contact Parent/Guardian
 - inform of incident and the name of the hospital that student is taken to
- Provide a copy of *Tool to Identify a Suspected Concussion* (Appendix C) and *Documentation of Monitoring/Documentation of Medical Assessment* (Appendix D2)
- Inform Principal of Suspected Concussion
- Complete all necessary board injury reports (i.e. OSBIE, Critical Injury)

Student:
Attends school. No physical activity. Monitored for 24 hours.

Student:
NOT allowed to return to Physical Activity that day

Teacher/Coach/Supervisor/Volunteer:

- Contact Parent/Guardian and inform them of the incident
- Provide a copy of *Tool to identify a Suspected Concussion* (Appendix C) and *Documentation of Monitoring /Documentation of Medical Assessment* (Appendix D2)
- Inform Principal of the incident
- Complete all necessary board injury reports (i.e. OSBIE)

Teacher/Coach/Supervisor/Volunteer:

- Contact Parent/Guardian to inform them of the incident, the need to pick up student and that the student is to be assessed by a medical doctor or nurse practitioner as soon as possible that day.
- Provide a copy of *Tool to Identify a Suspected Concussion* (Appendix C) and *Documentation of Monitoring/Documentation of Medical Assessment* (Appendix D2)
- Inform Principal of Suspected Concussion
- Complete all necessary board injury reports (i.e. OSBIE)

Principal:
Informs school staff and volunteers who work with the student of the suspected concussion. Informs school (class teacher(s), coaches, recess supervisors, LRTs, EAs) of suspected concussion

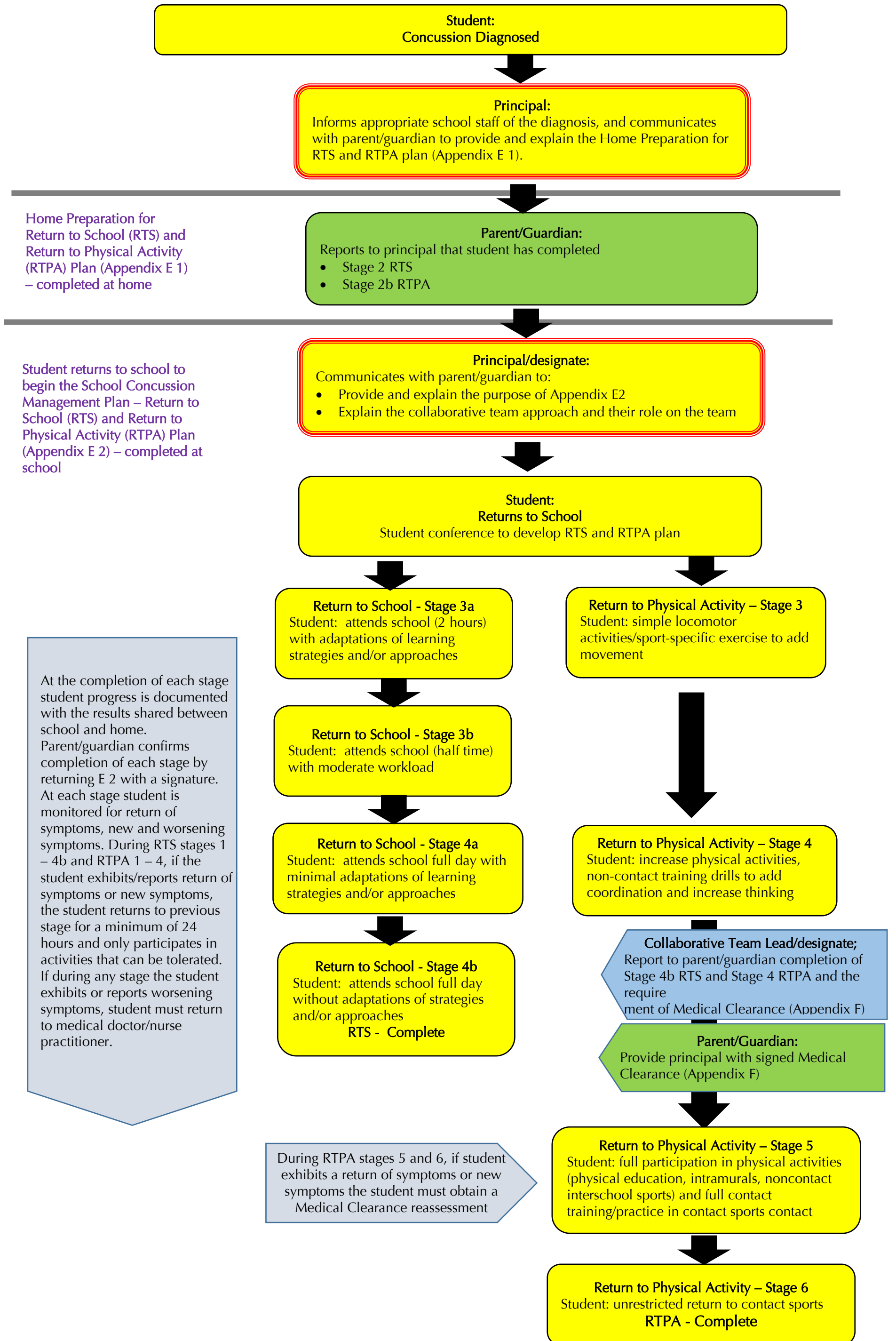
Parent/Guardian/School:
Continued Monitoring for 24 hours for delayed sign(s) and/or symptom(s)

Parent/Guardian:
Report the outcome of the Medical Assessment as well as provide the completed and signed *Document of Monitoring/Documentation of Medical Assessment* (Appendix D2) to the principal.

Parent/Guardian:
Must report the results of the 24-hour monitoring to principal (Appendix D2). If no sign(s) and/or symptom(s) emerge, student is permitted to resume physical activity. Medical Clearance is not required.

Parent/Guardian:
Must report the results of the 24-hour monitoring to principal (Appendix D2). If sign(s) and/or symptom(s) emerge, student needs a Medical Assessment as soon as possible that day.

Stages and Responsibilities for Concussion Management at Home and School



Concussion Tracking Template																							
Student Name						Date of Incident:																	
Documents supplied to Parent/Guardian after the incident			Given ***ONLY IF DIAGNOSED AS CONCUSSION by Doctor/Nurse Practitioner***																				
Appendix C Tool to Identify Concussion		Appendix D 2 Documentation of Monitoring/ Medical Assessment Form		Appendix E 1: Concussion Management - Home Preparation for RTS and RTPA Plan		Appendix E 2: School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan																	
Record the date that Appendix C was provided to the parent/guardian.		Record the date that Appendix D 2 was provided to the parent/guardian and the date the signed appendix was returned.		Minimum 24 hours between each Stage. Record the date that Appendix E 1 was provided to the parent/guardian and the date the signed appendix was returned.		Minimum 24 hours between each Stage. Before progressing to RTPA Stage 5, the student must: -have completed RTS Stage 4a and 4b (full day at school without adaptation of learning strategies and/or approaches); -have completed RTPA Stage 4 and be symptom-free; and -obtained a signed Medical Clearance from a medical doctor or nurse practitioner. Record the date that Appendix E 2 was given to the parent/guardian and the date the signed appendix was returned.																	
				Student completed RTS/RTPA intial rest, RTS/RTPA Stage 1, RTS Stage 2 AND RTPA Stage 2a and 2b		RTS Stage 3a		RTS Stage 3b		RTPA Stage 3		RTS Stage 4a		RTS Stage 4b		RTPA Stage 4		Medical Clearance - Appendix F		RTPA Stage 5		RTPA Stage 6	
Date provided	Date provided	Date returned. File in OSR	Date provided	Date returned	Date provided	Date returned	Date provided	Date returned	Date provided	Date returned	Date provided	Date returned	Date provided	Date returned	Date provided	Date returned	Date provided	Date returned. File in OSR	Date provided	Date returned	Date provided	Date returned. File in OSR	
Notes:																							



Classroom Concussion Symptoms Form – Student Return to School

Student Name: _____ Date: _____

Homeroom Teacher: _____ Class/Period: _____

Time of Completion Re-entry Meeting OR Follow-up meeting No. _____ (1,2,3...)

Instructions for the Student: Read the symptoms below. For each symptom, circle ONE response. Be honest and do not skip any questions. Then, answer the question at the bottom of the second page. Give the form to your educator once complete. (If you have questions regarding this form, please contact the teacher.)

Note for the Instructor: Where appropriate, considering the age/ability/concussion symptoms of the student, the educator may need to provide instructions, read the items and record the student responses on the form. Please file in the Ontario Student Record – Documentation File

Physical Difficulties:					
Description	How it affects me at school	Response			
Headache	I have difficulty concentrating, paying attention or multi-tasking	none	mild	moderate	severe
Dizziness/ Balance problems	I lose my balance, I trip/stumble more often, I get dizzy when I (move/get up/...)	none	mild	moderate	severe
Nausea (Feeling sick to my stomach)	I have to vomit, I feel sick during lessons	none	mild	moderate	severe
Drowsiness	I feel sleepy or sluggish	none	mild	moderate	severe
Fatigue	I get tired quickly, I feel exhausted after small/short tasks	none	mild	moderate	severe
Sensitivity to light	I have difficulties working in the classroom environment (e.g., lights, seeing the blackboard)	none	mild	moderate	severe
Sensitivity to noise	I have difficulties working in the classroom environment (e.g., loud music, noise, talking)	none	mild	moderate	severe

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Cognitive Difficulties (<i>thinking, problem solving and learning</i>):						
Description	How it affects me at school	Response				
Feeling mentally foggy	I cannot think clearly and/or follow what is going on	1 never	2	3	4	5 always
Difficulty concentrating on schoolwork	I can only focus on my schoolwork in a limited way or for a short time	1 never	2	3	4	5 always
Difficulty paying attention to teacher	I have difficulty tuning out other noises or keeping track of what the teacher is saying, note taking is hard for me	1 never	2	3	4	5 always
Difficulty processing information quickly	I have difficulty following instructions; I can't manage deadlines or complete tasks on time; I feel slowed down	1 never	2	3	4	5 always
Difficulty remembering	I can't retain new information or instructions, I cannot recall/access information already learned	1 never	2	3	4	5 always
Difficulty staying organized	I am missing pieces of instruction, I forget to bring things/lose things, I have a hard time finishing assignments	1 never	2	3	4	5 always

Emotional Difficulties:						
Description	How it affects me at school	Response				
Irritability/Frustration	I give up easily, I have a "short fuse"; I get upset quickly when I encounter difficulties, I act on impulse; I am irritable	1 never	2	3	4	5 always
Anxiety/Nervousness	I am fearful about tests and assignments, I cannot focus, I work to overtiredness	1 never	2	3	4	5 always
Feelings of Sadness/Withdrawal	I am sad, I don't like to talk, I keep to myself	1 never	2	3	4	5 always

What tasks in school are most difficult for you? Please write specific examples:



Classroom Concussion Accommodations Form - Return to School

Student Name: _____ Date: _____

Homeroom Teacher: _____ Class/Period: _____

Time of Completion Re-entry Meeting OR Follow-up meeting No. _____ (1,2,3...)

Instructions: Use the student’s responses to the questions on the **Symptoms Form** to devise in-class, symptom-based accommodations. Mark selected accommodations on this list. Discuss the recommended accommodations with the student. *Please file in the Ontario Student Record – Documentation File*

Physical Difficulties:		
Symptoms	✓	Accommodations and Strategies
Headache	<input type="checkbox"/>	Mild/moderate: allow classroom participation
	<input type="checkbox"/>	Avoid symptom triggers
	<input type="checkbox"/>	If severe, inform parent/guardian
	<input type="checkbox"/>	Allow frequent breaks
	<input type="checkbox"/>	Consider reduce hours
Dizziness/ Balance problems	<input type="checkbox"/>	Mild/moderate: allow classroom participation
	<input type="checkbox"/>	Avoid symptom triggers
	<input type="checkbox"/>	If severe, inform parent/guardian
	<input type="checkbox"/>	
	<input type="checkbox"/>	
Nausea	<input type="checkbox"/>	Mild/moderate: allow classroom participation
	<input type="checkbox"/>	Avoid symptom triggers
	<input type="checkbox"/>	If severe, inform parent/guardian
Drowsiness	<input type="checkbox"/>	Mild/moderate: allow classroom participation
	<input type="checkbox"/>	Avoid symptom triggers
	<input type="checkbox"/>	If severe, inform parent/guardian
Fatigue	<input type="checkbox"/>	Reduce workload
	<input type="checkbox"/>	Consider reduce hours
	<input type="checkbox"/>	Consider gradual return to school (e.g. 1-2 hours, half-days, late starts)
Sensitivity to light	<input type="checkbox"/>	Move away from windows
	<input type="checkbox"/>	Allow access to special lighting (dim lights/draw shades/task lighting/darker room)
	<input type="checkbox"/>	Allow sunglasses/hat in class

Forms are based on:

- Ontario Physical Education Safety Guideline Concussion Protocol; Table 2: Return to Learn Strategies/Approaches Sept. 2014. Adapted from Davis GA, Purcell LK. *The evaluation and management of acute concussion differs in young children.* Fr J Sports Med. Published online First 23 April 2013 doi:10. 1136/bjsports-2012-092132;
- Classroom-Concussion-Assessment-Form.pdf from nationwidechidrens.org 2013; An Educators Guide to Concussion in the Classroom - Classroom Concussion Assessment Form.

SO28 Student Concussion and Head Injury – Resource Package

Physical Difficulties (continued):		
Symptoms	✓	Accommodations and Strategies
Sensitivity to noise	<input type="checkbox"/>	Remove from loud environments
	<input type="checkbox"/>	Avoid noisy crowded environments such as assemblies and hallways during high traffic times
	<input type="checkbox"/>	Provide alternative work-space
	<input type="checkbox"/>	Reduce classroom noise; Avoid headphones and loud music
	<input type="checkbox"/>	Allow noise cancelling headphones
	<input type="checkbox"/>	Arrange for strategic seating (e.g. move student away from talkative peers, proximity to teacher)
Cognitive Difficulties (thinking, problem solving and learning):		
Symptoms	✓	Accommodations and Strategies
Feeling mentally foggy	<input type="checkbox"/>	Provide breaks between tasks
	<input type="checkbox"/>	Simplify tasks
Difficulty concentrating on schoolwork	<input type="checkbox"/>	Shorten task duration
	<input type="checkbox"/>	Give breaks between tasks
	<input type="checkbox"/>	Consider shortening school day
	<input type="checkbox"/>	Consider limiting test to one per day and provide extra time and/or quiet environment
Difficulty paying attention to teacher	<input type="checkbox"/>	Provide frequent check-ins
	<input type="checkbox"/>	Front of the room seating in proximity of teacher
	<input type="checkbox"/>	Work/test in quiet room
Difficulty processing information quickly	<input type="checkbox"/>	Provide access to assistive technology
	<input type="checkbox"/>	Provide extra time or a quiet environment
	<input type="checkbox"/>	Provide class notes
	<input type="checkbox"/>	Provide scribe
	<input type="checkbox"/>	Check understanding of content, repeat instructions
Difficulty remembering	<input type="checkbox"/>	Provide visual cues/aids and/or advance organizers (visual cueing, non-verbal signs)
	<input type="checkbox"/>	Use alternative testing methods (such as multiple-choice, oral testing) for the student to demonstrate mastery
	<input type="checkbox"/>	Provide a copy of class notes
	<input type="checkbox"/>	Provide memory aids
Difficulty staying organized	<input type="checkbox"/>	Check comprehension of instructions
	<input type="checkbox"/>	Use to-do lists and checklists
	<input type="checkbox"/>	Encourage student to use/set electronic alerts
	<input type="checkbox"/>	Manage overall workload and pace of work demands
	<input type="checkbox"/>	Use agenda/planner for schedule and due dates
	<input type="checkbox"/>	Divide larger assignments/assessments into smaller tasks
	<input type="checkbox"/>	Extend deadlines for submitting assignments

SO28 Student Concussion and Head Injury – Resource Package

Emotional Difficulties		
Symptoms	✓	Accommodations and Strategies
Irritability/ Frustration	<input type="checkbox"/>	Prepare the student for change and transitions
	<input type="checkbox"/>	Set reasonable expectations
	<input type="checkbox"/>	Anticipate and remove the student from a problem situation (without characterizing it as punishment)
	<input type="checkbox"/>	Encourage teachers to use consistent strategies and approaches
	<input type="checkbox"/>	Acknowledge and empathize with the student’s frustration, anger and emotional outburst if and as they occur
	<input type="checkbox"/>	Reinforce positive behaviour
	<input type="checkbox"/>	Provide consistency and structure on a daily basis
Anxiety/ Nervousness	<input type="checkbox"/>	Where feelings are affecting social interactions/school work inform parent/guardian
	<input type="checkbox"/>	Provide access to Child and Youth counsellor or other support personnel
	<input type="checkbox"/>	Build in more frequent breaks during the school day
	<input type="checkbox"/>	Provide the student with preparation time to respond to questions
	<input type="checkbox"/>	Inform the student of any changes in the daily timetable/schedule Adjust the student’s timetable/schedule as needed to avoid fatigue (e.g. 1-2 hours/periods, half days, full days)
Feelings of Sadness/ Withdrawal	<input type="checkbox"/>	Where feelings are affecting social interactions/school work inform parent/guardian
	<input type="checkbox"/>	Provide access to Child and Youth counsellor or other support personnel
	<input type="checkbox"/>	Open lines of communication with parent/guardian and student sharing observations of child at home and school.
	<input type="checkbox"/>	Provide opportunities and personnel for student to share his thoughts/feelings.
	<input type="checkbox"/>	Build time into class/school day for socialization with peers
	<input type="checkbox"/>	Partner student with a “buddy” for assignments or activities
	<input type="checkbox"/>	Implement, immediately, correct Board procedures when a student expresses suicidal feelings, thoughts. Parent/guardian must be informed.

Other Accommodations and strategies (provide examples):

Date for next review of accommodation plan: _____

Under the direction of the *Ontario Ministry of Education* and under the legal authority of the *Education Act*, Grand Erie District School Board collects this information in order to fulfil its commitment to promote the health and safety of students by raising awareness, identification, and prevention of concussion injuries, and managing diagnosed concussions. In accordance with the *Municipal Freedom of Information and Protection of Privacy Act* this information will be used solely to assess the student’s Return to Learn and Return to Physical Activity. It will be retained in the Ontario Student Record [OSR] for one year after the student graduates or transfers out of the school. The Ministry of Education may also request school reports on concussion activity. If you have any questions or concerns about the collection of information on this form please contact the school principal.

Sample Concussion Prevention Strategies

PPM 158 (Policy/Program Memorandum #158: School Board Policies on Concussion) recognizes the importance of prevention and states that every school board policy should include strategies for preventing and minimizing the risk of sustaining concussions (and other head injuries) in schools and at off-site school events.

The prevention strategies are organized into the following four sections:

- Teachers/coaches/supervisors
- Students/athletes
- School boards, athletic associations and referee associations
- Parents/guardians

Prior to the sport season/beginning of the school year teachers/coaches/supervisors should:

- be knowledgeable of school board's concussion policy and procedures for prevention, identification, and management (return to learn and return to physical activity);
- be knowledgeable about safe practices in the sport/activity (for example, the rules and regulations and the specific sport/activity pages in the Ontario Physical Education Safety Guidelines);
- be familiar with the risks of a concussion or other potential injuries associated with the activity/sport and how to minimize those risks;
- be up to date and enforce school board/athletic association/referee rule changes associated with minimizing the risks of concussion;
- be up to date with current body contact skills and techniques (for example, safe tackling in tackle football), when coaching/supervising contact activities;
- be knowledgeable (when applicable) with the requirements for wearing helmets. (To date there is no evidence that helmets protect against concussions.) For more information on helmets consult the Fundamentals of Safety;
- determine that protective equipment is approved by a recognized equipment standards association (for example, Canadian Safety Standards, National Operating Committee on Standards for Athletic Equipment), is well maintained, and is visually inspected prior to activity; and
- determine (where applicable) that protective equipment is inspected within approved timelines, by a certified re-conditioner as required by manufacturer (for example, football helmet).

During the physical activity unit/sport season/intramural activity teachers/coaches/supervisors should:

- teach skills and techniques in the proper progression;
- provide activity/sport-specific concussion information when possible;
- teach and enforce the rules and regulations of the sport/activity during practices and games/competition (particularly those that limit or eliminate body contact, or equipment on body contact);
- reinforce the principles of head-injury prevention (for example, keeping the head up and avoiding collision);
- teach students/athletes involved in body contact activities about:
 - sport-specific rules and regulations of body contact (for example, no hits to the head); and
 - body contact skills and techniques and require the successful demonstration of these skills in practice prior to competition.
- discourage others from pressuring injured students/athletes to play/participate;

SO28 Student Concussion and Head Injury – Resource Package

- demonstrate and role model the ethical values of fair play and respect for opponents;
- encourage students/athletes to follow the rules of play, and to practice fair play;
- use game/match officials in higher-risk interschool sports that are knowledgeable, certified and/or experienced in officiating the sport; and
- inform students about the importance using protective equipment (for example, helmets, padding, guards) that is properly fitted (as per manufacturer’s guidelines) and properly worn.

Prior to the sport season/intramural activity/beginning of the school year students/athletes should be informed about:

- concussions
 - definition
 - seriousness of concussions
 - causes
 - signs and symptoms
 - the school board’s identification and management procedure
- the risks of a concussion associated with the activity/sport and how to minimize those risks including sport-specific prevention strategies;
- the importance of respecting the rules of the game and practising Fair Play (for example, to follow the rules and ethics of play, to practice good sportsmanship at all times and to respect their opponents and officials);
- the dangers of participating in an activity while experiencing the signs and symptoms of a concussion and potential long-term consequences;
- the importance of:
 - immediately informing the teacher/coach/supervisor of any signs or symptoms of a concussion, and removing themselves from the activity;
 - encouraging a teammate with signs or symptoms to remove themselves from the activity and to inform the teacher/coach/supervisor;
 - informing the teacher/coach/supervisor when a classmate/teammate has signs or symptoms of a concussion; and
 - determining that, when students/athletes are permitted to bring their own protective equipment, it is properly fitted (as per manufacturers guidelines), properly worn, in good working order and suitable for personal use.
- the use of helmet when they are required for a sport/activity.
 - Helmets do not prevent concussions. They are designed to protect against skull fractures, major brain injuries (including bleeding into or around the brain), brain contusions and lacerations.
 - Helmets are to be properly fitted (as per manufacturer’s guidelines) and properly worn (for example, only one finger should fit between the strap and the chin when strap is done up).

During the physical activity unit/sport season/intramural activity students/athletes should be informed about:

- attending safety clinics/information sessions on concussions for the activity/sport;
- be familiar with the seriousness of concussion and the signs and symptoms of concussion;
- demonstrating safe contact skills during controlled practice sessions prior to competition;
- demonstrating respect for the mutual safety of fellow athletes (for example, no hits to the head, follow the rules and regulations of the activity);
- wearing properly fitted protective equipment;
- reporting any sign or symptom of a concussion immediately to teacher/coach/supervisor from a hit, fall or collision; and

SO28 Student Concussion and Head Injury – Resource Package

- encouraging team mates/fellow students to report sign(s) or symptom(s) of a concussion and to refrain from pressuring injured students/athletes to play.

Sample strategies/tools to educate students/athletes about concussion prevention information:

- Hold a class group activity/team pre-season meeting on concussion education.
- Develop and distribute an information checklist for students/athletes about prevention strategies.
- Post concussion information to inform/reinforce symptoms and signs and what to do if a concussion is suspected.
- Post information posters on prevention of concussions (for example, encouraging students to report concussion symptoms) in high traffic student areas (for example, change room/locker area/classroom/gymnasium).
- Implement concussion classroom learning modules aligned with the curriculum expectations.
- Distribute concussion fact sheets (prevention, signs and symptoms) for each student/athlete on school teams.
- Distribute and collect completed student concussion contract or pledge (signed by student/athlete and parents/guardians).
- Students/athletes who are absent for safety lessons (for example, information, skills, techniques) must be provided with the information and training prior to the next activity sessions.

Prior to the sport season/beginning of the school year school boards, athletic associations and referee associations should:

- consider rule changes to the activity, to reduce the head injury incidence or severity, where a clear-cut mechanism is implicated in a particular sport; and
- consider rule enforcement to minimize the risk of head injuries.

Prior to the sport season/intramural activity/beginning of the school year parents/guardians should be informed of the:

- risks and possible mitigations of the activity/sport;
- dangers of participating with a concussion;
- signs and symptoms of a concussion;
- school board's identification, diagnosis and management procedures;
- sport-specific concussion prevention strategies;
- importance of encouraging the ethical values of fair play and respect for opponents; and
- importance of determining that, when students/athletes are permitted to bring their own protective equipment, it is properly fitted (as per manufacturers guidelines), properly worn, in good working order and suitable for personal use.

RESOURCES

Ontario portal: <http://www.health.gov.on.ca/en/public/programs/concussions/>

Reproduced and adapted with permission from Ophea [Ontario Physical Education Safety Guidelines, 2018]



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Liana Thompson, Superintendent of Education
RE: **SO30 – Management of Potentially Life-Threatening Health Conditions in Schools**
DATE: January 13, 2020

<p>Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board forward Policy SO30 – Management of Potentially Life-Threatening Health Conditions in Schools to all appropriate stakeholders for comments to be received by February 27, 2020.</p>
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Background

Policy SO30 – Management of Potentially Life-Threatening Health Conditions in Schools was approved by the Board September 2016 and is not up for review until October 2020. Since September 2016 there have been updates to the process for documentation of administration of medication and student medical plans. As a result, the policy requires updates.

Additional Information

Suggested revisions have been made and a draft revised policy is attached for circulation to stakeholders for comment.

Next Steps

This Policy will be circulated for stakeholder input in keeping with Board Bylaw BL9.

Respectfully submitted,

Liana Thompson
Superintendent of Education



Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication, in Schools

Board Received: September 26, 2016

Review Date: October 2020

Accountability

1. Frequency of Reports – As needed
2. Criteria for Success – Management of known potentially life-threatening health-conditions within schools
 - Appropriate response strategies communicated with parents/guardians and staff
 - Staff in-service and community awareness

Procedures

The Grand Erie District School Board provides training and resources to support staff to better understand, prevent and respond to a health emergency. A health emergency is defined as a potentially life-threatening health condition.

Training and resources will focus on:

- Administration of Medication
 - Anaphylaxis Management (Sabrina's Law)
 - Asthma Management (Ryan's Law)
- Concussion Management
- Diabetes Management
- Seizure Disorder Management

In accordance with Sabrina's Law – Anaphylaxis, it is the policy of the Grand Erie District School Board to establish and maintain a policy for students diagnosed with severe allergic reactions that may potentially end in death. Similarly, in accordance with Ryan's Law – Ensuring Asthma Friendly Schools, it is the policy of the Grand Erie District School Board to establish and maintain a policy for students diagnosed with asthma. Diabetes and seizure disorder are potentially life-threatening health conditions. Subsequently, it is the policy of the Grand Erie District School Board to establish and maintain a policy for students diagnosed with diabetes and seizure disorder.

Training will consist of staff notification of those students at risk for life-threatening health conditions and steps to reduce the exposure to causative agents in classrooms and common school areas. Staff will be trained in preventative strategies, as well as recognition of triggers, signs, symptoms and risks. Staff will also be trained in the emergency procedures involved to deal with these life-threatening health situations. This may include location of auto-injectors and inhalers and having every staff member knowledgeable in the use of auto-injectors and inhalers.

The policy includes manuals that address the following topics:

- eLITE – Medical Plan Module
- Administration of Medication Manual
- Medical Plan- Anaphylaxis Manual
- Medical Plan – Asthma Manual

- [Medical Plan – Diabetes Manual](#)
- [Medical Plan – Seizure Disorder and Epilepsy Manual](#)

~~The “Health Management Plan – Anaphylaxis” contains all materials and instructions necessary to respond to the presence of anaphylactic students in a school.~~

~~The “Health Management Plan – Asthma” contains all materials and instructions necessary to respond to the presence of students with asthma in a school.~~

~~The “Health Management Plan – Diabetes” contains all materials and instructions necessary to respond to the presence of students with diabetes in a school.~~

~~The “Health Management Plan – Seizure Disorder” contains all materials and instructions necessary to respond when a student experiences a seizure at school.~~

On-line [Student Health Management](#) training packages are available for Anaphylaxis, Asthma, Diabetes and Seizure Disorder. Training will be documented, and records kept of when the training occurred, and who was provided with this training.

Related Resources:

The “Student Concussion and Head Injury – Resource Package” (SO28) contains ~~all~~ materials and instructions necessary to respond to the presence of students diagnosed with concussion in a school.



Administration of Medication Manual

January 2020

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Medications Other than Cannabis

As a general rule teaching personnel should not become involved with the administration of medication to, and/or the performance of physical procedures for pupils because such matters are primarily the responsibility of pupils' parents or guardians, in conjunction with trained medical personnel as parents or guardians deem appropriate.

This recognizes, however, through the Ontario Ministry of Education and Training Policy Memorandum 81, that there will sometimes be the need for school staff to administer medication to pupils and/or to perform physical procedures for them during the school day in order to enable the education of such pupils to continue, or in emergency situations. The following outlines the conditions under which the administration of medication to and/or performance of physical procedures for pupils by school personnel may be carried out.

1. No teacher or principal employed by the Board is required to administer medication to, and/or perform physical procedures for a pupil. However, in an emergency situation all employees may have to administer first aid, which may include auto-injector or inhalers because of the life-threatening nature of the incident.
2. An Administration of Medication Verification Form shall be sent home to be completed and forwarded to the principal of the school (to be housed in the Ontario Student Record) prior to the administration of any medication by school personnel. Communication verbally with parent/guardian will occur when the form is sent home in order to build collaborative and productive relationships that will enhance understanding of the specific health concerns of the student and to ensure that the parent/guardian understands the expectations outlined in the form.
3. A revised Administration of Medication Verification Form shall be completed by the parents or guardians and forwarded to the principal for each school year, or whenever a modification of the prescribed medication occurs. The revised authorization form must be received prior to medication being administered.
4. The principal shall maintain a current list of all pupils receiving medication. Such list may be shared with the local Health Unit with the consent of the pupil's parents and will be shared with the Ministry of Education upon request.
5. Parents are responsible to ensure that the school is advised of any changes in medication. Each parent shall be responsible for the delivery of prescribed medication to the principal (or designate) at intervals as may be determined by the parents and/or medical practitioner, and the principal (or designate) shall deliver to the parents any unused medication at the end of the school year or other times as determined by the parents and/or medical practitioner.
6. A staff person volunteering to supervise the self-administration of medication by a pupil shall consent to such supervision by signing the Supervision/Administration Designation Form (Appendix A).
7. A staff person volunteering to administer medication to a pupil shall consent to participating in administration by signing the Supervision/Administration Designation Form (Appendix A).
8. The staff person shall maintain the "Student Medication Record" (Appendix B) which includes both administration and self-administration of medication. On dates when the pupil is absent, the log should reflect such pupil absence. The "Comments" section should reflect abnormal or unusual circumstances related to such administration. The monthly log sheet is to be filed in the Ontario Student Record by the principal with the signed authorization form.
9. Medication will be administered in a manner which allows for sensitivity, privacy and dignity of the student, while also encouraging the student to take as much responsibility for own medication as is appropriate.

10. Assistance in training to administer medication is the responsibility of the parents, in conjunction with the principal. Parent/guardian should seek advice from the medical practitioner or the Health Unit if necessary.
11. The principal will ensure that medication:
 - a) is clearly labelled for each pupil;
 - b) has clearly indicated dosage; and
 - c) is securely stored to ensure administration to the correct child, and to avoid loss or tampering.
12. Non-health care professionals are not authorized to administer injections; therefore, requests made by parents in relation to administering injections shall be denied. The exemption is when administering auto-injectors for anaphylaxis in an emergency.
13. It is understood that the staff person is administering medication under the principle of “in loco parentis”, and not as a health professional.
14. Personal assistance for pupils with physical disabilities such as lifting, toileting, feeding, catheterization, etc. shall not be the responsibility of the teacher in charge of the pupil. Personal assistance support may be carried out by non-teaching personnel assigned such responsibility by the principal supported by the recommendations of health care providers.

Procedures for Medicinal Cannabis

School administrators have an obligation to accommodate students in the provision of medical assistance at school. Medicinal cannabis is prescribed as part of several medical interventions and should parallel the administration of any other medication.

Each request regarding medicinal cannabis will be treated individually. Administrators must ensure that the following provisions are in place prior to permitting medicinal cannabis on school property.

Smoking of medicinal cannabis and the use of edibles on school property is prohibited.

School Operations

1. Medical Certification for the Use of Medicinal Cannabis at School (Appendix C) must be completed and provided to the principal.
2. There must be procedures put into place to maintain the security of medicinal cannabis at school.
3. There must be procedures put into place for transporting medicinal cannabis to its storage location.
4. There must be a determination as to how much medicinal cannabis will be stored for the student.
5. A staff person volunteering to supervise the self-administration of medicinal cannabis by a pupil shall consent to such supervision by signing the Supervision/Administration Designation Form (Appendix A).
6. A staff person volunteering to administer medicinal cannabis to a pupil shall consent to participating in administration by signing the Supervision/Administration Designation Form (Appendix A).
7. The staff person shall maintain the “Student Medication Record” (Appendix B) which includes both administration and self-administration of medication. On dates when the pupil is absent, the log should reflect such pupil absence. The “Comments” section should reflect abnormal or unusual circumstances related to such administration. The monthly log sheet is to be filed in the Ontario Student Record by the principal with the signed authorization form.

8. Medicinal cannabis will be administered in a manner which allows for sensitivity, privacy and dignity of the student, while also encouraging the student to take as much responsibility for own medication as is appropriate.
9. Assistance in training to administer medicinal cannabis is the responsibility of the parents, in conjunction with the principal. Parent/guardian should seek advice from the medical practitioner or the Health Unit if necessary.
10. The principal will ensure that medicinal cannabis:
 - a) is clearly labelled for each pupil;
 - b) has clearly indicated dosage; and
 - c) is securely stored to ensure administration to the correct child, and to avoid loss or tampering.
11. It is understood that the staff person is administering medicinal cannabis under the principle of “in loco parentis”, and not as a health professional.
12. Administrators will determine who needs to be informed of the student’s use of medicinal cannabis at school.
13. With respect to certain courses and activities, there must be procedures put into place where use of medicinal cannabis could be a safety concern. (For example, physical education, science, tech subjects)
14. There must be procedures for disposing of medicinal cannabis left behind by a student who no longer attends the school.
15. There must be procedures for students using medicinal cannabis when attending field trips.
16. The Family of Schools Superintendent should be informed of any request to use medicinal cannabis at school.

APPENDIX A: Supervision/Administration Designation Form

In consideration for exercising the method of administration of the medication as indicated above, the Grand Erie District School Board and its employees, contract workers and volunteers are hereby released and forever discharged from any and all liabilities, covenants, claims, actions and damages arising as a result of exercising such procedure.

I hereby further agree to indemnify and save harmless, the Grand Erie District School Board and its employees, contract workers and volunteers from and against any loss, damage, claim or expense suffered or incurred by them as a result of exercising the method of administration as outlined above.

Parent/Guardian Signature: _____ Date: _____

SUPERVISION/ADMINISTRATION

Person(s) designated to supervise/administer medication(s)/procedure(s) and to maintain record:

Name _____ (Print Name) _____ (Signature)

Alternate: _____ (Print Name) _____ (Signature)

Alternate: _____ (Print Name) _____ (Signature)

Alternate: _____ (Print Name) _____ (Signature)

Principal's Signature: _____ Date: _____

NOTICE

Authorization for the collection and maintenance of the personal information recorded on this form is the Education Act, R.S.O. 1980, S.265(d) and S.266 and the Municipal Freedom of Information and Protection of Privacy Act. Users of this information are supervisory officers, principals and teachers at the school. Any questions regarding the collection of personal information should be directed to the principal of the school.

I/We hereby consent to the use of personal information contained herein by the persons above-named and by such other officers or employees of the Board who may need the personal information in the performance of their duties as employees of the Grand Erie District School Board. I/We also consent to the use of this personal information contained herein by the Ministry of Education and the local public health unit, upon request.

Parent/Guardian Signature: _____ Date: _____

File: OSR

Retention: E + 10 years (E = retirement of student)

APPENDIX C: Medical Certification for the Use of Medical Cannabis at School

Medical Certification for the use of Medicinal Cannabis at School

This is to certify that: _____ *Student Name* _____
has a medical diagnosis that requires the use of Medical Cannabis at school.

Medical Practitioner's Name: _____ Telephone: _____

Medical Practitioner's Signature _____ Date _____

Medication	Dosage	Frequency
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

File: OSR

Retention: E + 10 years (E = retirement of student)

Appendix D: Administration of Medicinal Cannabis at School – Checklist

- Personal prescription with specific dosage prescribed requiring administration during the school day for the student (signed by a physician or nurse practitioner) specifically for medicinal cannabis attached. A copy of the prescription will be kept on file.
- Student personal license requiring the use medicinal cannabis attached. A copy of the license will be kept on file.
- Proof of an authorized medicinal cannabis supplier attached. A copy of this documentation will be kept on file.
- A secure location for storage of medical cannabis has been established.
- A procedure for transporting medicinal cannabis has been established.
- The amount of medicinal cannabis to be stored at school at any given time has been established.
- A procedure for disposal of medicinal cannabis has been established.



Medical ~~Health Management~~ Plan Anaphylaxis Manual

January 2020 ~~November 2018~~

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Policy SO30 – Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication in Schools

In Grand Erie, Policy SO30- Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication, in Schools provides direction to staff of how to support students with the management of anaphylaxis, asthma, diabetes and/or seizure disorder at school. The policy is accompanied by [health management medical plans manual](#) for each prevalent medical condition.

Evidence-Based Resources

Evidence-based resources that provide information on various aspects of these prevalent medical conditions, including triggers or causative agents and signs and symptoms characteristic of medical incidents and medical emergencies can be found at the following links:

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

<http://www.edugains.ca/newsite/SafeHealthySchools/medical-conditions/Prevalent-Medical-Conditions.html>

Anaphylaxis – What is It?

Anaphylaxis -- sometimes called “allergic shock” or “generalized allergic reaction” -- is a severe allergic reaction that can lead to rapid death, if untreated. Like less severe allergic reactions, anaphylaxis occurs when the body’s immune system reacts to harmless substances as though they were harmful invaders. However, instead of developing the familiar runny nose or rash, sufferers of anaphylaxis respond with an extreme body reaction. The reaction may begin with itching, hives, vomiting, diarrhea, or swelling of the lips or face; within moments, the throat may begin to close, choking off breathing and leading to unconsciousness and death.

Peanuts, tree nuts and other nuts are one of the most common triggers of anaphylaxis, and the most likely of all food allergens to trigger a full-blown anaphylactic reaction. As a result, all schools in Grand Erie are “nut aware” and foods containing peanuts, tree nuts or other nuts are not to be brought to school.

Sabrina’s Law – An Act to Protect Anaphylactic Pupils

In accordance with Sabrina’s Law – An Act to Protect Anaphylactic Pupils, the Grand Erie District School Board is required to establish and maintain a policy for students diagnosed with anaphylaxis, as well as provide training for all staff on dealing with life-threatening allergies. The safety of students with a medical condition such as anaphylaxis is a shared responsibility of the board, school, family, health care provider and community partners. The goals of the policy are:

- to support students with anaphylaxis to fully access school in a safe, accepting and healthy learning environment that supports their well-being
- to empower students, as confident and capable learners, to reach their full potential for self-management of their anaphylaxis according to their [Student Support Medical Plan](#)

With respect to the administration of emergency medication at the time of an anaphylactic emergency, “*Sabrina’s Law*” is very clear:

- “If an employee has reason to believe that a pupil is experiencing an anaphylactic reaction, the employee may administer an epinephrine auto-injector or other medication prescribed to the pupil, even if there is no preauthorization to do so under subsection (1): 2005, s. 3 (3)

- “No action for damages shall be instituted respecting any act done in good faith or for any neglect or default in good faith in response to an anaphylactic reaction in accordance with this Act, unless the damages are the result of an employee’s gross negligence” 2005, s. 3 (4).

Privacy and Confidentiality

Parent/guardian consent will be obtained prior to the sharing of student health information with school staff or other students. Parents and school staff will be informed of the measures to protect the confidentiality of students’ medical records and information.

Avoidance

Grand Erie’s goal is to provide a safe environment for children with life-threatening allergies, **but it is not possible to reduce the risk to zero.**

School procedures are designed to be flexible enough to allow schools and classrooms to adapt to the needs of individual children and the allergens which trigger reactions, as well as the organizational and physical environment in different schools.

All recommendations should be considered in the context of the anaphylactic child’s age and developmental and cognitive maturity. As children mature, they should be expected to take increasing personal responsibility for avoidance of their specific allergens.

Steps to Prevention

The school principal/designate shall take steps to protect students with potentially life-threatening allergies from exposure to allergenic substances, which may include the following, depending on the nature of the allergic/anaphylactic condition:

- With parent/guardian consent, inform the students, parents/guardians and school community about the nature of allergies and anaphylactic reactions
- Provide a comprehensive awareness workshop for students in the class of the student who is at risk of anaphylaxis;
- Post signs at the door of the classroom to which the at risk child is assigned;
- Post [board approved signage](#) at school entrances indicating Allergen Aware Environment
- Establish safe lunchroom and eating area procedures
- Consider and attempt to avoid allergens hidden in materials used within the school (e.g. pet foods, play dough, stuffed toys, etc.);
- Take special precautions with respect to the food provided for school celebrations and extra-curricular activities;
- Shared technology and musical instruments should be wiped before and after use.
- Communicate general information about allergies and anaphylactic reactions to student/staff and parents/guardians on a yearly basis;
- Share the schools Anaphylaxis Emergency Response Plan with all persons who may be in regular contact with students at risk to have anaphylactic reactions;
- If possible, ensure that the student at risk has an epinephrine auto-injector with them and whenever possible that supervising staff have a second epinephrine auto-injector kept in a readily accessible location as well as a cell phone to be used in emergency situations
- Ensure that the student has their auto-injector with them for fire drills, lock downs, hold and secures, shelter in place and bomb threats, or there is one readily available
- Ensure that school maintenance staff routinely check for active bee/hornet/wasp hives/nests around school property and cover/remove garbage containers to reduce the risk of anaphylaxis for insect allergic students; and

- Document the strategies which are adopted by the school to prevent an anaphylactic reaction from occurring in the ~~Student Support~~ Medical Plan

Safe Lunchroom and Eating-Area Procedures

Create an allergen aware environment.

- Do not allow the allergen to be present in the classroom or school.
- Discourage the sharing of food, utensils and containers.
- Establish a hand-washing routine before and after eating.
- If the school has a cafeteria, keep the allergen, including all products with the allergen as an ingredient, off the menu. Provide in-service for cafeteria staff, with special emphasis on cross-contamination and labelling issues.
- If the school has a vending machine, ensure that products containing the allergen are not available.
- Ensure that tables and other eating surfaces are washed clean after eating, using a cleansing agent approved for school use.

Peanut Butter Substitutes

Companies have created peanut butter substitutes made with soy or other ingredients. Although it is marketed as a safe replacement and alternative to peanut butter, it is designed to look, smell, and taste like peanut butter. It is packaged to look like a very popular brand of peanut butter. The use of this product in our schools has created a lot of confusion, as well as a very unsafe environment for our peanut-anaphylactic student and staff populations. The concern is that it is difficult to tell the difference between a peanut butter sandwich made with real peanut butter and one made with a peanut butter substitute. It could give a student who cannot tell the difference the false impression that it is safe to bring peanut butter sandwiches to school. It would also require teachers to spend more time monitoring lunches. Allowing this product in the school, could easily make peanut/nut allergic staff and students very uncomfortable and/or anxious and undermine the safety of the classroom.

The following information is to be shared with all school community members including staff and parents/guardians on an annual basis or as necessary due to changes in the school's anaphylactic population through school newsletters or websites:

Peanut-Free "Peanut Butter"

There's a peanut-free soy nut butter product on the market that says it's a peanut butter substitute and safe for schools. Grand Erie ~~does not permit~~ requests that ~~parents/guardians and staff do not bring~~ peanut butter substitutes ~~into~~ schools.

If it's peanut-free, then what's the big deal? This product looks, smells, and tastes like peanut butter. The concern is that some children might mistakenly think it is okay to bring peanut butter sandwiches in their lunches when they see their classmates eating the soy product. We simply cannot run the risk of any student or staff member being exposed to peanuts, as this may cause an allergic reaction. The safety and health of our students and staff must come first.

For more information on the Board's response to Anaphylaxis (allergic reactions), please visit www.granderie.ca. Thank you for your cooperation.

Roles and Responsibilities

A whole school approach is needed to support students with anaphylaxis, where parents/guardians, students and school personnel must all understand and fulfill their responsibilities.

Responsibilities of PARENTS/GUARDIANS

Parents/guardians are expected to be active participants in supporting the management of their child's medical condition while the child is at school. Parents/guardians should:

- Educate their child about their medical condition with support from their child's health care professional, as needed
- Guide and encourage their child to reach their full potential for self-management and self-advocacy
- Inform the school of their child's medical condition
- ~~COMPLETE SO102 ADMINISTRATION OF PRESCRIBED MEDICATIONS, INCLUDING MEDICINAL CANNABIS, IN SCHOOLS AND RETURN IT TO SCHOOL~~
- [Complete the Administration of Medication Verification Form](#)
- Provide the school with up-to-date emergency contact names and telephone numbers
- Provide the school with instructions and consent for administering medication
- Provide the school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional ~~and as outlined in the Student Support Medical Plan~~, and track the expiration dates if they are supplied
- Co-create and review with school staff at least annually, or when there is a change in the medical condition, the ~~Student Support Medical Plan~~
- Communicate changes to the ~~Student Support Medical Plan~~, such as changes to the status of their child's medical condition or changes to their child's ability to manage the medical condition to the principal or designate
- Confirm annually to the principal or designate that their child's medical status is unchanged
- Initiate and participate in ~~annual regular~~ meetings to review their child's ~~Student Support Medical Plan~~
- Seek medical advice from a medical doctor, nurse practitioner, or pharmacist where appropriate

Responsibilities of STUDENTS with Anaphylaxis

Students are expected to actively support the development and implementation of their ~~Student Support Medical Plan~~, depending on their cognitive, emotional, social and physical stage of development and their capacity for self-management. Students should:

- Take responsibility for advocating for their personal safety and well-being
- Participate in the development of their ~~Student Support Medical Plan~~
- Participate in meetings to review their ~~Student Support Medical Plan~~
- Carry out daily or routine self-management of their medical condition to their full potential as described in their ~~Student Support Medical Plan~~ (e.g. carry their medication and medical supplies, including controlled substances, follow school board policies on disposal of medication and medical supplies)
- Set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parents/guardians and health care professionals
- Communicate with their parents/guardians and school staff if they are facing challenges related to their medical condition at school
- Wear medical alert identification that they and/or their parents/guardians deem appropriate
- If possible, inform school staff and/or their peers if a medical incident or a medical

emergency occurs

- Take as much responsibility as possible for avoiding allergens and causative agents

Responsibilities of SCHOOL STAFF

School staff will follow their school board's policies and provisions in their collective agreements related to supporting students with prevalent medical conditions in schools. School staff should:

- display a photo/poster in the classroom, with parental approval
- Review the contents of the ~~Student Support~~ Medical Plan for any student with whom they have direct contact
- Participate annually in training at school on prevalent medical conditions, or as required
- Share information on a student's signs and symptoms with other students if the parents/guardians give consent and the principal authorizes to do so as outlined in the ~~Student Support~~ Medical Plan
- Follow school board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's ~~Student Support~~ Medical Plan
- Support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school as outlined in board policies and procedures
- Support inclusion by ensuring students with prevalent medical conditions are able to perform daily or routine management activities in a school location (i.e. classroom) as outlined in their ~~Student Support~~ Medical Plan while also maintaining confidentiality and dignity of the student
- Enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their ~~Student Support~~ Medical Plan

Responsibilities of the SCHOOL PRINCIPAL

The school principal will assume all responsibilities of school staff and should:

- Clearly communicate to parents/guardians and appropriate staff the process for parents/guardians to notify the school of their child's medical condition, as well as the expectation for parents/guardians to co-create, review and update the ~~Student Support~~ Medical Plan with the principal or designate
- Co-create, review and update the ~~Student Support~~ Medical Plan with parent/guardian at a minimum at the following times
- during the time of registration for new students
- each year before the end of June for existing students ~~during the first week of school~~
- when a child is diagnosed and/or returns to school following a diagnosis
- Ensure that an Anaphylaxis Verification Form has been completed in Lite
- Ensure that an Anaphylaxis Medical Plan has been completed in Lite
- Ensure that parent/guardian has ~~ve~~ completed the SO102–Administration of Prescribed Medication Verification Form, including Medicinal Cannabis, in Schools
- Maintain a file with the ~~Student Support~~ Medical Plan and supporting documentation for each student with a prevalent medical condition
- Provide relevant information from the student's ~~Student Support~~ Medical Plan to school staff and others who are identified in the ~~Student Support~~ Medical Plan (e.g. food service providers, transportation providers, volunteers and occasional staff who will be in direct contact with the student), including any revisions that are made to the plan
- Communicate with parents/guardians in medical emergencies, as outlined in the ~~Student Support~~ Medical Plan
- Encourage the identification of staff who can support the daily routine management of needs

of students in the school with prevalent medical conditions, while honouring the provisions outlined within collective agreements

Responsibilities of the SCHOOL BOARD

School boards are expected to communicate, on an annual basis, their policies on supporting students with prevalent medical conditions to parents, school board staff and others in the school community who are in direct contact with students (e.g. food service providers, transportation providers, volunteers). School boards will:

- Make policies and ~~Student Support~~ Medical Plan templates available on the public website
- Provide training and resources on prevalent medical conditions on an annual basis
- Develop strategies that reduce risk of student exposure to triggers or causative agents in classrooms and common areas
- Develop expectations for schools to support the safe storage and disposal of medication and medical supplies, and communicate these expectations to schools and support schools in the implementation of the expectations (e.g. provide schools with appropriate supplies to support safe disposal of medication and medical supplies)
- Develop expectations for schools to include a process and appropriate resources to support students with prevalent medical conditions in the event of a school emergency (e.g. bomb threat, evacuation, fire, “hold and secure”, “lockdown”)
- Communicate expectations that students ~~will be allowed to~~ carry their medication and supplies to support the management of their medical condition, including controlled substances, as outlined in the ~~Student Support~~ Medical Plan
- Consider PPM161 – Support Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools and Policy SO30 – Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication in Schools when entering into contracts with transportation, food service and other providers

Board Expectations for Providing Supports to Students with Anaphylaxis in Order to Facilitate and Support Daily Routines and Management Activities at School

Facilitating and supporting daily or routine management involves, but is not limited to, supporting inclusion by allowing students with prevalent medical conditions, including anaphylaxis, to perform daily or routine management activities in a school location (e.g. within a classroom, gymnasium, library, school yard, on a school bus, at a field trip location), as outlined in the ~~Student Support~~ Medical Plan

Anaphylaxis Management Training for School Staff

All school staff will complete annual online health and safety training in anaphylaxis management. Training will be completed within the first term or semester ~~by November 1~~ of the current school year.

Emergency Response

Even when precautions are taken, an anaphylactic student may come into contact with an allergen while at school. It is essential that the school develop a response protocol, and that all staff are aware of how to implement it. A ~~Student Support~~ Medical Plan will be developed for each anaphylactic child, in conjunction with the child’s parent/guardian (and medical professional, if appropriate) and kept in a readily accessible location.

All staff will be made aware of the School Anaphylaxis Emergency Response Plan (Appendix A).

Reporting

Subject to relevant privacy legislation, Grand Erie will collect the following data:

- The number of students with prevalent medical conditions in schools
- The number of occurrences of medical incidents and medical emergencies
- The circumstances surrounding the occurrences of medical incidents and emergencies

Grand Erie will report to the Minister of Education, upon the implementation of PPM161 and upon request thereafter, the activities employed to achieve the expectations outlined in PPM161.

APPENDIX A – School Anaphylaxis Emergency Response Plan

In the case of an emergency related to anaphylaxis, school staff should refer to the child's individualized ~~Student Support~~ Medical Plan.

1. Stay calm.
2. Administer auto-injector immediately.
3. Record time auto-injector is administered.
4. Call 911
5. Administer a second dose of epinephrine as early as 5 minutes after the first does if there is no improvement in symptoms.
6. Notify school administration immediately of the emergency situation.
7. Notify Parent/Guardian
8. Get estimated time of ambulance arrival.
9. Enlist a staff member to accompany child in ambulance to the hospital if parent not available.

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

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

1. **First** administer auto-injector and dial 9-1-1 for an ambulance,
2. **Then** give the reliever inhaler (usually a blue inhaler).

APPENDIX B – Student Support Anaphylaxis Verification Form – Plan – Template (Page 1 of 2)



APPENDIX B - Anaphylaxis Verification Form Template
(Page 1 of 2)

Last Name, First Name
Anaphylaxis Plan of Care Alert

Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3

Anaphylaxis Plan of Care Alert - Draft

Student Name

DOB

Gender

KNOWN LIFE-THREATENING TRIGGERS

Food(s)

Insect Stings

Other

Epinephrine Auto-Injector(s) Expiry Date (s):

Dosage: EpiPen Jr. 0.15 mg EpiPen 0.30 mg

Location Of Auto-Injector(s):

Previous anaphylactic reaction: Yes (Student at greater risk) No (Has had NO anaphylactic reaction)

Has asthma: Yes (Student at greater risk) No (Has had NO anaphylactic reaction)

If student is having a reaction and has difficulty breathing, give epinephrine before asthma medication.

Any other medical condition or allergy?

DAILY/ROUTINE ANAPHYLAXIS MANAGEMENT

SYMPTOMS
A STUDENT HAVING AN ANAPHYLACTIC REACTION MIGHT HAVE ANY OF THESE SIGNS AND SYMPTOMS:

Skin system: hives, swelling (face, lips, tongue), itching, warmth, redness.

Respiratory system (breathing): coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing.

Gastrointestinal system (stomach): nausea, vomiting, diarrhea, pain or cramps.

Cardiovascular system (heart): paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or lightheadedness, shock.

Other: anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste.

Avoidance of an allergen is the main way to prevent an allergic reaction.

Food Allergen(s): eating even a small amount of a certain food can cause a severe allergic reaction.
Foods to be avoided:

Safety Measures:

Insect Stings: (Risk of insect stings is higher in warmer months. Avoid areas where stinging insects nest or congregate. Destroy or remove nests, cover or move trash cans, keep food indoors.)



APPENDIX B - Anaphylaxis Verification Form Template
 (Page 2 of 2)
Grand Erie District School Board
 349 Erie Avenue, Brantford, Ontario N3T 5V3

Last Name, First Name
 Anaphylaxis Plan of Care Alert

Designated eating area inside school building		
Safety Measures:		
Other Information:		
Other Individuals To Be Contacted Regarding Plan Of Care:		
Before-School Program Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		School Bus Driver/Route # (If Applicable) <input type="text"/>
After-School Program Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Other: <input type="text"/>
This plan remains in effect for the school year without change and will be reviewed on or before: .		
It is the parent(s)/guardian(s)/student 18+ responsibility to notify the principal if there is a need to change the Plan of Care during the school year.		
I acknowledge that the information contained on the this form may be shared with Grand Erie District School Board staff, volunteers, transportation providers in order to provide appropriate supports for my child. Depending on the nature/severity of the medical condition, I acknowledge that my child's information and photograph may be made accessible to staff, volunteers and transportation providers in the form of a notice and/or poster. In the event of an emergency, I give permissions for GEDSB to administer an EpiPen or other emergency measures deemed appropriate.		
Parent(s)/Guardian(s)/Student 18+:	_____ Signature	_____ Date
Student Over 16:	_____ Signature	_____ Date
Principal:	_____ Signature	_____ Date
Personal information contained on this form is collected under the authority of the Education Act, in accordance with the Municipal Freedom of Information and Protection of Privacy Act, and will be used for the purposes of the education of students.		

APPENDIX C – Anaphylaxis Student Support Medical Plan Template for School
– Sample
Anaphylaxis Example (Page 1 of 32)



APPENDIX C - Anaphylaxis Medical Plan Template
 (Page 1 of 3)

LAST NAME, FIRST NAME

Grand Erie District School Board
 349 Erie Avenue, Brantford, Ontario N3T 5V3

Health Management Plan			
Name School	OEN Family	Board Id # DOB	Grade Gender
Additional Contact Information			
Teachers:			
Created By:	on:	Last Edit by	on:
Emergency Contacts			
Name	Relationship	Daytime Phone	Alt. Phone
Prevalent Medical Conditions			
POC Type	Plan Date	Status	Picture
<input checked="" type="checkbox"/> Anaphylaxis		Draft	<div style="border: 1px solid black; width: 80px; height: 80px; margin: auto;"></div>
<input type="checkbox"/> Asthma			
<input type="checkbox"/> Diabetic			
<input type="checkbox"/> Epilepsy			
<input type="checkbox"/> Heart Condition			
<input type="checkbox"/> Other			
<input type="checkbox"/> Administration of Medication			
<input type="checkbox"/> Personal			



Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3

Anaphylaxis Plan of Care Alert - Draft

Name	OEN	Board Id #	Grade
School	Family	DOB	Gender
Additional Contact Information			

Created By: _____ on: _____ Last Edit by: _____ on: _____ Status: Draft Finalized on: _____

KNOWN LIFE-THREATENING TRIGGERS

Food(s) _____

Insect Stings _____

Other _____

Epinephrine Auto-Injector(s) Expiry Date (s):

Dosage: EpiPen
Jr. 0.15 mg EpiPen 0.30 mg

Location Of Auto-Injector(s):

Previous anaphylactic reaction:
Yes (Student at greater risk) No (Has had NO anaphylactic reaction)

Has asthma:
Yes (Student at greater risk) No (Has had NO anaphylactic reaction)
If student is having a reaction and has difficulty breathing, give epinephrine before asthma medication.

Any other medical condition or allergy?

DAILY/ROUTINE ANAPHYLAXIS MANAGEMENT

SYMPTOMS
A STUDENT HAVING AN ANAPHYLACTIC REACTION MIGHT HAVE ANY OF THESE SIGNS AND SYMPTOMS:

Skin system: hives, swelling (face, lips, tongue), itching, warmth, redness.

Respiratory system (breathing): coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing.

Gastrointestinal system (stomach): nausea, vomiting, diarrhea, pain or cramps.

Cardiovascular system (heart): paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or lightheadedness, shock.

Other: anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste.

Avoidance of an allergen is the main way to prevent an allergic reaction.

Food Allergen(s): eating even a small amount of a certain food can cause a severe allergic reaction.
Foods to be avoided:

Safety Measures:

Insect Stings: (Risk of insect stings is higher in warmer months. Avoid areas where stinging insects nest or congregate. Destroy or remove nests, cover or move trash cans, keep food indoors.)
Designated eating area inside school building



APPENDIX C - Anaphylaxis Medical Plan Template
(Page 3 of 3)

LAST NAME, FIRST NAME
Anaphylaxis Plan of Care Alert

Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3

Safety Measures:					
Other Information:					
AUTHORIZATION/PLAN REVIEW					
STAFF MEMBERS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED	OTHER INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED				
<p style="text-align: center;">Other Individuals To Be Contacted Regarding Plan Of Care:</p> <p>Before-School Program Yes <input type="checkbox"/> No <input type="checkbox"/> _____ Transported by GEDSB _____</p> <p>After-School Program Yes <input type="checkbox"/> No <input type="checkbox"/> _____ Other: _____</p>					
<p>This plan remains in effect for the school year without change and will be reviewed on or before: .</p> <p>It is the parent(s)/guardian(s)/student 18+ responsibility to notify the principal if there is a need to change the Plan of Care during the school year.</p> <p>I acknowledge that the information contained on the this form may be shared with Grand Erie District School Board staff, volunteers, transportation providers in order to provide appropriate supports for my child. Depending on the nature/severity of the medical condition, I acknowledge that my child's information and photograph may be made accessible to staff, volunteers and transportation providers in the form of a notice and/or poster. In the event of an emergency, I give permissions for GEDSB to administer an EpiPen or other emergency measures deemed appropriate.</p>					
Parent(s)/Guardian(s)/Student 18+:	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%; text-align: center;">_____</td> <td style="border: none; width: 40%; text-align: center;">_____</td> </tr> <tr> <td style="border: none; text-align: center;">Signature</td> <td style="border: none; text-align: center;">Date</td> </tr> </table>	_____	_____	Signature	Date
_____	_____				
Signature	Date				
Student Over 16:	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%; text-align: center;">_____</td> <td style="border: none; width: 40%; text-align: center;">_____</td> </tr> <tr> <td style="border: none; text-align: center;">Signature</td> <td style="border: none; text-align: center;">Date</td> </tr> </table>	_____	_____	Signature	Date
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Signature	Date				
Principal:	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%; text-align: center;">_____</td> <td style="border: none; width: 40%; text-align: center;">_____</td> </tr> <tr> <td style="border: none; text-align: center;">Signature</td> <td style="border: none; text-align: center;">Date</td> </tr> </table>	_____	_____	Signature	Date
_____	_____				
Signature	Date				
<p>Personal information contained on this form is collected under the authority of the Education Act, in accordance with the Municipal Freedom of Information and Protection of Privacy Act, and will be used for the purposes of the education of students.</p>					

APPENDIX D – ~~Student Support~~ Administration of Medication Verification Form ~~Plan for Transportation~~ – Sample Anaphylaxis Example



APPENDIX D - Administration of Medication Verification Form

Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3

Student Name
Administration of Medication

Administration of Medication - Open

Student Name:

DOB:

Gender:

MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN

Name of Dispensing Pharmacy:

Pharmacy Address: Phone:

Name of Physician:

Physician Address: Phone:

MEDICATION INFORMATION: To be filled in by Parent/Guardian

Reason for Medication:

Medication Prescribed	Dosage	Time of Administration	Possible side effects (if any)	Duration of continuing medication
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
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Parent/Guardian Signature: _____ Date: _____

APPENDIX E – Administration of Medication Form



APPENDIX E - Administration of Medication Form

Student Name
Administration of Medication

Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3

Administration of Medication - Open				
Name School	OEN Family	Board Id # DOB	Grade Gender	
Created By:	on: 2019.09.11	Last Edit by on: 2019.09.11	Status: Open	Finalized on: 2019.09.11
MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN				
Name of Dispensing Pharmacy: _____				
Pharmacy Address: _____			Phone: _____	
Name of Physician: _____			Phone: _____	
MEDICATION INFORMATION: To be filled in by Parent/Guardian				
Reason for Medication: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
Medication Prescribed	Dosage	Time of Administration	Possible side effects (if any)	Duration of continuing medication
Parent/Guardian Signature: _____ Date: _____				

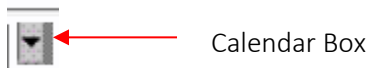
APPENDIX E—Lite—Instructions to Create Student Support Plans

1. Select *SSTP* (Student Support & Transportation Plans) from the tabs across the top of the screen. From the *SSTP* tab menu select Support Plan—School.



2. Select your *School*; enter the first couple of letters of the student's last name and then select *Find*. Choose the student from the drop down list.

3. In the Plan Dates field select Create New Plan. A *Calendar* box adjacent to Date of Development will be accessible. Once a date is selected the *Create* button is accessible. That date will now appear in your Plan Dates box.



The Support Plan should be updated annually. An existing plan can be modified during the school year by selecting the date of the plan.

4. Enter the support staff that is available for the student and enter any agencies that are involved with the student, if applicable.

5. To record information in the *Primary Medical Concern* and *Triggers* field select the Pencil icon. All information entered in this field will also appear on the Student Support Plan—Transportation if transportation plan is also required. This eliminates the need to re enter the same information on both forms. If during the school year the information entered in Primary Medical Concern and Triggers needs to be updated, entering the data on either the School or Transportation Support Plan automatically updates the other plan with the entered information.

Primary Medical Concern:

Triggers:

APPENDIX E: Lite – Instructions to Create Student Support Plans – Page 2

6. Record Other Relevant Information (e.g. signs, precursors, etc.), Immediate Communication and Immediate Actions:

Other Relevant Information (e.g. signs, precursors, etc.)

Immediate Communication:

Immediate Actions:

Insert Student Picture

7. Enter a summary of the actions that need to be taken, in sequence, during an episode. If additional lines to your SUMMARY OF INTERVENTION are required select the save button, and a new line will be inserted.

SUMMARY OF INTERVENTION		
Action To Be Taken	Taken By	Time Line

8. Select Save from the left navigation bar.

Logoff ? Exit

Print

Save

Delete

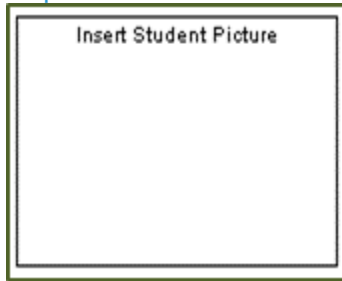
Cancel

9. ~~Print a copy of this form and have the parent/guardian sign.~~

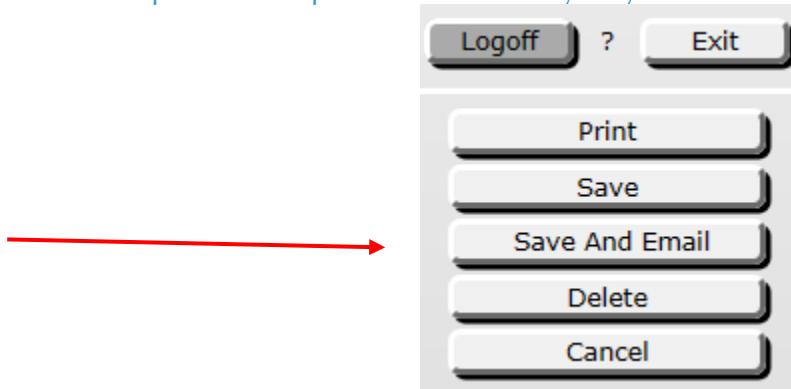
Signing this form indicates we have read and agree to this Student Support Plan	
Date:	Date:
Principal's Signature	Parent/Guardian Signature

~~APPENDIX E: Lite – Instructions to Create Student Support Plans – Page 3~~

~~10. Once saved (as a PDF), an area is provided for insertion of the student's picture if required.~~



~~11. Access and generation of the Student Support Plan – Transportation is the same as above with the exception that there is a Save and Email button. Select Save if the form is only partially completed; once completed select Save and Email. A copy of this form is automatically sent to the Transportation Department so that they may inform the Transportation Provider.~~



~~12. The Student Support Plans (Transportation and School) follow the student if they change schools and is therefore accessible to their new school within our Board.~~

~~APPENDIX F – Consent – SO102 Administration of Prescribed Medication, Including Medicinal Cannabis, in Schools~~

~~Please refer to Procedure SO102 – Administration of Prescribed Medication, including Medicinal Cannabis, in Schools which shall be implemented to document directives and parental consent in regards to administration of prescribed medications.~~

~~File completed SO102 in the “CONSENT FORMS” (dark green) file in the Ontario Student Record (OSR).~~

APPENDIX ~~G-E~~ – 9-1-1 Anaphylaxis Script Protocol

TO BE POSTED BY TELEPHONE

1. This is _____ School.
Address is: _____
Nearest Major Intersection is: _____
Telephone Number is: _____
2. We have a student who is having an anaphylactic emergency. We have administered an auto-injector. There has been no improvement in their condition. We need an ambulance IMMEDIATELY.
3. The closest entrance for the ambulance is on:
_____ Ave. / Road / Street.
4. A staff member will be outside the school entrance to provide direction.
5. Do you need any more information?
6. How long will it take you to get here?
7. Call parent / guardian / emergency contact.

APPENDIX H – Prevalent Medical Conditions – Student Information Form

For the safety of your child, it is imperative that we are aware of all students in the building that have serious medical conditions. With your consent, we will inform staff members about these conditions that could be life threatening.

Please complete the following form so that we can ensure that our records are up to date.

Name of Student: _____

MEDICAL CONDITION	This student HAS experienced an attack/reaction in the past	This student carries medication for this condition	Notes/Other: (type of medication, where stored)
Anaphylaxis (Sabrina’s Law)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Asthma (Ryan’s Law)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Heart Condition	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Concussion	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Other:			

Any other medical notes should be included on the registration form (i.e. non-anaphylactic allergies) in the appropriate section. Please keep us informed of any changes in your child’s critical medical conditions by contacting the school at (_____).

Signature of Parent/Guardian or Student 18+ years _____ Date

NOTICE: Authorization for the collection and maintenance of the personal information recorded on this form is the Education act, R.S.O. 1980, S.265(d) and S.266 and Municipal Freedom of Information and Protection of Privacy Act. Users of this information are supervisory officers, principals, and teachers at the school. Any questions regarding the collection of personal information should be directed to the principal of the school.

Filed in OSR
Retention: E + 10 years (E = Retirement of Student)

APPENDIX G – Sample Letter to School Parents/Guardians from the Principal

On School Letterhead

Date:

Dear Parents:

We felt that all parents would like to be aware that there is a child in our school with a severe life-threatening food allergy (anaphylaxis). This includes any food that has (insert allergen here) in it. This is a medical condition that causes a severe reaction to specific foods and can result in death within minutes.

All our staff have been made aware of this situation and have been instructed in the correct procedures regarding anaphylactic shock.

Prevention, of course, is the best approach. Although this may or may not affect your child's class directly, we want to inform you so that you may choose to send foods with your child to school that are free from (insert allergen here). In a classroom setting, cross-contamination is the greatest risk for this type of allergy.

We endeavour to make the school a safe environment for all students.

Sincerely,

_____, School Principal.

APPENDIX ~~H~~~~i~~ – Sample Items for School Newsletters/Websites

We would like all families to be aware that there is a child (or several children) in our school with a severe life-threatening allergy (anaphylaxis). This is a medical condition that causes a severe reaction to specific triggers and can result in death within minutes. Often the trigger is a type of food, such as peanuts or other nuts, eggs, milk, etc. Although this may or may not affect your child's class directly, we want to inform you that our school is "Nut Aware". At our school we refrain from bringing nut products into the school. There will be more information about anaphylaxis at our "Meet the Teacher Night". Thank you for your understanding and co-operation.

Anaphylactic Shock

Watch out for life-threatening allergies.

Many children have allergies. A few, however, are life-threatening. Some children, for example, are severely allergic to peanut butter. Even a tiny bit can be fatal within minutes. Nuts, shellfish, fish, eggs and milk are also known to cause severe reactions. Knowing that your child has allergies and knowing how to deal with them is your best defence.

If your child is allergic to peanuts or peanut products, please tell us. With your help, we will do our best to prevent mishaps and to make sure that all of our students are safe, healthy, and able to concentrate on learning.


If you would like further information about our policy, please call the school or visit our website: www.granderie.ca / Board / Bylaws, Policies, Procedures / SO 30 – Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication, in School, Health Management Plan – Anaphylaxis.

APPENDIX IJ – Steps to Identify an Anaphylactic Student in the Student Information System

Setting the Critical Medical Condition Symbol in Power School

1. Start Page
2. Select Student
3. Select either Registration Form OR Emergency Contact / Medical

Anaphylactic Shock Condition Alert	()
Critical Medical Condition Alert	()
Student has suffered a concussion and is on a Return to Learn/Return to Physical Activity plan	()
Critical Medical Notes	
Other Medical Notes	

4. Check “Anaphylactic Shock Condition Alert”
5. Check “Critical Medical Condition Alert”
6. Check “Student has suffered a concussion...”, if applicable.
7. Enter student’s medical / health information in the “Critical Medical Notes” field (Note: information **must** be in this field to generate the alert symbol).
8. Click Submit.
9. A Critical Medical Alert symbol will appear next to student’s name.
10. A Concussion Alert symbol  will appear next to the student’s name if this field was indicated as applicable.

Entering information in the “Other Medical Notes” field for non-life-threatening conditions will not generate the Critical Medical Condition Alert.

For more information, refer to Section 6.09 of the Power School OnSIS Instruction Manual:

<http://geportal.granderie.ca/linksandresources/powerschoolmanual/Pages/default.aspx>



Medical ~~Health Management~~ Plan Asthma Manual

January 2020 ~~November 2018~~

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Policy SO30 – Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication, in Schools

In Grand Erie, Policy SO30- Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication, in Schools provides direction to staff of how to support students with the management of anaphylaxis, asthma, diabetes and/or seizure disorder at school. The policy is accompanied by ~~health management~~ Medical Pplans for each prevalent medical condition.

Evidence-Based Resources

Evidence-based resources that provide information on various aspects of these prevalent medical conditions, including triggers or causative agents and signs and symptoms characteristic of medical incidents and medical emergencies can be found at the following links:

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

<http://www.edugains.ca/newsite/SafeHealthySchools/medical-conditions/Prevalent-Medical-Conditions.html>

Asthma – What is It?

Asthma is a serious chronic condition characterized by recurrent attacks of difficult or laboured breathing. Grand Erie recognizes that some students within the school system have been diagnosed with asthma and without proper management this condition can be life threatening.

While it cannot guarantee an environment free of agents that can trigger asthma, Grand Erie school staff shall make every reasonable effort to:

- reduce the risk of exposure to asthma triggers in classrooms and common school areas;
- ensure access to necessary asthma medications (i.e. student will carry medication);
- with parent/guardian consent, ensure that school personnel are aware of which students within the school population have been diagnosed with this condition; and
- outline the procedures necessary to intervene and respond in the event of an asthma emergency.

In order for school personnel to respond appropriately, it is crucial for the parent/guardian (adult student) to keep the school principal/designate fully informed of the student's asthma and the medication(s) which have been prescribed to address the condition

Ryan's Law – Ensuring Asthma Friendly Schools

In accordance with Ryan's Law – Ensuring Asthma Friendly Schools, the Grand Erie District School Board is required to establish and maintain a policy for students diagnosed with asthma, as well as provide training for all staff on asthma management. The safety of students with a medical condition such as asthma is a shared responsibility of the board, school, family, health care provider and community partners.

With respect to the administration of emergency medication at the time of an asthma emergency, "*Ryan's Law – Ensuring Asthma Friendly Schools*" is very clear:

- "If an employee has reason to believe that a pupil is experiencing an asthma exacerbation, the employee may administer asthma medication to the pupil for the treatment of the exacerbation, even if there is no preauthorization to do so under subsection (1).: 2013, s. 3 (3)

- “No action or other proceeding for damages shall be commenced against an employee for an act or omission done or omitted by the employee in good faith in the execution or intended execution of any duty or power under this Act” 2013, s. 3 (4).

Privacy and Confidentiality

Parent/guardian consent will be obtained prior to the sharing of student health information with school staff or other students. Parents and school staff will be informed of the measures to protect the confidentiality of students’ medical records and information.

Avoidance

Grand Erie’s goal is to provide a safe environment for children with asthma, **but it is not possible to reduce the risk to zero.**

School procedures are designed to be flexible enough to allow schools and classrooms to adapt to the needs of individual children and the circumstances which trigger reactions, as well as the organizational and physical environment in different schools.

All recommendations should be considered in the context of the child’s age and developmental and cognitive maturity. As children mature, they should be expected to take increasing personal responsibility for the management of their prevalent medical condition.

Steps to Prevention

The school principal/designate shall take steps to protect students with asthma, which may include the following:

- With parent/guardian consent, inform the students, parents/guardians and school community about the nature of asthma and asthmatic reactions
- Provide a comprehensive awareness workshop for students in the class of the student who is asthmatic
- Communicate general information about asthma to student/staff and parents/guardians on a yearly basis
- Share the schools Asthma Emergency Response Plan with all persons who may be in regular contact with students at risks
- If possible, ensure that the student at risk has a reliever inhaler with them and whenever possible that supervising staff have a second reliever inhaler kept in a readily accessible location as well as a cell phone to be used in emergency situation
- Ensure that the student has their reliever inhaler with them for fire drills, lock downs, hold and secures, shelter in place and bomb threats, or there is one readily available
- Document the strategies which are adopted by the school to prevent an asthma attack from occurring in the [Student Support Medical](#) Plan

Roles and Responsibilities

A whole school approach is needed to support students with asthma, where parents/guardians, students and school personnel must all understand and fulfill their responsibilities.

Responsibilities of PARENTS/GUARDIANS

Parents/guardians are expected to be active participants in supporting the management of their child’s medical condition while the child is at school. Parents/guardians should:

- Educate their child about their medical condition with support from their child’s health care professional, as needed

- Guide and encourage their child to reach their full potential for self-management and self-advocacy
- Inform the school of their child's medical condition
- Complete ~~SO102–Administration of Prescribed Medication~~ Verification Form, including Medicinal Cannabis, in Schools and return it to school
- Provide the school with up-to-date emergency contact names and telephone numbers
- Provide the school with instructions and consent for administering medication
- Provide the school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the Student Support Medical Plan, and track the expiration dates if they are supplied
- Co-create and review with school staff at least annually, or when there is a change in the medical condition, the Student Support Medical Plan
- Communicate changes to the Student Support Medical Plan, such as changes to the status of their child's medical condition or changes to their child's ability to manage the medical condition to the principal or designate
- Confirm annually to the principal or designate that their child's medical status is unchanged
- Initiate and participate in ~~annual~~ meetings to review their child's Student Support Medical Plan
- Seek medical advice from a medical doctor, nurse practitioner, or pharmacist where appropriate

Responsibilities of STUDENTS with Asthma

Students are expected to actively support the development and implementation of their Student Support Medical Plan, depending on their cognitive, emotional, social and physical stage of development and their capacity for self-management. Students should:

- Take responsibility for advocating for their personal safety and well-being
- Participate in the development of their Student Support Medical Plan
- Participate in meetings to review their Student Support Medical Plan
- Carry out daily or routine self-management of their medical condition to their full potential as described in their Student Support Medical Plan (e.g. carry their medication and medical supplies, including controlled substances, follow school board policies on disposal of medication and medical supplies)
- Set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parents/guardians and health care professionals
- Communicate with their parents/guardians and school staff if they are facing challenges related to their medical condition at school
- Wear medical alert identification that they and/or their parents/guardians deem appropriate
- If possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs
- Take as much responsibility as possible for avoiding causative agents

Responsibilities of SCHOOL STAFF

School staff will follow their school board's policies and provisions in their collective agreements related to supporting students with prevalent medical conditions in schools. School staff should:

- Display a photo/poster in the classroom, with parental approval
- Review the contents of the Student Support Medical Plan for any student with whom they have direct contact
- Participate annually in training at school on prevalent medical conditions, or as required
- Share information on a student's signs and symptoms with other students if the parents/guardians give consent and the principal authorizes to do so as outlined in the

~~Student Support~~Medical Plan

- Follow school board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's ~~Student Support~~Medical Plan
- Support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school as outlined in board policies and procedures
- Support inclusion by ensuring students with prevalent medical conditions are able to perform daily or routine management activities in a school location (i.e. classroom) as outlined in their ~~Student Support~~Medical Plan while also maintaining confidentiality and dignity of the student
- Enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their ~~Student Support~~Medical Plan

Responsibilities of the SCHOOL PRINCIPAL

The school principal will assume all responsibilities of school staff and should:

- Clearly communicate to parents/guardians and appropriate staff the process for parents/guardians to notify the school of their child's medical condition, as well as the expectation for parents/guardians to co-create, review and update the ~~Student Support~~Medical Plan with the principal or designate
- Co-create, review and update the ~~Student Support~~Medical Plan with parent/guardian at a minimum at the following times
 - during the time of registration for new students
 - each year before the end of June for existing students ~~during the first week of school~~
 - when a child is diagnosed and/or returns to school following a diagnosis
- Ensure that an Asthma Verification Form has been completed in LITE
- Ensure that an Asthma Medical Plan has been completed in LITE
- Ensure that parent/guardian has ~~ve~~ completed ~~SO102—the~~ Administration of ~~Prescribed Medication~~ Verification Form, including Medicinal Cannabis, in Schools
- Ensure that there is an Administration of Medication Form completed in LITE
- Maintain a file with the ~~Student Support~~Medical Plan and supporting documentation for each student with a prevalent medical condition
- Provide relevant information from the student's ~~Student Support~~Medical Plan to school staff and others who are identified in the ~~Student Support~~Medical Plan (e.g. food service providers, transportation providers, volunteers and occasional staff who will be in direct contact with the student), including any revisions that are made to the plan
- Communicate with parents/guardians in medical emergencies, as outlined in the ~~Student Support~~Medical Plan
- Encourage the identification of staff who can support the daily routine management of needs of students in the school with prevalent medical conditions, while honouring the provisions outlined within collective agreements

Responsibilities of the SCHOOL BOARD

School boards are expected to communicate, on an annual basis, their policies on supporting students with prevalent medical conditions to parents, school board staff and others in the school community who are in direct contact with students (e.g. food service providers, transportation providers, volunteers). School boards will:

- Make policies and ~~Student Support~~Medical Plan templates available on the public website
- Provide training and resources on prevalent medical conditions on an annual basis
- Develop strategies that reduce risk of student exposure to triggers or causative agents in classrooms and common areas

- Develop expectations for schools to support the safe storage and disposal of medication and medical supplies, and communicate these expectations to schools and support schools in the implementation of the expectations (e.g. provide schools with appropriate supplies to support safe disposal of medication and medical supplies)
- Develop expectations for schools to include a process and appropriate resources to support students with prevalent medical conditions in the event of a school emergency (e.g. bomb threat, evacuation, fire, “hold and secure”, “lockdown”)
- Communicate expectations that students ~~will be allowed to~~ carry their medication and supplies to support the management of their medical condition, including controlled substances, as outlined in the ~~Student Support~~ Medical Plan
- Consider PPM161 – Support Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools and Policy SO30 – Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication, in Schools when entering into contracts with transportation, food service and other providers

Board Expectations for Providing Supports to Students with Asthma in Order to Facilitate and Support Daily Routines and Management Activities at School

Facilitating and supporting daily or routine management involves, but is not limited to, supporting inclusion by allowing students with prevalent medical conditions, including asthma, to perform daily or routine management activities in a school location (e.g. within a classroom, gymnasium, library, school yard, on a school bus, at a field trip location), as outlined in the ~~Student Support~~ Medical Plan

Asthma Management Training for School Staff

All school staff will complete annual online health and safety training in asthma management. Training will be completed within the first term or first semester ~~by November 1~~ of the current school year.

Emergency Response

Even when precautions are taken, an asthmatic student may experience an asthma attack while at school. It is essential that the school develop a response protocol, and that all staff are aware of how to implement it. A ~~Student Support~~ Medical Plan will be developed for each asthmatic child, in conjunction with the child’s parent/guardian (and medical professional, if appropriate) and kept in a readily accessible location.

All staff will be made aware of the School Asthma Emergency Response Plan (Appendix A).

Reporting

Subject to relevant privacy legislation, Grand Erie will collect the following data:

- The number of students with prevalent medical conditions in schools
- The number of occurrences of medical incidents and medical emergencies
- The circumstances surrounding the occurrences of medical incidents and emergencies

Grand Erie will report to the Minister of Education, upon the implementation of PPM161 and upon request thereafter, the activities employed to achieve the expectations outlined in PPM161.

APPENDIX A – School Asthma Emergency Response Plan

SIGNS & SYMPTOMS	
MILD	SEVERE
<ul style="list-style-type: none"> • Coughing (a constant cough may be the only warning sign and should be treated) • Breathing is difficult and fast • Complaining of chest tightness (child will describe this symptom in all sorts of ways) • Wheezing (a high pitched musical sound when breathing) • Restlessness • Irritability • Tiredness 	<p>Any of the following may be observed</p> <ul style="list-style-type: none"> • Unable to catch their breath • Breathing is difficult and fast (x25 inspirations/min) • Ribs show during breathing (the skin between the neck and ribs is sucked in with each breath) • Not improving after taking reliever inhaler within 5-10 minutes • Can only say 3-5 words before needing to take another breath • Lips or nail beds blue or grey • You have ANY doubts about the child’s condition
WHAT TO DO	
<ol style="list-style-type: none"> 1 Administer the reliever inhaler immediately <ul style="list-style-type: none"> • (the inhaler is usually blue in colour and opens the narrowed airway passages quickly) 2 Stay calm! Remain with and reassure the child <ul style="list-style-type: none"> • Asthma episodes are frightening... listen to what the child is saying 3 Tell the child to breathe slowly <ul style="list-style-type: none"> • Usually it is easier to sit up and lean slightly forward. • Lying on their back is not recommended! • <u>Do not</u> have child breathe into a paper bag. 4 Reliever inhaler should help within 5-10 minutes...if not: FOLLOW THE EMERGENCY INSTRUCTIONS FOR SEVERE EPISODES 	<ol style="list-style-type: none"> 1 This is an emergency CALL 911 2 Give reliever inhaler immediately. 3 Notify Parent / Guardian. 4 Continue to give the reliever inhaler every few minutes until help arrives. 5 A student should always be taken to the hospital in an ambulance. School Staff should not take the student in their car as the student’s condition may deteriorate quickly. <p style="text-align: center; font-size: small;"><i>Information adapted from The Lung Association’s Poster “My Child is Having an Asthma Episode: What are the Signs?”</i></p>
AFTER THE EPISODE	
<ul style="list-style-type: none"> • Notify parent/guardian about the episode. • Minor asthma episodes should not interrupt a child’s activity in school. As soon as the child feels better, s/he can return to normal activities. • If the child requires the inhaler again in less than four hours or if you have any concerns about the child’s condition, medical attention should be sought. 	<ul style="list-style-type: none"> • Record medication taken as per board policy. • Record activities to assist student.

APPENDIX B – Asthma Verification Form Student Support Plan—Template

(Page 1 of 2)



Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3

Last Name, First Name
Asthma Plan of Care Alert

Asthma Plan of Care Alert - Draft

Student Name

DOB

Gender

KNOWN ASTHMA TRIGGERS

Colds/Flu/Illness

Change In Weather

At Risk For Anaphylaxis
(Specify Allergen)

Physical Activity/Exercise

Other (Specify)

Asthma Trigger Avoidance Instructions

Any Other Medical Condition Or Allergy?

DAILY/ ROUTINE ASTHMA MANAGEMENT

RELIEVER INHALER USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES

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

When student is experiencing asthma symptoms (e.g., trouble breathing, coughing, wheezing)

Other (explain):

Use reliever inhaler in the dose of
(Name of Medication) (Number of Puffs)

Airomir Ventolin Bricanyl Other (Specify)

Spacer (valved holding chamber) provided? Yes No

Student requires assistance to access reliever inhaler. Inhaler must be readily accessible.

Reliever inhaler is kept with: Location:

Student will carry their reliever inhaler at all times including during recess, gym, outdoor and off-site activities.

Reliever inhaler is kept in the student's:

Pocket Backpack/Fanny Pack Case/Pouch Other (Specify)

Does student require assistance to administer reliever inhaler? Yes No

Student's spare reliever inhaler is kept: Location:

CONTROLLER MEDICATION USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES

Controller medications are taken regularly every day to control asthma. Usually, they are taken in the morning and at night, so generally not taken at school (unless the student will be participating in an overnight activity).

Use/administer In the dose of At the following times:

Use/administer In the dose of At the following times:

Appendix B: Asthma Verification Form Student Support Plan - Template
(Page 2 of 2)



Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3

Last Name, First Name
Asthma Plan of Care Alert

Use/administer	<input style="width: 90%;" type="text"/>	In the dose of	<input style="width: 90%;" type="text"/>	At the following times:	<input style="width: 90%;" type="text"/>
Other Individuals To Be Contacted Regarding Plan Of Care:					
Before-School Program	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input style="width: 100%;" type="text"/>	Transported by GEDSB:	<input style="width: 100%;" type="text"/>	
After-School Program	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input style="width: 100%;" type="text"/>	Other:	<input style="width: 100%;" type="text"/>	
<p>This plan remains in effect for the school year without change and will be reviewed on or before: .</p> <p>It is the parent(s)/guardian(s)/student 18+ responsibility to notify the principal if there is a need to change the Plan of Care during the school year.</p> <p>I acknowledge that the information contained on the this form may be shared with Grand Erie District School Board staff, volunteers, transportation providers in order to provide appropriate supports for my child. Depending on the nature/severity of the medical condition, I acknowledge that my child's information and photograph may be made accessible to staff, volunteers and transportation providers in the form of a notice and/or poster. In the event of an emergency, I give permissions for GEDSB to administer an EpiPen or other emergency measures deemed appropriate.</p>					
Parent(s)/Guardian(s)/Student 18+:	_____		_____		_____
	Signature				Date
Student Over 16:	_____		_____		_____
	Signature				Date
Principal:	_____		_____		_____
	Signature				Date
<p>Personal information contained on this form is collected under the authority of the Education Act, in accordance with the Municipal Freedom of Information and Protection of Privacy Act, and will be used for the purposes of the education of students.</p>					

APPENDIX C – Asthma Student Support Medical Plan Template for School –
 Sample
 Asthma Example (Page 1 of 32)



Last Name, First Name

Grand Erie District School Board
 349 Erie Avenue, Brantford, Ontario N3T 5V3

Health Management Plan			
Name	OEN	Board Id #	Grade
School	Family	DOB	Gender
Additional Contact Information			
Teachers:			
Created By:	on:	Last Edit by	on:
Emergency Contacts			
Name	Relationship	Daytime Phone	Alt. Phone
Prevalent Medical Conditions			Picture
POC Type	Plan Date	Status	
<input type="checkbox"/> Anaphylaxis		Draft	
<input checked="" type="checkbox"/> Asthma		Draft	
<input type="checkbox"/> Diabetic			
<input type="checkbox"/> Epilepsy			
<input type="checkbox"/> Heart Condition			
<input type="checkbox"/> Other			
<input type="checkbox"/> Administration of Medication			
<input type="checkbox"/> Personal			

Appendix C – Asthma Student Support Medical Plan Template for School – Sample Asthma Example (Page 2 of 32)



Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3

Last Name, First Name
Asthma Plan of Care Alert

Asthma Plan of Care Alert - Draft

Name	OEN	Board Id #	Grade
School	Family	DOB	Gender
Additional Contact Information			
Created By:	on:	Last Edit by	on: Status: Draft Finalized on:

KNOWN ASTHMA TRIGGERS

<input type="checkbox"/> Colds/Flu/Illness <input type="checkbox"/> Change In Weather <input type="checkbox"/> At Risk For Anaphylaxis (Specify Allergen) _____ <input type="checkbox"/> Physical Activity/Exercise <input type="checkbox"/> Other (Specify) _____	Asthma Trigger Avoidance Instructions Any Other Medical Condition Or Allergy?
--	--

DAILY/ ROUTINE ASTHMA MANAGEMENT

RELIEVER INHALER USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES

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

When student is experiencing asthma symptoms (e.g., trouble breathing, coughing, wheezing)
 Other (explain): _____

Use reliever inhaler _____ in the dose of _____ (Number of Puffs)

Airomir Ventolin Bricanyl Other (Specify) _____

Spacer (valved holding chamber) provided? Yes No

Student requires assistance to access reliever inhaler. Inhaler must be readily accessible.

Reliever inhaler is kept with: _____ Location: _____
 Other Location: _____
 Locker #: _____ Locker Combination: _____

Student will carry their reliever inhaler at all times including during recess, gym, outdoor and off-site activities.

Reliever inhaler is kept in the student's:

Pocket Backpack/Fanny Pack Case/Pouch Other (Specify) _____

Does student require assistance to administer reliever inhaler? Yes No

Student's spare reliever inhaler is kept: _____ Location: _____
 Other Location: _____
 Locker #: _____ Locker Combination: _____

CONTROLLER MEDICATION USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES

Controller medications are taken regularly every day to control asthma. Usually, they are taken in the morning and at night, so generally not taken at school (unless the student will be participating in an overnight activity).

Use/administer _____	In the dose of _____	At the following times: _____
Use/administer _____	In the dose of _____	At the following times: _____
Use/administer _____	In the dose of _____	At the following times: _____

Appendix C – Asthma Medical Plan Template for School – Sample Asthma Example (Page 32 of 32)



Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3

Last Name, First Name
Asthma Plan of Care Alert

AUTHORIZATION/PLAN REVIEW		
STAFF MEMBERS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED	OTHER INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
<p>Other Individuals To Be Contacted Regarding Plan Of Care:</p> <p>Before-School Program Yes <input checked="" type="radio"/> No <input type="radio"/> _____ Transported by GEDSB _____</p> <p>After-School Program Yes <input checked="" type="radio"/> No <input type="radio"/> _____ Other: _____</p>		
<p>This plan remains in effect for the school year without change and will be reviewed on or before: .</p> <p>It is the parent(s)/guardian(s)/student 18+ responsibility to notify the principal if there is a need to change the Plan of Care during the school year.</p> <p>I acknowledge that the information contained on this form may be shared with Grand Erie District School Board staff, volunteers, transportation providers in order to provide appropriate supports for my child. Depending on the nature/severity of the medical condition, I acknowledge that my child's information and photograph may be made accessible to staff, volunteers and transportation providers in the form of a notice and/or poster. In the event of an emergency, I give permissions for GEDSB to administer an EpiPen or other emergency measures deemed appropriate.</p>		
Parent(s)/Guardian(s)/Student 18+:	_____	_____
	Signature	Date
Student Over 16:	_____	_____
	Signature	Date
Principal:	_____	_____
	Signature	Date
<p>Personal information contained on this form is collected under the authority of the Education Act, in accordance with the Municipal Freedom of Information and Protection of Privacy Act, and will be used for the purposes of the education of students.</p>		

APPENDIX D – Administration of Medication Verification Form Student Support Plan for Transportation – Sample Asthma Example



APPENDIX D - Administration of Medication Verification Form

Student Name
Administration of Medication

Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3

Administration of Medication - Open

Student Name

DOB

Gender

MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN

Name of Dispensing Pharmacy:

Pharmacy Address: **Phone:**

Name of Physician:

Physician Address: **Phone:**

MEDICATION INFORMATION: To be filled in by Parent/Guardian

Reason for Medication:

Medication Prescribed	Dosage	Time of Administration	Possible side effects (if any)	Duration of continuing medication
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Parent/Guardian Signature: _____ **Date:** _____

APPENDIX E – Administration of Medication Form



APPENDIX E - Administration of Medication Form
Grand Erie District School Board
 349 Erie Avenue, Brantford, Ontario N3T 5V3

Student Name
 Administration of Medication

Administration of Medication - Open				
Name School	OEN Family	Board Id # DOB	Grade Gender	
Created By:	on: 2019.09.11	Last Edit by on: 2019.09.11	Status: Open	Finalized on: 2019.09.11
MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN				
Name of Dispensing Pharmacy: _____				
Pharmacy Address: _____			Phone: _____	
Name of Physician: _____			Phone: _____	
Physician Address: _____			Phone: _____	
MEDICATION INFORMATION: To be filled in by Parent/Guardian				
Reason for Medication:				
MEDICATION INFORMATION: To be filled in by Parent/Guardian				
Medication Prescribed	Dosage	Time of Administration	Possible side effects (if any)	Duration of continuing medication
Parent/Guardian Signature: _____		Date: _____		

APPENDIX E – Lite – Instructions to Create Student Support Plans

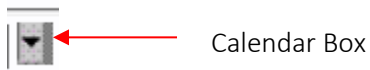
1. Select *SSTP* (Student Support & Transportation Plans) from the tabs across the top of the screen. From the *SSTP* tab menu select Support Plan – School.



2. Select your *School*; enter the first couple of letters of the student's last name and then select *Find*. Choose the student from the drop down list.



3. In the Plan Dates field select Create New Plan. A *Calendar* box adjacent to Date of Development will be accessible. Once a date is selected the *Create* button is accessible. That date will now appear in your Plan Dates box.



The Support Plan should be updated annually. An existing plan can be modified during the school year by selecting the date of the plan.

The image shows a form titled 'Student Support Plan - School'. It has several sections: 'Name' (School, Principal), 'OEN Family', 'Board Id #', 'Grade Gender', and 'DOB'. Below these are 'Student Information' (Address) and 'Parent/Guardian Information' (Name & Address, Home Telephone). At the bottom, there is a 'Plan Dates' dropdown menu showing '28-Jan-2016', a 'Date Of Development' input field, and a 'Create' button.

4. Enter the support staff that is available for the student and enter any agencies that are involved with the student, if applicable.

The image shows two horizontal input fields. The left one is labeled 'Other Support Staff:' and the right one is labeled 'Agency Involvement:'. Both fields have small upward and downward arrows on their right ends, indicating they are dropdown menus.

5. To record information in the *Primary Medical Concern* and *Triggers* field select the Pencil icon. All information entered in this field will also appear on the Student Support Plan – Transportation if transportation plan is also required. This eliminates the need to re enter the same information on both forms. If during the school year the information entered in Primary Medical Concern and Triggers needs to be updated, entering the data on either the School or Transportation Support Plan automatically updates the other plan with the entered information.

Primary Medical Concern:

Triggers:

APPENDIX E: Lite Instructions to Create Student Support Plans Page 2

6. Record Other Relevant Information (e.g. signs, precursors, etc.), Immediate Communication and Immediate Actions.

Other Relevant Information (e.g. signs, precursors, etc.)

Immediate Communication:

Immediate Actions:

Insert Student Picture

7. Enter a summary of the actions that need to be taken, in sequence, during an episode. If additional lines to your SUMMARY OF INTERVENTION are required select the save button, and a new line will be inserted.

SUMMARY OF INTERVENTION		
Action To Be Taken	Taken By	Time Line

8. Select Save from the left navigation bar.

Logoff ? Exit

Print

Save

Delete

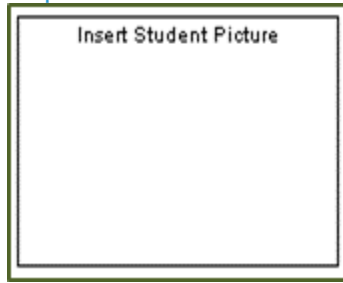
Cancel

9. ~~Print a copy of this form and have the parent/guardian sign.~~

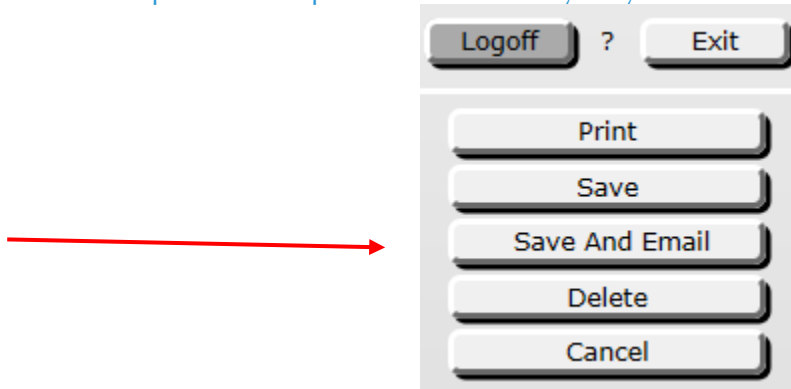
Signing this form indicates we have read and agree to this Student Support Plan	
Date:	Date:
Principal's Signature	Parent/Guardian Signature

~~APPENDIX E: Lite Instructions to Create Student Support Plans — Page 3~~

~~10. Once saved (as a PDF), an area is provided for insertion of the student's picture if required.~~



~~11. Access and generation of the Student Support Plan — Transportation is the same as above with the exception that there is a Save and Email button. Select Save if the form is only partially completed; once completed select Save and Email. A copy of this form is automatically sent to the Transportation Department so that they may inform the Transportation Provider.~~



~~12. The Student Support Plans (Transportation and School) follow the student if they change schools and is therefore accessible to their new school within our Board.~~

~~APPENDIX F—Consent—SO102 Administration of Prescribed Medication, Including Medicinal Cannabis, in Schools~~

~~Please refer to Procedure SO102—Administration of Prescribed Medication, including Medicinal Cannabis, in Schools which shall be implemented to document directives and parental consent in regards to administration of prescribed medications.~~

~~File completed SO102 in the “CONSENT FORMS” (dark green) file in the Ontario Student Record (OSR).~~

APPENDIX EG – 9-1-1 Asthma Script Protocol

TO BE POSTED BY TELEPHONE

1. This is _____ School.
Address is: _____
Nearest Major Intersection is: _____
Telephone Number is: _____
2. We have a student who is having an asthma emergency. We have administered a Reliever Inhaler. There has been no improvement in their condition. We need an ambulance IMMEDIATELY.
3. The closest entrance for the ambulance is on:
_____ Ave. / Road / Street.
4. A staff member will be outside the school entrance to provide direction.
5. Do you need any more information?
6. How long will it take you to get here?
7. Call parent / guardian / emergency contact.

APPENDIX H-G – Prevalent Medical Conditions - Student Information Form

For the safety of your child, it is imperative that we are aware of all students in the building that have serious medical conditions. With your consent, we will inform staff members about these conditions that could be life-threatening.

Please complete the following form so that we can ensure that our records are up to date.

Name of Student: _____

MEDICAL CONDITION	This student HAS experienced an attack/reaction in the past	This student carries medication for this condition	Notes/Other: (type of medication, where stored)
Anaphylaxis (Sabrina's Law)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Asthma (Ryan's Law)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Heart Condition	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Concussion	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Other:			

Any other medical notes should be included on the registration form (i.e. non-anaphylactic allergies) in the appropriate section. Please keep us informed of any changes in your child's critical medical conditions by contacting the school at (_____).

Signature of Parent/Guardian or Student 18+ years

Date

NOTICE: Authorization for the collection and maintenance of the personal information recorded on this form is the Education act, R.S.O. 1980, S.265(d) and S.266 and Municipal Freedom of Information and Protection of Privacy Act. Users of this information are supervisory officers, principals, and teachers at the school. Any questions regarding the collection of personal information should be directed to the principal of the school.


Filed in OSR
Retention: E + 10 years (E = Retirement of Student)

APPENDIX H – Steps to Identify an Asthmatic Student in the Student Information Systems

Setting the Critical Medical Condition Symbol in Power School

1. Start Page
2. Select Student
3. Select either Registration Form OR Emergency Contact / Medical

Anaphylactic Shock Condition Alert	()
Critical Medical Condition Alert	()
Student has suffered a concussion and is on a Return to Learn/Return to Physical Activity plan	()
Critical Medical Notes	
Other Medical Notes	

4. Check “Anaphylactic Shock Condition Alert”
5. Check “Critical Medical Condition Alert”
6. Check “Student has suffered a concussion...”, if applicable.
7. Enter student’s medical / health information in the “Critical Medical Notes” field (Note: information **must** be in this field to generate the alert symbol).
8. Click Submit.
9. A Critical Medical Alert symbol will appear next to student’s name.
10. A Concussion Alert symbol  will appear next to the student’s name if this field was indicated as applicable.

Entering information in the “Other Medical Notes” field for non-life-threatening conditions will not generate the Critical Medical Condition Alert.

For more information, refer to Section 6.09 of the Power School OnSIS Instruction Manual:

<http://geportal.granderie.ca/linksandresources/powerschoolmanual/Pages/default.aspx>



Medical ~~Health Management~~ Plan Diabetes Manual

January 2020 ~~November 2018~~

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Policy SO30 – Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication, in Schools

In Grand Erie, Policy SO30- Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication, in Schools provides direction to staff of how to support students with the management of anaphylaxis, asthma, diabetes and/or seizure disorder at school. The policy is accompanied by ~~health management~~ Medical Plans for each prevalent medical condition.

Evidence-Based Resources

Evidence-based resources that provide information on various aspects of these prevalent medical conditions, including triggers or causative agents and signs and symptoms characteristic of medical incidents and medical emergencies can be found at the following links:

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

<http://www.edugains.ca/newsite/SafeHealthySchools/medical-conditions/Prevalent-Medical-Conditions.html>

Diabetes Mellitus – What is It?

Diabetes mellitus is a disease resulting from a lack of insulin action. Insulin is a hormone produced by the pancreas. Without insulin, carbohydrates (starch and sugars) in the food we eat cannot be converted into stored energy (called blood glucose or “blood sugar”¹) required to sustain life. Instead, unused glucose accumulates in the blood and spills out into the urine.

The majority of people with diabetes develop the problem in adulthood. They can still produce some insulin and may be able to control their diabetes by diet alone or with oral medication.

Children and adolescents with diabetes are different; they are unable to make any insulin and must take insulin injections each day.

At this time, no one knows why children and adolescents develop diabetes. It is known, however, that this disease is not the result of poor eating habits nor is it infectious.

Hyperglycemia

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

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

Blood sugar also rises because of illness, stress, or excitement. Usually, it is caused by a combination of factors. Students are not usually in immediate danger from high blood sugar unless they are vomiting, breathing heavily or lethargic. They may have difficulty concentrating in class.

Symptoms of hyperglycemia are rapid, shallow breathing, vomiting and fruity breath.

Contact parents immediately if a student is unwell, has severe abdominal pain, nausea, vomiting or symptoms of severe high blood sugar. If the student is well, follow instructions for high blood sugar in their care plan. Allow unlimited trips to the washroom, and encourage them to drink plenty of water.

Hypoglycemia

Hypoglycemia is an emergency situation caused by LOW blood sugar. The situation can develop within minutes of the child appearing healthy and normal.

Causes	Symptoms	Immediate Treatment
<p>Caused by one or more of the following:</p> <ul style="list-style-type: none"> • insufficient food due to delayed or missed meal • more exercise or activity than usual without a corresponding increase in food; and/or • too much insulin 	<ul style="list-style-type: none"> • cold, clammy or sweaty skin • pallor (paleness) • shakiness, tremor, lack of coordination (eg. deterioration in writing or printing skills) • irritability, hostility, poor behaviour, tearfulness • a staggering gait • confusion • loss of consciousness and possible seizure if not treated early <p>The child may also complain of:</p> <ul style="list-style-type: none"> • nervousness • excessive hunger • headache • blurred vision and dizziness • abdominal pain and nausea 	<p>It is imperative at the first sign of hypoglycemia you give sugar immediately.</p> <p>If the parents have not provided you with more specific instructions which can be readily complied with, give:</p> <ul style="list-style-type: none"> • 6 oz./175 ml of fruit juice OR regular pop; or • 2-3 teaspoons/10 ml or 3-4 packets of sugar; or • 4 Dex 4 glucose tablets; or • 2-3 teaspoons/10 ml honey

Glucagon (Glycogen) Injections

Glycogen is an emergency drug that is used to treat hypoglycemia. It should only be used under the direction of a medical professional.

School staff should be educated about the potential for hypoglycemia in a student with diabetes; however, **school staff will not be giving glycogen injections.** In an emergency situation, where a student is severely hypoglycemic, a glycogen injection may be done by trained EMS paramedics. It is important to note that hypoglycemia presenting in a school setting would not normally be an immediate life-threatening condition – that is, ambulances with advanced care paramedics can respond immediately. Paramedics will make the proper assessment and provide treatment, as required. [For specific guidelines for sports, field trips and other co-instructional activities, please see Section 5.2.](#)

The use of glycogen injections (Glucagon) in these situations **will not** be administered by school staff.

Insulin Injections

School staff do not administer insulin injections. Most insulin injections are administered outside school hours – before breakfast and supper and at bedtime. However, the insulin regimen varies with the individual and most students do require an insulin injection before lunch. Students using an insulin pump would give insulin each time they eat carbohydrate foods.

Diabetes Management – Independence vs. Protection

The ultimate goal of diabetes management within the school setting is to have the child feel safe and

supported with their diabetes care and to be encouraged towards independence in age-appropriate steps. This independence includes the specific management of diet, activity, medication (insulin) and blood sugar testing, as required. Independence of care also includes the development of self-advocacy skills and a circle of support among persons who understand the disease and can provide assistance as needed.

Children are diagnosed with diabetes at various stages of their lives. Some will be very young, and others older and more mature, some will have special needs. The goal for all of these children is to become as independent as possible, as soon as possible in managing their diabetes. **Safety of children must also be a consideration as insulin is a dangerous medication if missed or too much is injected.** The school role is to provide **support** as the child moves from dependence to independence and to create a supportive environment in which this transition can occur. Nevertheless, the ultimate responsibility for diabetes management rests with the family and the child.

Liability

In 2001, the Ontario government passed the Good Samaritan Act to protect individuals from liability with respect to voluntary emergency medical or first-aid services. Subsections 2(1) and (2) of this act state the following with regard to individuals:

- 2.(1) Despite the rules of common law, a person described in subsection (2) who voluntarily and without reasonable expectation of compensation or reward provides the services described in that subsections is not liable for damages that result from the person's negligence in acting or failing to act while providing the services, unless it is established that the damages were caused by the gross negligence of the person.
- (2) Subsection (1) applies to,
 - ...(b) an individual...who provides emergency first aid assistance to a person who is ill, injured or unconscious as a result of an accident or other emergency, if the individual provides the assistance at the immediate scene of the accident or emergency.

Privacy and Confidentiality

Parent/guardian consent will be obtained prior to the sharing of student health information with school staff or other students. Parents and school staff will be informed of the measures to protect the confidentiality of students' medical records and information.

Avoidance

Grand Erie's goal is to provide a safe environment for children with diabetes, **but it is not possible to reduce the risk to zero.**

School procedures are designed to be flexible enough to allow schools and classrooms to adapt to the needs of individual children and the circumstances which trigger reactions, as well as the organizational and physical environment in different schools.

All recommendations should be considered in the context of the child's age and developmental and cognitive maturity. As children mature, they should be expected to take increasing personal responsibility for the management of their prevalent medical condition.

Steps to Prevention

The school principal/designate shall take steps to protect students with diabetes by enlisting the support of School Health Support Services if appropriate and with parent/guardian consent.

Application for School Health Support Services

<https://staff.granderie.ca/index.php/programs/special-educa/resources-special-education/hnhb-lhin-ecac>

<https://staff.granderie.ca/index.php/programs/special-educa/new-school-health-support-services-lhin>

The principal may also;

- With parent/guardian consent, inform the students, parents/guardians and school community about the nature of diabetes
- Provide a comprehensive awareness workshop for students in the class of the student who is diabetic;
- Communicate general information about diabetes to student/staff and parents/guardians on a yearly basis;
- Share the schools Diabetes Emergency Response Plan with all persons who may be in regular contact with students at risk;
- If possible, ensure that the student at risk has their medication with them, or it is stored in an easily accessible location
- Ensure that the student has their medication with them for fire drills, lock downs, hold and secures, shelter in place and bomb threats, or there is one readily available
- Document the strategies which are adopted by the school to protect the student with diabetes in the [Student Support Medical](#) Plan

Blood Glucose Self-Monitoring: Testing Blood Sugar

The monitoring of blood glucose is a tool one uses for achieving the target blood sugar levels. Blood sugar levels will change with eating, physical activity, stress, or illness. Sometimes the blood sugar fluctuates for no apparent reason.

Knowing blood sugar levels will:

- Help the student understand the balance of food, insulin and exercise
- Help the parents and doctor adjust insulin and food
- Help avoid the consequences of hypoglycemia and hyperglycemia.
- Monitoring will give early warning without waiting for the onset of symptoms.
- This is safe to do in classroom as it is part of the child's daily tasks, however some children prefer privacy. Family and school should work together to decide the best plan. A child with low sugar should not have to move from their desk to test their blood sugar and receive treatment.

Roles and Responsibilities

A whole school approach is needed to support students with diabetes, where parents/guardians, students and school personnel must all understand and fulfill their responsibilities.

Responsibilities of PARENTS/GUARDIANS

Parents/guardians are expected to be active participants in supporting the management of their child's medical condition while the child is at school. Parents/guardians should:

- Educate their child about their medical condition with support from their child's health care professional, as needed
- Guide and encourage their child to reach their full potential for self-management and self-advocacy

- Inform the school of their child’s medical condition
- Complete ~~SO102–Administration of Prescribed Medication~~ Verification Form, ~~Including Medicinal Cannabis, in Schools~~ and return it to school
- Provide the school with up-to-date emergency contact names and telephone numbers
- Provide the school with instructions and consent for administering medication
- Provide the school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the Student Support Medical Plan, and track the expiration dates if they are supplied
- Co-create and review with school staff at least annually, or when there is a change in the medical condition, the Student Support Medical Plan
- Communicate changes to the Student Support Medical Plan, such as changes to the status of their child’s medical condition or changes to their child’s ability to manage the medical condition to the principal or designate
- Confirm annually to the principal or designate that their child’s medical status is unchanged
- Initiate and participate in ~~regular~~annual meetings to review their child’s Student Support Medical Plan
- Seek medical advice from a medical doctor, nurse practitioner, or pharmacist where appropriate

Responsibilities of STUDENTS with Diabetes

Students are expected to actively support the development and implementation of their Student Support Medical Plan, depending on their cognitive, emotional, social and physical stage of development and their capacity for self-management. Students should:

- Take responsibility for advocating for their personal safety and well-being
- Participate in the development of their Student Support Medical Plan
- Participate in meetings to review their Student Support Medical Plan
- Carry out daily or routine self-management of their medical condition to their full potential as described in their Student Support Medical Plan (e.g. carry their medication and medical supplies, including controlled substances, follow school board policies on disposal of medication and medical supplies)
- Set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parents/guardians and health care professionals
- Communicate with their parents/guardians and school staff if they are facing challenges related to their medical condition at school
- Wear medical alert identification that they and/or their parents/guardians deem appropriate
- If possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs
- Take as much responsibility as possible for avoiding causative agents

Responsibilities of SCHOOL STAFF

School staff will follow their school board’s policies and provisions in their collective agreements related to supporting students with prevalent medical conditions in schools. School staff should:

- Display a photo/poster in the classroom, with parental approval
- Review the contents of the Student Support Medical Plan for any student with whom they have direct contact
- Participate annually in training at school on prevalent medical conditions, or as required
- Share information on a student’s signs and symptoms with other students if the parents/guardians give consent and the principal authorizes to do so as outlined in the Student Support Medical Plan
- Follow school board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance

- with the student's ~~Student Support~~Medical Plan
- Support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school as outlined in board policies and procedures
 - Support inclusion by ensuring students with prevalent medical conditions are able to perform daily or routine management activities in a school location (i.e. classroom) as outlined in their ~~Student Support~~Medical Plan while also maintaining confidentiality and dignity of the student
 - Enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their ~~Student Support~~Medical Plan

Responsibilities of the SCHOOL PRINCIPAL

The school principal will assume all responsibilities of school staff and should:

- Clearly communicate to parents/guardians and appropriate staff the process for parents/guardians to notify the school of their child's medical condition, as well as the expectation for parents/guardians to co-create, review and update the ~~Student Support~~Medical Plan with the principal or designate
- Co-create, review and update the ~~Student Support~~Medical Plan with parent/guardian at a minimum at the following times
 - during the time of registration for new student
 - each year before the end of June for existing students~~during the first week of school~~
 - when a child is diagnosed and/or returns to school following a diagnosis
- Ensure that a Diabetes Verification Form has been completed in LITE
- Ensure that a Diabetes Medical Plan has been completed in LITE
- Ensure that parent/guardian has ~~ve~~ completed ~~SO102—Administration of Prescribed Medication Verification Form, Including Medicinal Cannabis, in Schools~~
- Ensure that an Administration of Medication Form is completed in LITE
- Maintain a file with the ~~Student Support~~Medical Plan and supporting documentation for each student with a prevalent medical condition
- Provide relevant information from the student's ~~Student Support~~Medical Plan to school staff and others who are identified in the ~~Student Support~~Medical Plan (e.g. food service providers, transportation providers, volunteers and occasional staff who will be in direct contact with the student), including any revisions that are made to the plan
- Communicate with parents/guardians in medical emergencies, as outlined in the ~~Student Support~~Medical Plan
- Encourage the identification of staff who can support the daily routine management of needs of students in the school with prevalent medical conditions, while honouring the provisions outlined within collective agreements

Responsibilities of the SCHOOL BOARD

School boards are expected to communicate, on an annual basis, their policies on supporting students with prevalent medical conditions to parents, school board staff and others in the school community who are in direct contact with students (e.g. food service providers, transportation providers, volunteers). School boards will:

- Make policies and ~~Student Support~~Medical Plan templates available on the public website
- Provide training and resources on prevalent medical conditions on an annual basis
- Develop strategies that reduce risk of student exposure to triggers or causative agents in classrooms and common areas
- Develop expectations for schools to support the safe storage and disposal of medication and medical supplies, and communicate these expectations to schools and support schools in the implementation of the expectations (e.g. provide schools with appropriate supplies to support safe disposal of medication and medical supplies)

- Develop expectations for schools to include a process and appropriate resources to support students with prevalent medical conditions in the event of a school emergency (e.g. bomb threat, evacuation, fire, “hold and secure”, “lockdown”)
- Communicate expectations that students are allowed to carry their medication and supplies to support the management of their medical condition, including controlled substances, as outlined in the ~~Student Support~~Medical Plan
- Consider PPM161 – Support Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools and Policy SO30 – Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication, in Schools when entering into contracts with transportation, food service and other providers

Board Expectations for Providing Supports to Students with Diabetes in Order to Facilitate and Support Daily Routines and Management Activities at School

Facilitating and supporting daily or routine management involves, but is not limited to, supporting inclusion by allowing students with prevalent medical conditions, including diabetes, to perform daily or routine management activities in a school location (e.g. within a classroom, gymnasium, library, school yard, on a school bus, at a field trip location), as outlined in the ~~Student Support~~Medical Plan

Diabetes Management Training for School Staff

All school staff will complete annual online health and safety training in diabetes management. Training will be completed with the first term or first semester~~by November 1~~ of the current school year.

Emergency Response

Even when precautions are taken, a diabetic student may experience hypoglycemia (low blood sugar) while at school. It is essential that the school develop a response protocol, and that all staff are aware of how to implement it. A ~~Student Support~~Medical Plan will be developed for each diabetic child, in conjunction with the child’s parent/guardian (and medical professional, if appropriate) and kept in a readily accessible location.

All staff will be made aware of the School Diabetes Emergency Response Plan (Appendix A).

Reporting

Subject to relevant privacy legislation, Grand Erie will collect the following data:

- The number of students with prevalent medical conditions in schools
- The number of occurrences of medical incidents and medical emergencies
- The circumstances surrounding the occurrences of medical incidents and emergencies

Grand Erie will report to the Minister of Education, upon the implementation of PPM161 and upon request thereafter, the activities employed to achieve the expectations outlined in PPM161.

APPENDIX A – School Diabetes Emergency Response Plan

SIGNS AND SYMPTOMS of HYPOGLYCEMIA

Sweating	Trembling	Dizziness	Mood changes
Hunger	Headaches	Blurred Vision	Extreme tiredness/ paleness

**LOW BLOOD SUGAR IS READING UNDER 4
WHEN IN DOUBT TREAT!!**

WHAT TO DO

1. **SELECT ONE TREATMENT** (see student's treatment chart in their blood sugar testing kit), PROVIDED BY PARENT, FROM THE FOLLOWING:

6 oz. (175 ml) of fruit juice/drink (junior juice box) **OR**

2-3 tsp (10-15 ml) of sugar (3-4 packets) **OR**

6 oz. (175 ml) of regular pop (not diet type) **OR**

2-3 tsp (10 – 15 ml) of honey **OR**

4 Dex 4 glucose tablets

OTHER _____

2. **INFORM PARENTS** that treatment has been given and child has responded/not responded
3. **WAIT 10-15 MINUTES;** IF BLOOD SUGAR IS NOT

6-10 mmolL ages 0-6 years

4-10 mmolL ages 6-12 years

4-7 mmolL ages 13-18 years

REPEAT ABOVE TREATMENT

4. **DO NOT LEAVE THE STUDENT ALONE.**

If the student is unconscious, having a seizure or unable to swallow:

- ✓ DO NOT give food or drink
- ✓ Roll the student on his/her side
- ✓ Call 9-1-1

APPENDIX B – Diabetes Verification FormStudent Support Plan– Template
 (Page 1 of 32)



Grand Erie District School Board
 349 Erie Avenue, Brantford, Ontario N3T 5V3

Last Name, First Name
 Diabetic Plan of Care Alert

Diabetic Plan of Care Alert - Draft

Student Name

DOB

Gender

TYPE 1 DIABETES SUPPORTS

Names of trained individuals who will provide support with diabetes-related tasks: (e.g. designated staff or community care allies.)

DAILY/ROUTINE TYPE 1 DIABETES MANAGEMENT

Yes No Student is able to manage their diabetes care independently and does not require any special care from the school.

BLOOD GLUCOSE MONITORING

ROUTINE	ACTION
<input type="checkbox"/> Student requires trained individual to check BG/ read meter.	Target Blood Glucose Range <input style="width: 50px;" type="text"/> Time(s) to check BG: <input style="width: 300px;" type="text"/> Contact Parent(s)/Guardian(s) if BG is: <input style="width: 150px;" type="text"/>
<input type="checkbox"/> Student needs supervision to check BG/ read meter.	
<input type="checkbox"/> Student can independently check BG/ read meter.	
<input type="checkbox"/> Student has continuous glucose monitor (CGM)	

NUTRITION BREAKS

ROUTINE	ACTION
<input type="checkbox"/> Student requires supervision during meal times to ensure completion. <input style="width: 200px;" type="text"/>	Recommended time(s) for meals/snacks: <input style="width: 80px;" type="text"/> Special instructions for meal days/ special events: <input style="width: 300px;" type="text"/>
<input type="checkbox"/> Student can independently manage his/her food intake. <input style="width: 200px;" type="text"/>	

INSULIN

ROUTINE	ACTION
Yes <input type="checkbox"/> No <input type="checkbox"/> Student takes insulin at school. Student takes insulin at school by: <input type="checkbox"/> Injection <input type="checkbox"/> Pump Insulin is given by: <input type="checkbox"/> Student <input type="checkbox"/> Student with supervision <input type="checkbox"/> Parent(s)/Guardian(s) <input type="checkbox"/> Trained Individual	Location of insulin: <input style="width: 150px;" type="text"/> Required times for insulin: <input type="checkbox"/> Before School: <input type="checkbox"/> Morning Break: <input type="checkbox"/> Lunch Break: <input type="checkbox"/> Afternoon Break: <input type="checkbox"/> Other (Specify): <input style="width: 150px;" type="text"/>

APPENDIX B: Diabetes Verification Form Student Support Plan—Template
(Page 2 of 32)



Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3

Last Name, First Name
Diabetic Plan of Care Alert

<p>* All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal/nutrition breaks.</p>	<p>Special instructions for meal days/ special events:</p> <div style="border: 1px solid red; height: 30px; width: 100%;"></div>												
ACTIVITY PLAN													
<p>ROUTINE</p> <p>Physical activity lowers blood glucose. BG is often checked before activity. Carbohydrates may need to be eaten before/after physical activity. A source of fast-acting sugar must always be within students' reach.</p>	<p>ACTION</p> <p>Please indicate what this student must do prior to physical activity to help prevent low blood sugar:</p> <p>1. Before activity: <div style="border: 1px solid red; width: 100px; height: 15px; display: inline-block;"></div></p> <p>2. During activity: <div style="border: 1px solid red; width: 150px; height: 15px; display: inline-block;"></div></p> <p>3. After activity: <div style="border: 1px solid red; width: 150px; height: 15px; display: inline-block;"></div></p> <p>For special events, notify parent(s)/guardian(s) in advance so that appropriate adjustments or arrangements can be made. (e.g. extracurricular, Terry Fox Run)</p>												
DIABETES MANAGEMENT KIT													
<p>ROUTINE</p> <p>Parents must provide, maintain, and refresh supplies. School must ensure this kit is accessible all times. (e.g. field trips, fire drills, lockdowns) and advise parents when supplies are low.</p>	<p>ACTION</p> <p>Kits will be available in different locations but will include:</p> <p><input type="checkbox"/> Blood Glucose meter, BG test strips, and lancets</p> <p><input type="checkbox"/> Insulin and insulin pen and supplies</p> <p><input type="checkbox"/> Source of fast-acting sugar (e.g. juice, candy, glucose tabs.)</p> <p><input type="checkbox"/> Carbohydrate containing snacks</p> <p><input type="checkbox"/> Other (Please List)</p> <div style="border: 1px solid red; width: 250px; height: 20px; margin-top: 5px;"></div> <p>Location of Kit: <div style="border: 1px solid red; width: 100px; height: 15px; display: inline-block;"></div></p>												
EMERGENCY PROCEDURES													
<p>HYPOGLYCEMIA - LOW BLOOD GLUCOSE (4 mmol/L or less) DO NOT LEAVE STUDENT UNATTENDED</p>													
<p>Usual symptoms of Hypoglycemia for my child are:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Shaky</td> <td><input type="checkbox"/> Irritable/Grouchy</td> <td><input type="checkbox"/> Dizzy</td> <td><input type="checkbox"/> Trembling</td> </tr> <tr> <td><input type="checkbox"/> Blurred Vision</td> <td><input type="checkbox"/> Headache</td> <td><input type="checkbox"/> Hungry</td> <td><input type="checkbox"/> Weak/Fatigue</td> </tr> <tr> <td><input type="checkbox"/> Pale</td> <td><input type="checkbox"/> Confused</td> <td><input type="checkbox"/> Other <div style="border: 1px solid red; width: 80px; height: 15px; display: inline-block;"></div></td> <td></td> </tr> </table>		<input type="checkbox"/> Shaky	<input type="checkbox"/> Irritable/Grouchy	<input type="checkbox"/> Dizzy	<input type="checkbox"/> Trembling	<input type="checkbox"/> Blurred Vision	<input type="checkbox"/> Headache	<input type="checkbox"/> Hungry	<input type="checkbox"/> Weak/Fatigue	<input type="checkbox"/> Pale	<input type="checkbox"/> Confused	<input type="checkbox"/> Other <div style="border: 1px solid red; width: 80px; height: 15px; display: inline-block;"></div>	
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<input type="checkbox"/> Pale	<input type="checkbox"/> Confused	<input type="checkbox"/> Other <div style="border: 1px solid red; width: 80px; height: 15px; display: inline-block;"></div>											
<p>Steps to take for <u>Mild</u> Hypoglycemia (student is responsive)</p> <p>1. Check blood glucose, give <div style="border: 1px solid red; width: 80px; height: 15px; display: inline-block;"></div> grams of fast acting carbohydrate (e.g. 1/2 cup of juice, 15 skittles)</p> <p>2. Re-check blood glucose in 15 minutes.</p> <p>3. If still below 4 mmol/L, repeat steps 1 and 2 until BG is above 4 mmol/L. Give a starchy snack if next meal/snack is more than one (1) hour away.</p> <p>4. Other - Specify:</p> <div style="border: 1px solid red; width: 100%; height: 20px; margin-top: 5px;"></div>													
<p>Steps for <u>Severe</u> Hypoglycemia (student is unresponsive)</p> <p>1. Place the student on their side in the recovery position.</p> <p>2. Call 9-1-1. Do not give food or drink (choking hazard). Supervise student until emergency medical personnel arrives.</p>													

APPENDIX B: Diabetes Verification Form Student Support Plan–Template
(Page 32 of 32)



Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3

Last Name, First Name
Diabetic Plan of Care Alert

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

**HYPERGLYCEMIA - HIGH BLOOD GLUCOSE
(14 MMOL/L OR ABOVE)**

Usual symptoms of hyperglycemia for my child are:

Extreme Thirst Frequent Urination Headache Hungry
 Abdominal Pain Irritability Other:

Steps to take for Mild Hyperglycemia

1. Allow student free use of bathroom
2. Encourage student to drink water only
3. Inform the parent/guardian if BG is above
4. Other - Specify:

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

Rapid, Shallow Breathing Vomiting Fruity Breath Other

Steps to take for Severe Hyperglycemia

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

Other Individuals To Be Contacted Regarding Plan Of Care:

Before-School Program Yes No Transported by GEDSB

After-School Program Yes No Other:

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

It is the parent(s)/guardian(s)/student 18+ responsibility to notify the principal if there is a need to change the Plan of Care during the school year.

I acknowledge that the information contained on the this form may be shared with Grand Erie District School Board staff, volunteers, transportation providers in order to provide appropriate supports for my child. Depending on the nature/severity of the medical condition, I acknowledge that my child's information and photograph may be made accessible to staff, volunteers and transportation providers in the form of a notice and/or poster. In the event of an emergency, I give permissions for GEDSB to administer an EpiPen or other emergency measures deemed appropriate.

Parent(s)/Guardian(s)/Student 18+: _____
Signature _____ Date _____

Student Over 16: _____
Signature _____ Date _____

Principal: _____
Signature _____ Date _____

Personal information contained on this form is collected under the authority of the Education Act, in accordance with the Municipal Freedom of Information and Protection of Privacy Act, and will be used for the purposes of the education of students.

APPENDIX C – Diabetes Student Support Medical Plan for School – Sample Template
 Diabetes Example (Page 1 of 52)



Grand Erie District School Board
 349 Erie Avenue, Brantford, Ontario N3T 5V3

Last Name, First Name

Health Management Plan			
Name	OEN	Board Id #	Grade
School	Family	DOB	Gender
Additional Contact Information			
Teachers:			
Created By:	on:	Last Edit by	on:
Emergency Contacts			
Name	Relationship	Daytime Phone	Alt. Phone
Prevalent Medical Conditions			<div style="border: 1px solid black; width: 100px; height: 80px; margin: 0 auto;"> Picture </div>
POC Type	Plan Date	Status	
<input type="checkbox"/> Anaphylaxis		Draft	
<input type="checkbox"/> Asthma		Draft	
<input checked="" type="checkbox"/> Diabetic		Draft	
<input type="checkbox"/> Epilepsy			
<input type="checkbox"/> Heart Condition			
<input type="checkbox"/> Other			
<input type="checkbox"/> Administration of Medication			
<input type="checkbox"/> Personal			

APPENDIX C – Diabetes Student Support Medical Plan for School—Sample Template
Diabetes Example (Page 2 of 52)



Grand Erie District School Board
 349 Erie Avenue, Brantford, Ontario N3T 5V3

Last Name, First Name
 Diabetic Plan of Care Alert

Diabetic Plan of Care Alert - Draft													
Name School Additional Contact Information	OEN Family	Board Id # DOB	Grade Gender										
Created By: _____ on: _____	Last Edit by _____ on: _____	Status: Draft	Finalized on: _____										
TYPE 1 DIABETES SUPPORTS													
Names of trained individuals who will provide support with diabetes-related tasks: (e.g. designated staff or community care allies.)													
Method of home-school communication:													
Any other medical condition or allergy?													
DAILY/ROUTINE TYPE 1 DIABETES MANAGEMENT													
Yes <input type="radio"/> No <input type="radio"/> Student is able to manage their diabetes care independently and does not require any special care from the school.													
BLOOD GLUCOSE MONITORING													
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APPENDIX C – Diabetes Medical Plan Template
 (Page 3 of 5)



Grand Erie District School Board
 349 Erie Avenue, Brantford, Ontario N3T 5V3

Last Name, First Name
 Diabetic Plan of Care Alert

School Responsibilities: <input style="width: 100%; height: 20px;" type="text"/>					
Student Responsibilities: <input style="width: 100%; height: 20px;" type="text"/>					
Special instructions for meal days/ special events: <input style="width: 100%; height: 20px;" type="text"/>					
INSULIN					
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Location of insulin: _____ Required times for insulin: <input type="checkbox"/> Before School: <input type="checkbox"/> Morning Break: <input type="checkbox"/> Lunch Break: <input type="checkbox"/> Afternoon Break: <input type="checkbox"/> Other (Specify): _____ School Responsibilities: <input style="width: 100%; height: 20px;" type="text"/> Student Responsibilities: <input style="width: 100%; height: 20px;" type="text"/> Special instructions for meal days/ special events: <input style="width: 100%; height: 20px;" type="text"/>					
ACTIVITY PLAN					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; padding: 2px;">ROUTINE</th> </tr> <tr> <td style="padding: 2px;"> Physical activity lowers blood glucose. BG is often checked before activity. Carbohydrates may need to be eaten before/after physical activity. A source of fast-acting sugar must always be within students' reach. </td> </tr> </table>	ROUTINE	Physical activity lowers blood glucose. BG is often checked before activity. Carbohydrates may need to be eaten before/after physical activity. A source of fast-acting sugar must always be within students' reach.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; padding: 2px;">ACTION</th> </tr> <tr> <td style="padding: 2px;"> Please indicate what this student must do prior to physical activity to help prevent low blood sugar: 1. Before activity: _____ 2. During activity: _____ 3. After activity: _____ School Responsibilities: <input style="width: 100%; height: 20px;" type="text"/> Student Responsibilities: <input style="width: 100%; height: 20px;" type="text"/> For special events, notify parent(s)/guardian(s) in advance so that appropriate adjustments or arrangements can be made. (e.g. extracurricular, Terry Fox Run) </td> </tr> </table>	ACTION	Please indicate what this student must do prior to physical activity to help prevent low blood sugar: 1. Before activity: _____ 2. During activity: _____ 3. After activity: _____ School Responsibilities: <input style="width: 100%; height: 20px;" type="text"/> Student Responsibilities: <input style="width: 100%; height: 20px;" type="text"/> For special events, notify parent(s)/guardian(s) in advance so that appropriate adjustments or arrangements can be made. (e.g. extracurricular, Terry Fox Run)
ROUTINE					
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ACTION					
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DIABETES MANAGEMENT KIT					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; padding: 2px;">ROUTINE</th> </tr> <tr> <td style="padding: 2px;"> _____ </td> </tr> </table>	ROUTINE	_____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; padding: 2px;">ACTION</th> </tr> <tr> <td style="padding: 2px;"> Kits will be available in different locations but will include: <input type="checkbox"/> Blood Glucose meter, BG test strips, and lancets </td> </tr> </table>	ACTION	Kits will be available in different locations but will include: <input type="checkbox"/> Blood Glucose meter, BG test strips, and lancets
ROUTINE					

ACTION					
Kits will be available in different locations but will include: <input type="checkbox"/> Blood Glucose meter, BG test strips, and lancets					

APPENDIX C – Diabetes Medical Plan Template
(Page 4 of 5)



Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3

Last Name, First Name
Diabetic Plan of Care Alert

Parents must provide, maintain, and refresh supplies. School must ensure this kit is accessible all times. (e.g. field trips, fire drills, lockdowns) and advise parents when supplies are low.	<input type="checkbox"/> Insulin and insulin pen and supplies <input type="checkbox"/> Source of fast-acting sugar (e.g. juice, candy, glucose tabs.) <input type="checkbox"/> Carbohydrate containing snacks <input type="checkbox"/> Other (Please List) _____ Location of Kit: _____												
SPECIAL NEEDS													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%; padding: 5px;">ROUTINE</th> <th style="width:50%; padding: 5px;">ACTION</th> </tr> <tr> <td style="padding: 5px;">A student with special considerations may require more assistance than outlined in this plan.</td> <td style="padding: 5px;">Comments: <div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> </tr> </table>	ROUTINE	ACTION	A student with special considerations may require more assistance than outlined in this plan.	Comments: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>									
ROUTINE	ACTION												
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EMERGENCY PROCEDURES													
HYPOGLYCEMIA - LOW BLOOD GLUCOSE (4 mmol/L or less) DO NOT LEAVE STUDENT UNATTENDED													
Usual symptoms of Hypoglycemia for my child are: <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Shaky</td> <td><input type="checkbox"/> Irritable/Grouchy</td> <td><input type="checkbox"/> Dizzy</td> <td><input type="checkbox"/> Trembling</td> </tr> <tr> <td><input type="checkbox"/> Blurred Vision</td> <td><input type="checkbox"/> Headache</td> <td><input type="checkbox"/> Hungry</td> <td><input type="checkbox"/> Weak/Fatigue</td> </tr> <tr> <td><input type="checkbox"/> Pale</td> <td><input type="checkbox"/> Confused</td> <td><input type="checkbox"/> Other: _____</td> <td></td> </tr> </table>		<input type="checkbox"/> Shaky	<input type="checkbox"/> Irritable/Grouchy	<input type="checkbox"/> Dizzy	<input type="checkbox"/> Trembling	<input type="checkbox"/> Blurred Vision	<input type="checkbox"/> Headache	<input type="checkbox"/> Hungry	<input type="checkbox"/> Weak/Fatigue	<input type="checkbox"/> Pale	<input type="checkbox"/> Confused	<input type="checkbox"/> Other: _____	
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<input type="checkbox"/> Pale	<input type="checkbox"/> Confused	<input type="checkbox"/> Other: _____											
Steps to take for <u>Mild</u> Hypoglycemia (student is responsive) 1. Check blood glucose, give _____ grams of fast acting carbohydrate (e.g. 1/2 cup of juice, 15 skittles) 2. Re-check blood glucose in 15 minutes. 3. If still below 4 mmol/L, repeat steps 1 and 2 until BG is above 4 mmol/L. Give a starchy snack if next meal/snack is more than one (1) hour away. 4. Other - Specify: _____ _____													
Steps for <u>Severe</u> Hypoglycemia (student is unresponsive) 1. Place the student on their side in the recovery position. 2. Call 9-1-1. Do not give food or drink (choking hazard). Supervise student until emergency medical personnel arrives. 3. Contact parent(s)/guardian(s) or emergency contact													
HYPERGLYCEMIA - HIGH BLOOD GLUCOSE (14 MMOL/L OR ABOVE)													
Usual symptoms of hyperglycemia for my child are: <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Extreme Thirst</td> <td><input type="checkbox"/> Frequent Urination</td> <td><input type="checkbox"/> Headache</td> <td><input type="checkbox"/> Hungry</td> </tr> <tr> <td><input type="checkbox"/> Abdominal Pain</td> <td><input type="checkbox"/> Irritability</td> <td><input type="checkbox"/> Other: _____</td> <td></td> </tr> </table>		<input type="checkbox"/> Extreme Thirst	<input type="checkbox"/> Frequent Urination	<input type="checkbox"/> Headache	<input type="checkbox"/> Hungry	<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Irritability	<input type="checkbox"/> Other: _____					
<input type="checkbox"/> Extreme Thirst	<input type="checkbox"/> Frequent Urination	<input type="checkbox"/> Headache	<input type="checkbox"/> Hungry										
<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Irritability	<input type="checkbox"/> Other: _____											
Steps to take for <u>Mild</u> Hyperglycemia 1. Allow student free use of bathroom 2. Encourage student to drink water only 3. Inform the parent/guardian if BG is above _____ 4. Other - Specify: _____ _____													
Symptoms of Severe Hyperglycemia (Notify parent(s)/guardian(s) immediately) <input type="checkbox"/> Rapid, Shallow Breathing <input type="checkbox"/> Vomiting <input type="checkbox"/> Fruity Breath <input type="checkbox"/> Other _____													
Steps to take for <u>Severe</u> Hyperglycemia 1. If possible, confirm hyperglycemia by testing blood glucose 2. Call parent(s)/guardian(s) or emergency contact													

APPENDIX C – Diabetes Medical Plan Template
 (Page 5 of 5)



Grand Erie District School Board
 349 Erie Avenue, Brantford, Ontario N3T 5V3

Last Name, First Name
 Diabetic Plan of Care Alert

AUTHORIZATION/PLAN REVIEW	
STAFF MEMBERS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED	OTHER INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED
<p align="center">Other Individuals To Be Contacted Regarding Plan Of Care:</p> <p>Before-School Program Yes <input checked="" type="radio"/> No <input type="radio"/> _____ Transported by GEDSB _____</p> <p>After-School Program Yes <input checked="" type="radio"/> No <input type="radio"/> _____ Other: _____</p>	
<p>This plan remains in effect for the school year without change and will be reviewed on or before: .</p> <p>It is the parent(s)/guardian(s)/student 18+ responsibility to notify the principal if there is a need to change the Plan of Care during the school year.</p> <p>I acknowledge that the information contained on the this form may be shared with Grand Erie District School Board staff, volunteers, transportation providers in order to provide appropriate supports for my child. Depending on the nature/severity of the medical condition, I acknowledge that my child's information and photograph may be made accessible to staff, volunteers and transportation providers in the form of a notice and/or poster. In the event of an emergency, I give permissions for GEDSB to administer an EpiPen or other emergency measures deemed appropriate.</p>	
Parent(s)/Guardian(s)/Student 18+: _____	Signature _____ Date _____
Student Over 16: _____	Signature _____ Date _____
Principal: _____	Signature _____ Date _____
<p>Personal information contained on this form is collected under the authority of the Education Act, in accordance with the Municipal Freedom of Information and Protection of Privacy Act, and will be used for the purposes of the education of students.</p>	

APPENDIX D – Administration of Medication Verification Form Student Support Plan for Transportation – Sample Diabetes Example



APPENDIX D - Administration of Medication Verification Form

Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3

Student Name
Administration of Medication

Administration of Medication - Open

Student Name

DOB

Gender

MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN

Name of Dispensing Pharmacy:

Pharmacy Address: **Phone:**

Name of Physician:

Physician Address: **Phone:**

MEDICATION INFORMATION: To be filled in by Parent/Guardian

Reason for Medication:

Medication Prescribed	Dosage	Time of Administration	Possible side effects (if any)	Duration of continuing medication
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Parent/Guardian Signature: _____ **Date:** _____

APPENDIX E – Administration of Medication Form ~~Student Support Plan for Transportation – Sample~~



APPENDIX E - Administration of Medication Form

Student Name
Administration of Medication

Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3

Administration of Medication - Open				
Name School	OEN Family	Board Id # DOB	Grade Gender	
Created By:	on: 2019.09.11	Last Edit by on: 2019.09.11	Status: Open Finalized on: 2019.09.11	
MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN				
Name of Dispensing Pharmacy:	_____			
Pharmacy Address:	_____	Phone:	_____	
Name of Physician:	_____			
Physician Address:	_____	Phone:	_____	
MEDICATION INFORMATION: To be filled in by Parent/Guardian				
Reason for Medication:	_____			
MEDICATION INFORMATION: To be filled in by Parent/Guardian				
Medication Prescribed	Dosage	Time of Administration	Possible side effects (if any)	Duration of continuing medication
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Parent/Guardian Signature: _____		Date: _____		

APPENDIX E—Lite—Instructions to Create Student Support Plans

1. Select *SSTP* (Student Support & Transportation Plans) from the tabs across the top of the screen. From the *SSTP* tab menu select Support Plan—School.



2. Select your *School*; enter the first couple of letters of the student's last name and then select *Find*. Choose the student from the drop down list.

3. In the Plan Dates field select Create New Plan. A *Calendar* box adjacent to Date of Development will be accessible. Once a date is selected the *Create* button is accessible. That date will now appear in your Plan Dates box.



The Support Plan should be updated annually. An existing plan can be modified during the school year by selecting the date of the plan.

4. Enter the support staff that is available for the student and enter any agencies that are involved with the student, if applicable.

5. To record information in the *Primary Medical Concern* and *Triggers* field select the Pencil icon. All information entered in this field will also appear on the Student Support Plan—Transportation if transportation plan is also required. This eliminates the need to re-enter the same information on both forms. If during the school year the information entered in Primary Medical Concern and Triggers needs to be updated, entering the data on either the School or Transportation Support Plan automatically updates the other plan with the entered information.

Primary Medical Concern:

Triggers:

APPENDIX E: Lite Instructions to Create Student Support Plans Page 2

6. Record Other Relevant Information (e.g. signs, precursors, etc.), Immediate Communication and Immediate Actions.

Other Relevant Information (e.g. signs, precursors, etc.)

Immediate Communication:

Immediate Actions:

Insert Student Picture

7. Enter a summary of the actions that need to be taken, in sequence, during an episode. If additional lines to your SUMMARY OF INTERVENTION are required select the save button, and a new line will be inserted.

SUMMARY OF INTERVENTION		
Action To Be Taken	Taken By	Time Line

8. Select Save from the left navigation bar.

Logoff ? Exit

Print

Save

Delete

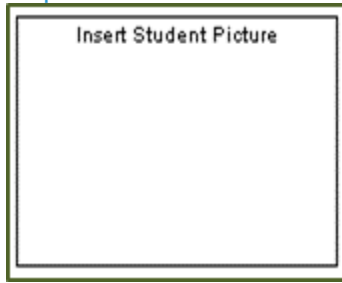
Cancel

9. ~~Print a copy of this form and have the parent/guardian sign.~~

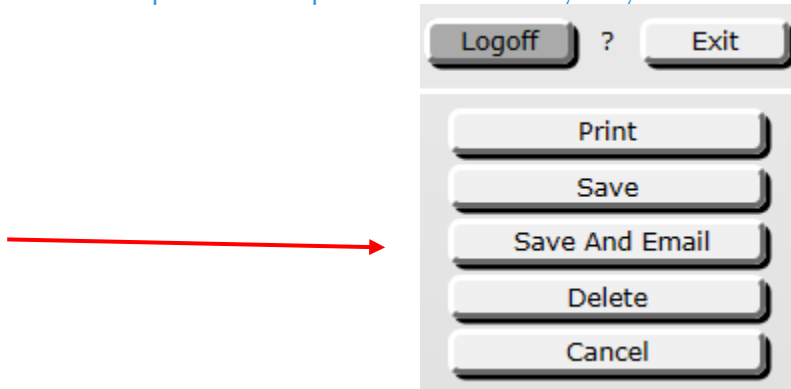
Signing this form indicates we have read and agree to this Student Support Plan	
Date:	Date:
Principal's Signature	Parent/Guardian Signature

APPENDIX E: ~~Lite~~ Instructions to Create Student Support Plans —Page 3

10. ~~Once saved (as a PDF), an area is provided for insertion of the student's picture if required.~~



11. ~~Access and generation of the Student Support Plan —Transportation is the same as above with the exception that there is a Save and Email button. Select Save if the form is only partially completed; once completed select Save and Email. A copy of this form is automatically sent to the Transportation Department so that they may inform the Transportation Provider.~~



12. ~~The Student Support Plans (Transportation and School) follow the student if they change schools and is therefore accessible to their new school within our Board.~~

~~APPENDIX F – Consent – SO102 Administration of Prescribed Medication, Including Medicinal Cannabis, in Schools~~

~~Please refer to Procedure SO102 – Administration of Prescribed Medication, Including Medicinal Cannabis, in Schools which shall be implemented to document directives and parental consent in regards to administration of prescribed medications.~~

~~File completed SO102 in the “CONSENT FORMS” (dark green) file in the Ontario Student Record (OSR).~~

APPENDIX EG – 9-1-1 Diabetes Script Protocol

TO BE POSTED BY TELEPHONE

1. This is _____ School.
Address is: _____
Nearest Major Intersection is: _____
Telephone Number is: _____
2. We have a student who is having a diabetic emergency. We have administered (sugar, juice, pop, etc.). There has been no improvement in their condition. We need an ambulance IMMEDIATELY.
3. The closest entrance for the ambulance is on:
_____ Ave. / Road / Street.
4. A staff member will be outside the school entrance to provide direction.
5. Do you need any more information?
6. How long will it take you to get here?
7. Call parent / guardian / emergency contact.

APPENDIX H—Prevalent Medical Conditions—Student Information Form

For the safety of your child, it is imperative that we are aware of all students in the building that have serious medical conditions. With your consent, we will inform staff members about these conditions that could be life threatening.

Please complete the following form so that we can ensure that our records are up to date.

Name of Student: _____

MEDICAL-CONDITION	This student HAS experienced an attack/reaction in the past	This student carries medication for this condition	Notes/Other: (type of medication, where stored)
Anaphylaxis (Sabrina’s Law)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Asthma (Ryan’s Law)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Heart Condition	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Concussion	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Other:			

Any other medical notes should be included on the registration form (i.e. non-anaphylactic allergies) in the appropriate section. Please keep us informed of any changes in your child’s critical medical conditions by contacting the school at (_____).

Signature of Parent/Guardian or Student 18+ years _____ Date

NOTICE: Authorization for the collection and maintenance of the personal information recorded on this form is the Education act, R.S.O. 1980, S.265(d) and S.266 and Municipal Freedom of Information and Protection of Privacy Act. Users of this information are supervisory officers, principals, and teachers at the school. Any questions regarding the collection of personal information should be directed to the principal of the school.

Filed in OSR
Retention: E + 10 years (E = Retirement of Student)

APPENDIX ~~G~~ – Sample Protocol Letter to Parents/Guardians

On School Letterhead

Date:

Dear Parents/Guardians:

RE: SCHOOL PROTOCOL FOR DIABETES TREATMENT

To be prepared for your child’s diabetic needs and in case of low blood glucose during the school day, please refer to the attached information and forms.

~~Request and Consent – SO102 Administration of Prescribed Medication Form, Including Medicinal Cannabis, in Schools~~

Please read through this form and complete the appropriate sections. Return the form to your child’s school principal prior to your child’s start of school.

~~Important Medical Information Required for All Students – Appendix I~~

~~Please complete this form and return to the school as soon as possible.~~

~~Student Support Medical Plan for School/Transportation - Diabetes~~

Every child must have an up-to-date ~~Student Support Medical Plan for Diabetes – School and Transportation~~. Please work with school staff members to complete ~~the both~~ forms.

The ~~Student Support Medical Plan for School – Diabetes~~ will be placed in the teacher’s day book and supply teacher book. The Form will also be posted in the staff room, health room and other appropriate locations throughout the school.

~~Parent/Guardian Responsibilities – Appendix A – Section 1~~

Please review your responsibilities ~~outlined in Appendix A~~. If you have any questions, please contact the school principal.

~~Student Responsibilities – Appendix A – Section 2~~

Please review the contents with your child.

**Please call the school to arrange a meeting with myself, and a Pediatric Diabetes Educator that you currently work with and your child’s classroom teacher prior to your child beginning school. Working together, we endeavor to provide the safest possible learning environment for your child.

Sincerely,


_____, School Principal.

APPENDIX H – Steps to Identify a Diabetic Student in the Student Information Systems

Setting the Critical Medical Condition Symbol in Power School

1. Start Page
2. Select Student
3. Select either Registration Form OR Emergency Contact / Medical

Anaphylactic Shock Condition Alert	()
Critical Medical Condition Alert	()
Student has suffered a concussion and is on a Return to Learn/Return to Physical Activity plan	()
Critical Medical Notes	
Other Medical Notes	

4. Check “Anaphylactic Shock Condition Alert”
5. Check “Critical Medical Condition Alert”
6. Check “Student has suffered a concussion...”, if applicable.
7. Enter student’s medical / health information in the “Critical Medical Notes” field (Note: information **must** be in this field to generate the alert symbol).
8. Click Submit.
9. A Critical Medical Alert symbol will appear next to student’s name.
10. A Concussion Alert symbol  will appear next to the student’s name if this field was indicated as applicable.

Entering information in the “Other Medical Notes” field for non-life-threatening conditions will not generate the Critical Medical Condition Alert.

For more information, refer to Section 6.09 of the Power School OnSIS Instruction Manual:

<http://geportal.granderie.ca/linksandresources/powerschoolmanual/Pages/default.aspx>

APPENDIX IK – Application for School Health Support Services

<https://staff.granderie.ca/index.php/programs/special-educa/new-school-based-rehabilitation-services-sbrs>

<https://staff.granderie.ca/index.php/programs/special-educa/new-school-health-support-services-lhin>

<https://staff.granderie.ca/index.php/programs/special-educa/resources-special-education/hnhb-lhin-ccac>

Application for School Health Support Services (SHSS)

A. STUDENT INFORMATION (please print)

Surname		First Name	
Date of Birth (dd/mm/yyyy)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Address	
Health Card Number (HCN)	Version Code (VC)	City	Postal Code

***Please note that the name and signature of the parent/guardian or student should match information given in section B or the application will be considered incomplete. The principal/designate signature is also required for the application to be considered complete.

***Please note that the name and signature of the parent/guardian or student should match information given in section B or the application will be considered incomplete. The principal/designate signature is also required for the application to be considered complete.

As a HNHB LHIN client, or as a guardian acting on behalf of a client, you have the right to refuse to provide personal information for the purposes explained above. Refusal to provide this information may impact on HNHB LHIN's ability to provide services. No information is leased for any other purpose without your consent, unless required by law.

B. CONTACT INFORMATION (please print)

1. Parent/Guardian <small>(please print name)</small>			
Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	Living with <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship	
Home # () () () ()	Work # () () () ()	Cell # () () () ()	
2. Parent/Guardian <small>(please print name)</small>			
Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	Living with <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship	
Home # () () () ()	Work # () () () ()	Cell # () () () ()	
3. Family Physician <small>(please print name)</small>		Phone () () () () () ()	
4. Other Medical/Professional Personnel		Phone () () () () () ()	

Please note that if Parent/Guardian information is not completed on this form, the application will be considered incomplete.

C. SCHOOL INFORMATION (please print)

<input type="checkbox"/> Public	<input type="checkbox"/> Separate	<input type="checkbox"/> Private	<input type="checkbox"/> Home	Specify Board
School				
Resource Teacher		Phone () () () () () ()	City	
		Phone () () () () () ()	Fax () () () () () ()	

D. SERVICES REQUESTED

<input type="checkbox"/> Nursing**	<input type="checkbox"/> Safety / Accessibility
<input type="checkbox"/> Occupational Therapy**	<input type="checkbox"/> Equipment
<input type="checkbox"/> Physiotherapy**	<input type="checkbox"/> File - referral
<input type="checkbox"/> Nutrition	<input type="checkbox"/> Speech Therapy**
For Private and Home School only: <input type="checkbox"/> Personal support <input type="checkbox"/> Equipment	

**Nursing - Supporting documentation (Medical Orders or Information Form) must accompany referral.

NAME OF STUDENT	HCN
-----------------	-----

E. RELEASE OF INFORMATION & CONSENT TO ASSESSMENT

I do hereby give consent to the school to release/share information, including Third Party records, relevant to the care and status of my child to the Hamilton Niagara Haldimand Brant Local Health Integrated Network (HNHB LHIN) as deemed necessary for assessment of School Health Support Services. I consent to the following:

- HNHB LHIN will enter the referral information into its database;
- HNHB LHIN will share referral information with their contracted Service Providers;
- HNHB LHIN will exchange and share information with school / school will exchange and share information with HNHB LHIN.

Parent/Guardian or Student (if 16 years+) Printed Name:

Parent/Guardian or Student Signature (if 16 years+):

Date: _____

Fax completed form with supporting documentation to:
HNHB LHIN Intake (1-866-655-6402) / (905) 639-8704
OR Mail the same to:
HNHB LHIN Intake • 440 Elizabeth Street, 4th Floor • Burlington, ON, L7R 2M1

End of document



Medical~~Health Management~~ Plan Epilepsy and Seizure Disorder_ Manual

January 2020~~November 2018~~

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Policy SO30 – Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication, in Schools

In Grand Erie, Policy SO30- Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication, in Schools provides direction to staff of how to support students with the management of anaphylaxis, asthma, diabetes and/or seizure disorder at school. The policy is accompanied by ~~health management~~ Medical Pplans for each prevalent medical condition.

Evidence-Based Resources

Evidence-based resources that provide information on various aspects of these prevalent medical conditions, including triggers or causative agents and signs and symptoms characteristic of medical incidents and medical emergencies can be found at the following links:

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

<http://www.edugains.ca/newsite/SafeHealthySchools/medical-conditions/Prevalent-Medical-Conditions.html>

Epilepsy and Seizure Disorder – What is It?

Epilepsy is also known as a seizure disorder. The terms are used interchangeably. Epilepsy is not a disease but a common neurological disorder. Anyone can develop a seizure disorder at any time without a known cause. Most often diagnosed in children and in seniors, the seizure disorder affects each person differently. Epilepsy results from sudden bursts of hyperactivity in the brain; this causes “seizures” which vary in form, strength, and frequency, depending on where in the brain abnormal activity is found. Epilepsy is the diagnosis and seizures are the symptom. If a person has two or more seizures that are not related to another condition, that person will be diagnosed as having epilepsy.

Epilepsy facts

- Each year 15,500 Canadians are diagnosed as having epilepsy.
- Epilepsy affects over 300,000 Canadians and approximately 1 in 100 Canadian students.
- Seizures can range from a prolonged stare in which the student is fully aware, to a loss of awareness, physical convulsions, or the student’s whole body becoming stiff.

While surgery is sometimes an option, the most common way of managing epilepsy is single or multiple drug therapies.

First Aid

In general, if someone is having a seizure:

STAY CALM

- Seizures usually end on their own within seconds or a few minutes

CREATE A SAFE SPACE

- Move sharp objects out of the way
- If the person falls, place something soft under their head and roll them on their side as the seizure subsides
- If the person wanders, stay by their side and gently steer them away from danger

TIME IT

- Note the time the seizure begins and ends

CALL 911 IF:

- ~~The seizure lasts more than 5 minutes~~
- ~~It repeats without full recovery between seizures~~
- ~~If consciousness or regular breathing does not return after the seizure ends~~
- ~~The person is pregnant, has diabetes, appears injured or is in water~~
- You are not sure the person has epilepsy or a seizure disorder

PROVIDE REASSURANCE

- When the seizure ends, stay with them until complete awareness returns

DO NOT...

- Restrain the person
- Put anything in their mouth

Click below for more information about seizure first aid which explains what to do for different types of seizures.

<http://epilepsyontario.org/wp-content/uploads/2012/06/Epilepsy-Seizures-First-Aid.pdf>

<http://epilepsyontario.org/about-epilepsy/first-aid/>

Hypoglycemia

~~Hypoglycemia is an emergency situation caused by LOW blood sugar. The situation can develop within minutes of the child appearing healthy and normal.~~

Causes	Symptoms	Immediate Treatment
<p>Caused by one or more of the following:</p> <ul style="list-style-type: none"> • insufficient food due to delayed or missed meal • more exercise or activity than usual without a corresponding increase in food; and/or • too much insulin 	<ul style="list-style-type: none"> • cold, clammy or sweaty skin • pallor (paleness) • shakiness, tremor, lack of coordination (eg. deterioration in writing or printing skills) • irritability, hostility, poor behaviour, tearfulness • a staggering gait • confusion • loss of consciousness and possible seizure if not treated early <p>The child may also complain of:</p> <ul style="list-style-type: none"> • nervousness • excessive hunger • headache • blurred vision and dizziness • abdominal pain and nausea 	<p>It is imperative at the first sign of hypoglycemia you give sugar immediately.</p> <p>If the parents have not provided you with more specific instructions which can be readily complied with, give:</p> <ul style="list-style-type: none"> • 6 oz./175 ml of fruit juice OR regular pop; or • 2-3 teaspoons/10 ml or 3-4 packets of sugar; or • 4 Dex-4 glucose tablets; or • 2-3 teaspoons/10 ml honey

Liability

In 2001, the Ontario government passed the Good Samaritan Act to protect individuals from liability with respect to voluntary emergency medical or first-aid services. Subsections 2(1) and (2) of this act state the following with regard to individuals:

- 2.(1) Despite the rules of common law, a person described in subsection (2) who voluntarily and without reasonable expectation of compensation or reward provides the services described in that subsections is not liable for damages that result from the person's negligence in acting or failing to act while providing the services, unless it is established that the damages were caused by the gross negligence of the person.
- (2) Subsection (1) applies to,
 - ...(b) an individual...who provides emergency first aid assistance to a person who is ill, injured or unconscious as a result of an accident or other emergency, if the individual provides the assistance at the immediate scene of the accident or emergency.

Privacy and Confidentiality

Parent/guardian consent will be obtained prior to the sharing of student health information with school staff or other students. Parents and school staff will be informed of the measures to protect the confidentiality of students' medical records and information.

Avoidance

Grand Erie's goal is to provide a safe environment for children with epilepsy and seizure disorder, **but it is not possible to reduce the risk to zero.**

School procedures are designed to be flexible enough to allow schools and classrooms to adapt to the needs of individual children and the circumstances which trigger seizures, as well as the organizational and physical environment in different schools.

All recommendations should be considered in the context of the child's age and developmental and cognitive maturity. As children mature, they should be expected to take increasing personal responsibility for the management of their prevalent medical condition.

Steps to Prevention

The school principal/designate shall take steps to protect students with epilepsy and seizure disorder by enlisting the support of School Health Support Services if appropriate and with parent/guardian consent.

Application for School Health Support Services

<https://staff.granderie.ca/index.php/programs/special-educa/new-school-health-support-services-lhin>

<https://staff.granderie.ca/index.php/programs/special-educa/resources-special-education/hnhb-lhin-ecac>

The principal may also;

- Know the triggers to the student's seizure activity as outlined in the [Student Support Medical Plan](#)
- Know the signs and symptoms of the student's seizure, as outlined in the [Student](#)

~~Support~~Medical Plan

- With parent/guardian consent, inform the students, parents/guardians and school community about the nature of epilepsy and seizure disorder
- Provide a comprehensive awareness workshop for students in the class of the student who has epilepsy or seizure disorder;
- Communicate general information about epilepsy and seizure disorder to student/staff and parents/guardians on a yearly basis;
- Share the schools Epilepsy and Seizure Disorder Emergency Response Plan with all persons who may be in regular contact with students at risk;
- If possible and applicable, ensure that the student at risk has their medication with them, or it is stored in an easily accessible location
- If applicable, ensure that the student has their medication with them for fire drills, lock downs, hold and secures, shelter in place and bomb threats, or there is one readily available
- Ensuring that when a student with a seizure disorder is involved in an out-of-school learning experience, the student has seizure disorder medication on her/his person and that the supervising teacher has a cell phone to be used in emergency situations.
- Document the strategies which are adopted by the school to protect the student with epilepsy or seizure disorder in the ~~Student Support~~Medical Plan

Roles and Responsibilities

A whole school approach is needed to support students with epilepsy or seizure disorder, where parents/guardians, students and school personnel must all understand and fulfill their responsibilities.

Responsibilities of PARENTS/GUARDIANS

Parents/guardians are expected to be active participants in supporting the management of their child's medical condition while the child is at school. Parents/guardians should:

- Educate their child about their medical condition with support from their child's health care professional, as needed
- Guide and encourage their child to reach their full potential for self-management and self-advocacy
- Inform the school of their child's medical condition
- Complete ~~SO102 Administration of Prescribed Medication~~ ~~Verification Form~~, ~~Including Medicinal Cannabis, in Schools~~ and return it to school
- Provide the school with up-to-date emergency contact names and telephone numbers
- Provide the school with instructions and consent for administering medication
- Provide the school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the ~~Student Support~~Medical Plan, and track the expiration dates if they are supplied
- Co-create and review with school staff at least annually, or when there is a change in the medical condition, the ~~Student Support~~Medical Plan
- Communicate changes to the ~~Student Support~~Medical Plan, such as changes to the status of their child's medical condition or changes to their child's ability to manage the medical condition to the principal or designate
- Confirm annually to the principal or designate that their child's medical status is unchanged
- Initiate and participate in annual meetings to review their child's ~~Student Support~~Medical Plan
- Seek medical advice from a medical doctor, nurse practitioner, or pharmacist where

appropriate

Responsibilities of STUDENTS with Epilepsy or Seizure Disorder

Students are expected to actively support the development and implementation of their ~~Student Support~~ ~~Medical~~ Plan, depending on their cognitive, emotional, social and physical stage of development and their capacity for self-management. Students should:

- Take responsibility for advocating for their personal safety and well-being
- Participate in the development of their ~~Student Support~~ ~~Medical~~ Plan
- Participate in meetings to review their ~~Student Support~~ ~~Medical~~ Plan
- Carry out daily or routine self-management of their medical condition to their full potential as described in their ~~Student Support~~ ~~Medical~~ Plan (e.g. carry their medication and medical supplies, including controlled substances, follow school board policies on disposal of medication and medical supplies)
- Set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parents/guardians and health care professionals
- Communicate with their parents/guardians and school staff if they are facing challenges related to their medical condition at school
- Wear medical alert identification that they and/or their parents/guardians deem appropriate
- If possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs
- Take as much responsibility as possible for avoiding causative agents

Responsibilities of SCHOOL STAFF

School staff will follow their school board's policies and provisions in their collective agreements related to supporting students with prevalent medical conditions in schools. School staff should:

- Display a photo/poster in the classroom, with parental approval
- Review the contents of the ~~Student Support~~ ~~Medical~~ Plan for any student with whom they have direct contact
- Participate annually in training at school on prevalent medical conditions, or as required
- Share information on a student's signs and symptoms with other students if the parents/guardians give consent and the principal authorizes to do so as outlined in the ~~Student Support~~ ~~Medical~~ Plan
- Follow school board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's ~~Student Support~~ ~~Medical~~ Plan
- Support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school as outlined in board policies and procedures
- Support inclusion by ensuring students with prevalent medical conditions are able to perform daily or routine management activities in a school location (i.e. classroom) as outlined in their ~~Student Support~~ ~~Medical~~ Plan while also maintaining confidentiality and dignity of the student
- Enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their ~~Student Support~~ ~~Medical~~ Plan

Responsibilities of the SCHOOL PRINCIPAL

The school principal will assume all responsibilities of school staff and should:

- Clearly communicate to parents/guardians and appropriate staff the process for parents/guardians to notify the school of their child's medical condition, as well as the expectation for parents/guardians to co-create, review and update the ~~Student~~

~~Support~~Medical Plan with the principal or designate

- Co-create, review and update the ~~Student Support~~Medical Plan with parent/guardian at a minimum at the following times
- during the time of registration ~~for new students~~
- each year ~~before the end of June for existing students~~ ~~during the first week of school~~
- when a child is diagnosed and/or returns to school following a diagnosis
- Ensure that an Epilepsy Verification Form has been completed in LITE
- Ensure that an Epilepsy Medical Plan has been completed in LITE
- Ensure that parent/guardian has ~~ve~~ completed ~~SO102—Administration of Prescribed Medication Verification Form, Including Medicinal Cannabis, in Schools~~
- Ensure that an Administration of Medication Form has been completed in LITE
- Maintain a file with the ~~Student Support~~Medical Plan and supporting documentation for each student with a prevalent medical condition
- Provide relevant information from the student's ~~Student Support~~Medical Plan to school staff and others who are identified in the ~~Student Support~~Medical Plan (e.g. food service providers, transportation providers, volunteers and occasional staff who will be in direct contact with the student), including any revisions that are made to the plan
- Communicate with parents/guardians in medical emergencies, as outlined in the ~~Student Support~~Medical Plan
- Encourage the identification of staff who can support the daily routine management of needs of students in the school with prevalent medical conditions, while honouring the provisions outlined within collective agreements

Responsibilities of the SCHOOL BOARD

School boards are expected to communicate, on an annual basis, their policies on supporting students with prevalent medical conditions to parents, school board staff and others in the school community who are in direct contact with students (e.g. food service providers, transportation providers, volunteers). School boards will:

- Make policies and ~~Student Support~~Medical Plan templates available on the public website
- Provide training and resources on prevalent medical conditions on an annual basis
- Develop strategies that reduce risk of student exposure to triggers or causative agents in classrooms and common areas
- Develop expectations for schools to support the safe storage and disposal of medication and medical supplies, and communicate these expectations to schools and support schools in the implementation of the expectations (e.g. provide schools with appropriate supplies to support safe disposal of medication and medical supplies)
- Develop expectations for schools to include a process and appropriate resources to support students with prevalent medical conditions in the event of a school emergency (e.g. bomb threat, evacuation, fire, "hold and secure", "lockdown")
- Communicate expectations that students ~~will be allowed to~~ carry their medication and supplies to support the management of their medical condition, including controlled substances, as outlined in the ~~Student Support~~Medical Plan
- Consider PPM161 – Support Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools and Policy SO30 – Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication, in Schools when entering into contracts with transportation, food service and other providers

Board Expectations for Providing Supports to Students with Diabetes in Order to Facilitate and Support Daily Routines and Management Activities at School

Facilitating and supporting daily or routine management involves, but is not limited to, supporting inclusion by allowing students with prevalent medical conditions, including epilepsy and seizure disorder, to perform daily or routine management activities in a school location (e.g. within a classroom, gymnasium, library, school yard, on a school bus, at a field trip location), as outlined in the ~~Student Support~~ ~~Medical~~ Plan

Epilepsy and Seizure Disorder Management Training for School Staff

All school staff will complete annual online health and safety training in epilepsy and seizure disorder management. Training will be completed within the first term or semester ~~by November 1~~ of the current school year.

Emergency Response

Even when precautions are taken, a student with epilepsy or seizure disorder may experience a seizure while at school. It is essential that the school develop a response protocol, and that all staff are aware of how to implement it. A ~~Student Support~~ ~~Medical~~ Plan will be developed for each child with epilepsy or seizure disorder, in conjunction with the child's parent/guardian (and medical professional, if appropriate) and kept in a readily accessible location.

All staff will be made aware of the School Epilepsy/Seizure Disorder Emergency Response Plan (Appendix A).

Reporting

Subject to relevant privacy legislation, Grand Erie will collect the following data:

- The number of students with prevalent medical conditions in schools
- The number of occurrences of medical incidents and medical emergencies
- The circumstances surrounding the occurrences of medical incidents and emergencies

Grand Erie will report to the Minister of Education, upon the implementation of PPM161 and upon request thereafter, the activities employed to achieve the expectations outlined in PPM161.

APPENDIX A – School Seizure Disorder Emergency Response Plan

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

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

STEPS IN MANAGING AN INDIVIDUAL EXPERIENCING A SEIZURE:

KEEP CALM. STAY WITH THE PERSON.

RECORD TIME SEIZURE BEGINS ON THE SEIZURE INCIDENT RECORD FORM.

DO NOT RESTRAIN OR INTERFERE WITH THE PERSON'S MOVEMENTS

PROTECT FROM FURTHER INJURY WHERE POSSIBLE, MOVE HARD OR SHARP OBJECTS AWAY.

DO NOT PLACE OR FORCE ANYTHING IN THE PERSON'S MOUTH

ROLL THE PERSON TO THEIR SIDE AS SOON AS POSSIBLE:

RECORD THE EPISODE ON THE SEIZURE DISORDER INCIDENT RECORDING FORM.

CONTACT THE PARENT/GUARDIAN AS SOON AS POSSIBLE.

CALL 9-1-1- IF APPROPRIATE

AFTER ALL TYPES OF SEIZURES:

- Comfort and reassure the person.
- Stay with them until they become re-oriented.
- Follow protocol outlined in the Student Support Medical Plan

APPENDIX B – Seizure Disorder Incident Recording Form

Student Name: _____

D.O.B.(DDMMYYYY): _____

Date	Time of Seizure	Length of Seizure	Events before Seizure	Description of Seizure	Events After Seizure	Date /Time Parent Contacted

Filed in OSR
Retention: E + 10 years (E = Retirement of Student)

APPENDIX C – ~~Epilepsy Verification Form~~ ~~Student Support Plan~~ – Template
(Page 1 of 2)



Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3

Last Name, First Name
Epilepsy Plan of Care Alert

Epilepsy Plan of Care Alert - Draft

KNOWN SEIZURE TRIGGERS
CHECK ALL THOSE THAT APPLY

<input type="checkbox"/> Stress	<input type="checkbox"/> Menstrual Cycle	<input type="checkbox"/> Inactivity
<input type="checkbox"/> Changes In Diet	<input type="checkbox"/> Lack of Sleep	<input type="checkbox"/> Electronic Stimulation (TV, Videos, Florescent Lights)
<input type="checkbox"/> Illness	<input type="checkbox"/> Improper Medication Balance	<input type="checkbox"/> Change in Weather
<input type="checkbox"/> Other <input style="width: 100px; height: 15px;" type="text"/>		

Any Other Medical Condition Or Allergy?

DAILY/ROUTINE EPILEPSY MANAGEMENT

DESCRIPTION OF SEIZURE (NON-CONVULSIVE)	ACTION
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
DESCRIPTION OF SEIZURE (CONVULSIVE)	ACTION
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

SEIZURE MANAGEMENT

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

Seizure Type (Circle One)	Actions to take during Seizure	Frequency of seizure activity	Typical seizure duration
tonic-clonic absence simple partial complex partial atonic myoclonic infantile spasms other	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
tonic-clonic absence simple partial complex partial atonic myoclonic infantile spasms other	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

APPENDIX C: ~~Epilepsy Verification Form~~ ~~Student Support Plan~~ — Template
(Page 2 of 2)



Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3

Last Name, First Name
Epilepsy Plan of Care Alert

Other Individuals To Be Contacted Regarding Plan Of Care:			
Before-School Program	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	<input style="width: 90%;" type="text"/>
After-School Program	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	<input style="width: 90%;" type="text"/>
		Transported by GEDSB	<input style="width: 90%;" type="text"/>
		Other:	<input style="width: 90%;" type="text"/>
This plan remains in effect for the school year without change and will be reviewed on or before: .			
It is the parent(s)/guardian(s)/student 18+ responsibility to notify the principal if there is a need to change the Plan of Care during the school year.			
I acknowledge that the information contained on this form may be shared with Grand Erie District School Board staff, volunteers, transportation providers in order to provide appropriate supports for my child. Depending on the nature/severity of the medical condition, I acknowledge that my child's information and photograph may be made accessible to staff, volunteers and transportation providers in the form of a notice and/or poster. In the event of an emergency, I give permissions for GEDSB to administer an EpiPen or other emergency measures deemed appropriate.			
Parent(s)/Guardian(s)/Student 18+:	_____	Signature	_____
			Date
Student Over 16:	_____	Signature	_____
			Date
Principal:	_____	Signature	_____
			Date
Personal information contained on this form is collected under the authority of the Education Act, in accordance with the Municipal Freedom of Information and Protection of Privacy Act, and will be used for the purposes of the education of students.			

APPENDIX D – ~~Epilepsy Student Support Medical Plan for School~~ —
Sample Template
~~Seizure Disorder Example~~ (Page 1 of 32)



Grand Erie District School Board
 349 Erie Avenue, Brantford, Ontario N3T 5V3

Last Name, First Name

Health Management Plan			
Name School	OEN Family	Board Id # DOB	Grade Gender
Additional Contact Information			
Teachers:			
Created By:	on:	Last Edit by	on:
Emergency Contacts			
Name	Relationship	Daytime Phone	Alt. Phone
Prevalent Medical Conditions			<div style="border: 1px solid black; width: 100px; height: 80px; margin: 0 auto;"> Picture </div>
POC Type	Plan Date	Status	
<input checked="" type="checkbox"/> Epilepsy		Draft	

APPENDIX D — ~~Epilepsy Student Support Medical Plan for School~~ — ~~Sample Template Seizure Disorder Example~~ (Page 2 of 32)



Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3

Last Name, First Name
Epilepsy Plan of Care Alert

Epilepsy Plan of Care Alert - Draft			
Name School Additional Contact Information	OEN Family	Board Id # DOB	Grade Gender
Created By: _____	on: _____	Last Edit by _____	on: _____
		Status: Draft	Finalized on: _____
KNOWN SEIZURE TRIGGERS CHECK ALL THOSE THAT APPLY			
<input type="checkbox"/> Stress	<input type="checkbox"/> Menstrual Cycle	<input type="checkbox"/> Inactivity	
<input type="checkbox"/> Changes In Diet	<input type="checkbox"/> Lack of Sleep	<input type="checkbox"/> Electronic Stimulation (TV, Videos, Florescent Lights)	
<input type="checkbox"/> Illness	<input type="checkbox"/> Improper Medication Balance	<input type="checkbox"/> Change in Weather	
<input type="checkbox"/> Other _____			
Any Other Medical Condition Or Allergy? _____			
DAILY/ROUTINE EPILEPSY MANAGEMENT			
DESCRIPTION OF SEIZURE (NON-CONVULSIVE)		ACTION	
DESCRIPTION OF SEIZURE (CONVULSIVE)		ACTION	
SEIZURE MANAGEMENT			
Note: It is possible for a student to have more than one seizure type. Record information for each seizure type.			
Seizure Type	Actions to take during Seizure	Frequency of seizure activity	Typical seizure duration

APPENDIX D – ~~Epilepsy Student Support Medical Plan for School – Sample Template~~
~~Seizure Disorder Example~~ (Page ~~32~~ of ~~32~~)



Grand Erie District School Board
 349 Erie Avenue, Brantford, Ontario N3T 5V3

Last Name, First Name
 Epilepsy Plan of Care Alert

AUTHORIZATION/PLAN REVIEW	
STAFF MEMBERS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED	OTHER INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Other Individuals To Be Contacted Regarding Plan Of Care:	
Before-School Program Yes <input checked="" type="radio"/> No <input type="radio"/> _____	Transported by GEDSB _____
After-School Program Yes <input checked="" type="radio"/> No <input type="radio"/> _____	Other: _____
This plan remains in effect for the school year without change and will be reviewed on or before: .	
It is the parent(s)/guardian(s)/student 18+ responsibility to notify the principal if there is a need to change the Plan of Care during the school year.	
I acknowledge that the information contained on the this form may be shared with Grand Erie District School Board staff, volunteers, transportation providers in order to provide appropriate supports for my child. Depending on the nature/severity of the medical condition, I acknowledge that my child's information and photograph may be made accessible to staff, volunteers and transportation providers in the form of a notice and/or poster. In the event of an emergency, I give permissions for GEDSB to administer an EpiPen or other emergency measures deemed appropriate.	
Parent(s)/Guardian(s)/Student 18+: _____	Signature _____ Date _____
Student Over 16: _____	Signature _____ Date _____
Principal: _____	Signature _____ Date _____
Personal information contained on this form is collected under the authority of the Education Act, in accordance with the Municipal Freedom of Information and Protection of Privacy Act, and will be used for the purposes of the education of students.	

APPENDIX E – Administration of Medication Verification Form ~~Student Support Plan for Transportation – Sample Seizure Disorder~~



APPENDIX E- Administration of Medication Verification Form

Student Name
Administration of Medication

Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3

Administration of Medication - Open

Student Name:

DOB:

Gender:

MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN

Name of Dispensing Pharmacy:

Pharmacy Address: Phone:

Name of Physician:

Physician Address: Phone:

MEDICATION INFORMATION: To be filled in by Parent/Guardian

Reason for Medication:

Medication Prescribed	Dosage	Time of Administration	Possible side effects (if any)	Duration of continuing medication
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/Guardian Signature: _____ Date: _____

APPENDIX F – Administration of Medication Form



APPENDIX F - Administration of Medication Form
Grand Erie District School Board
 349 Erie Avenue, Brantford, Ontario N3T 5V3

Student Name
Administration of Medication

Administration of Medication - Open				
Name School	OEN Family	Board Id # DOB	Grade Gender	
Created By:	on: 2019.09.11	Last Edit by on: 2019.09.11	Status: Open	Finalized on: 2019.09.11
MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN				
Name of Dispensing Pharmacy:	_____			
Pharmacy Address:	_____	Phone:	_____	
Name of Physician:	_____			
Physician Address:	_____	Phone:	_____	
MEDICATION INFORMATION: To be filled in by Parent/Guardian				
Reason for Medication:	_____			
Medication Prescribed	Dosage	Time of Administration	Possible side effects (if any)	Duration of continuing medication
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Parent/Guardian Signature: _____		Date: _____		

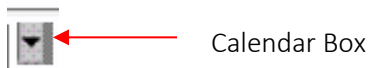
APPENDIX F – Lite – Instructions to Create Student Support Plans

1. ~~Select *SSTP* (Student Support & Transportation Plans) from the tabs across the top of the screen. From the *SSTP* tab menu select Support Plan – School.~~



2. ~~Select your *School*; enter the first couple of letters of the student's last name and then select *Find*. Choose the student from the drop down list.~~

3. ~~In the Plan Dates field select Create New Plan. A *Calendar* box adjacent to Date of Development will be accessible. Once a date is selected the *Create* button is accessible. That date will now appear in your Plan Dates box.~~



~~The Support Plan should be updated annually. An existing plan can be modified during the school year by selecting the date of the plan.~~

4. ~~Enter the support staff that is available for the student and enter any agencies that are involved with the student, if applicable.~~

5. ~~To record information in the *Primary Medical Concern* and *Triggers* field select the Pencil icon. All information entered in this field will also appear on the Student Support Plan – Transportation if transportation plan is also required. This eliminates the need to re-enter the same information on both forms. If during the school year the information entered in Primary Medical Concern and Triggers needs to be updated, entering the data on either the School or Transportation Support Plan automatically updates the other plan with the entered information.~~

Primary Medical Concern:

Triggers:

APPENDIX F: ~~Lite Instructions to Create Student Support Plans~~ — Page 2

6. ~~Record Other Relevant Information (e.g. signs, precursors, etc.), Immediate Communication and Immediate Actions.~~

Other Relevant Information (e.g. signs, precursors, etc.)

Immediate Communication:

Immediate Actions:

Insert Student Picture

7. ~~Enter a summary of the actions that need to be taken, in sequence, during an episode. If additional lines to your SUMMARY OF INTERVENTION are required select the save button, and a new line will be inserted.~~

SUMMARY OF INTERVENTION		
Action To Be Taken	Taken By	Time Line

8. ~~Select Save from the left navigation bar.~~

Logoff ? Exit

Print

Save

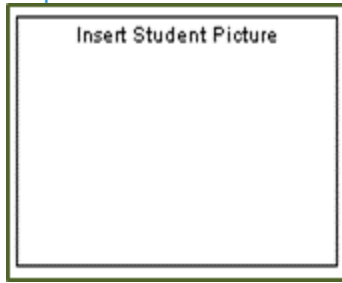
Delete

Cancel

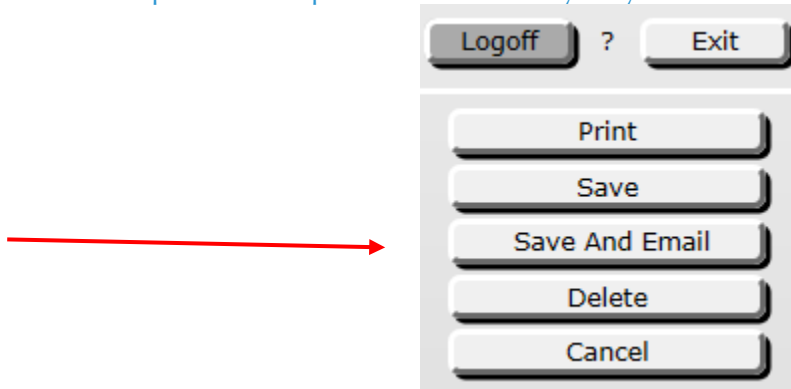
9. ~~Print a copy of this form and have the parent/guardian sign.~~

Signing this form indicates we have read and agree to this Student Support Plan	
Date:	Date:
Principal's Signature	Parent/Guardian Signature

10. ~~Once saved (as a PDF), an area is provided for insertion of the student's picture if required.~~



11. ~~Access and generation of the Student Support Plan – Transportation is the same as above with the exception that there is a Save and Email button. Select Save if the form is only partially completed; once completed select Save and Email. A copy of this form is automatically sent to the Transportation Department so that they may inform the Transportation Provider.~~



12. ~~The Student Support Plans (Transportation and School) follow the student if they change schools and is therefore accessible to their new school within our Board.~~

~~APPENDIX G – Consent – SO102 Administration of Prescribed Medication, Including Medicinal Cannabis, in Schools~~

~~Please refer to Procedure SO102 – Administration of Prescribed Medication, including Medicinal Cannabis, in Schools which shall be implemented to document directives and parental consent in regards to administration of prescribed medications.~~

~~File completed SO102 in the “CONSENT FORMS” (dark green) file in the Ontario Student Record (OSR).~~

APPENDIX ~~GH~~ – 9-1-1 Seizure Disorder Incident Script Protocol

TO BE POSTED BY TELEPHONE

1. This is _____ School.
Address is: _____
Nearest Major Intersection is: _____
Telephone Number is: _____
2. We have a student who is having a seizure. We are timing the seizures/have administered a seizure medication/etc. There has been no improvement in their condition. We need an ambulance IMMEDIATELY.
3. The closest entrance for the ambulance is on:
_____ Ave. / Road / Street.
4. A staff member will be outside the school entrance to provide direction.
5. Do you need any more information?
6. How long will it take you to get here?
7. Call parent / guardian / emergency contact.

APPENDIX I – Prevalent Medical Conditions – Student Information Form

For the safety of your child, it is imperative that we are aware of all students in the building that have serious medical conditions. With your consent, we will inform staff members about these conditions that could be life threatening.

Please complete the following form so that we can ensure that our records are up to date.

Name of Student: _____

MEDICAL-CONDITION	This student HAS experienced an attack/reaction in the past	This student carries medication for this condition	Notes/Other: (type of medication, where stored)
Anaphylaxis (Sabrina’s Law)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Asthma (Ryan’s Law)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Heart Condition	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Concussion	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Other:			

Any other medical notes should be included on the registration form (i.e. non-anaphylactic allergies) in the appropriate section. Please keep us informed of any changes in your child’s critical medical conditions by contacting the school at (_____).

Signature of Parent/Guardian or Student 18+ years _____ Date

NOTICE: Authorization for the collection and maintenance of the personal information recorded on this form is the Education act, R.S.O. 1980, S.265(d) and S.266 and Municipal Freedom of Information and Protection of Privacy Act. Users of this information are supervisory officers, principals, and teachers at the school. Any questions regarding the collection of personal information should be directed to the principal of the school.

Filed in OSR
Retention: E + 10 years (E = Retirement of Student)

APPENDIX ~~H~~ – Sample Letter to Parents/Guardians

On School Letterhead

Date:

Dear Parents/Guardians:

RE: SCHOOL PROTOCOL FOR EPILEPSY OR SEIZURE DISORDER MANAGEMENT

To be prepared for your child's diabetic needs and in case of low blood glucose during the school day, please refer to the attached information and forms.

Request and Consent — ~~SO102 Administration of Prescribed Medication, Including Medicinal Cannabis, in Schools Form~~

Please read through this form and complete the appropriate sections. Return the form to your child's school principal prior to your child's start of school. If you are able, please include a recent photo of your child that will be used on your child's ~~Student Support~~ Medical Plan.

~~Student Support~~ Medical Plan for ~~School/Transportation~~ — ~~Seizure Disorder~~

The ~~Student Support~~ Medical Plans will be provided to each of the child's teachers to be stored in a safe place the classroom. The Medical Plans will also be placed in the supply teacher binder and will be posted in the staff room, health room and other appropriate locations throughout the school.

Parent/Guardian Responsibilities Checklist

Please review your responsibilities outlined on the checklist. If you have any questions, please contact the school principal.

Student Responsibilities Checklist

Please review the contents with your child.

** Please call the school to arrange a meeting with school staff and if possible, a Seizure Disorder Educator with whom you currently work, prior to your child beginning school. We look forward to working together to provide the safest possible learning environment for your child.

Sincerely,


_____, School Principal.

APPENDIX ~~I~~^K – Steps to Identify a Seizure Disorder Student in the Student Information Systems

Setting the Critical Medical Condition Symbol in Power School

1. Start Page
2. Select Student
3. Select either Registration Form OR Emergency Contact / Medical

Anaphylactic Shock Condition Alert	()
Critical Medical Condition Alert	()
Student has suffered a concussion and is on a Return to Learn/Return to Physical Activity plan	()
Critical Medical Notes	
Other Medical Notes	

4. Check “Anaphylactic Shock Condition Alert”
5. Check “Critical Medical Condition Alert”
6. Check “Student has suffered a concussion...”, if applicable.
7. Enter student’s medical / health information in the “Critical Medical Notes” field (Note: information **must** be in this field to generate the alert symbol).
8. Click Submit.
9. A Critical Medical Alert symbol will appear next to student’s name.
10. A Concussion Alert symbol  will appear next to the student’s name if this field was indicated as applicable.

Entering information in the “Other Medical Notes” field for non-life-threatening conditions will not generate the Critical Medical Condition Alert.

For more information, refer to Section 6.09 of the Power School OnSIS Instruction Manual:

<http://geportal.granderie.ca/linksandresources/powerschoolmanual/Pages/default.aspx>



Navigating eLITE – Health Management

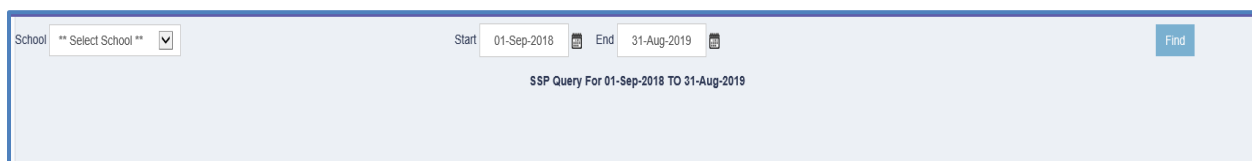
January 2020

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eLITE Medical Plan Module

- Under the Med Plan tab select SSP Query, your school.
- Dates should be Start Date September 1 of the previous school year End Date August 31 of the previous school year. This will give you a list of students in your class who previously have had a support plan in place.
- Export to Excel with query.
- The last plan on file for these students can be found on the Student Dashboard which you may use as reference to start your new Medical Plan.



Search Parameters:

School – the school list contains a list of schools the user has access to as determined in Usernamesview. Select one school (or ALL SCHOOLS if applicable).

Grade – select a grade from the dropdown list. (not necessary if searching by Last Name)

ID # – enter the student ID number to find a particular student. (not necessary if searching by Last Name)

Last Name – enter the last name (or first few known characters of the last name) to restrict the working list.

'All' Checkbox – Only students with an open IEP are listed by default. In order to also include students that DO NOT have an open IEP, click the 'All' checkbox.

When the required parameters have been completed, click the FIND button. The student working list automatically appears. If the required student is not found, or the list is too long, revise or refine the search parameters and click the FIND button again. The student working list will be refreshed. As the cursor hovers over a student in the working list, the student name and ID number change color. To select a student, click once on the student name.

All student demographic data is pre-populated from PowerSchool.

School Grade Id # Last Name Student List All


Student Medical POC
8C23D8E4-D100-420F-A604-12CCADD519AD

Name	ATEST, Aabsta	OEN	999999999	Board Id #	314911496	Grade	02
School	AMSTV Elementary School	Family	Not Applicable	DOB	01-Jan-1989	Gender	Female
Parent/Guardian	DAD, MOM						

Teacher(s) **Created by:** cardinal software **on:** 27-Feb-2019
Last Edit by: cardinal software **on:** 13-Jun-2019

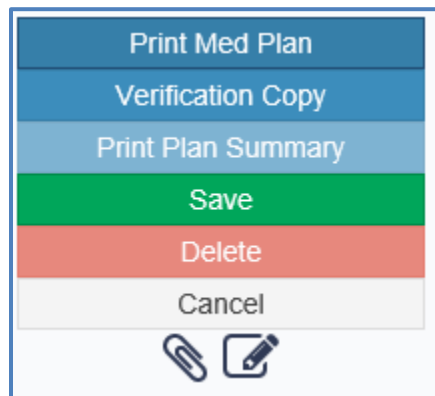
Record Teachers and Emergency Contacts. When saved, POC Alert Forms can then be created.

Emergency Contacts				
Name	Relationship	Daytime Phone	Alt. Phone	Del
DAD		(705) 111-2222		<input type="checkbox"/>
MOM		(705) 111-2222		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>



Note: Once a student is chosen, record teachers and emergency contacts. When saved, Plan of Care Alert Forms can be created.

Medical Plan Dates: In order to create a new Plan of Care, enter Teachers and Emergency contacts then click the green Save button on the left side under your activities menu.



The POC types will then be displayed on the screen – scroll down and select ‘Create’ in the POC Alert column beside the POC Type needed for that student.

POC Type	Prevalent Medical Conditions Plan Date	Status	Finalized	POC Alert
Anaphylaxis		Last Edit By:		Create
Asthma		Last Edit By:		Create
Diabetic		Last Edit By:		Create
Epilepsy		Last Edit By:		Create
Heart Condition		Last Edit By:		Create
Other		Last Edit By:		Create
Administration of Medication		Last Edit By:		Create
Personal		Last Edit By:		Create

Active Discontinued

Note: If there are multiple POC Types needed, create each one individually for the student.

Select ****Create New Plan**** from the drop-down list to auto-populate today’s date – you can then change the plan date if needed.

Name	ATEST, Dabstw	OEN	999999999	Board Id #	314949066	Grade	01
School	AMSTI Elementary School	Family	Not Applicable	DOB	01-Jan-1989	Gender	Male
Parent/Guardian	Mr. Smith, Mrs. Smith						

Asthma POC Dates	<div style="border: 1px solid #ccc; padding: 2px;"> <div style="background-color: #f0f0f0; padding: 2px;">** Select A Date **</div> <div style="background-color: #f0f0f0; padding: 2px;">** Select A Date **</div> <div style="background-color: #007bff; color: white; padding: 2px;">** Create New Plan **</div> </div>	Enter New Plan Date	<input type="text"/>	Copy Forward <input type="checkbox"/>	<input type="button" value="Create New Plan"/>	<input type="button" value="Discontinue"/>
------------------	--	---------------------	----------------------	---------------------------------------	--	--

Asthma POC Dates	<div style="border: 1px solid #ccc; padding: 2px;"> <div style="background-color: #f0f0f0; padding: 2px;">** Create New Plan **</div> </div>	Enter New Plan Date	02-Aug-2019	Copy Forward <input type="checkbox"/>	<input type="button" value="Create New Plan"/>	<input type="button" value="Discontinue"/>
------------------	--	---------------------	-------------	---------------------------------------	--	--

Enter New Plan Date: When creating a new Plan of Care select the date using the calendar prompt.

Copy Forward: If a Plan of Care already exists and a new one is being created, the previous Plan can be copied forward by clicking this checkbox.

Click the Create New Plan button and the Plan of Care will appear with a status of Draft.

Additional Contact Information will appear below the Student Demographic information shown below.

The Discontinue button is only available when a Plan of Care has a status of Open. When selected, the Discontinue button will set the status of the Plan to Discontinued and the student demographic information will become frozen.

Created By: Populated with the user’s name who created the Plan of Care and the date.

Last Edit By: Populated with the last user’s name who edited the Plan of Care and the date.

Status: Current status of the Plan of Care (i.e. Draft, Open, Expired, or Discontinued).

Finalized On: Populated with the date the Plan of Care was Finalized.

Authorization/ Plan Review: A list of staff members and other individuals with whom this Plan of Care is to be shared with. There is also a record of other individuals to be contacted such as before/after-school programs.

STAFF MEMBERS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED	AUTHORIZATION/PLAN REVIEW	OTHER INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>Other Individuals To Be Contacted Regarding Plan Of Care:</p> <p>Before-School Program: Yes <input checked="" type="radio"/> No <input type="radio"/> <input style="width: 150px;" type="text"/></p> <p>After-School Program: Yes <input checked="" type="radio"/> No <input type="radio"/> <input style="width: 150px;" type="text"/></p> <p style="text-align: right;">Transported by GEDSB: <input style="width: 150px;" type="text"/></p> <p style="text-align: right;">Other: <input style="width: 150px;" type="text"/></p>		
<p>This plan remains in effect for the <input style="width: 50px;" type="text"/> school year without change and will be reviewed on or before: <input style="width: 100px;" type="text"/> (It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care during the school year).</p>		

Staff Members: *Board Staff Members* – Select the Board Staff Members from the list of names provided when clicking on the magnifying glass prompt. Type the first few characters of the staff member’s name in order to narrow down the list of names that will appear when clicking on the magnifying glass prompt. *Other Individuals* – Enter the Non-Board Member names in the text boxes on the right.

Other Individuals to be Contacted: Use the radio buttons to indicate whether before/after-school programs apply to the student, listing the individual to be contacted in the text box provided. Free form text boxes are provided here for data entry.

Plan/Review Date: Select the school year for which this Plan of Care will remain in effect using the drop down. To select a date for review, click on the calendar prompt and select the applicable date.

IF THE STUDENT IS TRANSPORTED TO AND/OR FROM SCHOOL BY THE SCHOOL BOARD YOU MUST TYPE **YES** INTO THE **TRANSPORTED BY GEDSB** FIELD. THIS WILL ENSURE THAT OUR TRANSPORTATION DEPARTMENT RECEIVES AN EMAIL ONCE YOU HAVE SELECTED “FINALIZE AND EMAIL”. IS STUDENT IS NOT TRANSPORTED BY GEDSB LEAVE BLANK.

Transported by GEDSB

Asthma Plan of Care

Known Asthma Triggers

There is a checklist and plus additional detail text boxes for entering know Triggers that require more information. Also defined in this section is Asthma Trigger Avoidance instructions and any other medical condition or Allergy the student might have.

KNOWN ASTHMA TRIGGERS	
<input type="checkbox"/> Colds/Flu/illness <input type="checkbox"/> Change in Weather <input type="checkbox"/> At Risk For Anaphylaxis (Specify Allergen)	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Physical Activity/Exercise <input type="checkbox"/> Other (Specify)	<input type="text"/> <input type="text"/>
Asthma Trigger Avoidance Instructions <input type="text"/> Any Other Medical Condition Or Allergy? <input type="text"/>	

Daily/ Routine Asthma Management

This section describes all information needed for reliever inhaler use at school or during school-related activities. There is a mix of text-boxes and checklist items throughout this section.

DAILY/ ROUTINE ASTHMA MANAGEMENT	
RELIEVER INHALER USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES	
A reliever inhaler is a fast-acting medication (usually blue in colour) that is used when someone is having asthma symptoms. The reliever inhaler should be used: <input type="checkbox"/> When student is experiencing asthma symptoms (e.g., trouble breathing, coughing, wheezing)	
Other (explain): <input type="text"/>	
Use reliever inhaler <input type="text"/> in the dose of <input type="text"/>	(Name of Medication) (Number of Puffs)
<input type="checkbox"/> Alomir <input type="checkbox"/> Ventolin <input type="checkbox"/> Bricanyl <input type="checkbox"/> Other (Specify)	<input type="text"/>
Spacer (valved holding chamber) provided? Yes <input type="radio"/> No <input checked="" type="radio"/>	
<input type="checkbox"/> Student requires assistance to access reliever inhaler. Inhaler must be readily accessible .	
Reliever inhaler is kept with: <input checked="" type="radio"/> <input type="text"/> Location: <input type="text"/> Other Location: <input type="text"/> <input type="radio"/> Locker #: <input type="text"/> Locker Combination: <input type="text"/>	
<input type="checkbox"/> Student will carry their reliever inhaler at all times including during recess, gym, outdoor and off-site activities.	
Reliever inhaler is kept in the student's: <input type="checkbox"/> Pocket <input type="checkbox"/> Backpack/Fanny Pack <input type="checkbox"/> Case/Pouch <input type="checkbox"/> Other (Specify)	
Does student require assistance to administer reliever inhaler? Yes <input checked="" type="radio"/> No <input type="radio"/>	
Student's spare reliever inhaler is kept: <input checked="" type="radio"/> <input type="text"/> Location: <input type="text"/> Other Location: <input type="text"/> <input type="radio"/> Locker #: <input type="text"/> Locker Combination: <input type="text"/>	

Inhaler types: The type of inhaler that a student would be prescribed is defined in the Asthma Inhalers section.

Reliever Inhaler locations: Location of where the student would keep their inhaler is defined in the Asthma Inhaler Locations, utilizing prompt for additional details in 'Other (Specify)' field.

Controller Medication use at School and during School-Related Activities

Controller medications are taken regularly every day to control asthma. Usually, they are taken in the morning and at night, so generally not taken at school (unless the student will be participating in an overnight activity). This section provides all details needed regarding who will administer the medication, in what dose and at what times.

CONTROLLER MEDICATION USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES				
Controller medications are taken regularly every day to control asthma. Usually, they are taken in the morning and at night, so generally not taken at school (unless the student will be participating in an overnight activity).				
Use/administer	<input type="text"/>	In the dose of	<input type="text"/>	At the following times: <input type="text"/>
Use/administer	<input type="text"/>	In the dose of	<input type="text"/>	At the following times: <input type="text"/>
Use/administer	<input type="text"/>	In the dose of	<input type="text"/>	At the following times: <input type="text"/>

Anaphylaxis Plan of Care

Known Life-Threatening Triggers

There is a checklist in this section as well as an “Other” prompt with a field adjacent for additional details. Select the EpiPen Dosage, if a previous anaphylactic reaction has occurred and if the student has asthma using the radio buttons provided. The expiry date and location for the Auto-Injector are entered using free form text boxes, as well as the option to list any other medical conditions or allergies.

KNOWN LIFE-THREATENING TRIGGERS	
<input type="checkbox"/> Food(s) <input type="checkbox"/> Insect Stings <input type="checkbox"/> Other	Epinephrine Auto-Injector(s) Expiry Date (s): _____ _____ Location Of Auto-Injector(s): _____ Has asthma: Yes <input checked="" type="radio"/> (Student at greater risk) No <input type="radio"/> (Has had NO anaphylactic reaction) If student is having a reaction and has difficulty breathing, give epinephrine before asthma medication.
Dosage: EpiPen Jr. 0.15 mg <input checked="" type="radio"/> EpiPen 0.30 mg <input type="radio"/> Previous anaphylactic reaction: Yes <input checked="" type="radio"/> (Student at greater risk) No <input type="radio"/> (Has had NO anaphylactic reaction)	Any other medical condition or allergy? _____ _____

Daily/ Routine Anaphylaxis Management

The Symptoms checklist includes utilizing the description for specific details of the symptom itself. The additional free form text boxes can be customized to capture other information.

DAILY/ROUTINE ANAPHYLAXIS MANAGEMENT	
SYMPTOMS A STUDENT HAVING AN ANAPHYLACTIC REACTION MIGHT HAVE ANY OF THESE SIGNS AND SYMPTOMS:	
<input type="checkbox"/> Skin system: <input type="checkbox"/> Respiratory system (breathing): <input type="checkbox"/> Gastrointestinal system (stomach): <input type="checkbox"/> Cardiovascular system (heart): <input type="checkbox"/> Other:	hives, swelling (face, lips, tongue), itching, warmth, redness. coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing nausea, vomiting, diarrhea, pain or cramps. paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or lightheadedness, shock. anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste.
Avoidance of an allergen is the main way to prevent an allergic reaction.	
Food Allergen(s): eating even a small amount of a certain food can cause a severe allergic reaction. Foods to be avoided: _____ Safety Measures: _____	
Insect Stings: (Risk of insect stings is higher in warmer months. Avoid areas where stinging insects nest or congregate. Destroy or remove nests, cover or move trash cans, keep food indoors.) Designated eating area inside school building _____ Safety Measures: _____	
Other information: _____ _____	

Epilepsy Plan of Care

Known Seizure Triggers

There is a checklist available as well as 'other' a free form text box to list any other medical conditions or allergies.

KNOWN SEIZURE TRIGGERS CHECK ALL THOSE THAT APPLY		
<input type="checkbox"/> Stress	<input type="checkbox"/> Menstrual Cycle	<input type="checkbox"/> Inactivity
<input type="checkbox"/> Changes In Diet	<input type="checkbox"/> Lack of Sleep	<input type="checkbox"/> Electronic Stimulation (TV, Videos, Florescent Lights)
<input type="checkbox"/> Illness	<input type="checkbox"/> Improper Medication Balance	<input type="checkbox"/> Change in Weather
<input type="checkbox"/> Other		
Any Other Medical Condition Or Allergy?		

Daily/Routine Epilepsy Management

This section provides free form text boxes to describe the seizure a student may have, both non-convulsive and convulsive. As well, there are actions noted to deal with each instance.

DESCRIPTION OF SEIZURE (NON-CONVULSIVE)	DAILY/ROUTINE EPILEPSY MANAGEMENT	ACTION
DESCRIPTION OF SEIZURE (CONVULSIVE)		ACTION

Seizure Management

Seizure Type drop down provides a list in addition to a free form 'other'. Actions, frequency and duration are all free form text fields for the user to enter information about the Seizure type selected.

SEIZURE MANAGEMENT				
Seizure Type	Note: It is possible for a student to have more than one seizure type. Record information for each seizure type.			Delete
	Actions to take during Seizure	Frequency of seizure activity	Typical seizure duration	
other				<input type="checkbox"/>

Diabetes Plan of Care

Type 1 Diabetes Supports

This section consists of 3 free form text boxes that can be used to document names of trained individuals who will support the student with diabetes-related tasks, method of home-school communication, or any other medical condition or allergy.

TYPE 1 DIABETES SUPPORTS	
Names of trained individuals who will provide support with diabetes-related tasks: (e.g. designated staff or community care allies)	<input type="text"/>
Method of home-school communication:	<input type="text"/>
Any other medical condition or allergy?	<input type="text"/>

Daily/Routine Type 1 Diabetes Management

This section consists of a yes/no radio button that can be used to track whether a student is able to manage their diabetes care independently or not.

DAILY/ROUTINE TYPE 1 DIABETES MANAGEMENT
Yes <input type="radio"/> No <input type="radio"/> Student is able to manage their diabetes care independently and does not require any special care from the school.

Blood Glucose Monitoring

This section consists of a checklist, as well as free form text boxes.

ROUTINE	BLOOD GLUCOSE MONITORING	ACTION
<input type="checkbox"/> Student requires trained individual to check BG/ read meter. <input type="checkbox"/> Student needs supervision to check BG/ read meter. <input type="checkbox"/> Student can independently check BG/ read meter. <input type="checkbox"/> Student has continuous glucose monitor (CGM)	Target Blood Glucose Range: <input type="text"/> Time(s) to check BG: <input type="text"/> Contact Parent(s)/Guardian(s) if BG is: <input type="text"/> Parents(s)/Guardian(s) Responsibilities: <input type="text"/> School Responsibilities: <input type="text"/> Student Responsibilities: <input type="text"/>	

Nutrition Breaks and Activity Plan

This section consists of a checklist, as well as free form text boxes.

ROUTINE	NUTRITION BREAKS	ACTION
<input type="checkbox"/> Student requires supervision during meal times to ensure completion. <input type="text"/> <input type="checkbox"/> Student can independently manage his/her food intake. <input type="text"/>	Recommended time(s) for meals/snacks: <input type="text"/> Parent(s)/Guardian(s) Responsibilities: <input type="text"/> School Responsibilities: <input type="text"/> Student Responsibilities: <input type="text"/> Special instructions for meal days/ special events: <input type="text"/>	

ROUTINE	ACTIVITY PLAN	ACTION
Physical activity lowers blood glucose. BG is often checked before activity. Carbohydrates may need to be eaten before/after physical activity. A source of fast-acting sugar must always be within students' reach.	Please indicate what this student must do prior to physical activity to help prevent low blood sugar: 1. Before activity: <input type="text"/> 2. During activity: <input type="text"/> 3. After activity: <input type="text"/> School Responsibilities: <input type="text"/> Student Responsibilities: <input type="text"/>	For special events, notify parent(s)/guardian(s) in advance so that appropriate adjustments or arrangements can be made. (e.g. extracurricular, Terry Fox Run)

Insulin

This section consists of radio buttons, checklists, as well as free form text boxes.

ROUTINE	INSULIN	ACTION
Yes <input type="radio"/> No <input type="radio"/> Student takes insulin at school. Student takes insulin at school by: <input type="checkbox"/> Injection <input type="checkbox"/> Pump Insulin is given by: <input type="checkbox"/> Student <input type="checkbox"/> Student with supervision <input type="checkbox"/> Parent(s)/Guardian(s) <input type="checkbox"/> Trained Individual	Location of insulin: <input type="text"/> Required times for insulin: <input type="checkbox"/> Before School: <input type="text"/> <input type="checkbox"/> Morning Break: <input type="text"/> <input type="checkbox"/> Lunch Break: <input type="text"/> <input type="checkbox"/> Afternoon Break: <input type="text"/> <input type="checkbox"/> Other (Specify): <input type="text"/>	School Responsibilities: <input type="text"/> Student Responsibilities: <input type="text"/> Special instructions for meal days/ special events: <input type="text"/>
* All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal/nutrition breaks.		

Diabetes Management Kit

This section consists of a checklist, as well as free form text boxes.

ROUTINE	DIABETES MANAGEMENT KIT	ACTION
Parents must provide, maintain, and refresh supplies. School must ensure this kit is accessible all times. (e.g. field trips, fire drills, lockdowns) and advise parents when supplies are low.	Kits will be available in different locations but will include: <input type="checkbox"/> Blood Glucose meter, BG test strips, and lancets <input type="checkbox"/> Insulin and insulin pen and supplies <input type="checkbox"/> Source of fast-acting sugar (e.g. juice, candy, glucose tabs.) <input type="checkbox"/> Carbohydrate containing snacks <input type="checkbox"/> Other (Please List) <input type="text"/>	Location of Kit: <input type="text"/>

Special Needs

This section consists of a statement and free form text box to provide additional information or special needs for the plan of care.

ROUTINE	SPECIAL NEEDS	ACTION
A student with special considerations may require more assistance than outlined in this plan.	Comments: <input type="text"/>	

Emergency Procedures: Hypoglycemia – Low Blood Glucose

This section consists of a checklist, as well as free form text boxes. The usual symptoms checklist plus a prompt for additional details in ‘other’. The steps to take provide a text box as well as any other details to specify.

EMERGENCY PROCEDURES HYPOGLYCEMIA - LOW BLOOD GLUCOSE (4 mmol/L or less) DO NOT LEAVE STUDENT UNATTENDED			
Usual symptoms of Hypoglycemia for my child are:			
<input type="checkbox"/> Shaky	<input type="checkbox"/> Irritable/Grouchy	<input type="checkbox"/> Dizzy	<input type="checkbox"/> Trembling
<input type="checkbox"/> Blurred Vision	<input type="checkbox"/> Headache	<input type="checkbox"/> Hungry	<input type="checkbox"/> Weak/Fatigue
<input type="checkbox"/> Pale	<input type="checkbox"/> Confused	<input type="checkbox"/> Other: <input type="text"/>	
Steps to take for <u>Mild</u> Hypoglycemia (student is responsive)			
1. Check blood glucose, give <input type="text"/> grams of fast acting carbohydrate (e.g. 1/2 cup of juice, 15 skittles)			
2. Re-check blood glucose in 15 minutes.			
3. If still below 4 mmol/L, repeat steps 1 and 2 until BG is above 4 mmol/L. Give a starchy snack if next meal/snack is more than one (1) hour away.			
4. Other - Specify: <input type="text"/>			
Steps for <u>Severe</u> Hypoglycemia (student is unresponsive)			
1. Place the student on their side in the recovery position.			
2. Call 9-1-1. Do not give food or drink (choking hazard). Supervise student until emergency medical personnel arrives.			
3. Contact parent(s)/guardian(s) or emergency contact			

Hyperglycemia – High Blood Glucose

This section consists of checklists, as well as free form text boxes. The usual symptoms checklist plus the prompt for additional details in ‘other’. The steps to take provide a text box for any other details to specify.

HYPERGLYCEMIA - HIGH BLOOD GLUCOSE (14 MMOL/L OR ABOVE)			
Usual symptoms of hyperglycemia for my child are:			
<input type="checkbox"/> Extreme Thirst	<input type="checkbox"/> Frequent Urination	<input type="checkbox"/> Headache	<input type="checkbox"/> Hungry
<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Irritability	<input type="checkbox"/> Other: <input type="text"/>	
Steps to take for <u>Mild</u> Hyperglycemia			
1. Allow student free use of bathroom			
2. Encourage student to drink water only			
3. Inform the parent/guardian if BG is above <input type="text"/>			
4. Other - Specify: <input type="text"/>			
Symptoms of Severe Hyperglycemia (Notify parent(s)/guardian(s) immediately)			
<input type="checkbox"/> Rapid, Shallow Breathing	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Fruity Breath	<input type="checkbox"/> Other: <input type="text"/>
Steps to take for <u>Severe</u> Hyperglycemia			
1. If possible, confirm hyperglycemia by testing blood glucose			
2. Call parent(s)/guardian(s) or emergency contact			

Heart Condition Plan of Care

This plan of care consists of all free form text boxes.

HEART CONDITION:
MEDICATION TO BE TAKEN AT SCHOOL:
List any side effects of the medication to learning/physical activity:
List effects of the heart condition on learning activities:
Recommendations/accommodations for learning activities:
List effects of the heart condition on physical activities:
Recommendations/accommodations for physical activities:
Participation in school/classroom daily or routine management activities, co-curriculars, recess, etc.:

The lower section has 4 text boxes which are being used to describe the symptoms that can be identified, as well as stating an emergency plan.

IDENTIFICATION AND EMERGENCY TREATMENT PLAN	
Identification of Symptoms:	
EMERGENCY TREATMENT PLAN:	
When to call 911:	
When to call home:	

Administration of Medication Plan of Care

This plan of care consists of free form text boxes that can be used to capture the information needed for a student to receive medication while at school.

MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN						
Name of Dispensing Pharmacy:						
Pharmacy Address:				Phone:		
Name of Physician:						
Physician Address:				Phone:		
MEDICATION INFORMATION: To be filled in by Parent/Guardian						
Diagnosis/Reason for Medication:	frde					
Medication Prescribed	Dosage	Time of Administration	Possible side effects (if any)	Duration of continuing medication	Delete	
					<input type="checkbox"/>	
Parent/Guardian Signature: _____		Date: _____				

Other Plan of Care

This plan is developed to inform staff of health conditions that could/may result in a medical incident requiring immediate action/response or medical emergency. A free form text box is used to capture the names of the development team for this plan. Select the Staff Members from the list of names provided when clicking on the magnifying glass prompt. Type the first few characters of the staff member's name in order to narrow down the list of names that will appear when clicking on the magnifying glass prompt.

PURPOSE: This plan is developed to inform staff of health conditions that could/may result in a medical incident requiring immediate action/response or medical emergency (911).	
DEVELOPMENT TEAM:	STAFF AVAILABLE FOR SUPPORT: (In the event of a medical emergency, the Emergency Response Team will be called for support.)
<input type="text"/>	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Use the remaining free form text boxes and section provided to capture the necessary data in this plan including a section on the bottom half of this form to inform transportation of a Plan for Problem Behaviour on Transportation.

Medical Condition	Indicator/Signs/Symptoms	Triggers	Preventative Strategies Daily Management	Delete
RESPONSE PLAN MEDICAL INCIDENT		RESPONSE PLAN(S):		RESPONSE PLAN MEDICAL EMERGENCY - 911
Level of Behaviour - Baseline, Level 1, 2, 3 and Crisis/Emergency		Response Plan for Problem Behaviour on Transportation		Intervention or Response
Important Procedures to Follow and by Whom				
Key Points for Transportation Provider				

Personal Care Plan

For students with physical disabilities, the school board provide such services as lifting and positioning, assistance with mobility, feeding and toileting, and general maintenance exercises.

To ensure the safety of staff and students, considerations and procedures for performing the above activities should be documented and reviewed on a regular basis. Since these activities are usually not listed in an Individual Education Plan, each child who requires a significant level of personal care requires a Personal Care Plan to be developed based on their unique needs.

Use the free form text boxes to record the necessary information – refer to the Personal Care Plan and examples for more information (located on the Staff Portal – Special Education Resources).

<input type="checkbox"/>	Feeding <input type="text"/>	Frequency of care <input type="text"/>	Preferred time of care <input type="text"/>
		Location of care <input type="text"/>	Special Equipment Required <input type="text"/>
		Special Training Required <input type="text"/>	Date of Training <input type="text"/>
		Trained By <input type="text"/>	Staff Trained <input type="text"/>
		Visual prompts/cues required <input type="text"/>	Physical prompts/cues required <input type="text"/>
		Verbal prompts/words used/explanation given <input type="text"/>	Level of assistance required (i.e., total care, hand over hand, an adult present) <input type="text"/>
		Description of routine <input type="text"/>	

<input type="checkbox"/>	Lifts/Transfers/Positioning <input type="text"/>	Frequency of care <input type="text"/>	Preferred time of care <input type="text"/>
		Location of care <input type="text"/>	Special Equipment Required <input type="text"/>
		Special Training Required <input type="text"/>	Date of Training <input type="text"/>
		Trained By <input type="text"/>	Staff Trained <input type="text"/>
		Visual prompts/cues required <input type="text"/>	Physical prompts/cues required <input type="text"/>
		Verbal prompts/words used/explanation given <input type="text"/>	Level of assistance required (i.e., total care, hand over hand, an adult present) <input type="text"/>
		Description of routine <input type="text"/>	

<input type="checkbox"/> Toileting	Frequency of care	Preferred time of care
	Location of care	Special Equipment Required
	Special Training Required	Date of Training
	Trained By	Staff Trained
	Visual prompts/cues required	Physical prompts/cues required
	Verbal prompts/words used/explanation given	Level of assistance required (i.e., total care, hand over hand, an adult present)
	Description of routine	

<input type="checkbox"/> Maintenance Stretches	Frequency of care	Preferred time of care
	Location of care	Special Equipment Required
	Special Training Required	Date of Training
	Trained By	Staff Trained
	Visual prompts/cues required	Physical prompts/cues required
	Verbal prompts/words used/explanation given	Level of assistance required (i.e., total care, hand over hand, an adult present)
	Description of routine	

<input type="checkbox"/> Personal Hygiene/Oral Care	Frequency of care	Preferred time of care
	Location of care	Special Equipment Required
	Special Training Required	Date of Training
	Trained By	Staff Trained
	Visual prompts/cues required	Physical prompts/cues required
	Verbal prompts/words used/explanation given	Level of assistance required (i.e., total care, hand over hand, an adult present)
	Description of routine	

<input type="checkbox"/> Other (Specify) <input type="text"/>	Frequency of care <input type="text"/>	Preferred time of care <input type="text"/>
	Location of care <input type="text"/>	Special Equipment Required <input type="text"/>
	Special Training Required <input type="text"/>	Date of Training <input type="text"/>
	Trained By <input type="text"/>	Staff Trained <input type="text"/>
	Visual prompts/cues required <input type="text"/>	Physical prompts/cues required <input type="text"/>
	Verbal prompts/words used/explanation given <input type="text"/>	Level of assistance required (i.e., total care, hand over hand, an adult present) <input type="text"/>
	Description of routine <input type="text"/>	

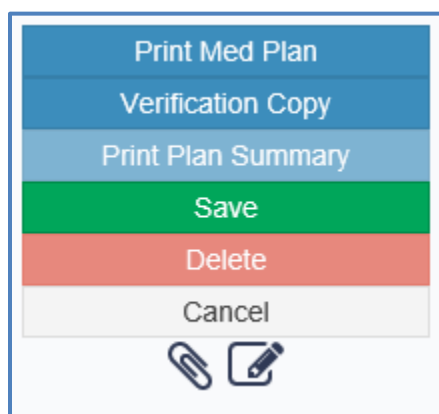
Finalize

When any Plan of Care is complete, the blue Finalize button in the left hand navigation bar will set the plan status to Open, lock it down from further editing, and prompt an email to be sent to the board staff entered on the Plan of Care, as well as anyone defined in the email profile.

Print

While viewing a specific Plan of Care, the **Print MedPlan** button in the left-hand navigation bar will display a PDF of that *single medical plan* that you have open, including a student picture, which can be printed. The **Verification Copy** button will display the same version of the plan in PDF except all data fields are outlined in red to be sent home for parents to verify and sign off on.

While viewing the student medical POC Overview screen, shown below, the **Print Medplan** button will display *ALL draft or open* Plans of Care in PDF for the corresponding student, which can be printed. The **Print Verification** button will display the same PDF of ALL Plans of Care, with all data fields outlined in red to be sent home for parents to verify and sign off on multiple plans at once. Also on this screen there is a **Print Summary** button which will only be active when all draft plans have been finalized and set to open status. The summary version was created as the alert form to be posted for staff, displaying a student, highlighting key elements of the students POC and the school procedure to follow.



When a Plan of Care is created it will be posted to the Student Dashboard regardless of the Status. Users with access to the Med Plan activity are then able to access the Plan of Care entry screen right from the Student Dashboard by selecting the Med Plan date that is underlined. Other users will only be able to see the date of the student’s Plan of Care and the Status.

Medical Plan Query

The Med Plan Query will display all students from your school who have a Plan of Care.

Student demographic information is included as well as the status of each Plan of Care (i.e. Draft, Open, Archived, or Discontinued).

Select a status from the Status dropdown list to display Plans of Care with a particular status only. Select a POC Type from the dropdown list to display only a specific Type of Medical Care plan.

The Export to Excel button will open a new window with the report data.

Medical Plan
Medical Plan Query
 Medical Year End
 Medical Plan Tables
 Med Plan Discrepancy Report
 eLite Bulk Print

School: ALL SCHOOLS

Status: Open

POC Types: Epilepsy

Find

Medical Query / Export

OEN	ID	DOB	Student Name	Gender	Grade	School Code	School Name	POC Type	Plan Date	Created By	Status	Finalized
OEN:999999999	ID:314787896	01-Jan-1989	ATEST, Aabsta	Female	07	CALVP AMSTI	AMSTI Elementary School	Epilepsy	2019.06.03	cardinal software	Open	2019.06.03
OEN:999999999	ID:314949066	01-Jan-1989	ATEST, Dabstv	Male	01	AMSTI	AMSTI Elementary School	Epilepsy	2019.08.06	cardinal software	Open	2019.08.02
OEN:999999999	ID:397772104	01-Jan-1989	ATEST, Rabsta	Female	06	AMSTI	AMSTI Elementary School	Epilepsy	2019.05.29	cardinal software	Open	2019.05.29
OEN:999999999	ID:314911496	01-Jan-1989	ATEST, Aabsta	Female	02	AMSTV	AMSTV Elementary School	Epilepsy	2019.02.27	cardinal software	Open	2019.06.11
OEN:999999999	ID:314830761	01-Jan-1989	ATEST, Cabsta	Female	06	AMSTV	AMSTV Elementary School	Epilepsy	2019.03.28	cardinal software	Open	2019.03.28
OEN:999999999	ID:325719564	01-Jan-1989	ATEST, Aabsta	Female	JK	BATHP	BATHP Elementary School	Epilepsy	2019.06.12	cardinal software	Open	2019.06.12
OEN:999999999	ID:461013781	01-Jan-1989	ATEST, Aabsta	Female	06	BATHP	BATHP Elementary School	Epilepsy	2019.02.11	cardinal software	Open	2019.02.11
OEN:999999999	ID:326674579	01-Jan-1989	ATEST, Babste	Female	SK	BATHP	BATHP Elementary School	Epilepsy	2019.05.29	cardinal software	Open	2019.05.29
OEN:999999999	ID:314916537	01-Jan-1989	ATEST, Aabsta	Female	07	CALVP	CALVP Elementary School	Epilepsy	2019.06.03	cardinal software	Open	2019.06.03
OEN:999999999	ID:314922162	01-Jan-1989	ATEST, Aabsta	Female	07	CALVP	CALVP Elementary School	Epilepsy	2019.06.03	cardinal software	Open	2019.06.03
OEN:999999999	ID:314775235	01-Jan-1989	ATEST, Babstv	Female	08	FRONT	FRONT Elementary School	Epilepsy	2019.02.26	cardinal software	Open	2019.02.26
OEN:999999999	ID:314902651	01-Jan-1989	ATEST, Babstv	Female	06	FRONT	FRONT Elementary School	Epilepsy	2019.02.26	cardinal software	Open	2019.02.26
OEN:999999999	ID:314895905	01-Jan-1989	ATEST, Aabsta	Female	03	JGSIM	JGSIM Elementary School	Epilepsy	2019.02.26	cardinal software	Open	2019.02.26
OEN:999999999	ID:314939414	01-Jan-1989	ATEST, Aabsta	Female	02	JGSIM	JGSIM Elementary School	Epilepsy	2018.12.01	cardinal software	Open	2018.12.13
OEN:999999999	ID:314848532	01-Jan-1989	ATEST, Aabsta	Female	04	JGSIM	JGSIM Elementary School	Epilepsy	2018.12.06	cardinal software	Open	2018.12.13

Logoff

Status

Exit

Cancel

Export To Excel

Returned 15 Medical Plans



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Wayne Baker, Superintendent of Education
RE: **SO32 – Exclusion of Students**
DATE: January 13, 2020

Recommended Action: Moved by _____ Seconded by _____
THAT the Grand Erie District School Board approve **Policy SO32 – Exclusion of Students.**

Background

Policy SO32 – Exclusion of Students was circulated to all appropriate stakeholders for comments to be received by November 27, 2019.

Comments Received

1. Comment: Under Policy Statement – add after ...potential “by reducing disruption to the learning environment”
Response: Revision made.
2. Comment: Section 1.5 change “later in this document” to “in section 3 of this policy”
Response: Revision made.
3. Comment: Delete Section 3.1.4 – why is the Board obligated to provide the option on an appeal to the Human Rights Tribunal of Ontario in their policy?
Response: The Board isn’t providing the option of an appeal to the HRTTO, only informing the appellant of their right to do so, which is the obligation of the Board.
4. Comment: Section 3.2.1.6 – remove “narrow the issues and”
Response: Revision made.
5. Comment: Section 3.3.2 – 1st sentence - remove “be 3.3.2.1”, change “The Principal” to “the principal”, change “3.3.2.2 The” to “and the”
2nd sentence – remove “at the appeal” after counsel, add “at the appeal” after ...person.
Change “adjournment” to “postponement” – both locations
Rationale: A meeting is adjourned after it is called to session. Notice must be given prior to the start of the meeting by the Appellant if bringing an advocate or support person. If the Appellant has not provided such notice before the meeting begins, then the meeting would not be adjourned as it hasn’t begun. In this case the meeting time would be postponed
Response: Legal counsel would not be present at the meeting until it was called to session. At that point, the Chair would clarify the policy for the appellant; it might be that their legal counsel would vacate the appeal, or the Chair would adjourn the appeal.
6. Comment: Section 3.4.3 – change “(1) uphold the exclusion, or (2) reject the exclusion” to “to either uphold or reject the exclusion”
Response: The two options for the committee should be clearly stated.

7. Comment: Suggest Title change to Temporary Exclusion of Students
Response: Some exclusions will prove to be permanent.
8. Comment: Should exclusion also include the times that students are sent home for the afternoon etc. with no paperwork?
Response: Such situations would be considered a voluntary withdrawal, rather than an exclusion.
9. Comment: Purpose – 3rd paragraph – should exclusion be defined?
Response: The definition of exclusion is contained in paragraph 2.
10. Comment: .1.3.2. A school day for a student cannot be shortened to less than 5 hours without an IPRC, there is no reference to an IPRC
Regulation 298 3.(1) The length of the instructional program of each school day for pupils of compulsory school age and pupils in full day junior kindergarten or kindergarten shall be not less than five hours a day excluding recesses or scheduled intervals between classes (3) Despite subsection (1), a board may reduce the length of the instructional program on each school day to less than five hours a day for an exceptional pupil in a special education
Response: In 1.1.3.2 there is a presumption that Board processes would be followed during any attempt to meet a student's needs.
11. Comment: 1.2 – 3rd paragraph – “Whereby the student” should this say “If the student”?
Response: Both would be acceptable.
12. Comment: 1.5 Is this needed as it is covered in Section 3?
Response: 1.5 (Right to Appeal) is an obligation of the Board to the parents of an excluded student. Section 3 describes the process.
13. Comment: 3.1.2 – include the address of the Education Centre for appeals
Response: Revision made.
14. Comment: 3.2.1.3 if the Director contacts the appellant in 3.2.1.3, why would they not explain this information at the same time?
Response: That's a possibility, but this would be a cold call by the Director; the appellant might not be prepared to discuss their concerns on short notice.
15. Comment: 3.2.1.4 – how can the Director review the duration when it is never stated?
Response: The length of exclusion is a constant topic of discussion, if only in general terms. For example, one of the conditions listed for re-entry could be participation in an addictions program; the Director would likely ask Safe Schools how long the program might be.
16. Comment: 3.4.1 – this decision should belong to the Board not the Chair
Response: The Chair presides over the appeal and, consequently, would make procedural decisions. The Chair could declare a recess to caucus with Trustees re those decisions.

17. Comment: 3.4.3 – The chair must vote as outlined in bylaw 5 section 11a

Response: Bylaw 5 applies to Board and Committee of the Whole Board meetings. An expulsion hearing is not one of those.

18. Comment: 3.4.3 – it is the Board that directs senior administration

Response: The Chair of the Board presides over the appeal and, consequently, would make procedural decisions, including directions to staff present at the appeal. The Chair could declare a recess to caucus with Trustees re those directions.

19. Comment: 3.4.5 - why would the appellant not be informed orally as we do with suspension, expulsion appeals? With a follow up letter to confirm

Response: There could be situations where the final decision will not be rendered at the appeal. There are no deadlines to meet with respect to an exclusion appeal, so the necessary time can be taken, with a decision letter to follow. It's always possible that a suspension appeal might also have to be deferred; the Board doesn't deal with expulsion appeals.

20. Comment: Appendix A – a monitoring meeting in a month – is that an appropriate amount of time?

Response: It should be possible for Safe Schools to provide a significant amount of feedback to parents after a month of involvement with a student. The only reason to the contrary would be if a student were not participating; in that case, the monitoring meeting could be deferred to a more appropriate date.

21. Comment: Appendix A – usually we do not put names into boards documents as they are subject to change

Response: Revision made.

22. Comment: Appendix B - #15 – same as 3.4.5 above inform orally

Response: It's not always possible to render a decision at the appeal.

23. Comment: Appendix C – retention?

Response: An exclusion notice should remain in the OSR until the student retires from the Board. To do otherwise could put students and staff at risk.

Additional Information

As a result of these comments, suggested revisions have been made to the Policy and a draft revised Policy is attached.

Next Steps

This approved Policy will be distributed in keeping with Board Bylaw BL9.

Respectfully submitted,

Wayne Baker
Superintendent of Education



Exclusion of Students

Board Received: _____

Review Date: _____

Policy Statement

The Grand Erie District School Board believes that, in addition to academic excellence, a school promotes responsibility, respect, and civility in an environment that is safe, inclusive, caring and accepting by supporting the use of positive partnerships. In instances where safety of others is a concern, a student may be excluded from school for a period of time. This action maximizes student potential by reducing disruption to the learning environment and encourages a positive school climate for all members of the school community.

Accountability

1. Frequency of Reports – Annual
2. Criteria for Success – Enhanced student and staff safety
– Increased opportunity for students to focus on their education
– Improved student performance

Purpose

This document outlines the circumstances under which a student exclusion is appropriate, as well as the procedures and process which must be put in place upon the decision to exclude a student. This document has been created in accordance with the *Education Act*.

Section 265 of the *Education Act* – Duties of the Principal – states: “It is the duty of the principal of a school, in addition to the principal’s duties as a teacher, subject to an appeal to the Board, to refuse to admit, to the school or to a class, someone whose presence in the school or classroom would, in the principal’s judgment, be detrimental to the physical or mental well-being of the pupils.”

Exclusion is used as a temporary measure towards achieving safety and security in school environments. It is not disciplinary in nature. A student’s academic needs will continue to be accommodated by use of alternative means during an exclusion. Conditions for re-entry to school will be clearly established, including input from the school, parents, and community.

1. DUTIES AND OBLIGATIONS

1.1 Consultation

Prior to the consideration of exclusion, the Principal – in consultation with the school team, Special Education staff, Safe Schools Team and/or other program staff – will have considered all information and engaged in problem solving in order to mitigate the identified safety risks. As part of this process, the following must be considered:

- 1.1.1 The Principal must have a genuine belief that a student’s presence in the school would be detrimental to the physical and/or mental well-being of the students and/or staff.
- 1.1.2 All reasonable accommodations must have been attempted before excluding a student. Examples include, but are not limited to, a review of the behavioural/safety plan, consideration of use of protective equipment, consideration of alternative settings within the school, consideration of further assessments and suggested

strategies, and inclusion of community agencies in case conferences and problem solving.

- 1.1.3 The Principal and school team, in consultation with the Family of Schools Superintendent of Education, as well as the Superintendents of Education responsible for Special Education and Safe Schools, will use a tiered approach to decision making and consider the following:

- 1.1.3.1 Would suspension/expulsion meet the safety needs?
 1.1.3.2 Has a modified day or week schedule been considered?

A modified day or week is a strategy used to support students who struggle to maintain safe behaviour at school for a full day or week. The intent of a modified day/week is to provide an opportunity for the student to end their day or week on a positive note, rather than a negative one, gradually extending their day or week based on success.

When a modified day/week is being considered, parents/guardians will be invited to participate in a meeting to discuss the reasons for considering a modification, how the modification can support their child's success, and the plan for return to full day or full week. The modified day/week will be documented in the IEP, ensuring that a monitoring plan for a return to full day/week is included.

- 1.1.3.3 Would a different space in the school meet the safety needs?
 1.1.3.4 Would a different school in the board meet the safety needs?
 1.1.3.5 Would an off-site location in the board meet the safety needs?
 1.1.3.6 Would Home Instruction be an appropriate option to meet the safety needs?
 1.1.3.7 Would exclusion be an appropriate option to meet the safety needs?

1.2 Duty to Inform

The Principal must make a family aware of the possibility of exclusion as early as that option presents itself; in the interest of cooperation, exclusion ~~can~~ **must** never be a surprise. When the decision to exclude a student has been made, the family must be informed formally with an exclusion letter from the Principal; it would always be preferable to have notified the family beforehand that this decision had been made.

The exclusion letter must contain, but is not limited to:

- the reason(s) for the exclusion
- the conditions for re-entry to a school setting
- the process for appealing the decision to exclude
- the supports that are available to the excluded student
- a suggested timeline for a follow-up meeting to reassess the exclusion

A copy of the exclusion letter is retained in the student's OSR ~~(until it no longer has educational value)~~ **until retirement of the student**. Principals are to communicate the exclusion to the student's teachers as soon as possible. Whereby the student continues in an education program through Grand Erie (e.g., Safe Schools), attendance will be recorded by the school from which the student was excluded. Regular progress reports will be communicated to the family.

1.3 Provision of Supports

Supports will be provided to the excluded student for the duration of the exclusion and will reflect individual student needs. Examples of supports that may be provided include: specific schoolwork from the excluded student's classes; academic support by the Safe Schools itinerant teacher; counselling supports by the Safe Schools social worker and/or Child and Youth Workers; referrals to community supports; and case conferences to ensure collaboration of supports.

1.4 Re-entry Meeting

Once the conditions for re-entry to a school setting have been satisfied, and the safety risk has been reasonably mitigated, the Principal of the school will conduct a re-entry meeting with the family and any Grand Erie staff who have been involved in the provision of supports during the exclusion, such as Special Education and Safe Schools. Community agency representatives will be included when appropriate.

1.5 Right to Appeal:

When a student's parent/guardian, an adult student, or a student 16 or 17 years old and withdrawn from parental control, disagrees with the decision of the Principal to exclude, they may appeal the decision. The full Board of Trustees will hear exclusion appeals, as outlined in s.265(1)(m) of the *Education Act*. The appeal process is outlined ~~later~~ in [section 3 of](#) this document.

2. ROLES

2.1 Principal

The Grand Erie District School Board supports the Principal's authority to maintain proper order and discipline in the school. The Principal has the sole authority to exclude a student.

2.2 Family of Schools Superintendent of Education

The Principal must consult with the Family of Schools Superintendent of Education when considering excluding a student. The Superintendent of Education will ensure that the Principal's decision to exclude was made in good faith, that is, only where safety concerns are genuine and that all reasonable interventions and preventative plans were developed and properly implemented, and found to be insufficient to maintain adequate staff and student safety. The Superintendent of Education will attend an exclusion appeal as a resource to the Board.

2.3 Superintendent of Education Responsible for Safe Schools

The Superintendent of Education responsible for Safe Schools will consult with the Principal and the Family of Schools Superintendent of Education to ensure that the decision to exclude complies with all Board policies and procedures related to student behaviour, equity and inclusion, and human rights. The Superintendent of Education responsible for Safe Schools will attend an exclusion appeal as a resource to the Board.

2.4 Safe Schools Team

The Grand Erie Safe Schools Team will provide appropriate academic and counselling supports to excluded students, with consent. The Team will also assist families in accessing community supports.

2.5 Director of Education

The Grand Erie District School Board authorizes the Director of Education to receive all exclusion appeals. The Director also plays a prominent role in the exclusion appeal process. The Director may delegate duties related to an exclusion, as appropriate.

2.6 Board of Trustees

The Board of Trustees, as set out in the Education Act, has the authority to hear exclusion appeals and make decisions by majority vote.

2.7 Classroom Teachers

The classroom teachers of the excluded student will coordinate the provision of instructional materials with the Safe Schools teacher.

2.8 Excluded Students

An excluded student, where possible, will participate positively with Safe Schools staff for the duration of their exclusion. Specifically, the student will work toward compliance with the stated goals of the exclusion

2.9 Parents (of minors)

The parents of excluded students will collaborate with Safe Schools staff in ensuring their children a positive, meaningful learning experience while on exclusion.

3. EXCLUSION APPEALS:

3.1 General Information

- 3.1.1 An adult student or the parents/guardians of a minor student may appeal an exclusion. (Henceforth in this document, the party appealing an exclusion will be referred to as “the Appellant”.)
- 3.1.2 The Appellant must submit written notice of the intention to appeal to the Director of Education (or designate) within 10 days of the commencement of the exclusion, [at 349 Erie Avenue, Brantford, On N3T 5V3](#).
- 3.1.3 An exclusion appeal does not stay the exclusion.
- 3.1.4 The Appellant may argue that rights pursuant to the *Ontario Human Rights Code* have been infringed.
- 3.1.5 A separate right to apply to the *Human Rights Tribunal of Ontario* exists where an Appellant believes their rights pursuant to the *Ontario Human Rights Code* have been infringed.
- 3.1.6 The Board must hear the appeal within 20 school days of receiving the notice of intention to appeal (unless the parties agree to an extension).

3.2 Mediation

- 3.2.1 Upon receipt of written notice of the intention to appeal an exclusion, the Director of Education (or designate):
 - 3.2.1.1 Will promptly advise the school Principal of the appeal
 - 3.2.1.2 Will promptly confirm with the Appellant receipt of the notice to appeal
 - 3.2.1.3 Will advise the Appellant that a review of the exclusion will take place and invite the Appellant to contact the Director of Education (or designate) to discuss any matter respecting the exclusion
 - 3.2.1.4 Will review the exclusion with respect to, but not limited to, reason, duration, and mitigating circumstances

- 3.2.1.5 May consult with the Principal, Family of Schools Superintendent of Education, Superintendent of Education responsible for Safe Schools, Superintendent of Education responsible for Special Education, or any other Board resource person regarding modification or repeal of the exclusion
- 3.2.1.6 Will request a meeting with the Appellant and the Principal to ~~narrow the issues and~~ try to effect a settlement
- 3.2.1.7 Will provide written notice of the review decision to the Appellant
- 3.2.1.8 Will provide written notice of a date for the appeal

3.3 Preparing for the Appeal

- 3.3.1 Where the exclusion is upheld upon review, and the Appellant chooses to continue with the appeal, the Director of Education (or designate) will:
 - 3.3.1.1 Coordinate the preparation of a written report for the Board, which will contain at least the following components:
 - i) A report of the rationale for exclusion of the student
 - ii) A report of the programming currently in place for the student
 - iii) A copy of the original exclusion letter
 - iv) A copy of the letter requesting an exclusion appeal
 - v) A copy of the written notice of the decision of the Director of Education (or designate) regarding the exclusion review.
 - 3.3.1.2 Inform the Appellant of the date of the exclusion appeal, provide a guide to the process for the appeal (Appendix B), and inform the Appellant of the responsibility to provide to the Director of Education (or designate) at least 3 days prior to the Appeal the materials that the Appellant will present to the Trustees.
 - 3.3.1.3 Inform Trustees of the appeal date.
 - 3.3.1.4 Submit to the Appellant at least 5 days prior to the appeal the materials to be presented by the Board at the appeal.
 - 3.3.1.5 Make available to Trustees – two hours prior to the appeal – an exclusion package, which will include, at minimum, submissions by both parties to the exclusion.
- 3.3.2 The parties in an exclusion appeal to the Trustees shall be:
 - 3.3.2.1 The Principal
 - 3.3.2.2 The Appellant
 - *** The Appellant may be represented by legal counsel at the appeal and/or be accompanied by an advocate or support person. Notice of the intent to bring legal counsel must be shared by the Appellant with the Director of Education (or designate) at least 5 days prior to the appeal; in such case, the Board will arrange for individual counsel for both the Principal and the Trustees. Failure to provide adequate notice with respect to legal counsel will result in adjournment of the appeal. Notice of the intent to bring an advocate or support person must also be shared by the Appellant with the Director of Education (or designate) at least 5 days prior to the appeal. Failure to provide adequate notice with respect to an advocate or support person could result in adjournment of the appeal.

3.4 Procedures at the Appeal

- 3.4.1 Exclusion appeals will be heard orally, in camera, by the Trustees. The Board Chair will act as Chairperson for the appeal, except in case of a conflict of interest. The

- Chair may grant permission for an advocate to make submissions on behalf of a student.
- 3.4.1.1 The Appellant (or designate) will present first by making oral submissions and/or providing written submissions regarding the reason for the appeal and the result desired.
 - 3.4.1.2 The Principal will present after the Appellant, making oral and/or written submissions, including a response to any issues raised in the Appellant's submissions. The Principal may rely on the report prepared for the Trustees.
 - 3.4.1.3 The Appellant may make further submissions addressing issues raised in the Principal's presentation that were not previously addressed by the Appellant.
 - 3.4.1.4 Trustees may ask questions of clarification of either party or resource person to the appeal.
- 3.4.2 After all submissions have been made, the parties to the appeal will be dismissed, and the Trustees will deliberate the appeal under the direction of the Board Chair.
 - 3.4.3 At the conclusion of deliberations, a vote will be taken to determine the result of the appeal. In the event of a tied vote, the Chair will cast the determining vote; otherwise, the Chair will not vote. The options for consideration by the Trustees are: (1) uphold the exclusion, or (2) reject the exclusion. In the event of the latter, the Chair will direct senior administration to consider other options to exclusion.
 - 3.4.4 If, during deliberations, Trustees require additional information from either party to the appeal, it may be necessary to re-convene the appeal at a later date to receive that information.
 - 3.4.5 A written decision will be sent to the parties to the appeal by the Director of Education (or designate).

APPENDIX A

Insert School Letterhead

Date

Name of recipient (parent/guardian or adult student)

Address of recipient

Dear Recipient:

Re: Name of student (d.o.b.)

Pursuant to s.265(1)(m) of the Education Act, it is my duty to inform you that **name of student** is excluded from attending **name of school**, or any other school of the Grand Erie District School Board until further notice. This decision is based upon (give a concise explanation...“the events of such and such a date”, “our conversation of such and such a date”, etc) , whereupon it was determined that (**student’s name**)’s presence at school poses an unacceptable safety risk to students and/or staff.

An exclusion from school is not intended to be disciplinary; rather, it is a temporary strategy to support educational programming and mitigate safety risks. While excluded from school, **name of student** will be eligible for academic and counselling supports from the Grand Erie Safe Schools Team.

Re-entry to school is the ultimate goal of an exclusion, and will be considered when the following conditions have been met:

Indicate the appropriate conditions, specific to your situation:

1. A significant reduction in (student’s name) baseline behaviour
2. No evidence that (Student Name) is engaging in concerning behaviour
3. Evidence that (Student Name) understands the concerns related to the previous behaviour
4. That (student name) participates in any assessment recommended by a medical professional, and follows all treatment recommendations
5. That (student name) is involved in counselling and there are indications that (student name) is responding positively to this intervention
6. Indications that (Student Name) is participating positively with the Grand Erie Safe Schools Team
7. An updated risk assessment indicates a reduced, acceptable level of risk for (student name)
8. Others specific to your situation.

I would welcome a monitoring meeting with you around **choose a date around a month after the start of the exclusion**. Please contact me (**your phone number**) to make that arrangement. At the monitoring meeting, members of the Safe Schools Team and I will provide feedback on the progress of supports put in place, and we would welcome your thoughts and suggestions. We will also plan for future meetings at that time.

You have the right to appeal this exclusion to the Board of Trustees of the Grand Erie District School Board. The process is outlined in the accompanying document (Appendix B of Grand Erie Policy SO32 – Exclusion of Students).

If you have any questions at any point concerning the exclusion, please do not hesitate to contact me or ~~Wayne Baker, the~~ Superintendent of Education responsible for Safe Schools (519-756-6301, ext. 281149).

Sincerely,

Your name
Principal, Your school

cc: Your SO's name, Family of Schools Superintendent of Education
~~Wayne Baker,~~ Superintendent of Education responsible for Safe Schools
Grand Erie Safe Schools Team
Ontario Student Record



Exclusion Appeals

1. An adult student or the parent/guardian of a minor student may appeal an exclusion.
2. The person making the appeal is called “the Appellant”.
3. The parties to an appeal are the Appellant and the school Principal.
4. The Appellant must submit written notice of the intent to appeal to the Director of Education within 10 days of the start of the exclusion.
5. An appeal does not stay the exclusion.
6. An appeal will be held within 20 school days of the commencement of the exclusion, except in extenuating circumstances.
7. The Director of Education (or designate) will attempt mediation prior to an appeal. If mediation fails to resolve the matter, an appeal date will be determined and shared with the Appellant.
8. The Director of Education (or designate) will provide – at least 5 days prior to the appeal – all written materials that will be presented by the Board at the appeal. The Appellant will provide – at least 3 days prior to the appeal – all written materials that will be presented by the Appellant at the appeal.
9. The Appellant may be accompanied at the appeal by legal counsel and/or a support person or advocate. If the Appellant intends to bring legal counsel, that information must be shared with the Director of Education (or designate) at least 5 days prior to the appeal; failure to do so will result in the appeal being adjourned. If the Appellant intends to bring a support person or advocate, that information must also be shared with the Director of Education (or designate) at least 5 days prior to the appeal; failure to do so could result in the appeal being adjourned.
10. The appropriate Family of Schools Superintendent of Education, as well as the Superintendents of Education responsible for Special Education and Safe Schools will attend the appeal as resource persons.
11. The Appellant makes their submission to the Trustees first. Submissions may be oral and/or written. An advocate or legal counsel may make submissions on behalf of an Appellant.
12. The Principal makes their submission to the Trustees after the Appellant, including responses to the information presented by the Appellant. The Appellant may respond to new issues raised during the Principal’s submission.
13. The Trustees may ask questions of the parties to the appeal or to resource persons.
14. Trustees will deliberate *in camera* and make a decision by majority vote.
15. Written notice of the decision will be sent to the parties to the appeal by the Director of Education (or designate).



Re-entry of an Excluded Student

Date: _____

Student: _____

Date of Birth: _____

School: _____

Grade: _____

Exceptionality: _____

Parent/Guardian: _____

Attendees:

BACKGROUND:

On date of exclusion, student's name was excluded from Name of school. Review of the exclusion will form the basis for consideration of re-entry to a school. (Exclusion attached)

STATUS UPDATES ON GOALS FOR RE-ENTRY:

Goal	Status Update
1.	1.
2.	2.
3.	3.
4.	4.

RECOMMENDATIONS OF SAFE SCHOOLS TEAM (must include decision re re-entry, school placement, any specific program or safety considerations, and parental and/or community supports):

ACKNOWLEDGEMENT OF PLAN (which includes consent to counselling):

Student: _____

Parent/Guardian: _____

Principal: _____

Superintendent – Safe Schools _____

APPENDIX D

Insert School Letterhead

Dear **Name of Parents or Adult Student**

Pursuant to the re-entry meeting of **give the date**, please be advised that **student's name** will be eligible for **give status – regular/modified** attendance at **name of school**, beginning on **give the date**.

We look forward to participating in a positive educational experience for **name of student**.

Should you have any questions, please contact me at **give a phone number**, or **name of FOS Superintendent of Education**, Superintendent of Education at **give a phone number**.

Principal's Name
Name of School



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Linda De Vos, Superintendent of Education
RE: **P101 Request for Core French Exemption**
DATE: January 13, 2020

Recommended Action: Moved by _____ Seconded by _____
THAT the Grand Erie District School Board receive **Procedure P101 Request for Core French Exemption** as information.

Background

Procedure P101 Request for Core French Exemption was circulated to all appropriate stakeholders for comments to be received by November 27, 2019.

Comments Received

1. Comment: Goals. Citation K to grade 12
Response: Amended
2. Comment: Elementary – process and documentation - 1st bullet – should it be IEP ‘for’ French?
Response: Amended
3. Comment: Elementary – process and documentation - 3rd bullet – ESL teacher - should it be ELL?
Response: Amended
4. Comment: Elementary – process and documentation - Should informed parental consent be added to this section before outside consultants are part of the discussion
Response: Amended bullets #1-3.
5. Comment: Elementary – process and documentation – 5th bullet top of page 3 – Is it only the parent who signs the form annually?
Response: Amended
6. Comment: Should the form be named exemption/substitution?
Response: No, as only elementary can be exempt.
7. Comment: Why is the exemption form not for grade 9?
Response: Secondary students cannot be exempted. The course may be substituted.
8. Comment: Does the exemption form need a retention statement?
Response: Amended
9. Comment: Benefits of Learning French as A Second Language - This statement is exclusive, modify to “Benefits of Learning a Second Language”
Response: Amended

10. Comment: “Core French as a Second Language Programs are for all Student” section – 1st paragraph - This is misleading, some Ontario schools have NSL. Secondary students are not required, substitutions are available.

Response: Not applicable as per page 10 of *A Framework for French as a Second Language in Ontario Schools, Kindergarten to Grade 12*. Some Ontario schools may offer NSL. Grand Erie does not offer Elementary NSL.

11. Comment: “Core French as a Second Language Programs are for all Student” section – 3rd paragraph – Revise language “If indigenous students request an exemption in elementary school, they may use the NSL language course or Native Studies to meet the compulsory credit requirement in secondary school.

They do not require this to be exempt.

Rationale: Policies Relating to Native Language Programs, “According to current policy pertaining to elementary school Core French (FSL), all students entering Grade 4 must receive French instruction in every year from Grade 4 to Grade 8. However, policy pertaining to the relationship between FSL and Native language programs states that students are to be exempted from the FSL program if their parents decide, after consultation with the principal, that it is in their best interests not to receive French instruction. In elementary schools where the parents or guardians want their children to participate in both a Native language program and an FSL program, principals will have to make arrangements to accommodate both language programs.” (Page 5) The Ontario Curriculum Grades 1-8: Native Languages, 2001

Response: Grand Erie District School Board does not offer Elementary NSL.

12. Comment: Elementary – Criteria – Exemption for First Nations, Six Nations, Métis and Inuit students should be added/added as a criteria

Add - When the family has requested an exemption for a First Nations, Six Nations, Metis, Inuit student, a separate path should be available to support administrators in the procedure.

Add to the existing bullets of Criteria or create a separate path with the following:

- Contact Indigenous Education Lead/Six Nations Native Advisor
- Program plan put in place to ensure inclusion, supervision and a plan for learning. (A similar bullet for a program plan was in AM101 but is missing in this procedure.
- Indigenous Education Lead/Six Nations Native Advisor to work as a collaborative team with the administrator, parents, FOS S.O.S.O

Response: This is a French exemption procedure not a NSL procedure.

13. Comment: Process and Documentation – 3rd bullet – 2nd sentence - Indigenous Education Lead-Teacher Consultant or Six Nations Native Advisor needs to be added

Response: Amended

14. Comment: Process and Documentation – 7th bullet – “for substitution” - access to Mohawk, Cayuga or Ojibwe language options in secondary needs to be included as options.

Response: If students are exempted in elementary, parents/guardians are to be made aware that there will need to be a course substitution. The actual course substitution is not discussed at this time.

15. Comment: Process and Documentation – “Once approved section” - In AM1 a program page is required to be included. This is missing from the current procedures. Add this to what needs to be recorded in the OSR after approval. This is a program plan that would

include what the programming will look like, where supervision will take place in an inclusive model (part of a classroom)

Response: Amended

16. Comment: Process for Substitutions for Compulsory Courses – last sentence – added “*The Ontario Curriculum, Grade 9 to 12: First Nations, Métis, and Inuit Studies, 2019; (Page 5) The Ontario Curriculum Grades 1-8: Native Languages, 2001*”

Response: Not required as NSL is not considered in compulsory group.

17. Comment: Secondary – Criteria – NSL or Indigenous Self Identification should be listed as possible exemptions

Response: We do not exempt as NL is already accepted as a substitution for FSL.

18. Comment: Secondary – process – last paragraph – add Indigenous Education Lead/Six Nations Native Advisory

Response: Amended to include Indigenous Education Lead

19. Comment: Resources – add – *Ontario’s Education Equity Action Plan (2017); The Ontario Curriculum Grades 1-8: Native Languages, 2001; United Nations Declaration on the Rights of Indigenous Peoples (2007); Truth and Reconciliation Commission: Calls to Action (2015)*

Response: Added *Ontario’s Education Equity Action Plan (2017)*

20. Comment: Appendix – A – The word “Status” is a problematic word, it comes with a lot of meaning for Indigenous people and status is not required for exemption. Possible word change to “Exemption”

Response: Amended

21. Comment: Under Accountability #2, replace process with procedure. Add /guardians in decision making.

Response: Amended

22. Comment: Remove – The subheading Procedures on page 1 before Background. Add to page 2 before Elementary.

Response: Amended

23. Comment: Add – Requirement after the subtitle Elementary

Response: Amended

24. Comment: Remove – Subtitle Criteria as it is not needed

Response: Amended

25. Comment: Add – Page 3, second bullet /guardian.

Response: Amended

26. Comment: Add – “Requirements” after the subtitle Secondary

Response: Amended

27. Comment: Remove – link to policy document as it may not be the correct link over time

Response: Amended

28. Comment: Move - "Criteria" section before a Process for Substitutions for Compulsory Courses.
Add – the words, "for a Substitution" after "Criteria"
Response: Amended
29. Comment: Remove – "Process for" Substitutions for Compulsory Courses
Response: Amended
30. Comment: Add – Quotations to the paragraph under the subtitle, Substitutions for Compulsory Courses. "It should be noted..... variety of options" Add – brackets before pg. 23.
Italicize Including Students with Special Needs in FSL Programs 2015.
Response: Amended
31. Comment: Capitalize – the word for. Italicize – Ontario Schools, Kindergarten to Grade 12: Policy and Program Requirements, 2016. Add –, page 23.
Response: Amended
32. Comment: Add – to the subtitle Process, the words, for a Substitution
Response: Amended
33. Comment: Add – In the first bullet, "In". Add – "it states:" following 2016
Response: Amended
34. Comment: Remove – the link in bullet 2.
Response: Amended
35. Comment: Add – the following statement to the second bullet: "If a parent/guardian or student wish to consider this option they shall contact the secondary school Principal or designate to consult and discuss the process."
Response: Amended
36. Comment: Add – Subtitle, "Consultation Required" before final paragraph.
Response: Amended
37. Comment: Add – After the word "classes" in the final paragraph add, "or for the substitution of the compulsory secondary French credit as required."
Response: Amended
38. Comment: Change – On the Request for Core French Exemption form, change p. to page.
Response: Amended

Additional Information

As a result of these comments, suggested revisions have been made to the Procedure and a draft revised procedure is attached.

Next Steps

This Procedure will be distributed in keeping with Board Bylaw BL9.

Respectfully submitted,

Linda De Vos
Superintendent of Education

**Request for Core French Exemption/~~Substitution~~**

Board Received: _____

Review Date: _____

Accountability

1. Frequency of Reports – As needed.
2. Criteria for Success – Schools will follow the procedure ~~process~~ and include parents/guardians in decision making
 - Exemption requests will be rare

Procedures**Background****Vision**

In Ontario, the vision for French as a Second Language is “Students will communicate and interact with growing confidence in French, one of Canada’s official languages, while developing the knowledge, skills and perspectives they need to participate fully as citizens in Canada and the world.”

*The Ontario Curriculum
French as a Second Language*

Goals

There are three goals to support this vision:

1. Increase student confidence, proficiency and achievement in FSL.
2. Increase the percentage of students studying FSL until graduation.
3. Increase student, educator, parent and community engagement in FSL.

*A Framework for French as a Second Language
In Ontario Schools Kindergarten to Grade 12*

Benefits of Learning ~~French as~~ A Second Language

As outlined in the curriculum, there are many benefits of learning a second language:

- an additional language strengthens first-language skills;
- the ability to speak two or more languages enhances cognitive development, reasoning and creative-thinking skills;
- enhances student confidence as a learner;
- facilitates the learning of additional languages; and,
- academic achievement.

As their strengths develop, French language learners become more flexible and adaptable in new and unforeseen situations. For example, second language learners tend to be more divergent thinkers, with improved memory and attention span.

Core French as a Second Language Programs are for All Students

Core French is taught in English-language schools of Ontario to provide students with the opportunity to become bilingual in the two official languages of Canada. The study of French as a second language is compulsory in elementary school from Grade 4 to Grade 8, and secondary school students are required to earn at least one credit in French as a second language to graduate.

French as a Second Language educators strive to meet the diverse needs of all students through the use of differentiated instruction and by providing accommodations and/or modifying expectations if necessary. Participation in French as a Second Language programs should reflect the diversity of the student population, including students with special education needs and English Language Learners.

If students have the opportunity to take Native languages in place of French as a second language in elementary school, they may use a Level 1 or 2 Native language course to meet the compulsory credit requirement for French as a second language in a secondary school.

Procedures

Elementary Requirements

Criteria

The *Ontario Curriculum, French as a Second Language: Core French 4 - 8*, (Extended French (4–8), French Immersion (1 – 8), page 15 indicates “Core French is mandatory from Grades 4 to 8 for all students in English-language elementary schools.” However, in some very rare cases principals may recommend that exemptions be granted and therefore, need to be aware of the criteria, process and documentation required for such exemptions.

Process and Documentation

- Accommodations and/or modifications to the FSL program must be attempted and documented through an IEP ~~for~~ French. “The development, implementation, and monitoring of an IEP is a collaborative effort that involves the student, parents/guardians, and school staff.” (Page 24, *Including Students with Special Education Needs in French as a Second Language Programs: A Guide for Ontario Schools; (2015)*.
 - The needs and strengths of the student must be considered in light of the benefits of continuing instruction in French. In very rare circumstances, after considering all the relevant information, the parents/guardians and the a school team may feel that a student should be exempted. An exemption would normally be considered only for students in Grades 6, 7 and 8 where accommodations and/or modifications during Grade 4 and 5 have proved unsuccessful.
 - There needs to be a collaborative team effort in reaching a decision to request an exemption from French. The parent/guardian must be made aware that their child will be discussed at School Team and consent to their child being discussed at School Team. The school administrator will consult with staff who work with the student including the Core French teacher, the classroom teacher, the Learning Resource ~~or Special Education~~ teacher, and, if applicable, the ELL ESL Itinerant teacher. Consultation with the Special Education Teacher Consultant, the FSL Teacher Consultant, the Indigenous Education Lead Teacher Consultant and, the ELL Teacher Consultant ~~and/or the FSL Consultant~~ can support the school’s decision-making to ensure that all reasonable avenues for accommodations and modifications have been exhausted.
 - Once the team believes that the student cannot benefit from FSL instruction, the principal arranges a meeting with the parents/guardians. The reasons for exemption are discussed and the short and long-term implications of exemption are explained using the following Ministry materials as reference:

- Excerpts from *Ontario Schools K-12 Policy and Program Requirements 2016*, Section 6.1 The requirements for the Ontario Secondary School Diploma; Section 6.2 Substitution for Compulsory Credit Requirements.
- Excerpts from The Ontario Curriculum, French as a Second Language: Core French 4-8: The Purpose of the Ontario Curriculum, French as a Second Language: Core French 4-8, page 2; The Role of Parents, page 12; Core French for Exceptional Students, page 5, and Planning French as a Second Language Programs for Students with Special Education Needs pages 35-37.
- Elementary principals should make students and parents/guardians aware of the process for substitution in secondary schools (see below) and ensure that appropriate discussions take place for the Grade 8 to 9 transitions.
- If the parent/guardian supports the request, the Request for Elementary Core French Exemption form (Appendix A) is completed and a copy of the proposed individual learning plan instructional; (i.e. Alternative learning Program pPlan; or ESL/ELD Support Plan for ELLs);/ including details of supervision, is attached. In all cases of exemption, a written individual learning education-plan must be in place for the exempted student.
- The request is forwarded to the Family of Schools Superintendent for review and approval.
- The form and individual learning plan is returned to the school and filed in the O.S.R. A copy will be retained in the office of the Superintendent.
- On the student's "Hours of Instruction in French" card a zero (or pro-rated number of hours) will be entered in the appropriate section.
- The exemption form must be renewed every year and signed by the parent/guardian; Principal/Vice-Principal; and forwarded to the Elementary Family of Schools Superintendent for review and approval-. The review for the IEP or individual learning plan -and the signature required for that document could take place at the same time.

Once approved by the Superintendent, the following shall be completed in PowerSchool to accurately report Grade 4-8 French requirements:

1. *Recording Elementary Grades 4-8 Mandatory French Hours:*
For each school, the school would select "create/edit Language Program Minutes" where you can define the number of instruction minutes as set by the Ministry.
By default, all students (Grade 4 – 8) when assigned their homeroom are enrolled in a French class. The French class is linked to Language Program Minutes.
2. *Recording Superintendent Approved Exemptions:*
Students can be un-enrolled in a French class by assigning the student to a special program called French Exempt which does not report in OnSIS.

Secondary Requirements

Ontario Schools, Kindergarten to Grade 12: Policy and Program Requirements,—2016 www.edu.gov.on.ca/eng/document/policy/os/ONschools.pdf indicates that "Students must earn 1 credit in French as a second language in order to obtain the Ontario Secondary School Diploma." Principals may grant substitutions in some limited cases based on the procedures set out in Section 6.2 of *Ontario Schools Kindergarten to Grade 12, Policy and Program Requirements, 2016*.

Criteria for a Substitution

- Under certain rare circumstances, usually involving Exceptional students, a substitution may be granted.

- The determining factor will be the inability of the student to benefit from instruction in a second language.

Process for Substitutions for Compulsory Courses

“It should be noted that there is no policy or program requirement suggesting that such substitutions should be made for French as a Second Language in particular. If a substitution for a compulsory credit is deemed necessary or in the best interests of an individual student, there are a variety of options.” (p. 23 of *Including Students with Special Needs in FSL Programs (2015)*)
 For more information see *Ontario Schools, Kindergarten to Grade 12: Policy and Program Requirements, 2016*.

Criteria

- ~~Under certain rare circumstances, usually involving exceptional students, a substitution may be granted.~~
- ~~The determining factor will be the inability of the student to benefit from instruction in a second language.~~

Process for a Substitution

- In *Ontario Schools, Kindergarten to Grade 12: Policy and Program Requirements, 2016* it states:
- www.edu.gov.on.ca/eng/document/policy/os/ONschools.pdf “...substitutions may be made for a limited number of compulsory credit courses from the remaining courses offered by the school that meet the requirements for compulsory credits. Principals may replace up to three of these courses with courses from the remainder of those that meet the compulsory credit requirements.” If a parent/guardian or students wish to consider this option, they shall contact the secondary school Principal or designate to consult and discuss the process.

Consultation Required

Teachers and administrators should consult the FSL Consultant, the E~~L~~S~~L~~ Consultant, Indigenous Education Lead or the Special Education Consultant regarding the criteria or process for exempting students from Core French classes or for the substitution of the compulsory secondary French credit as required.

Resources

- *Growing Success: Assessment, Evaluation, and Reporting in Ontario Schools (First Edition), Grades 1 to 12;*(2010).
- *Learning for All: A Guide to Effective Assessment and Instruction for All Students, Kindergarten to Grade 12;*(2013)
- *A Framework for French as A Second Language in Ontario Schools Kindergarten to Grade 12;* (2013).
- *The Ontario Curriculum, French as a Second Language: Core French 4 - 8, (Extended French (4 – 8), French Immersion (1 – 8);* (2013).
- *The Ontario Curriculum, Grades 9 to 12, French as a Second Language: Core French, (Extended French; French Immersion);* (2013).
- *Including Students with Special Education Needs in French as a Second Language Programs: A Guide for Ontario Schools;* (2015).
- *Welcoming English Language Learners into French as a Second Language Programs;* (2016).
- *Ontario Schools, Kindergarten to Grade 12 Policy and Program Requirements;* (2016).
- *Ontario’s Education Equity Action Plan (2017)*



APPENDIX A

REQUEST FOR ELEMENTARY CORE FRENCH EXEMPTION

School Name	
Student's Name	

Exemption Reason Status	Exceptional <input type="checkbox"/>	<u>ELL</u> <input type="checkbox"/>	N.S.L. <input type="checkbox"/>
--------------------------------	--------------------------------------	-------------------------------------	---------------------------------

NOTE: "If a student requires accommodations and/or modified or alternative expectations in FSL, it is important to include the FSL teacher as part of the team creating and implementing that student's IEP." [page-24 Including Students with Special Education Needs in French as a Second Language \(2015\).](#)

Date of Birth	MM/DD/YY	Present Grade Level	4	5	6	7	8
Address							
Phone Number							
Reason for Exemption							

Attached is a copy of the IEP, and individual learning plan (Alternative Learning Program Plan, or, ESL/ELD Support Plan for ELLs) which outlines the proposed instructional plan for French time, including supervision details, for this Request for Exemption.

I, _____ (Parent's Name) am aware of the implications of this exemption.

Dated _____ day of _____, 20 _____

Parent Signature

Principal/Vice-Principal

Date

Superintendent of Education

Date

Filed in OSR

Retention: S/O + 1 year (S/O = superseded/obsolete) CY (current school year)



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Liana Thompson, Superintendent of Education
RE: **SO108 – Community Service Providers and Schools Working Together**
DATE: January 13, 2020

Recommended Action: Moved by _____ Seconded by _____
THAT the Grand Erie District School Board forward Procedure SO108 – Community Service Providers and Schools Working Together to all appropriate stakeholders for comments to be received by February 27, 2020.

Background

Procedure SO108 – Community Service Providers and Schools Working Together was approved by the Board in November 2015 and has been identified for review.

Additional Information

Suggested revisions have been made to the Procedure and a draft revised procedure is attached for circulation to stakeholders for comment.

Next Steps

This Procedure will be circulated for stakeholder input in keeping with Board Bylaw BL9.

Respectfully submitted,

Liana Thompson
Superintendent of Education



Community Service Providers and Schools Working Together

Board Received:

November 23, 2015

Review Date:

December 2019

Accountability

1. Frequency of Reports – As needed
2. Criteria for Success – Partnerships enhance and complement student learning
 - Engaging in the partnership provides reciprocal benefits for both agency and school board

Guiding Principles

The Grand Erie District School Board ~~is committed to promoting~~ supports the implementation of effective community-based partnerships with agencies that can enhance the learning experiences of students. ~~to support improvement in the delivery of programs and services for all students. Collaborative relationships are, characterized by mutual respect, with a common goal of working towards the best interests of the student. This Procedure is guided by Board Policy SO8 – Community Partnerships and the various acts, regulations, and mandates applying to the respective partners.~~ A partnership agreement with a community service provider may augment or enhance not duplicate the work of Student Support Services staff while respecting the rights, responsibilities, and interests of both students and staff. The partnership should provide benefits to both the school board and the agency. A written, signed partnership agreement between the parties will help clarify expectations, roles and responsibilities, referral and consent process, timelines, procedures, accountability, service quality, compliance with professional standards, integration/coordination, and a dispute resolution process.

Consent

Parent/guardian ~~at~~ consent is required in order for students up to the age of 18 to participate in any will be sought for all participating SO 108 community partner services taking place on Grand Erie property ~~for students up to the age of 18 years.~~ In cases where a student has requested not to have parent/guardian ~~at~~ consent or if there is a perceived risk to the well-being of the student should parent/guardian consent be sought, ~~to seek parental consent,~~ the school will contact their school social worker. The school social worker will review the file and determine if consent can be sought. The School Social Worker will consult with the Grand Erie Mental Health and Well-Being Lead on matters of consent and complex cases. ~~The School Mental Health and Well-Being Lead will be available for consultation in complex situations.~~

Scope

This Procedure applies to situations in which a community service provider applies to offer individual and/or small group programs/services within a school(s) ~~of the in~~ Grand Erie. ~~District School Board, and, individual or small group programs/services e.g. Counselling, consultation, assessment, social skills training, anger management,~~ Services provided may augment or enhance, but not duplicate the work of the Student Support Services staff. ~~It does not apply to guest speakers, class presentations, or assemblies (duty of principal to manage). Nor does this procedure apply to services provided under PPM 81 (Provision of Health Support Services in School Settings), PPM 140 (Integrating methods of Applied Behaviour Analysis (ABA) into programs for students with Autism Spectrum Disorder (ASD)), and Board-wide protocols with Children's Aid Societies, Before and After~~

~~School Programs, and any mandates in regards to service provision that result from Coordinated Service Planning and Integrated Rehabilitative Service Delivery.~~

Integration between Community Services Providers and Student Support Services Staff

~~Student well-being through and a holistic collaborative approach to service provision for students and families is the goal of a successful partnership agreements. Professional working relationships are based in mutual respect. Collaborative relationships are, characterized by mutual respect, coordination of services, clear communication and consistent collaboration with a common goal of working towards the best interests of the student. This Procedure is guided by Board Policy SO8 - Community Partnerships and the various acts, regulations, and mandates applying to the respective partners. This will enhance service responsiveness to students and families in Grand Erie. Coordination of services, clear communication and consistent collaboration are required in respectful relationships.~~

~~When a partnership between a community service provider and a Grand Erie school is being considered, The Community Partner and school(s)/Board must establish a Partnership Agreement (Appendix A) All steps outlined in the Guidelines for Forming a Partnership Agreement must be followed. A discussion with relevant school board staff will assist in clarifying roles and responsibilities, facilitating the proposed services, and enhancing student learning. Ongoing consultation/collaboration between the Student Support Services Staff e.g. Attendance Counselors, Behaviour Counselors, Child and Youth Workers, Communication Disorders Assistants, Psychological Associates/Consultants, Social Workers, and Speech Language Pathologists, the In-School Resource Team, and the approved third party service provider about students for whom consent to provide/received service has been provided is essential during all aspects of involvement with the student, including referral and consent, planned service/interventions, case management, integration with the student's day to day school program/IEP, and discharge. The principal is responsible for the organization and management of the school *per* the Education Act. Ongoing communication with the principal is essential for effective integration of programs and services.~~

~~The Community Partner and school(s)/Board must establish a Partnership Agreement (Appendix A).~~



GUIDELINES FOR FORMING A PARTNERSHIP AGREEMENT

~~GUIDELINES FOR PARTNERSHIP AGREEMENTS~~

1. School(s)/Board and agency complete the Description of Program or Service (Appendix B) for Superintendent of Education
2. validate agency status
3. identify specific needs to be addressed
4. identify how specific services provided will address need
5. discuss service delivery plan including roles, frequency, monitoring, documentation and supervision
6. determine how students will be identified to receive programs/services
7. involve appropriate school staff and Student Support Services Staff in initial and on-going discussions
8. describe consent process and requirements for:
 - (a) Service provision
 - (b) Access to school information (not OSR)
9. develop a plan for communicating with parents / guardians
10. establish minimum credentials of service providers and appropriate supervisor's qualifications *per* PPM 149
11. ensure Police Record Checks, including vulnerable screening, for all personnel who will be working with students
12. obtain copy of current Certificate of Insurance naming the Grand Erie District School Board and ensuring \$2 million liability coverage for professional liability (errors and omissions) and general liability
13. ensure identification badges for service providers are worn
14. communicate with all stakeholders regarding the program/service being provided
15. discuss dispute resolution process
16. sign service agreement
- ~~17. Annually e~~Evaluate and review the partnership agreement with the Joint Advisory Committee ~~(Superintendent of Education with responsibility for Special Education, School Programs and Supports Lead, School Mental Health and Well Being Lead, Professional Support Services Personnel President, Professional Support Services Personnel Member, Community Representative)~~

Legal Framework

Ontario Ministry of Education Policy/Program Memorandum No. 149 - *Protocol for Partnerships with External Agencies for Provision of Services by Regulated Health Professionals, Regulated Social Service Professionals, and Paraprofessionals* (PPM 149)

Board References:

Policy SO8-Community Partnerships

Appendix A

S0108 Community Service Providers and Schools Working Together**GUIDING QUESTIONS – DESCRIPTION OF PROGRAM OR SERVICE**

Points for your consideration when completing the description of program or service:

1. Is the activity/service consistent with the Board's Multi-Year Plan?
2. Does the activity/service have the potential to positively impact student achievement?
3. What is the degree of assistance/involvement from Grand Erie staff?
4. To the best of your knowledge, is the activity/service duplicating services already offered in the Grand Erie shown to be effective?
5. Does the activity/service have risks/costs for participants?
 - a) Is there a clearly articulated plan as to how the risks will be managed professionally and appropriately?
 - b) What is your plan to communicate with students, parents and staff regarding these potential risks?
6. How will parental/student permission will be obtained?
7. Is the activity/service offered during instructional time?
8. Does the activity/service have a capacity building component for Grand Erie staff?
9. Is there a suitable setting or settings to host this activity/service in Grand Erie?
10. Is the activity/service evidence informed?
 - a) Is the evidence supporting the efficacy of the initiative attached?
 - b) Is it consistent with how the proposed activity/service will be carried out as identified in the proposal?
 - c) If not, is there a plan for evaluation as part of the proposal?
11. Who provides general or clinical supervision to the service providers within their agency?
12. Is debriefing/ feedback to the student/family and Grand Erie staff provided?
 - a) How will this be accomplished?
 - b) How often will feedback be provided to the student, parent and Grand Erie staff?
13. Have you considered the schools to which this partnership agreement may be applied?
 - a) If yes, how were these schools identified?
14. If no, do you require assistance with selecting these sites?
15. Is there a research component to the proposal or any aspect of the service or tools utilized as part of the service? If yes, refer to Board procedure.



DESCRIPTION OF PROGRAM OR SERVICE

Date Submitted:

Name of School(s)/Board		Name of Partner:	
Program/Service Title:		Rationale for Program/Service in School:	
Program/Service Description:			
Program/Service Details:		Space/Materials Requirements (if any):	
Anticipated Outcomes, Evaluation:		Name and Qualifications of program/service provider(s):	
Timelines:			
This program/service will be provided _____			
Day(s) of the week _____		Month(s) of the school year _____	
with the following times: _____			
Collaboration and Coordination Identify those involved			
School:		Provider:	Grand Erie Staff:
Principal(s) Name: _____		Signature _____	
Agency Supervisor's Name: _____			
Title: _____	Qualifications: _____	Signature _____	
Board Use Only:			
<input type="checkbox"/> Request Approved <input type="checkbox"/> Request Denied		Superintendent of Education _____ Date _____	



PARTNERSHIP AGREEMENT

Between:

Hereinafter called "the School"
GRAND ERIE DISTRICT SCHOOL BOARD
Hereinafter called "the Board"

And

Hereinafter called "the Partner"

This educational partnership is a mutually supportive reciprocal agreement between the School/the Board and the Partner to provide the following program/service:

Both parties acknowledge and agree that the Partner is not an agent of the Board and none of the program/service providers are employees or agents of the Board.

The Partner agree that no fees are payable to it by the Board and neither the Board, students/parents nor staff of the Board are responsible for any expenses of the Partner in connection with this provision of program/service.

The program/ service will be provided by the Partner effective from until ; however, either the School or the Partner may terminate this agreement for any reason with reasonable notice to the other. Reasonable notice shall be 30 days. A principal has the authority to limit access to the school or discontinue the partnership agreement, under the Education Act and policies of the Board.

Any concerns or complaints should be brought to the attention of the principal and the program/ service provider. Ongoing concerns should be discussed with the agency supervisor and the school superintendent. Disputes will be addressed by the Joint Advisory Committee.

Both the Grand Erie District School Board and the Partner agree to ensure measures are in place that protect the confidentiality of client information.

Superintendent

Date

Partner

Date

cc: Superintendent of Education
Community Partner
School Mental Health and Well-Being Lead
School Programs and Supports Lead

Annual Review Date:



Parental Consent to Access Community Partner Services within Grand Erie District School Board

~~The Grand Erie District School Board facilitates access for students to select community partner services for the purposes of supporting students to access services and/or personal well-being support. I/we, [Click or tap here to enter text](#), agree to, DOB: , accessing service from the following agency during the school day:~~

The Grand Erie District School Board facilitates access for students to approved community partner services for the purposes of supporting students to access services and/or personal well-being support.

I/we, _____ Parent/Guardian Name(s), agree to _____ Student Name,
_____ Date of Birth, accessing service from the following agency during the school day

Please check selections

Brantford and Brant County Services:

- CONTACT Brant ~~—information, referral and screening for mental health and well-being services~~
- St. Leonard’s Community Services ~~—counselling services for youth related to mental health and well-being and/or addictions~~
- Young Women’s Program through the Sexual Assault Centre of Brant ~~—healthy relationship focused counselling services for well-being and support~~
- Woodview Mental Health & Autism Services ~~—mental health and well-being counselling support programs~~
- Other:

Haldimand and Norfolk County Services:

- CONTACT Haldimand –Norfolk REACH ~~—information, referral and screening for mental health and well-being services~~
- Community Addiction and Mental Health Services (CAMHS) of Haldimand and Norfolk ~~—counselling services for youth related to mental health and well-being and/or addictions~~
- Haldimand-Norfolk REACH ~~—mental health and well-being counselling support programs~~
- Haldimand and Norfolk Women’s Services ~~—healthy relationship focused counselling services for well-being and support~~
- Other:

Aboriginal Services – Brant, Haldimand, Norfolk:

- Six Nations of the Grand River Child and Family Services, Child and Youth Mental Health ~~Program— mental health and well-being counselling support programs~~
- Other:

My child may participate in services during: (Please check selections)

- Instructional time
- Lunch time ~~**please note, selecting lunch time only may reduce the availability of the service.*~~
- Before or After School ~~**please note, selecting before or after school only may reduce the availability of the service.*~~

Consent Process:

Informed consent for the student to participate in and receive services is completed between the agency delivering the service and the student. The agency will maintain the record of service and will deliver services confidentially to the student in accordance with legal requirements. Questions may be directed to the agency for further clarification.

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Date: _____ Consent Valid Until _____

If no date indicated, until the end of the school year.



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Rafal Wyszynski, Superintendent of Business & Treasurer
RE: **SO111 - Fire Safety and Fire Safety Plans**
DATE: January 13, 2020

<p>Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board forward Procedure SO111 - Fire Safety and Fire Safety Plans to all appropriate stakeholders for comments to be received by February 27, 2020.</p>

Background

This is a new procedure which has been converted from an Administrative Memo (AM-24).

Additional Information

The draft procedure is attached for circulation to stakeholders for comment.

Next Steps

This procedure will be circulated for stakeholder input in keeping with Board Bylaw BL9.

Respectfully submitted,

Rafal Wyszynski
Superintendent of Business and Treasurer



Fire Safety and Fire Safety Plans

Board Received: _____

Review Date: _____

Accountability

1. Frequency of Reports – As needed
2. Criteria for Success – Completion of Fire Safety plans
– Compliance with Fire Code and no violations noted by local fire service.

Background

In Ontario, all Schools must comply with the Ontario Fire Code and the Ontario Building Code. This compliance includes ensuring; proper storage of materials, keeping exit corridors, hallways and stairways clear of combustibles and obstructions, maintaining fire doors and fire separations, proper use of extension cords, correct occupant load for assembly events, etc.

Compliance also includes the creation of a fire safety plan at all sites that is reviewed at least annually or as soon as changes are required. For the safety of both staff and students, procedures should be in place, annual training (including fire drills) and information provided related to both fire safety and the fire safety plan specific to the location.

Procedures

Fire Alarm Response (See the Fire Safety Reference Manual)

Required to Report

The local Fire Services Authority has jurisdiction over all fire safety matters and Grand Erie DSB requires that all fire related occurrences or incidents be reported immediately. All fires will be investigated by the fire service authority having jurisdiction and school board personnel. A copy of the school board report shall be submitted to the agency having jurisdiction. The local Police are to be contacted for any confirmed or suspected arson-related fire-incident.

Schools are also required to report any fire system shutdowns to the local fire chief. This notification is done through Facility Services, but in their absence that notification must be made by the administrator in charge of the building.

Required to Evacuate

Ontario Fire Code and Grand Erie DSB requires schools to evacuate completely and immediately anytime the fire alarm is activated, or a fire is discovered on site no matter how small, even if the fire is extinguished by personnel. All Occupants are not allowed to re-enter the building until an "All Clear" is obtained by the local fire services. The fire panel is not to be re-set until the area of the fire has been investigated and the "All Clear" is confirmed by the local fire services,

Fire Drills

Schools shall conduct total evacuation fire drills three (3) times in each of the fall and spring terms. If a school is operating summer programs, they shall conduct one during each month of operation. Fire drills shall be held during operating hours when the school is occupied by students. The first fall term evacuation drill should be held early in the school year to ensure that students are familiar

with proper evacuation techniques. Fire drills must also occur at any off-site locations utilized by Secondary Program (i.e. Turning Points etc.) These drills must be documented in the fire logbook. In order to qualify as a fire drill, ALL building occupants must evacuate. Review any issues that occurred during the fire drill and resolve for future drills.

Fire Safety Plan (See the Fire Safety Reference Manual)

Purpose

The purpose of this Fire Safety Plan is to provide a procedure, which shall be followed by all personnel in case of a fire or any other emergency requiring the evacuation of a Grand Erie Building. All locations must use the approved Fire Safety Plan template. This plan (for Secondary locations) must also include procedures in Appendix 5 – Procedures for Off-Site Educational Locations.

A complete copy of the approved fire safety plan shall be located at the main entrance to the school by the fire alarm panel for use by firefighters upon arrival during an emergency. A copy of Appendix 5 – Procedures for Off-Site Educational Locations must be available at the off-site location.

The fire safety plan shall be reviewed annually or as any changes are needed by the building administrator or Manager. Any physical changes may result in a revision of the present Fire Safety Plan; temporary changes may possibly be addressed under alternate measures. The review shall include provisions for dealing with students with special needs or disabilities.

Any person given any responsibility identified in the Fire Safety Plan shall be made aware of their duties under the Fire Safety Plan and shall receive training prior to assuming responsibilities.

Fire Safety Committee

The purpose of a Fire Safety Committee is to provide an organized distribution of the duties and responsibilities as set out by the Fire Safety Plan. Each member of the Fire Safety committee will have their specific responsibilities pertaining to the Fire Safety Plan whether it pertains to maintenance and/or readiness of fire safety or the responsibilities during a fire alarm situation.

- Building Administrator – Principal or Building Manager
- Teacher in Charge or Admin Designate
- Building Facility Personnel
- Building Secretary

Responsibilities

Principal

- Be in complete charge of the approved Fire Safety Plan and the specific responsibilities of the personnel.
- Designate and train enough workers to act in this position, during any absence of administrators from the building.
- Ensure that all Fire Safety Committee members have been provided with the appropriate sections(s) of this Plan and trained to perform related duties.
- Educate and train all staff and students in the actions to be taken under the approved Fire Safety Plan.
- Maintain adequate records of all staff training for future reference.
- Survey the building to determine the number of exits available from each floor or area and then prepare and post in each classroom or area, a schedule for use by the occupants of such exits (primary and secondary) in case of an evacuation.

- Ensure that a floor plan (schematic diagram), showing type, location and operation of all building fire emergency systems, is maintained and posted in the main entrance and in conspicuous locations throughout the building.
- Total evacuation fire drills should be held (3) three times in each of the fall and spring terms and as required if operating during summer months.
- Maintain adequate records of all fire drills for future reference.
- Ensure that revisions to the Fire Safety Plan are approved by the local Fire Department.
- Keep stairways, landings, hallways, passageways and exits (inside and outside), clear of any obstructions, at all times.
- Do not permit combustible materials to accumulate in quantities or locations which will constitute a fire hazard.
- Promptly remove all combustible waste from all areas where waste is placed for disposal.
- Keep access roadways, fire routes and fire pumper connections clear and accessible for Fire Department use.
- Have a working knowledge of the fire alarm system and how and when to reset
- Ensure the local fire chief is advised of any fire system shutdowns.
- Designate someone to check washrooms in the event of a fire alarm.
- Ensure that a list **and** evacuation plans are created for ALL students (upon registration) and/or staff who require assistance to evacuate due to physical or mental disabilities as required and designate staff to carry out those duties.
- Ensure above staff are adequately trained in methods of evacuation for individual students and/or staff
- Ensure fire access routes and emergency exits are kept free and clear and unobstructed, at all times.
- Be familiar with floor areas, exits and the locations of firefighting equipment.
- Ensure that the check, inspect and test requirements of the Ontario Fire Code as summarized in the Fire Safety Plan are implemented.
- Ensure that the FIRE ALARM SYSTEM IS NOT SILENCED OR RESET until the Fire Department has responded, the cause of the alarm has been investigated and the Senior Fire Official authorizes it.
- For Secondary locations ensure the plan includes procedures in Appendix 5 – Procedures for Off-Site Educational Locations and that a copy of these procedures is kept at the Off-Site Location.

In the event of fire:

- Ensure the fire alarm has been activated.
- Supervise the evacuation of the occupants by using the PA system if required.
- Ensure that 9-1-1 has been called and the Fire Department notified.
- Upon arrival of the firefighters inform the Fire Officer regarding conditions in the building.
- Provide access and vital information to firefighters (e.g. Master keys for service rooms, elevators etc.)
- Provide access and vital information about ALL students and/or staff who require assistance to evacuate due to physical or mental disabilities. A current list of people should be kept in the **FIRE PLAN SAFETY BOX** along with a copy of the Fire Safety Plan.
- See that the FIRE ALARM SYSTEM IS NOT SILENCED OR RESET until the Fire Department has responded, the cause of the alarm has been investigated and the Senior Fire Official has authorized
- Do not allow anyone to re-enter the building prior to consultation with the senior Fire Official on scene.

NOTE: The Fire Department **MUST** be called any time the fire alarm system is activated, or a fire is discovered (even if the fire is extinguished).

Teacher Designate (Vice-Principal)

- To perform the duties of the principal in her/his absence.
- To be familiar with the fire plan and duties of the principal.

Duties of Teachers

- Familiarize students with prescribed exits from the school as well as alternate exits.
- Ensure exit signs are posted in prominent location in the classroom (I.e. at eye level for the students).
- Ensure students are aware of procedures to be followed in case of an emergency. Particular attention should be given to students who are away from their classroom, e.g., in the washroom, library, hallways, etc., or special needs children.
- Practice evacuation procedures with the class:
 - single file
 - quiet
 - walk quickly
 - who holds the exit door open
 - line up in silence outdoors so attendance can be taken
- Take attendance records when leaving the classroom.
- Take the roll and let the principal/designate know whether all students are accounted for.
- Close all doors and windows during an alarm - if it is safe to do so.

Custodian Responsibilities

- Check, test and inspect fire safety equipment as per the Ontario Fire Code and note it in the log book.
- Post exit signs in a prominent location in the classrooms, at eye level for the students.
- Ensure all fire doors and service doors are closed.
- Ensure exit doors are functioning and clear from hazards, snow, etc.
- Maintain the fire alarm system and other fire protection equipment in operating condition, at all times.
- In the event of any shutdown of the fire protection equipment, notify the Fire Department and patrol the school once every hour (during occupied times) and once every 4 hours (during unoccupied times), (Fire Watch). Check closets and unoccupied rooms, etc. and keep a written record of each patrol
- In the event of any shutdown of the fire protection equipment, notify the principal who will notify staff that the fire alarm is shut down. Also notify the local fire chief.
- In the event of any shutdown of the fire protection equipment, alarm notification to occupants will be through a whistle or a signal through the PA system. Verbal instructions will follow, and the school will be evacuated **IMMEDIATELY**.
- Have a working knowledge of the fire alarm system and how it is reset.
- Keep a record of fire drills.

Secretary's Duties

- Keep the emergency plans up to date with current names, phone numbers and addresses.
- To ensure the emergency numbers are taped directly to the telephone.
- Telephone the Fire Department - giving name and address of the school.
- Take the emergency contact list for students' outdoors during an emergency evacuation.
- Have a working knowledge of the fire alarm system and how it is reset.

Related Resources:

SO5: School/Site Security (Emergency Preparedness, Response and Recovery)

Draft



The Grand Erie District School Board

**FIRE SAFETY REFERENCE Manual
for Grand Erie DSB Schools**

November 2019

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FIRE SAFETY REQUIREMENTS FOR SCHOOLS

PURPOSE OF FIRE SAFETY GUIDE

This document has been created by the Grand Erie District School Board as a reference guide to help clarify fire code and fire safety requirements. The guidelines, recommendations and requirements have been developed from various communiqués, notices and opinions issued by the Office of the Fire Marshal over the years, consultation with various education stakeholders and the requirements of the Ontario Fire Code and Ontario Building Code. This document will be reviewed annually by Grand Erie DSB to ensure it meets the needs of the respective parties.

APPROVED/LISTED

When the term *approved* is used in this document it shall mean approved by the Chief Fire Official or Fire Prevention Office of the local Fire Department. Where *listed* is indicated it shall mean listed by a recognized testing agency such as Underwriters Laboratory of Canada (ULC), Fire Marshal (FM) etc.

When an item is required to be listed, the listing agency shall be *approved*.

FIRE SAFETY PLANS

A complete copy of the approved fire safety plan (Appendix A) shall be located at the primary entrance to the school by the fire alarm panel for use by firefighters upon arrival during an emergency.

The fire safety plan shall be reviewed annually by all supervisory staff. Any physical changes may result in a revision of the present Fire Safety Plan; temporary changes may possibly be addressed under alternate measures. The review shall include provisions for dealing with students with special needs or disabilities.

Any person given any responsibility(ies) identified in the Fire Safety Plan (Appendix A) shall be made aware of their duties under the Fire Safety Plan and shall receive training prior to assuming responsibilities.

Written records including staff training with regards to fire safety shall be maintained for at least two years and shall be made available upon request for viewing.

REQUIRED TO REPORT

The Grand Erie District School Board require all fire related occurrences or incidents be reported immediately. All fires will be investigated by the local Fire Department and school board and a copy of the school board report shall be submitted to the local Fire Department. The Police are to be contacted for any confirmed or suspected arson related fire incident.

INAPPROPRIATE FIRE BEHAVIOR

Most children have a fascination with fire. Campfires, sparklers and candles can be a fun part of childhood. However, the truth is that there is *no* safe level of involvement with fire for children. Many children are motivated out of curiosity; however, fire play may be a symptom of other problems. Any type of fire involvement cannot only be dangerous to children, but to others in the house or building.

If you know of a child who is playing with or setting fires, there is a safety prevention program available through the local Fire Department. The Arson Prevention Program for Children (TAPP-C) was developed by the Ontario Fire Marshal's Office, the Toronto Fire Service and the Centre for Addiction and Mental Health in the early 1990's. This program has been proven to help eliminate fire related behaviors for children and teens aged 2 to 17. It is a voluntary program and is recognized as an Extra-Judicial Measure under the *Youth Criminal Justice Act*.

FIRE SAFETY EDUCATION SERVICES

The local Fire Department may be available to attend schools at all grade levels to promote and teach fire safe behaviors for children and families. In addition to using a classroom setting, local Fire Departments often bring fire trucks and crews to complement the lesson. In Brantford, the Children's Safety Village provides an excellent opportunity for local schools to participate in fire safety education. For additional information and availability of onsite training please contact your local Fire Prevention Officer. The Ontario Fire Marshal's Office and the Fire Marshal's Public Fire Safety Council websites contain a great deal of information about injury prevention. They include contests and fact sheets about everything from bicycle safety to candle safety and holiday fire safety. The web sites are:

www.ofm.gov.on.ca

www.firesafetycouncil.com

FIRE DRILLS (See OFM-TG-01-2004 Fire Drills)

Schools shall conduct total evacuation fire drills three (3) times in each of the fall and spring terms. Fire drills shall be held during operating hours when the school is occupied by students. The first fall term evacuation drill should be held early in the school year to ensure that students are familiar with proper evacuation techniques.

False alarms occurring at a school during regular hours, in which the school is fully evacuated by the students, may be counted towards the required fire drills for that term.

Written records of all fire drills must be maintained and available on site for review by the local Fire Department upon request.

Day cares located in schools shall participate in all school fire drills as well as conducting their own. Fire drills in day cares must occur at least monthly.

An evaluation process is to be implemented to allow deficiencies noted during the fire drill to be addressed and corrected. (i.e. audibility)

EVACUATION CARDS OR EVACUATION SCHEMATICS

Evacuation cards shall clearly indicate procedures in the event of a fire emergency and shall be used for that purpose only. Cards shall be bright yellow with contrasting lettering and shall be a minimum 21.6 X 27.9 cm (8.5 x11 inches) in size. Evacuation cards shall be located in each classroom in a location at the classroom door so that it is clearly visible. These cards should be located at approximately eye level and not obstructed by art or other items. They shall indicate both the primary and secondary exit route for that classroom. Portable classrooms do not require evacuation cards when they open directly to the exterior. A graphic schematic with emergency procedures may be *approved*.

EVACUATION OF SCHOOL

In the event of an activation of the fire alarm system, the school shall be fully evacuated by all occupants. The only exceptions shall be when a test is to be performed and students and staff are notified immediately prior to the activation of the alarm or in the event of a violent incident emergency response. At no time shall students and staff be advised to not evacuate the school due to the belief that an alarm has been the result of an accidental activation. No persons shall be permitted to re-enter a school until authorized by the local Fire Department Incident Command Officer on location.

Due to inclement weather it is imperative to have an approved procedure in place to quickly relocate students to a safe area. Possible sites would be malls, other schools, churches or large buildings in the immediate area.

VIOLENT INCIDENT EMERGENCY RESPONSE IN SCHOOLS

Fire Alarm Procedures during LOCKDOWN

During a lockdown of the school staff may disregard the fire alarm if it is safe to do so. During a lockdown staff and students must always be aware of the potential for other emergencies such as fire. If a fire should occur during a lockdown all staff and students must be prepared to react and possibly evacuate a lockdown area for their own safety.

Occupants of a building may determine that the normal evacuation route is unsafe, and an alternate route is required. Teachers, student care providers and older students must be conscious of their primary, secondary and any other alternative means of escape such as windows that could be used, should it be necessary.

EVACUATION OF NON-AMBULATORY PERSONS

The safe evacuation of all occupants is the responsibility of the Grand Erie DSB in case of fire. Special emergency procedures including provisions for evacuating persons requiring assistance shall be prepared, approved and implemented in case of fire. The local Fire Department will work with each school to ensure compliance with this requirement at each applicable school. The Administrator shall appoint and organize designated supervisory staff to carry out fire safety duties for persons requiring assistance in case of fire.

The Fire Safety Plan and school emergency procedures are to be reviewed when there are any changes to the school population or structure that may affect the ability of the persons requiring assistance to evacuate in case of fire. The Administrator shall train supervisory staff with delegated

responsibility and instruct other occupants on responsibilities with evacuating persons requiring assistance in case of fire. Supervisory staff shall be available on notification of a fire emergency to fulfill their obligation to evacuate persons requiring assistance in case of fire. Persons requiring assistance to evacuate are not to be placed or staged in classrooms to await rescue by firefighters. School occupants are to be evacuated in the event of any fire alarm activation, unless a test of the fire alarm system is being performed and students and staff are notified immediately prior to activation of the alarm or in the event of a violent incident emergency response.

FIRE ALARM SYSTEMS

Only single stage fire alarms are to be installed in schools. Fire alarms shall be checked daily at the beginning of the school day for power or a trouble signal. If any problem with the fire alarm is identified, immediate corrective action shall be taken. In the event that the fire alarm is not operational, approved alternative measures in the fire safety plan shall be implemented to ensure the safety of all personnel in the building. The fire department shall be notified in writing if the alarm system will be out of service for more than 24 hours.

EXITS AND EXIT DOORS

Access to exits, which include corridors used by the public, exits and outside areas, shall be maintained free of obstructions. Doors in these areas shall not be locked by any method that would prohibit or hinder the exiting of the area or building.

EXIT DOORS FROM HAZARDOUS CLASSROOMS

Exit doors from hazardous classrooms (except art rooms) shall swing in the direction of travel. Existing doors that swing inward may be permitted in cases where there is an exit door leading directly to the exterior that serves as the exit from that classroom and where no more than one exit is required. In any hazardous classroom (except art rooms) where the area of the classroom exceeds 100m², or the occupancy exceeds 60 persons, two exits must be provided that swing in the direction of travel. Hazardous classrooms would include labs, industrial shop areas or any classrooms with an increased fire hazard.

MAGNETIC HOLD OPEN DEVICES

Magnetic hold open devices shall be installed in conformance with NFPA 80. For any system currently installed in which the installation does not meet NFPA 80, a request for approval of a minor installation variance may be requested.

During a fire alarm activation, all doors equipped with magnetic hold open devices must release, close and latch. Building permits must be obtained in all cases prior to the new installation of these devices.

EXIT STAIRWAYS

Article 2.4.1.2. of the Ontario Fire Code (OFC), restricts combustibile materials in a stairway or other means of egress. It should also be noted that OFC Sentence 2.7.1.7.(1) requires exits to be maintained free of obstructions, which could hinder evacuation.

It is of utmost importance that exit stair enclosures are free of combustibile storage to ensure a safe haven for occupants evacuating during a fire emergency.

STAIR LIFTS

Stair Lifts are not permitted within an exit stairway where they reduce the required width of the exit. Where sufficient exit width is available, and a stair lift is installed precautions must be taken through installation of railings or similar means to ensure that the stair lift does not impede egress. A proposal to install a stair lift is to be *approved* and installed under a building permit.

FIRE SEPARATION DOORS

Required doors shall not be blocked or wedged open at any time. Doors in corridors including washrooms, where it is necessary for safety reasons to keep doors open, must have magnetic hold open devices installed under a building permit. Fire separation doors may be held open when equipped with magnetic hold open devices, or where addressed in the approved fire safety plan.

Hazardous classroom (except art rooms which are addressed as normal classrooms), and boiler room doors must not be blocked or wedged open at any time.

After school hours while the building has a greatly reduced occupant load custodian staff may temporarily block fire doors open for cleaning only. Doors blocked open are to be supervised at all times in the area where they are working.

WASHROOM DOORS

Washroom doors that are designed as part of the fire separations shall not be blocked or wedged open while the building is occupied.

OCCUPANT LOADS

Occupant loads shall be strictly adhered to for all portions of the school. In cases where outside groups or organizations are using a portion of the school for activities, they shall be clearly advised of the occupant load for the space that they are using and of their responsibility to ensure that posted occupant numbers are adhered to. The school board has ultimate responsibility to ensure that all groups adhere to the occupant loads at all times. Occupant layouts for various functions like craft sales, dinners, seasonal plays, graduations, school assemblies etc. that are fire code compliant, are available on Ebase.

Proper occupant load cards issued by the local Fire Department shall be prominently posted in all large assembly areas such as gymnasiums, auditoriums, theaters, etc.

ASSEMBLY ROOMS WITH OCCUPANT LOADS IN EXCESS OF 200 PERSONS

Assembly rooms such as cafeterias, gymnasiums and theatres shall have a minimum 1-hour fire separation when the occupant load exceeds 200 persons. Kitchens may not be located within the fire compartment enclosing such rooms. The fire resistance rating of these rooms may be reduced to 30 minutes where the floor area is sprinklered.

OCCUPANCIES IN CORRIDORS

Corridors serving classrooms shall not be used for the placement or storage of combustible items such as desks, chairs, furniture, stationery supplies etc. One or two fixed, noncombustible benches for the use of visitors are permitted to be placed adjacent to the administration area provided that such furniture does not reduce the required width of the access to exit and this has been approved by the local Fire Department.

Wooden benches or fabric covered furniture shall be tested as in NFPA 705 "Recommended Practice for a Field Flame Test of Textiles and Films," to meet requirements of NFPA 701, and shall be treated as non-combustible furniture in the Administration area.

Student desks are not to be placed in corridors to remove students from the rest of the class or activity unless supervised.

Non-combustible lockers may be placed along both sides of the corridor walls provided they do not reduce the required width of the access to exit.

Existing open coat racks may be located along corridor walls provided they do not reduce the required width of the access to the exit. New coat racks located in corridors are to be *approved*.

Display cabinets, etc. installed in corridors shall comply with the requirements of the OBC to ensure compliance with regulations affecting accessibility.

DRAPERY AND STAGE CURTAINS IN GYMNASIUMS

ALL Drapery material in Gymnasiums including stage areas shall be tested as in NFPA 705 "Recommended Practice for a Field Flame Test of Textiles and Films," to meet requirements of NFPA 701.

WALL COVERAGE IN SCHOOLS

Combustible wall coverings and teaching materials in corridors shall be kept to a minimum. In classrooms, the Grand Eire DSB restricts combustible materials that are attached to walls to not exceed 20% of the area of the classroom walls. The intent of this is to ensure that if a fire were to start in a classroom, the fire spread would not jeopardize the safe evacuation of all occupants.

WALL COVERAGE IN DAYCARES

Combustible artwork and teaching materials that are attached to walls shall not exceed 20% of the area of the walls in daycares. The intent of this is to ensure that if a fire were to start in a daycare, the fire spread would not jeopardize the safe evacuation of all occupants.

VENDING MACHINES

Vending machines may be installed in approved locations only where they do not reduce the exit capacity of the corridor. It is recommended that vending machines be securely fastened to a wall for added safety. Extension cords are not permitted for vending machines and each machine will be provided with proper electrical outlets installed in accordance with the electrical code. Containers for the collection of non-combustible recyclables at these machines shall be in accordance with the requirements of the section dealing with recycling containers.

COMMUNITY CARE COLLECTION BINS (CHRISTMAS)

Collection bins shall be located in an area that is not a part of the means of egress such as a designated classroom, gymnasium, cafeteria, or office.

In cases where this is impractical, approval may be given for alternate locations in corridors that are supervised and do not impede exiting. Fire Prevention staff are to be contacted for approval and a letter or drawing detailing the area approved will be inserted in the fire safety plan.

Approved locations are to be monitored to ensure that quantities do not become excessive and create exiting or combustible hazards.

WASTE CONTAINERS

The Ontario Fire Code prohibits combustible materials, including combustible waste containers, from being located in any means of egress or exit. In areas separated from the means of egress, waste containers may be made of combustible materials. It is recommended that listed and approved waste containers be installed in higher risk areas such as all washrooms and cafeterias. The local Fire Department may approve the placement of listed and approved garbage cans in corridors based on individual circumstances. Written approval must be obtained PRIOR to the placement of any waste containers in any corridor and a copy of the approval to be attached to the fire safety plan specifying approved locations. Waste containers cannot be located in exit stairways.

In all rooms that operate as a day care, waste receptacles must be made of non-combustible material.

RECYCLING CONTAINERS

Containers for recycling shall be treated in a similar fashion to waste containers. Individual recycling bins shall not be located in the means of egress or exit areas. Containers may be situated in areas such as classrooms, cafeteria and designated storage rooms. Listed and approved recycling containers may be located in corridors in approved locations. Regular metal or steel bins may be used for the collection of recyclable cans in corridors, provided that these bins are located in pre-approved areas.

Regular collection of materials must be carried out directly from the classrooms, with no recyclables being placed in the corridors for pick up on collection days. In cases where the quantity of recyclables is expected to exceed the capacity of the blue boxes such as in cafeterias, containers that have self-closing lids, designed to contain any fire in the containers generally having a capacity of no more than 50 gallons, are acceptable.

No storage of recyclables, or collection bins shall be located in an exit stairway at any time. Indoor bulk storage of recyclables must be arranged in a room with a minimum 1-hour fire

separation from the remainder of the building and equipped with automatic sprinkler protection. In cases where the bulk storage takes place outside it shall be located in a safe manner, away from the building 12m (40 feet) is recommended and protected against vandalism.

All new construction or alteration of any room or area designed specifically to store bulk recyclables must be done under building permit, drawings submitted to the OFM for review and approval and building permits obtained as required.

COMMERCIAL KITCHENS

All new commercial cooking appliances are to be equipped with ventilation and fire protection in compliance with NFPA 96. Cooking equipment that has been listed in accordance with UL 197 or equivalent standard for reduced emission shall not be required to be provided with an exhaust system.

All staff and students involved in the use of commercial cooking facilities (Culinary Arts) shall be fully trained in the operation of the fire suppression system and portable fire extinguishers prior to being permitted to operate the cooking appliances. Instruction for manually operating the fire extinguishing system is to be posted conspicuously in the kitchen area and included in the fire safety plan.

Written records of all training shall be maintained on site and available upon request of the fire department. Documentation of training for students shall be included in the academic records for the class.

Cooking appliances used for domestic purposes such as staff rooms or Family Studies classes that do not produce grease laden vapors, may be exempted from complying with ventilation and fire protection requirements on approval of the local Fire Department. All appliances not to be used for commercial cooking will have a small notice posted at each appliance.

Example Only

**Not to be used for
commercial cooking or for
foods that produce grease
laden vapours**

FIRE ROUTES

2.5.1.3. Fire access routes shall be maintained so as to be immediately ready for use at all times by fire department vehicles.

Fire routes shall be maintained clear of vehicles at all times in order to ensure immediate access for all emergency vehicles.

Fire routes shall be clearly identified with approved fire route signs. During renovations or construction extra diligence is required regarding the placement of equipment, vehicles and supplies.

STRAW / LIVE CHRISTMAS TREES

No straw, live or cut Christmas trees are permitted in schools in any location.

SMOKE MACHINES - THEATRICAL

The local Fire Department must approve the use of theatrical smoke machines in the school. The use of smoke machines may cause false activation of the fire alarm and impede egress by reducing visibility. A request for approval for the use of smoke machines must also include a plan containing alternative measures taken to prevent the activation of the fire alarm system by the smoke machine and emergency evacuation procedures.

CANDLES AND LIVE FLAMES

The use of candles and live flames is generally prohibited in schools. Live flames are permitted in designated science rooms, industrial shops and labs while under the supervision of a teacher/instructor only. All science rooms, industrial shops and labs with open flames shall be equipped with a portable fire extinguisher with a minimum 2A10BC rating, master gas shut-off valve, and staff training. Procedures for shutting off gas supply lines are to be established and all staff are to be trained on these procedures prior to being given responsibility for the class area.

FIREWORKS AND PYROTECHNICS

The use of fireworks and pyrotechnics is prohibited in, or on school grounds.

FLOOR CLEANERS

It is recommended that floor cleaners utilizing rechargeable batteries shall be located in service rooms fire separated from the remainder of the building. Charging installations shall be located in a well-ventilated room, equipped with a 10BC or higher portable fire extinguisher. All staff operating a charging system are to be trained.

ALTERATIONS/RENOVATIONS TO SCHOOLS

No major alterations, renovations or additions shall be undertaken by school staff. See:

- Policy FT1 Major Construction Projects;
- Policy FT2 New School Construction Projects; and
- Procedure FT11- School Initiated Facility Upgrades

All major work is subject to the prior approval by the Building Department, Fire Prevention Office, and the Ontario Fire Marshal's Office. This approval will be done by the facility services department.

SERIOUS CONDITION

Should a situation occur in a school that affects the fire or life safety of the occupants, immediate remedial action to correct the condition as outlined in the alternate measures of the fire safety plan. Any time a situation cannot be corrected promptly the local Fire Department is to be contacted.

A serious condition will include, but is not limited to, the inability to use a required exit, damaged fire separation from a hazardous area, shut down of sprinkler system, fire suppression system and loss of fire alarm. The Fire Prevention Office can be contacted at any time to advise on the best resolution to the serious condition.

AFTER HOURS SCHOOL USAGE

All users of school facilities after hours shall be provided with a copy of the emergency procedures in the fire safety plan and shall be informed of their responsibilities under the fire safety plan prior to their use of the school as per the rental agreement. Emergency procedures, including emergency contacts, will be posted in areas used after hours.

Supervisory staff shall be available on notification of a fire emergency, but not necessarily in the building at all times.

SLEEPING ACCOMMODATIONS IN SCHOOLS

Schools shall review and adhere to OFM-TG-01-2002 - Use of Schools for Sleeping Accommodations. Schools shall not be used for any form of sleeping accommodations unless constructed for this purpose in accordance with the Ontario Building Code.

REFERENCES

As per subsection 22(1) of the *Fire Protection and Prevention Act*

Limitation on orders relating to structural repairs

Existing school buildings constructed in compliance with the *Building Code* established under the *Building Code Act, 1992* or under a predecessor to that Act and that continues to comply with that Code as it existed at the time of construction are exempt from the issuing of orders for structural repairs or alterations.



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Rafal Wyszynski, Superintendent of Business and Treasurer
RE: **SO120 Student and Visitor Injuries/Accidents**
DATE: January 13, 2019

<p>Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board receive Procedure SO120 Student and Visitor Injuries/Accidents as information.</p>
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Background

Procedure SO120 Student and Visitor Injuries/Accidents was circulated to all appropriate stakeholders for comments to be received by November 27, 2019.

Comments Received

1. Comment: Under initial Response to all injuries b – add – Please follow Risk Management Advisory – Transportation Students for Medical Attention
Response: Amended.
2. Comment: 3.1 d) revise last sentence - ...OSBIE by logging on to the OSBIE website, go to create a new incident form and go to UPDATE INJURY. Please indicate who the update is being reported by.
Response: Amended.
3. Comment: 3.3 revise last sentence - ...OSBIE by logging on to the OSBIE website, go to create a new incident form and go to UPDATE INJURY. Please indicate who the update is being reported by.
Response: Amended.
4. Comment: 4.0 Incident Reporting – add language to end of a) ...questions including updating all OSBIE incident reports
Response: Amended.
5. Comment: 4.0 Incident Reporting – add sentence to end of d) ...base. Please follow the Risk Management Advisory Retention of Incident Reports.
Response: Amended.
6. Comment: 6.0 Student Accident Insurance – add sentence to end of a) ...guardians. Following SO15 Field Trips and Excursions, Student Accident Insurance is required for Out of Province CAT II Trips and for all CAT III Trips.
Response: Amended.
7. Comment: 1.0 iv should this be made clearer that to be a critical injury it has to be more than one finger or toe?
Response: Amended.

8. Comment: Not sure why 2.0 was changed. Initial response, it is not a definition.
Response: Agreed, it is no longer under definitions.
9. Comment: Section d and e – Should it be made clear the most thing is rendering first aid, but to disturb the accident side as little as possible?
Response: Amended.
10. Comment: 3.2 b His/her to their
Response: Amended.
11. Comment: 3.2 c are the co-chairs of the JOHSC identified on the portal?
Response: Yes, they are.
12. Comment: 3.2 d How can the principal/site supervisor ensure that an internal investigation is completed? Who writes the report?
Response: Amended.
13. Comment: 4.0 c Think this line should be clarified
Response: Amended.
14. Comment: 5.0 c he/she to they
Response: Amended
15. Comment: 6.0 Says school insurance is voluntary but SO15 category III trips 6.1 d says insurance is mandatory
Response: Amended as per comment #6 above.
16. Comment: 6.0 d second sentence belongs in section c
Response: Amended.

Additional Information

As a result of these comments, suggested revisions have been made to the Procedure and a draft revised procedure is attached.

Next Steps

This Procedure will be distributed in keeping with Board Bylaw BL9.

Respectfully submitted,

Rafal Wyszynski
Superintendent of Business and Treasurer



Student and Visitor Injuries/Accidents

Board Received: _____ Review Date: _____

Accountability

- Frequency of Reports – As needed
- Criteria for Success – Incidents reported immediately and accurately.
- Safety always considered first.
- Preparedness of employees

Procedures

The following procedures outline the steps to take when a student or visitor is injured on Board property or while involved in a Board sanctioned activity.

1.0 Definitions:

Serious injury is deemed to be one where the injured party requires hospital admission (excluding minor outpatient treatment).

Critical injury means an injury of a serious nature that:

- i. places life in jeopardy **or**
- ii. produces unconsciousness **or**
- iii. results in substantial loss of blood **or**
- iv. involves the fracture of a leg ~~or,~~ arm, ankle or more than one finger or more than one toe (this includes fingers, toes and ankles) **or**
- v. involves the amputation of a leg, arm, ankle or more than one finger or more than one toe hand or foot (this includes fingers, toes and ankles) **or**
- vi. consists of burns to a major portion of the body **or**
- vii. causes the loss of sight in an eye

2.0 Initial Response to all Injuries

Initial Response to all Injuries

- a) Administer first aid. Each school and worksite has staff who have received first aid training. If may be necessary to disturb the accident site to administer first aid or to prevent further injury or damage.
- b) If necessary, call for an ambulance (911) or arrange for the injured person to be transported to the hospital or a doctor. The school Principal or Supervisor is responsible for ensuring that appropriate measures are taken. Please follow Risk Management Advisory – Transportation Students for Medical Attention
- c) Notify the parents/guardians or emergency contact or spouse, whichever is applicable.
- d) For a serious injury, do not disturb the accident site until the OSBIE adjuster has seen the site and conducted an investigation.
- e) For a critical injury or death, do not disturb the accident site until the OSBIE adjuster, as well as the Ministry of Labour (MOL) Inspector and/or the Joint Occupational Health and Safety Committee (JOHSC) Certified members have seen the site and conducted an investigation.

2.03.0 Reporting a Serious Injury, Critical Injury or Death2.13.1 Reporting a Serious Injury

- a) The accident is to be reported **immediately** to the Principal or Supervisor or designate.
- b) The Principal, Supervisor or designate must notify immediately the following:
 - i. his/her Superintendent or the Director of Education (who will contact the Manager of Communications and Community Relations as deemed necessary)
 - ii. Superintendent of Business (519-756-6306, Ext. 281142 or 281134),
 - iii. OSBIE (Ontario School Boards' Insurance Exchange, Claims Dept.) 1-800-668-6724, after the initial steps have been taken.
- c) In the event of an injury which may have resulted from a criminal offense, the Principal or Supervisor or designate must also contact the police.
- d) The Principal or Supervisor or designate will investigate the circumstances and will take action as required. The Principal, teacher-in-charge or Supervisor must complete an "Incident Report" (see 4.0), within **24** hours of the incident. Any updated reports on the injury must be sent to OSBIE by logging on to the OSBIE website, go to create a new incident form and go to UPDATE INJURY. Please indicate who the update is being reported by. ~~by creating another report and marking it in the comments as an UPDATE.~~
- e) In the event of a serious injury occurring after hours or on a weekend, contact numbers for Board staff and for OSBIE will be announced by the auto-attendant when calling either organization.
- f) In the event of a head injury of student losing consciousness due to a suspected head injury, please refer to the SO28 Student Concussion and Head Injury Policy.

2.23.2 Reporting a Critical Injury or Death

- a) The accident is to be reported **immediately** to the Principal or Supervisor.
- b) The Principal or Supervisor must notify immediately the following:
 - i. ~~his/her~~**their** Superintendent or the Director of Education (who will contact the Manager of Communications and Community Relations as necessary)
 - ii. Superintendent of Business (519-756-6306, Ext. 281142 or 281134)
 - iii. OSBIE (Ontario School Boards' Insurance Exchange, Claims Dept.) 1-800-668-6724, after the initial steps have been taken
 - iv. Health and Safety Officer: 519-756-6306, x- 281165 or cell 226-934-4694 (if unable to reach then contact the Division Manager of Operations/Health and Safety 519-756-6301 ext. 281136 or cell 519-718-0215)
 - v. Health and Safety Site Representative
 - vi. Trade Union(s), if necessary:
CUPE Local 5100: 226-250-3105 fax 226-250-3106
GEETF: 519-753-9291; Fax: 519-753-1970
OSSTF District 23: 519-426-8545; Fax: 519-426-0214
- c) The Health and Safety Office shall inform the following:
 - i. Ministry of Labour 1-877-202-0008,
 - ii. JOHSC co-chair – Up to date directory can be found in the staff portal under Health and Safety/Information and Documentation

NOTE: If the Principal or Supervisor is unable to contact the Health and Safety Office immediately, then they **MUST** contact the MOL and JOHSC Co-chairs as well. Updated directories are posted on the staff portal under Health and Safety department tab.

- d) The Principal shall ensure that that Health and Safety Department is informed of the incident and will assist as needed in the completion of an internal investigation. The Health and Safety Department will ensure that the investigation is conducted by in consultation with the JOHSC Certified members, within 48 hours after the occurrence. Healthy and Safety Staff will complete and a written report of the circumstances of the occurrence containing such information and particulars as the regulations prescribe. Health and Safety staff will ensure a copy of the report is submitted to the Health and Safety Officer or to a Director of the Ministry of Labour and a copy provided to the Principal.
- e) The Director of Education or designate will notify the family of a student or visitor suffering a fatality while on Board property.

2.3.3.3 Reporting Injuries other than Serious Injuries, Critical Injuries or Death

- a) Injuries should be reported to the Principal, Supervisor, teacher-in-charge, or designate the same day.
- b) Definitions of Serious and Critical Injuries are found in Section 1.
- c) The Principal, teacher-in-charge or Supervisor or designate must complete an Incident Report Form (see 4.0) within 24 hours of the incident. Any updated information on the injury must be sent to OSBIE by creating another report and marking it in the comments as an UPDATE. by logging on to the OSBIE website, go to create a new incident form and go to UPDATE INJURY. Please indicate who the update is being reported by.

3.04.0 Incident Reporting

- a) School staff are required to complete the electronic Incident Form that is located on the OSBIE website, www.osbie.on.ca
Login: SG223
Password: granderie

Video Resources: Incident Reporting Basics and Frequently Asked Questions
This presentation is dedicated to reviewing the reporting basics and answering the most frequently asked questions including updating all OSBIE incident reports.
Watch the YouTube video here: <http://youtu.be/5EWfGmxLzr8>

- b) When access to the OSBIE website is not possible due to technical or electrical disruptions or, during extended field trips, the OSBIE Incident Report form can be completed once service has been restored or the next available day. With the exception of Critical Injuries or Death – please call OSBIE (Ontario School Boards' Insurance Exchange), Claims Dept. 1-800-668-6724 as soon as possible.
- c) Consider accommodation support for those with barriers to ensure that all users can enter and record information into the OSBIE portal as required. This may include audio, visual, interpretation, or any other assistance that may be required to complete information.
- d) Incident Reports **should not be retained at the school level.** OSBIE retains all records through their data base. Please follow the Risk Management Advisory Retention of Incident Reports.

4.05.0 The Ontario School Boards' Insurance Exchange (OSBIE) Incident Reporting

The following are excerpts from the "Claims Handling Procedures: as outlined by OSBIE:

- a) Reporting
School Principals and/or site supervisors must complete an "incident" report on any matter which gives rise to injury requiring medical attention or dental attention, to a student or visitor to the Board site. It is in the best interest of School Board personnel to report all incidents requiring medical attention, and any incidents which may lead to a

claim so that OSBIE will be able to react to a claim which might be initiated several years after an incident has occurred. Complete documentation will enable OSBIE to defend member boards and provide valid risk management advice to control costs.

b) Investigations

Based on the details provided on the reporting forms to OSBIE by the School Board, the Claims Examiner will determine an appropriate course of action. If the incident has the potential to develop into a serious claim, an adjuster will be appointed to investigate the incident. OSBIE will inform the office of the Superintendent of Business if an investigation is necessary and the office of the Superintendent of Business will then inform the Principal/Supervisor. The Principal/Supervisor should instruct his/her staff to co-operate with OSBIE and its representatives during an investigation and to refrain from providing information to any other parties (except police) not acting on behalf of OSBIE.

c) Legal Notices

Should a principal, teacher, staff member or site supervisor receive any legal communication, ~~he/she~~they must call the office of the Superintendent of Business immediately to advise of the situation. Where the communication is in the form of a lawyer's letter, Statement of Claim or other legal document, the original copy of the document must be delivered to the office of the Superintendent of Business as soon as possible on the day it is received. The Board will forward the material at once to OSBIE who will act to protect the interests of the Board, its employees and of OSBIE itself. Promptness is important in these cases, as there is a limited time period for OSBIE to respond to these documents.

Where the communication is a telephone call or personal visit from a lawyer representing a person(s) who has sustained injury, the principal, teacher, staff member or site supervisor should refrain from discussing details of the incident with the claimants' lawyer as the discussion may jeopardize OSBIE's defense of the liability claim. Refer the lawyer to the School Board contact - the office of the Superintendent of Business.

Should you receive a request for a copy of the incident report, please have the parent/guardian contact the office of the Superintendent of Business where the request will be reviewed to ensure compliance to release information. All persons requesting a copy of an incident report must provide proof of their identity and proof of their relationship to the injured person and must sign a declaration to that effect.

Under no circumstances is Board staff to engage lawyers to defend or represent the Board or its employees in a matter which involves OSBIE. Involvement of a lawyer without instruction from OSBIE may adversely affect the outcome of any claim that is in negotiation.

5.06.0 Student Accident Insurance

- a) The Board will make available to all students an Accident and Life Insurance Program. Participating in such a program is voluntary and the costs are to be paid by the parents or guardians. Following SO15 Field Trips and Excursions, Student Accident Insurance is required for Out of Province CAT II Trips and for all CAT III Trips.
- b) Principals are encouraged to outline the benefits of Student Accident Insurance to parents emphasizing the fact that accidents do happen and that student injuries are not covered by any insurance coverage held by the School Board.
- c) Student Injuries - Community Involvement
 - i. Secondary students working on their 40 hours Community Involvement Diploma Requirement are encouraged to seriously consider purchasing a Student Accident

Insurance Plan. Should an injury occur to a student while completing the 40 hours Diploma Requirement, there is no insurance coverage for the injury unless the student/parent/guardian has purchased coverage through the Student Accident Insurance program. If a student who is working on the 40 hours Community Involvement Diploma Requirement is injured during the work program, this WSIB coverage is not available to the student.

d) Student Injuries - Co-operative Education

- i. Students participating in the Co-operative Education program receive Workplace Safety and Insurance Board (WSIB) coverage through the Ministry of Education or Ministry of Training, Colleges and Universities. ~~If a student who is working on the 40 hours Community Involvement Diploma Requirement is injured during the work program, this WSIB coverage is not available to the student.~~