



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
 - (g) Delegations
 - (i) T. Best, French Immersion at Simcoe Composite School
 - (ii) S. Porteous, French Immersion at Simcoe Composite School
- B - 1 **Business Arising from Minutes and/or Previous Meetings**
- * (a) Community Use of Schools Position R. Wyszynski
- C - 1 **Director's Report**
- D - 1 **New Business - Action/Decision Items**
- * (a) Delhi District Secondary School – Gymnasium Viability Review R. Wyszynski
- D - 2 **New Business - Information Items**
- * (a) Trustees' Expenses Report R. Wyszynski
 - * (b) e-Learning Annual Report D. Martins
- E - 1 **Bylaw/Policy/Procedure Consideration - Action/Decision Items**
- * (a) SO1 Fund Raising (C) R. Wyszynski
 - * (b) SO14 Equity and Inclusive Education (A) W. Baker
 - * (c) SO15 Out of Classroom Field Trips and Excursions (A) B. Blancher
 - * (d) SO22 Fees for Learning Materials and Activities (A) D. Martins
 - * (e) SO26 Events Planning and Organizing Policy (A) B. Blancher
 - * (f) SO30 Management of Potentially Life-Threatening Health Conditions in Schools (A) L. Thompson
- E - 2 **Procedure Consideration - Information Items**
- * (a) SO102 Administration of Prescribed Medications, including Medicinal Cannabis, in Schools (R) L. Thompson
 - * (b) SO105 Privacy Breach Protocol/Procedure (C) L. Munro
 - * (c) SO108 Community Service Providers and Schools Working Together (I) L. Thompson
 - * (d) SO111 Fire Safety and Fire Safety Plans (I) R. Wyszynski
 - * (e) SO114 Do Not Resuscitate (DNR) (C) L. Thompson
- F - 1 **Other Business**

SUCCESS for Every Student



Committee of the Whole Board Meeting

Monday, April 06, 2020
Microsoft Teams Virtual Meeting

G - 1 Correspondence

H - 1 Adjournment

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

Budget Review Meeting	April 21, 2020	5:30 PM	Virtual
Chairs' Committee	April 27, 2020	5:45 PM	Virtual
Board Meeting	April 27, 2020	7:15 PM	Virtual
Committee of the Whole	May 11, 2020	7:15 PM	Board Room
Safe and Inclusive Schools Committee	May 14, 2020	1:00 PM	Board Room
Privacy and Information Management Committee	May 14, 2020	3:00 PM	Norfolk Room
Special Education Advisory Committee	May 14, 2020	6:00 PM	Board Room
Grand Erie Parent Involvement Committee	May 14, 2020	6:30 PM	Dogwood Room, Norfolk SSC
Budget Review Meeting	May 20, 2020	5:30 PM	Board Room
Student Trustee Senate	May 22, 2020	10:30 AM	Grand River Hall, JBLC
Chairs' Committee	May 25, 2020	5:45 PM	Norfolk Room
Board Meeting	May 25, 2020	7:15 PM	Board Room
Student Transportation Services Brant Haldimand Norfolk	May 26, 2020	9:00 AM	Norfolk Room
Budget Review Meeting	May 27, 2020	5:30 PM	Board Room

SUCCESS for Every Student

Delegation - T. Best - French Immersion at SCS

Nine years ago, my son was enrolled in French Immersion in his Senior Kindergarten year. We did so with a promise from Grand Erie District School Board's Director of Education that this program would go all the way to grade 12. Since then we have been reassured by the current Director Brenda Blancher that this promise would be upheld. We all knew this first group was going to be leading the way, though they have always been few, and they have done a great job pioneering this program in Norfolk and Haldimand County as we see from the numbers of subsequent years and the fact that we are currently turning away students from the kindergarten and grade 1 French Immersion programs.

Now we are told just as this first group is about to enter grade 9 that the GEDSB is no longer going to support their French Immersion education at SCS as previously announced by the board. Then we received a phone call from the Vice-Principal asking if we would still enrol at SCS if the program were changed to Extended French. Now we have heard that if there isn't 20 students the Extended French program is likely going to be cancelled.

As a parent I am upset. My children and their teachers have worked hard and have faced many challenges. Three years ago there were too many French Immersion students at Walsh. So the program was split between Lakewood and Walsh, tearing apart the social environment that the students had created, many good friends forced apart. My son's best friend happened to be on the wrong side of the road, literally, for them to stay at the same school. Lakewood has had a rocky time since, as they learn to develop the social and academic environments in the dual track program.

We had to accept that most of the years were going to be split grades for our children in this small first group. That materials were going to be scarce and that the teachers would have limited experience as this group led the way. We have been blessed by amazing teachers, who have worked tirelessly to ensure the success of my children in the French language as well as the rest of the curriculum.

I am worried now. We trusted this school board to carry out its promise to have a French Immersion Program all the way to grade 12. We have known this group was small from nine years ago. My son has put in his course selection with SCS. Now he has lost out on course options as they are on a first come first serve basis. We may have to consider a 5th year for him in order to get all the required courses for him to graduate and apply to the university program he wants.

Does this situation truly reflect our Board's motto? "Success for every student." What do you mean by success? Is it just that a student graduates? That seems like a narrow definition of success. Is it success to place a student in a grade 9 core French class to sail through course material they already mastered as an elementary student? That is exactly what you will be asking this group to do when they are required to take grade 9 core French. To illustrate my point, gr. 8 Core French students enter high school will have a minimum of 600 hrs of French instruction. Our gr. 8 French Immersion students on the other hand will have earned a minimum of 3800 hrs in French. Please allow that to sink in, our gr. 8 French Immersion students entering high school will have more than six times the number of hours of instruction in French compared to their peers in Core French.

If my family lived in Brant County or Brantford my children would be able to attend BCI or North Park Collegiate in their French Immersion Programs. One of my son's friends in grade 7 has already said that they are planning to go to one of the Brantford Schools when it is their time. We are not all fortunate to be in two homes and have the ability to choose to attend these two schools. Why is this program not equitably provided to Norfolk and Haldimand Counties? In this unpredicted time, our schools are looking to online learning and distance learning in order to continue our children's education. Could this not be used to provide a

program to your students in Norfolk and Haldimand? We understand that they would need teacher support as they continued learning in French. This is no bigger challenge than what they have already faced.

My son's mother passed away 2 years ago. She felt strongly about the opportunity for our children to have the opportunity to be bilingual. She trusted that our children would be treated fairly and be given the opportunity that was promised. His soon to be Step Mom is bilingual and they have wonderful conversations at home in French that I have no understanding of. She challenges both my children to be the best they can be in all areas of their lives.

Our biggest desire for our children's education is to see them succeed in French and become bilingual, have as many possible avenues accessible to them in the future to become what ever it is that they were meant to be. This is our definition of success for all.

The question of them becoming bilingual has long been promised, and now I am fighting to hold you accountable to the promise you made: that our kids have the right to a French program that enables them to fluently speak, read, and write in both of Canada's official languages.

Respectfully Submitted,
Timothy Best
April 2, 2020

Delegation – S. Porteous – French Immersion as SCS

Attention Grand Erie District School Board: Trustees and Superintendents

We, like many families at Walsh Public School, were shocked and angered when the information about the cancellation of French Immersion at Simcoe Composite School came to our family on March 10. We understand that the new proposal is for students to enter an Extended French Program, dependent on there being 20 students enrolled in this program. This decision is a direct insult to the families who have supported the Grand Erie District School Board for the last eight years. To date, hundreds of students have entered elementary French Immersion with an understanding of “good faith” with the school board. Many of us attended the introduction meeting 9 years ago when we were informed that the board’s goal was to continue to offer French Immersion education to our children at the secondary level. The potential for the Board to end French language instruction for a group who has devoted eight plus years of hard work to their learning demonstrates a break in this “good faith” agreement and seems a direct contradiction to the Grand Erie District School Board’s very own Multi-year Plan.

The Board’s Multi-year plan identifies several key components, which clearly oppose the decision to end French language instruction at Simcoe Composite School (which will happen if 20 students are not enrolled). The following information demonstrates the blatant contradictions senior administration demonstrates through this decision:

Well-Being:

The Board states its goal is to *“Create and promote an enabling environment where all students can participate fully in their education”*. This does not appear to be the case for the 13 students who were told by their teachers, by the staff, guidance department and administration at SCS that they would be offered a French Immersion education, then told it would be Extended French (again, only if 7 additional students can be found).

Environment:

The Board promises to:

- *“Ensure continuity of services and programs.”* For eight years, the Board has maintained French immersion programming for the initially small cohort of students in the first two years of FI. Now, after allowing said students to choose courses within this program, the move to end French language instruction based on a decision that does not rely on the full picture (government class averages have not been determined)?
- *“Build a culture of care and respect in all schools...”* How can we, as a family, support an institution which has seemingly chosen to ignore the learning needs of one cohort of students? The Board’s decision on this matter puts Haldimand-Norfolk French Immersion families in an awkward position. You are asking families to choose between French language instruction (which is currently being offered at Holy Trinity Catholic High School in Simcoe) or pursuing a public education not centred on a faith-based educational curriculum. How can the Board create a *“culture of care and respect”* by forcing families into making a potentially awkward values-based decision?
- *“Create learning spaces to reflect current teaching and learning needs.”* The Board clearly states it will *“create learning spaces to reflect needs”*, yet any decision to end secondary French language instruction countermands this very statement. Not only will the cancellation of French language instruction jeopardize current learning, but it has the potential to make it difficult for the current Grade 8 and 7 students to pursue post-secondary and career goals offered in French as a second language programs. We know that the current local job market has experienced an

Delegation – S. Porteous – French Immersion as SCS

increase in demand for bilingual employees and increasingly struggles to find adequate candidates. Your decision impacts the future of our children in very negative ways...

Equity:

"We will promote practices that help students, families and staff feel safe, welcomed and included & Increase the sense of belonging among students."

Already a sense of discrepancy exists amongst the families in Haldimand-Norfolk in that to many it appears the Board's focus has always been- and continues to be - on the Brantford area. How can education be delivered in an equitable manner and how can the Board make students feel *"welcome and included"* when French Immersion programming is offered to only the students in Brantford and Brant county?

Community:

"We will foster and celebrate inclusive school communities to enhance the learning experiences of all students." Because of the way French Immersion has been organized at both Walsh and Lakewood elementary schools, the French Immersion students have formed an identity and sense of community somewhat separate from the English language student body. While we are looking forward to greater inclusion within the student body, the cancelation of French Language instruction will destroy this sense of shared experience our children have gained over the last eight years – a direct contrast to the Board's mission statement in the Multi-year plan!

Achievement:

The Board's video promoting its Achievement goals (<https://www.granderie.ca/board/about/multi-year-plan>) states that Grand Erie wants to encourage students to be the *"best version of themselves,"* but for OUR children, this seemingly does not include continued learning in a second language! Also in the video, a student says, *"This is where I got my start and now I am moving forward. It's been a great experience."* (2:15 – 2:25). Clearly, any decision to end secondary French language instruction for OUR children is a blatant violation of this sentiment and raises the spectres of hypocrisy and false advertising.

We acknowledge that these are challenging times, which is even more of a reason for the Grand Erie School Board to boldly fulfill its mandate as expressed in your very own Multi-year Plan. If your sentiments are indeed indicative of core values and not just syrupy, nicely-worded gobbledygook, you will walk this back; realize that you owe it to us (and most importantly to our children) to find a way to make it work for these first two years of lean FI/EF enrolment; and to ensure you allow our children to continue to flourish as learners and individuals within the context of French language programming.

It is time to make the right decision and support our children in line with what has been dangled before them all these years. Please live up to the spirit and the script of your multi-year plan by doing the right thing.

Sheila Porteous
Ron Smith
Marshall Porteous-Smith
Finnley Porteous-Smith



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
 FROM: Rafal Wyszynski, Superintendent of Business and Treasurer
 RE: **Community Use of Schools Position**
 DATE: April 6, 2020

Recommended Action: Moved by _____ Seconded by _____
 THAT the Grand Erie District School Board _____ .

Background

The Grand Erie District School Board believes in supporting its communities by making school board facilities available to the public and supports the Community Use of Schools (CUS) Program that fosters partnerships and community relationships. This statement, which is found in the introduction of the Board’s policy (FT4) on Community Use of Schools, is important as the Board looks to move forward to balance community partnerships, asset and capacity management, financial viability and operational effectiveness.

Currently, the management and administration of this significant portfolio is handled by the Executive Assistant to the Superintendent of Business & Treasurer along with clerical support at the facilities level. The typical workflow that is generated from managing the Community Use of Schools portfolio is not limited to:

- Maintaining of all Grand Erie facility rentals and permits using specialized computer programs.
- Visiting board facilities to analyze and adjudicate issues and problems with school and facility staff, community groups and municipal partners.
- Reporting to the Ministry with respect to Community Use of School data collection and research.
- Preparing system memos and communication briefs.
- Communicating with community groups and the Ministry of Education, regarding policy changes, new visions, current challenges and programs.
- Preparing, updating, communicating and implementing new policies and procedures for use of all programming spaces not limited to gyms, libraries and sports fields.
- Communicating and liaising with provincial Community Use of School Coordinators on a regular basis for information sharing, benchmarking practices and best practices sharing as mandating by the Ministry of Education.
- Reviewing and negotiating Reciprocal Agreements for Joint Use of Facilities with multiple municipalities.
- Providing training, refreshers and ongoing communication to school administrators on policy and software.

Additional Information

When reviewing the CUS portfolio, the Board’s existing partnerships and leases, the structures of similar-sized boards, the distribution of work, and the potential for the generation of additional revenue, it would appear that Grand Erie would benefit from the creation of a role dedicated to not only CUS but also to enhance the asset management from a financial and operational perspective. Most boards of Grand Erie’s size have a dedicated Community Use of Coordinator position. This list

includes: Waterloo Catholic DSB, Upper Grand DSB, Hamilton-Wentworth Catholic DSB, Niagara Catholic DSB, Simcoe County DSB, Lambton-Kent DSB.

In addition, the current workload required of the CUS portfolio plus the other regular duties of the Executive Assistant to the Superintendent of Business far exceeds the time allotted to complete the work. This has resulted in the completion of work in haste and, in some cases, work temporarily reassigned to other staff. The complexities of managing the constantly increasing number of permits and use have increased over the years as different types of groups wish to obtain varying levels of access to our many different programmable spaces. This is occurring simultaneously with the changing needs of the Board's Joint-Use Agreements all while balancing the space availability against minor and major construction and renovations.

Listed below are the advantages of the creating the Community Use and Partnerships Officer position that would highlight initiatives that exceed the existing CUS position:

- Streamlining of many facility/planning/community information that is currently segregated into many functions (coordination of construction schedules vs permit approval)
- Revenue generation – many of our users are in our schools at no-cost. For example; implementing a structure that will charge out the current 40,000 free hours at a rate that will not only generate cost-recovery revenue but will support this new role in a cost-neutral or better model.
- Maintaining current relationships with tenants through regular visits and annual updates to lease agreements.
- Managing and tracking of current users in schools including the development of dynamic inventory of partnerships for use with planning department to establish live database of building usage.
- Assisting with real estate transactions and inquires (regulation 444/98).
- Legal agreement updating and coordination (Joint Use Agreements, lease agreements, child-care agreements, rental agreements, etc.)
- Soliciting feedback from current tenants, including the coordination of requests regarding major and minor capital as well as financial.
- Development and annual maintenance of master cost recovery template that will determine what each space should charge per square foot for each type of rental (gymnasium, classroom, library, etc...)
- Lead the planning and implementation of partnership development including exploration of partnership opportunities, developing proposals, establishing and managing partnership agreements as required.
- Coordinate the Annual Community Partnership meeting and Annual Community Use of Schools meeting.
- Employ Active Outreach Strategies to ensure community support at the local school level, working with area schools to determine schools and community capacity to deliver and manage programs
- Managing of community partnership data on an ongoing basis in order to effectively document and report on data relevant to the accommodation review process such as community interaction, non-school programs, co-located services and any related revenue.
- Community Partnership Coordination (Filming Production inquiries, Tourism Brantford, Provincial and Federal Community Athletic Events)
- Coordination of elections (Municipal, Provincial, Federal)
- Promote and maintain relationships with partners in our facilities
- Plan, prepare and conduct outreach workshops, seminars and other training sessions for users and custodial staff
- Advertising or surplus space and coordination of under-utilized assets; provide tours to potential tenants

- Liaise with other members of the Senior Team to align space needs with portfolios.
- This role will absorb a great deal of the work the current Executive Assistant to the Superintendent of Business performs, releasing hours that will be focused on areas of the portfolio that would also benefit from an enhancement such as:
 - Legal support for other departments and Academic staff
 - Budget and financial support
 - Risk management
 - Insurance inquiries
 - Managing of other agreements
 - Process and work-flow optimization and documentation

Next Steps

A job fact sheet will be created to identify duties and responsibilities. We anticipate that compensation requirements will fall within a range from \$65,000 to \$85,000.

The position will commence in September 2020 and report directly to the Superintendent of Business. A priority would be working on transitioning of associated duties from the Executive Assistant.

Grand Erie Multi-Year Plan:

This position supports the Community indicator of Success for Every Student and the following statement: Develop a process to formally integrate and celebrate the partners whose contributions enhance the learning experiences of our students.

This position also supports the Environment indicator of Success for Every Student and the following statement: make the best use of the space in schools.

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: **Delhi District Secondary School – Gymnasium Viability Review**
DATE: April 6, 2020

Due to the unforeseen impact from the Covid-19 pandemic, Senior Administration has not been able to gather the necessary information in time for this report.

The team remains hopeful that the report can be brought to Trustees at the Committee of the Whole meeting scheduled for May 11, 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 & Treasurer
RE: **Trustee's Travel and PD Expenses**
DATE: April 6, 2020

<p>Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board receive the Trustee's Travel and PD Expenses Report as information.</p>
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Background

Trustees are reimbursed for out of pocket expenses in accordance with Policy F3. The Policy requires that the expenses are reported to the Board in April and November each year.

The attached report details total expenses reimbursed for current year to date expenses for 2019-20 from September 1, 2019 to March 31, 2020.

Respectfully submitted,

Rafal Wyszynski
Superintendent of Business & Treasurer

Trustee Expense Report

For the seven months ending March 31, 2020

Trustee	Professional Development	Travel / Mileage	Internet/ Cell Phone	Total
Greg Anderson	-	1,633.17	937.21	2,570.38
Rita Collver	1,357.49	2,025.36	858.73	4,241.58
David Dean	1,589.13	674.97	140.00	2,404.10
Eva Dixon	-	609.00	-	609.00
Brian Doyle	-	335.94	165.93	501.87
Susan Gibson	-	93.26	924.27	1,017.53
James Richardson	-	592.64	620.00	1,212.64
Carol Ann Sloat	598.24	439.06	162.00	1,199.30
Christina Speers	819.25	332.46	680.76	1,832.47
Claudine Vanevery-Albert	-	117.28	160.00	277.28
Don Werden	1,423.37	1,016.74	-	2,440.11
Ia'teieká:nereh Doxtador-Swamp	1,230.00	-	-	1,230.00
Alex Hauser	2,545.00	426.17	-	2,971.17
Zachary Garbaty	1,401.15	720.06	-	2,121.21
Total Trustees	10,963.63	9,016.11	4,648.90	24,628.64



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Denise Martins, Superintendent of Education
RE: **eLearning Annual Report**
DATE: April 6, 2020

Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board receive the eLearning Annual Report as information.
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Background

The Grand Erie District School Board has been delivering eLearning programming since September 2002. During this time the program has expanded to include a greater number of courses in a variety of grades and pathways. Grand Erie eLearning offers courses in partnership with the Ontario eLearning Consortium (OeLC), as well as courses shared internally amongst Grand Erie schools, a pilot project that began in 2018-19 and has expanded in 2019-20. The OeLC is a group of 23 school boards that share eLearning courses and students for the purposes of increasing access to eLearning. The OeLC has set a new proportionate limiter for member boards which is based upon the size of the Board's eLearning program and the proportionate number of Out-of-Board students accepted. This is to ensure that the traffic balance of "in" and "out" of Board students does not exceed this limiter amount. Additionally, the virtual learning environment (VLE) is used to support student learning through: Mathify, Career Cruising, Credit Recovery, blended learning, Summer School, Continuing Education and Adult Education.

Current eLearning Programs:

1. Consortium-Based Asynchronous eLearning

In this delivery model, students and their teachers do not work simultaneously.

In 2018-19 Semester 2, Grand Erie teachers delivered nine asynchronous eLearning courses through the OeLC, and one course asynchronously within Grand Erie, which was shared between Pauline Johnson CVS, Valley Heights SS, and Waterford DHS. 130 Grand Erie students took consortium-based eLearning courses offered by Grand Erie teachers. Additionally, 79 Grand Erie students were placed in courses offered by other school boards within the OeLC. As well, Grand Erie accepted 68 students from other consortium school boards into its eLearning courses. 19 Grand Erie students from PJCVS, VHSS, and WDHS took PSK4U through WDHS. The Semester 2 success rate for students enrolled in Grand Erie eLearning consortium-based courses was 92%.

Consortium-Based Asynchronous Success Rates – Semester 2 2018-19				
Course	Count Date	Full Disclosure Date (5 days after midterm report)	Course End	Success Rate
BAT4M Principles of Financial Accounting	23	21	20	90% 18/20
ENG4U English	32	29	26	88% 23/26
HHS4U Families in Canada	29	26	23	96% 22/23
HRT3M World Religions and Belief Traditions	30	26	25	96% 24/25
HSB4U Challenge and Change in Society	24	24	24	100% 24/24
ICS3U Introduction to Computer Science	25	22	20	100% 20/20
MHF4U Advanced Functions	24	22	18	72% 13/18
PPZ3C Health for Life	21	20	18	83% 15/18
SBI3U Biology	28	26	24	100% 24/24

During 2019-20 Semester 1, Grand Erie teachers delivered nine asynchronous eLearning courses through the OeLC, and three courses that were shared internally between Grand Erie schools only. 137 Grand Erie students took consortium-based eLearning courses offered by Grand Erie teachers, while 71 Grand Erie students were placed in courses offered by other school boards. In addition, Grand Erie accepted 87 students from other consortium school boards into its eLearning courses. Finally, 65 students took courses shared internally between Grand Erie schools. The Semester 1 success rate for students enrolled in Grand Erie eLearning consortium-based courses was 93%. The Semester 1 success rate for students enrolled in Grand Erie eLearning internally shared courses was 88%.

Consortium-Based Asynchronous Success Rates – Semester 1 2019-20				
Course	Count Date	Full Disclosure Date (5 days after midterm report)	Course End	Success Rate
BAF3M Financial Accounting Principles	32	31	30	87% 26/30
BOH4M Business Leadership	31	30	29	100% 29/29
CGW4U World Issues: A Geographic Analysis	25	25	23	91% 21/23
CHY4U World History Since the Fifteenth Century	23	23	20	95% 19/20
ENG3U English	27	25	25	84% 21/25
ENG4U English	29	28	28	100% 28/28
EWC4U The Writer's Craft	26	26	25	100% 25/25
GWL3O Designing Your Future	18	17	15	93% 14/15
HSP3U Introduction to Anthropology, Psychology, Sociology	28	28	27	93% 25/27

Internal Course Asynchronous Success Rates – Semester 1 2019-20				
Course	Count Date	Full Disclosure Date (5 days after midterm report)	Course End	Success Rate
MCF3M Functions	19	19	19	89% 17/19
MCR3U Functions	24	23	22	91% 20/22
PSK4U Introductory Kinesiology	25	25	24	88% 21/24

Continuing Education and Summer School

Continuing Education, through Grand Erie Learning Alternatives, offers a variety of eLearning courses. On March 26, 2020, there were 869 active Grand Erie student registrations in Continuous Intake eLearning courses. In 2019, 1231 students attempted Summer School eLearning courses offered by Grand Erie.

Grand Erie eLearning Website:

This website is accessible under the 'Secondary' then 'Programs' heading at granderie.ca. Students, parents, and guidance counsellors can find information about Grand Erie's eLearning course offerings, technical requirements to take an eLearning course, a student checklist for eLearning readiness, and access to the VLE.

Role and Responsibilities of the Technology Enabled Learning and Teaching Contact (TELTc):

The Technology Enabled Learning and Teaching Contact is a position that is funded through the Ministry of Education. It is the vision of the Ministry that the TELTc, as a leader of technology enabled learning and teaching, will foster co-learning and collaboration. The Ministry has provided the following areas of focus for the person in this role:

- **Capacity Building** - The TELTc will build the individual and collective capacity of educators through ongoing professional learning within the school board.
- **Learning Resources** - The TELTc will facilitate the development of resources in the school board to support technology enabled learning and teaching.
- **Learning and Teaching Expertise** - The TELTc will provide the leadership needed for classroom educators, school and system leaders, and professional learning facilitators to better understand and embrace the enabling role of technology in expanding what, how, when, and where learning takes place.
- **Infrastructure** - The TELTc will support the use of the provincially licensed virtual learning environment for students and professional learning.
- **Operations** - The TELTc will work collaboratively with the Ministry in order to inform and guide work related to technology enabled learning and teaching in the school board and across the province.

Considerations and New Developments for 2019-20:

- Review the use of eLearning at Alternative Education sites.
- Continue to support the asynchronous eLearning program, which includes promotion of the program, communication with principals and guidance departments, professional development for teachers, and support for students.
- Continue to ensure alignment between the Education Technology Initiative and eLearning.
- Continue to ensure alignment between Adult Education, Continuous Education, and Alternative Education models and eLearning.
- Since 2016, eLearning began purchasing student devices for each of Grand Erie's secondary schools to be used by eLearning students. As of September 2019, Brantford Collegiate Institute, Cayuga Secondary School, Delhi District Secondary School, Dunnville Secondary School, Hagersville Secondary School, North Park Collegiate & VS, Paris District High School, Pauline Johnson Collegiate & VS, Simcoe Composite School, Valley Heights Secondary School, and Waterford District High School had all received 10 eStudent devices. Cayuga Secondary School, Delhi District Secondary School, and Waterford District High School each received 10 additional eStudent devices reflective of the growth in their eLearning enrollments. Further deployments of eStudent devices may be explored in the coming months, depending upon the eLearning budget and conclusion of the 2019-20 school year.
- Brightspace by Desire2Learn (D2L) continues to be the provincially licenced VLE. D2L was the successful candidate of the Ministry's recent procurement process, ensuring uninterrupted access to the VLE and other integrated resources for the next seven years.
- Impact of current Ministry of Education plan to have every secondary school student take a minimum of 2 eLearning credits unless exemption is requested by parent/guardian or adult student. This applies to the Grade 9 cohort of students entering secondary school in 2020-21.

Budget Implications / Funding Sources:

For the 2019-20 school year, \$50 000 was provided through the Grand Erie budget process to support the eLearning initiative. The budget was used to support:

- Registration site licensing fee and OeLC operation expenses.
- Teacher training and professional development for eLearning teachers. ·
- OeLC Governing Council meetings (4 times per year involving the Principal of eLearning and program staff).
- Laptops and other required hardware for eTeachers. ·

Ongoing Plan:

1. Discussion regarding teaching sections occurs at secondary staffing committee meetings with OSSTF and Human Resources in March/April.
2. The eLearning Principal regularly communicates updates with other principals at the monthly Ssecondary Director's principals' meetings with the Director.
3. The District eLearning Contact (DeLC) regularly communicates with guidance counsellors through email and at the Guidance Heads meetings.
4. DeLC and ePrincipal liaise with Grand Erie committees and other stakeholders as required.
5. Regular attendance at OeLC and Ministry of Education meetings by the Superintendent, ePrincipal, DeLC and TELTc occurs to maintain a provincial perspective.
6. The DeLC and TELTc communicate with principals and teachers to support technology enabled learning.

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



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Rafal Wyszynski, Superintendent of Business & Treasurer
RE: **SO1 - Fundraising**
DATE: April 6, 2020

<p>Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board forward Policy SO1 Fundraising to all appropriate stakeholders for comments to be received by May 28, 2020.</p>
--

Background

Policy SO1 Fundraising was approved by the Board in March 2016 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,

Rafal Wyszynski
Superintendent of Business and Treasurer



Fundraising

Board Received: March 21, 2016 Review Date: April 2020

Policy Statement

It is the policy of the Grand Erie District School Board to endorse fund-raising activities, where the proceeds will be used to provide educational value for the students, and which are approved, supervised, and at the discretion of the Principal.

Accountability

- 1. Frequency of Reports – As needed
- 2. Criteria for Success – Funds used to enhance educational opportunities
 - Financial controls in place
 - Student safety issues addressed

Procedures

- 1. All fund-raising profits will be used to enhance educational opportunities or to improve the learning environment for students. This shall be done in consultation with and the approval of the principal.
- 2. All fund-raising activities must be authorized by *and are the responsibility of* the Principal of the school.
- 3. Student and staff participation in fund-raising activities shall be strictly voluntary
- 4. A plan for communication with parents shall be part of planning for all major fund-raising events so that Parents and School Council are informed of all major fund-raising activity.
- 5. Parent/guardian permission will be sought for elementary students to participate in fund-raising. Students should not be involved in door-to-door sales or canvassing without the supervision or permission of a parent/guardian.
- 6. The Principal shall ensure that high pressure tactics are not used in fund-raising activities. In any fund-raising program, the safety of those involved must be given primary consideration. The Principal must ensure that appropriate safety precautions are outlined to all those involved in the fund-raising activities.
- 7. A Principal or designate may refuse permission for a student to participate in a fund-raising activity.
- ~~8.~~ 9. Fund-raising activities shall be organized so that they cause limited interference with the regular school program.
- ~~8.9.~~ 9.9. The Principal shall prepare an annual fundraising plan, documenting the scheduled fundraising activities for the school year, the estimated profit for each activity and purpose of the additional funds. It is understood that the profit from the fundraising activities for the current school year will support activities for the current year, unless the fundraising plan details multiple/long term fundraising activities for a large expenditure (i.e. Playground Structure). The fundraising plan will be included in the report, see item 10.6
- ~~9.10.~~ 9.10. Strict financial controls shall be in place before the activity commences, and complete records of transactions available during and after the event. These procedures apply to all fundraising activities operating in the name of the school or the name of the Board. Fundraising groups who are officially constituted and who are required to report independently to another

governing body may be exempt from these Financial Control procedures (i.e. Official Home and School Association member groups).

~~9.1~~10.1 Fund-raising proceeds and disbursements must be recorded in the *School Banking* software program at the school in a separate ledger account designated for the activity. This ledger account is to be established in the School Banking system, using the board standard school banking account codes designated for fund-raising activities.

~~9.2~~10.2 Fund-raising receipts will be deposited on a regular basis in a registered financial institution. Schools will establish and maintain only one bank account for all school generated revenues. Therefore, separate accounts for parent council or student council will not be permitted. The only exception is when schools are required under legislation to open a separate bank account for lotteries, as per the Alcohol and Gaming Commission of Ontario.

~~9.3~~10.3 When a school is closed by the Board, all fund balances remaining in both the general fundraising account and lottery account if applicable will be forwarded for deposit to the account(s) at the school where the students of the closed school will be attending. Where the school population will be assigned to more than one school, the fund balances will be forwarded to the schools in direct proportion to the enrolment being assigned to each school.

~~9.4~~10.4 All accounts shall be paid by cheque bearing the signature of two signing officers, one of whom shall be the Principal or designate.

~~9.5~~10.5 Parent groups must be consulted before commitments or expenditures are made from funds raised by a parent group.

~~9.6~~10.6 A report of the revenues and expenditures from the fund-raising activity shall be provided to the school council or parent council. The Principal and the school council or parent council shall determine the reporting frequency, with quarterly reporting recommended and minimum of annual reporting. The activity report shall be included in the year end data provided to the board for consolidation with its financial statements annually as at the end of August.

~~10.11.~~ Cash draws, raffles, and cash lotteries must be approved by the appropriate authority. When needed, permits and licenses must be taken out in the name of the school and signed by the Principal. This must be done at least two weeks prior to the activity. Any activity involving the service of alcohol shall follow the requirements for such events as set out in Board Policy FT4 – Use of School Facilities.

~~11.12.~~ All items purchased with funds raised under the auspice of the school must follow Purchasing Policy F6 ~~and Purchasing procedure F107~~. All items purchased become the property of the Grand Erie District School Board. Since the Board will own and maintain all capital items purchased with fund-raising monies, the Principal shall ensure that items to be purchased meet Board standards and specifications for furniture and equipment.

~~12.13.~~ Items purchased through the fund-raising efforts of a school committee will remain in that school.

~~13.14.~~ Fund-raising that involves high risk activities are not permitted. Contact should be made with the office of the Superintendent of Business regarding questionable activities.

Reference: F3 Capital Related Fund Raising and Community Donations
FT4 Use of School Facilities
F6 Purchasing Policy



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: April 6, 2020

Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board approve Policy SO14 Equity and Inclusive Education.

Background

Policy SO14 Equity and Inclusive Education was circulated to all appropriate stakeholders for comments to be received by February 27, 2020.

Comments Received

1. Comment: #2 – should this be expanded on to explain how the board will foster development?
Response: Revision made.
2. Comment: #5 – religious beliefs or creed – should they both be either singular or plural?
Response: Revision made.
3. Comment: #6 – how will the Board ensure that revisions to school codes of conduct include active consultation – Should school codes of conduct be reviewed on a regular basis?
Response: A school code of conduct should be reviewed and revised whenever a unique incident arises, e.g., request for smudging on school property. This would also be an opportune time for consultation. Revision made.
4. Comment: #9 – should the first statement be expanded on? How the Board will ensure these policies/procedures are communicated? Same for the statement about staff, how will this be accomplished?
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



Equity and Inclusive Education

Board Received: _____

Review Date: _____

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. Interviews for school administrative positions always include scenarios involving issues of equity and inclusion. Finally, the revised Ontario Leadership Framework – used to evaluate administrators – will include an equity domain.

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 creeds) 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, and that school codes of conduct are reviewed annually.

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, including, but not limited to, school newsletters, newspapers articles, staff meetings, school announcements, system announcements and school agendas.

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

- *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 & Secretary
RE: **SO15 Out of Classroom Field Trips and Excursions**
DATE: April 6, 2020

<p>Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board approve Policy SO15 Out of Classroom Field Trips and Excursions.</p>
--

Background

Policy SO15 Out of Classroom Field Trips and Excursions was circulated to all appropriate stakeholders for comments to be received by February 27, 2020.

Comments Received

1. Comment: General Procedures - #5 – How does this line up with 6.1 in the manual?
Response: Both require written approval – 6.1 references multiple excursions but the parent/guardian is still required to sign consent.
2. Comment: Page 3 – swimming activities include hotel pools, section 4.2 of manual states hotel pools are not allowed. Are swim tests required for canoeing and kayaking trips?
Response: Reference on page 3 has been removed.
3. Comment: Last line air travel – should the exemption allowed under 16.3 in manual be referenced here?
Response: No, we do not list other exemptions.
4. Comment: Manual – 1.2 Remove “their” children. (Can I bring a child who I babysit?)
Response: The word “their” has been removed.
5. Comment: Manual – 1.9 Must have supervision ratios for a school trip, but not for a home to school run? Doesn’t make a lot of sense. Parent supervisor meeting class at the event because of work commitments.
Response: Risk is higher on a school trip so supervision ratios will remain.
6. Comment: Manual – 2.4 Why would the manager of transportation be involved in funding a school trip?
Response: The Manager of Transportation has an annual budget to assist with integrated transportation.
7. Comment: Manual – 2.6 This paragraph is not the same as SO22 section 3.4
Response: Revision partly made; however, SO22 states that “all trips for which there is a cost must be optional” 2.6 is not contrary to this.

8. Comment: Manual – 3.2 why does a trip need to use TICO? What about a trip to Brock that is usually overnight where the only thing the school needs to do is to get a bus to get them there and back? Or other camps type trips?
Response: Revision made.
9. Comment: Manual – 3.3 Why is this line necessary, covered in the policy and no statement around category I or II?
Response: Revision made.
10. Comment: Manual – 3.4 Why this change in policy – many successful summer trips have occurred?
Response: It is our recent practice to not allow field trips outside of the school year because of the risk in not having the supports in places as they would be during the school year, e.g., teachers unable to connect quickly with Principal or Superintendent.
11. Comment: Manual – 3.10 Trip supervisors include volunteers, how are they informed what the OPHEA safety standards are? What if they don't conform?
Response: See section 1.4 under Supervision Ratio. If they don't conform they cannot be a volunteer.
12. Comment: Manual – 3.11 Should behaviour expectations of students, both for the time leading up to the trip and on the trip be explained also?
Response: 3.5 covers "denied participation" based on student behaviour.
13. Comment: Manual – 3.12 Think this is not clear, there is a difference in a class selling popcorn for their year end trip and a group raising funds for a trip to Europe
Response: Revision made.
14. Comment: Manual – 3.14 Should this be part of 3.11?
Response: This component has been moved to align more closely with 3.11. Also, some language added.
15. Comment: Manual – 3.15 Why only for Category II and III?
Response: CAT I trips involve lower risk activities and for CAT I, this requirement is not required by OPHEA.
16. Comment: Manual – 4.8 c How can the swim test be held at the trip destination not before the trip in case many students do not pass the test?
Response: This was added (4.8d) to allow the testing to be completed at camps where the facility already provides alternative activities.
17. Comment: Manual – 4.8 e Must there be a head instructor/guard at all swimming activities? Can the trip supervisors be also the lifeguard?
Response: There is always a Head Guard/Instructor Guard. A teacher can be a lifeguard but cannot be a supervisor at the same time. To ensure that supervision ratios are met, there would need to be an additional supervisor if a teacher supervisor was also acting as a lifeguard.
18. Comment: Manual – 4.8 f Why is this line necessary?
Response: Revision made.

19. Comment: Manual – 5.6 Who completes the visual assessment?
Response: The visual assessment is completed by a teacher supervisor.
20. Comment: Manual – any requirement for appropriate clothing? Coat? Mitts?
Response: For all activities, students are required to wear appropriate clothing.
21. Comment: Manual – 6.1 Should skating be included in allowable informed consent form? Isn't skating deemed to be of extra risk, that needs formed consent?
Response: We allow all CAT II activities that are multiple excursions within regular school hours to be covered by informed consent once annually or once per semester. The informed consent form outlines the risks.
22. Comment: Manual – 7. Should there be a reference to AM8 and the requirements in that memo? Should AM8 be rescinded and info from it included in this policy so it is a public requirement?
Response: No. AM8 components have now been added to SO15 and AM8 will now be rescinded.
23. Comment: Manual – 8.1 a Add dental to this list
Response: Dental falls under the umbrella of "medical".
24. Comment: Manual – 8.2 remove administrative
Response: Revision made.
25. Comment: Manual – 9.1 train is not included in requirements for director's approval in the policy (plane, marine)
Response: Revision made.
26. Comment: Manual – 9. 7 sometimes it is not possible to inform the school that the parent is picking up the student after the activity, as long as the teacher in charge is made aware personally that this change is being made
Response: Revision made.
27. Comment: Manual – 9.9 9+ "or larger"
Response: Revision made.
28. Comment: Manual – 9.12b Why through Tour Operations? Can't plan a day trip to Centre Island, or on Maid of the Mist?
Response: Marine travel is booked through a trip and tour operator as they ensure that the marine operator has met all the safety guidelines and has a current license. This puts the responsibility onto the trip and tour operator.
29. Comment: Manual – 10.1 – 9.8 says rental vehicles are not allowed
Response: Revision made.
30. Comment: Manual – 10.3 should the driver volunteer form be included with this policy, so it is readily available?
Response: With the new online trips software all forms will be sent home with trip approval package.

31. Comment: Manual – 12.2 and 12.3 appear to contradict each other when it comes to cancellation. Should the cost of cancellation insurance be included in the cost of the trip so you can be sure it is purchased?
Response: Revision made.
32. Comment: Manual – 12.5 Should the reference to 6.7 be section 10? Appendix E is not included.
Response: Revision made.
33. Comment: Manual – 12.6 This does not say the same thing as 3.2
Response: Revision made.
34. Comment: Manual 14.1 should the reference to Foreign Affairs be travel.gc.ca?
Response: Revision made.
35. Comment: Should there be a statement that trip approvals may be rescinded if circumstances change?
Response: Wording added.
36. Comment: Manual – 17 Is this section just for same year trips? Some trips are planned 2 or 3 years out?
Response: Wording added.
37. Comment: Parental consent form bottom page 1 – add dental to section on medical expenses
Response: No change. Dental is grouped with medical.
38. Comment: Should there be a section available asking for volunteer trip supervisors?
Response: This shows on the parental consent form.
39. Comment: should there be a checklist available in the policy to ensure all steps have been completed?
Response: Checklist is part of the online trip application and is produced at the time of the request.
40. Comment: should procedure SO106 be included in this policy and be rescinded?
Response: No. SO106 is specific instructions for clerical staff.
41. Comment: Policy statement add “and cognitive” development
Response: Revision made.
42. Comment: 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 Remove? ADD – Ensure that students with the disability can actually participate in the activities
Response: Revision made.
43. Comment: Sample Parental Consent form: I believe that we should have an accessibility statement on these forms such as: 'All Field Trips and Excursions shall be accessible to all students, regardless of race, religion, socio-economic status, gender, sexual orientation or physical ability'.
Response: This statement is included as #2 on Page 1 of the Policy. The statement has been revised to better reflect expectations around accessible field trips and excursions.

44. Comment: Sample Parental Consent Form: I wondered if we have these forms in other formats or electronic so families could access. If electronic copies are available then families could use the assistive technology embedded in their computer to access how they need to – read to them, translated into other languages, large font format etc. If they are available in paper copy only then do we need to make alternate formats available? A statement could be made at the top Alternate formats of this form are available. Please contact your school’s principal to request an alternate format

Response: These forms will be part of the online trip application. The request for accessible formats should be directed to the Principal who can offer assistance to the parents for different languages and accessible fonts.

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,

Brenda Blancher
Director of Education & Secretary



Out of Classroom Field Trips and Excursions

Board Received: _____

Review Date: _____

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 and cognitive 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. When planning for All Field Trips and Excursions, accessibility for ~~shall be accessible to~~ all students shall be considered to ensure equitable participation, 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.
- 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.
- 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.
- 6. Information on planning field trips and excursions including trip is included in the Out of Classroom Field Trips and Excursions Manual which is available on the website.

Specific Requirements for Trips by Category:

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 prior to trip
All trips up to and including five (5) days within Canada		Out of Province – Mandatory	Four weeks prior to trip
Swimming Activities including but not 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

Related Resources:

SO126 Volunteers

SO12 Code of Conduct

SO28 Concussions



SO15 Out of Classroom Field Trips and Excursions

~~January 2019~~ April 2020

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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	Principal	Recommended	Two weeks prior to trip
Category II	Approval	Insurance	Timeline
Activities involving increased elements of inherent risk	Principal, and Superintendent of Education	In Province – Recommended	One Month prior to trip
All trips up to and including five (5) days within <u>Ontario and all of</u> Canada		Out of Province – Mandatory	One Month prior to trip
Swimming Activities including but <u>not</u> limited to: 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 l)	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	
Grade	Supervisors: students
Kindergarten	1:8
Grades 1 – 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 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, 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 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.
- 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 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-if~~ 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 students~~ with a disability ~~is not required to just watch from the sidelines.~~ can participate in the activities.

3. RESPONSIBILITIES

- 3.1 It is the responsibility of the principal, appropriate Superintendent of Education, and Director of Education 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~~ For trips requiring hotel accommodations and flights, the trip must be booked through an approved Trip and Excursion vendor following TICO Guidelines for School Trips. For Educational/Leadership conferences, overnight tournaments and OFSAA or regional qualifiers, a trip and tour operator is not required. These trips may be booked directly by the school.
- ~~3.3~~ ~~It is the responsibility of the Director of Education to review and approve all Category III Trips.~~
- ~~3.4~~ 3.3 All trips must occur between the first and last day of school.
- ~~3.5~~ 3.4 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~~ 3.5 A student may be denied participation on a school trip based on a demonstrated inability to follow school behaviour guidelines.
- ~~3.7~~ 3.6 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~~ 3.7 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~~ 3.8 Learning expectations for the trip will be established early in the planning process.
- ~~3.10~~ 3.9 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.
- 3.10 It is the responsibility of the teacher to hold an Orientation meeting 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.
- 3.11 Students are required to abide by the school and Board Code of Conduct while on field trips and excursions. Teachers are to ~~Please ensure that the expectations for~~

unstructured times are clearly communicated in the itinerary as well as expectations for curfew.

~~3.11~~

3.12 Principal, Superintendent, and Director of Education approval must be secured before any commitments, including fundraising for Category II and III trips, 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.

~~3.141.1 Please ensure that the expectations for unstructured times are clearly communicated in the itinerary as well as expectations for curfew.~~

~~3.15~~3.14 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.

3.15 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.

3.16 For all trips, cancellation and resultant loss of funds, no matter what the cause, is the responsibility of the student, parent/guardian or their insurer.

~~3.16~~3.17 If school trips or travel must be cancelled/postponed Grand Erie District School Board is not legally liable for any cancellation fees, penalties, loss deposits or forfeiture of any pre-paid costs incurred by students. This is the reason why parents/guardians are advised to purchase trip insurance.

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.

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, e.g., signaling devices, reaching poles, spinal boards, throwing line(s), first aid kit.

4.8 SWIM TEST:

a. The principal or teacher must refer to the OPHEA Safety Guidelines to select the activity specific OPHEA swim test requirements for their trip/excursion.

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.

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.
- 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.
 - 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.~~

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.
- 5.3 For non-English/French speaking parents/guardians, refer to the OSBIE Ski Package and use of a multilingual 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 and/or multiple 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
- 7.2 Occasional events such as fun days, play days, school dances, barbeques 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.

8. INSURANCE

- 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.
- 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](#).
- 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.
- 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, 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.
 - b. Evidence of comprehensive general liability insurance in the amount of \$2 million dollars must be provided in advance of the trip.

9. TRANSPORTATION

- 9.1 Transportation methods (i.e. [train/plane](#), [boat/marine](#), 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.
- 9.2 For kindergarten and primary out of classroom trips, where transportation is required, students must travel by bus only.
- 9.3 Transportation must be appropriate to the age of the students. Provincial legislation regarding child car-seats must be followed.
- 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.
- 9.5 For all activities that take place outside of the school day, communication to parents/guardians must clearly outline all transportation responsibilities.

- 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.
- 9.7 If the planned transportation method changes (such as a student leaving with parent/guardian instead of returning via the original transportation method), it is the responsibility of the parent/guardian to inform the school/teacher ideally prior to the activity, or at least before the activity has ended.
- 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.
- 9.9 Vehicle Restrictions:
- a. 9+ or larger passenger vans (driver plus eight students) are not permitted for student transportation.
- 9.10 For booking transportation outside of Canada, travel must be booked through an approved Travel and Tour operator.
- 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 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.
- 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 and 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.

10. VOLUNTEER DRIVERS

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

11. VEHICLE LIABILITY INSURANCE

- 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”.

12. TRIPS INVOLVING AIRCRAFT

- 12.1 Only licensed, certified commercial passenger air carriers are to be used.
- 12.2 Cancellation insurance is mandatory and is the responsibility of the student, parent/guardian.
- 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.~~
- 12.4 The Board assumes no financial responsibility in the event of flight cancellation for whatever reason.
- 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.~~
- 12.6 Booking of Flights:
 - a. The trip must be approved by the Director of Education prior to booking flights.
 - b. Flights must be booked in consultation with Purchasing Services and/or through an approved Trip and Tour Operator.
 - ~~a.~~
 - ~~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. a. Flights must be booked in consultation with Purchasing Services and/or through an approved Trip and Tour Operator.~~
 - e. c. Direct flights are preferred over flights with layovers.

13. TRAVEL AND TOUR OPERATORS

- 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.
- 13.2 Billeting will not be accepted as a form of accommodation.

14. TRAVEL ADVISORIES

- 14.1 When planning out-of-country trips, teachers must check ~~Canada's Foreign Affairs and International Trade~~ the Government of Canada Travel and Tourism 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

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

~~14.2~~14.3 The Senior Administrative Team will regularly monitor the health and safety implications of student trip destinations which may result in the withdrawal of trip approvals.

15. IMMUNIZATIONS REQUIRED FOR TRAVEL

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.

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

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

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

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.

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

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.

~~17.1~~17.2 The participation of former students in school trips and excursions will only apply if the student has paid for the trip and the trip takes place within the current academic year.

~~17.2~~17.3 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
- d. Approval from the Director of Education

18. FILE RETENTION

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:

--

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.



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: April 6, 2020

<p>Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board approve Policy SO22 Fees for Learning Materials and Activities.</p>

Background

Policy SO22 Fees for Learning Materials and Activities was circulated to all appropriate stakeholders for comments to be received by February 27, 2020.

Comments Received

1. Comment: 2.1 should there be language around how and when the deposit is returned?
Response: Amended
2. Comment: 3.4 language does not line up completely with policy SO15, manual sect. 2.6
Response: Reviewed, no change made
3. Comment: 3.9 should students be included in this section?
Response: Reviewed, no change made
4. Comment: 3.11 Should the actual fee be included in the policy, since it is subject to an annual review? Who will review/approve this fee? Will school be able to charge for a student card to be able to play sports? Can there be extra fees for certain sports on top of the annual fee?
Response: Amended
5. Comment: Student fees – 1st paragraph is already covered in section 1
Response: Reviewed, no change made
6. Comment: Student fees - 3rd section should be combined with section 3.7
Response: Reviewed, no change made
7. Comment: Student fees – Pg 4, 2nd paragraph – already covered in 3.11
Response: Reviewed, no change made
8. Comment: Student fees – 4.1 what is the damage/loss fee is not paid?
Response: Reviewed, no change made

9. Comment: with regards to proposed changes to SO22, and understanding that the athletic fees (section 3.11 and the relevant part of section 3.12) will not be removed, I would suggest the following stipulations be instituted:

The basic Secondary Athletic Fee structure will be determined by the Principal of each school in consultation with School Council and will be reviewed on an annual basis. Fees may include: tournament costs, games or sport 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. The fee will be waved or subsidized for students experiencing financial hardship.

Response: Amended

10. Comment: I would suggest that any changes to current athletic structures for schools be delayed/abled until such time as the Grand Erie athletic amalgamation is complete so that we are able to collect accurate financial data under the new structure. This will provide the opportunity for administrators to make sound decisions based on fairness and equity across the Board.

Response: Reviewed, no change made

11. Comment: The fee structure should be established so that the fees collected offset, but do not exceed, the associated costs related to the full school year offering of sports' team opportunities

Response: Amended

12. Comment: It is not intended that Athletic Fee be a barrier to any student's participation in school sports. If a student has difficulty in paying the fee because of financial hardship, they should speak with an administrator.

Response: Reviewed, no change made

13. Comment: suggest the following change: The basic Secondary Athletic Fee structure will be determined by the Principal of each school in consultation with School Council and will be reviewed on an annual basis. Fees may include: tournament costs, games or sport 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. The fee will be waved or subsidized for students experiencing financial hardship

Response: Amended as per comment 9

14. Comment: The fee structure should be established so that the fees collected offset, but do not exceed, the associated costs related to the full school year offering of sports' team opportunities

Response: Amended as per comment 11

15. Comment: It is not intended that the Athletic Fee be a barrier to any student's participation in school sports. If a student has difficulty in paying the fee because of financial hardship, he/she should speak with an administrator.

Response: No change made

16. Comment: It is my hope that this change will allow schools to personalize the fee based on the needs of the school. For example, currently, our school does not have any high costs athletics such as football etc. However, we also have a smaller number of students for supporting fundraising efforts. This change will allow flexibility, while still be accountable to my families and community.

Response: Accounted for in revised section 3.11

17. Comment: Page 2 – section 1.3 – to the “extent” possible

Response: Amended

18. Comment: Page 2 – section 3.3 – the school principal will develop collection methods “that maintain the dignity of” afford reasonable expectations of privacy of 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.

Response: Amended

19. Comment: Page 3 – section 3.6 – should there be some mention of supporting families who may experience financial hardship in regards to uniforms?

Response: Section Removed

20. Comment: Page 4 – section 3.12 – student and families experiencing hardship may contact the school administration for assistance to support students’ success in school – how do we maintain dignity of family/student?

Response: Reviewed- addressed in revised 3.3

21. Comment: With regards to the proposed changes to SO22, I would recommend that any reference to athletic fees (section 3.11 and the relevant part of section 3.12) be removed.

Response: No change

22. Comment: If the will is to include direction on this issue, I would suggest that the change be delayed/tabled until such time as the Grand Erie athletic amalgamation is complete so that we are able to collect accurate financial data under the new structure. This will provide the opportunity for administrators to make sound decisions based on fairness and equity across the Board

Response: No change

23. Comment: If removal of sections 3.11 and a portion of 3.12, or a tabling is not an option, I suggest the following edits that I feel would give each of the schools the ability to consult with the appropriate stakeholders and make decisions that best support the individual needs of the schools under the leadership of the Principal.

Reword 3.11 - The basic Secondary Athletic Fee structure will be determined by the Principal of each school in consultation with School Council and will be reviewed on an annual basis. Fees may include: tournament costs, games or sport 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. The fee will be waived or subsidized for students experiencing financial hardship.

Response: Amended as per comment 9

24. Comment: 3.12 – 4th paragraph – 1st sentence – reword – The basis Secondary Athletic Fee structure will be determined by the Principal of each school in consultation with School Council and will be reviewed on an annual basis

Response: Amended

25. Comment: 3.11 has been randomly added and has nothing to do with the intent of the policy

Response: No change

26. Comment: 3.11 should be totally removed from SO22 as it is in reference to extra curricular voluntary activities fees

Response: No change

27. Comment: Extra curricular activity fees need to be left to the professional discretion of the principal in consultation with their athletics departments, coaches, and school councils. Principals and coaches have always made concession to reduce fees and/or cancel fees when students are unable to pay. Principals are only concerned with covering the costs of each extra curricular and review fees annual at budget time

Response: Addressed in revisions

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,

Denise Martins
Superintendent of Education



Fees for Learning Materials and Activities

Board Received: _____

Review Date: _____

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. 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 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

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.
- 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. The book deposit will be refunded upon return of the textbook or resource to the school.

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 recognize that socio-economic status is one of many factors that the board must consider in order to create barrier-free, equitable opportunities 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 maintain the dignity of and 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~~3.6 Schools may collect student activity fees and/or admission fees to recover the cost of participation in optional extra-curricular activities.
- ~~3.8~~3.7 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~~3.8 The school principal shall communicate with staff, student councils, and school councils about student activity and athletic fees.
- ~~3.10~~3.9 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~~3.10 The basic Secondary Athletic Fee will be determined by the Principal of each school in consultation with School Council ~~set initially at a maximum of \$75~~ and will be reviewed on an annual basis. ~~This~~ Fees may include: tournament costs, game or sport based equipment, supplemental sport costs (referee fees, rentals etc.) and athletic celebrations and awards. A ~~P~~ principal may request an increase to the fee, having undertaken the appropriate consultation with members of the school community. The fee structure should be established so that the fees collected offset, but do not exceed, the associated costs related to the whole school year offering of sporting activities. ~~Any increase is subject to the approval of the Superintendent responsible for Athletics.~~ The fee will be waived or subsidized for students who may be experiencing financial hardship.
- ~~3.12~~3.11 The following statements **must be included in the Sschool Pprofile and the Sstudent Hhandbook.**

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, 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 schoolwork. 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 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 determined by the Principal of each school in consultation with School Council~~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: **SO26 Events Planning and Organizing**
DATE: April 6, 2020

Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board approve Policy SO26 Events Planning and Organizing.

Background

Policy SO26 Events Planning and Organizing was circulated to all appropriate stakeholders for comments to be received by February 27, 2020.

Comments Received

1. Comment: in the checklist (p.4), System-Internal event: add "Union Presidents" as guest invited to the Grand Erie retirement dinner. This has been past practice.
Response: Amended
2. Comment: 2.0 Is "chair of the board" needed when trustees are invited?
Response: Amended
3. Comment: 2.1 same as above – is "chair of the board" needed when trustees are invited?
Response: Amended
4. Comment: 4.0 #4 – why federal first when province is our funder?
Response: Amended to Province first, as per funding
5. Comment: 4.0 #5 – change if require to "if appropriate"
Response: Amended
6. Comment: Board resources – remove "administrative"
Response: Amended
7. Comment: checklist – is date revised needed? Is the top line required?
Response: Amended
8. Comment: Page 4 – secondary school graduations – should there be direction to event lead on suggested order of speaking at the event?
Response: Not required. Established practice has greetings from the Board at the beginning of each commencement.

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,

Brenda Blancher
Director of Education



Event Planning and Organization

Board Received: _____ Review Date: _____

Policy Statement

Grand Erie District School Board events should further the Board’s vision.

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 as a result of proper planning and organization.

Definitions

Event: A function, activity or reception held in a school or within the system that is coordinated by Grand Erie staff members or the Manager of Communications and Community Relations on behalf of the Board.

Event Types: There are six types included in this policy: School-Organized Event, System-Sponsored Event, School-Internal Event, System-Internal Event, Community Event, and Ministry/Government Event.

Event Lead: 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.

Procedures

- 1.0 **Event Planning and Organization Checklist:** Will assist in the event planning process. The checklist outlines all Event Types, including examples. It also identifies who should be invited, who speaks and who the Event Lead is. Additional information is included, such as audio/visual considerations, signage, and other resources to host a successful event.
- 2.0 **Invitations:** ~~The Chair of the Board,~~ All Trustees, the Director of Education and Senior Administration will receive all invitations from the Manager of Communications and Community Relations on behalf of the Event Lead.
 - 2.1 **Invitation to Politicians:** Regardless of the Event Type, whenever a politician from the Municipal, Provincial or Federal level is invited to a school, all Trustees ~~and the Chair of the Board~~ must be informed and invited.
- 3.0 **Special Guests:** Student greeters should welcome guests and be assigned to escort all Politicians to the Event Lead or Principal. Student greeters may also be assigned to give school tours.

Role of the Manager of Communications and Community Relations: The Manager of Communications and Community Relations must be informed of all events where Trustees, Senior Administration or Politicians are to be in attendance. 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.

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

1. Principal from the host organizing committee may serve as the emcee
2. Chair of the Board (or designate) delivers remarks and is responsible for welcoming all Politicians
3. Director of Education (or designate) delivers remarks and is responsible for welcoming all Grand Erie Senior Administration members
4. Politicians may deliver remarks, in the following order: ~~Federal~~, Provincial, Federal Municipal.
5. Students, Parents, Community Partners, or third-party stakeholders may also deliver remarks, if ~~required~~appropriate.

5.0 **Land Acknowledgement Statement**

At all events covered under this policy, the land acknowledgement statement (see below) must 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
- SO25 – Visual Identity Policy
- SO31 - 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 SO26*.

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

Event Lead

The Event Lead is a Grand Erie staff member who is on the organizing committee or ~~is~~ the Manager of Communications and Community Relations. This individual is responsible for consulting with the host Principal and following the *Event Planning and Organization Policy*.

Event Planning Charts

There are six Event Types: 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 events found within each Event Type;
2. Who should be invited to the event?
3. Who should speak?
4. Who the Event Lead should be?

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 • 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"> • Grand Erie staff member on the Organizing Committee
Secondary School Graduations	<ul style="list-style-type: none"> • Trustees • Director of Education or a Superintendent of Education 	<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 	<ul style="list-style-type: none"> • Grand Erie staff member on the Organizing Committee
Recognition assemblies (i.e. character education assembly, athletic banquet, Remembrance Day assembly, fundraising celebrations etc.)	<ul style="list-style-type: none"> • Trustees (Optional) • Family of Schools Superintendent of Education (Optional) 	<ul style="list-style-type: none"> • Optional – Trustee 	<ul style="list-style-type: none"> • Grand Erie staff member on the Organizing Committee
Official school closings	<ul style="list-style-type: none"> • Trustees • Director of Education • Family of Schools Superintendent of Education • School Council Chair • School staff 	<ul style="list-style-type: none"> • Chair of the Board • Director of Education 	<ul style="list-style-type: none"> • Grand Erie staff member on the Organizing Committee

System-Sponsored Events

Events	Who's Invited?	Who Speaks?	Who's the Event Lead?
<p>Official school openings</p> <p>A plaque is presented to the school on behalf of the Trustees and Senior Administration</p>	<ul style="list-style-type: none"> • Trustees • Director of Education • Senior Administration • Ministry of Education Representatives and/or funding partners • School Council Chair • School staff • Local Politicians (Provincial, Municipal) • Contractors and Architects • Community or Neighbourhood Representatives (Optional) • Board Departments: Facilities, Finance, Purchasing, Information Technology and Human Resources • Media Representatives • Union Presidents 	<ul style="list-style-type: none"> • Chair of the Board • Director of Education • Ministry of Education Representative and/or funding partners <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 in coordination with the Organizing Committee
<p>Major renovations or additions greater than \$1 million</p>	<ul style="list-style-type: none"> • Trustees • Director of Education • Senior Administration • Ministry of Education Representatives and/or funding partners • School Council Chair • Facilities Staff • Union Presidents • Media Representatives 	<ul style="list-style-type: none"> • Chair of the Board • Director of Education • Ministry of Education Representatives and/or funding partners <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 in coordination with the Organizing Committee
<p>Program launch</p> <p>(Examples: Turning Point, Energy Dashboard etc.)</p>	<ul style="list-style-type: none"> • Trustees • Director of Education • Superintendent of Education responsible for the program • Staff members within the program • Media Representatives 	<ul style="list-style-type: none"> • Chair of the Board • Director of Education • Superintendent of Education responsible for the program 	<ul style="list-style-type: none"> • Manager of Communications and Community Relations in coordination with the Organizing Committee
<p>Partnership events</p> <p>(Examples: Active School Travel, Solar energy launch, Community Hub, etc.)</p>	<ul style="list-style-type: none"> • Trustees • Director of Education • Superintendent of Education responsible for the partnership • Partners • Local Politicians (Municipal) • Media Representatives 	<ul style="list-style-type: none"> • Chair of the Board (or designate) • Director of Education (or designate) 	<ul style="list-style-type: none"> • Manager of Communications and Community Relations
<p>Student-led events</p>	<ul style="list-style-type: none"> • Trustees • Student Trustees • Senior Administration 	<ul style="list-style-type: none"> • Chair of the Board (or designate) • Director of Education (or designate) 	<ul style="list-style-type: none"> • Manager of Communications and Community Relations in coordination with the Organizing Committee
<p>Parent Engagement events at the system-level</p>	<ul style="list-style-type: none"> • Trustees • Director of Education 	<ul style="list-style-type: none"> • Chair of the Board (or designate) • Director of Education 	<ul style="list-style-type: none"> • Manager of Communications and Community Relations in

	<ul style="list-style-type: none"> • GEPIC Chair and members • School Council Chairs and members 	<ul style="list-style-type: none"> • GEPIC Chair 	<p>coordination with the GEPIC Chair</p>
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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 • <u>Union Presidents</u> 	<ul style="list-style-type: none"> • Chair of the Board • Director of Education 	<ul style="list-style-type: none"> • Executive Assistant to the Director of Education
Professional/leadership development 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

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) 	<p><u>Decision of the Grand Erie staff member on the Organizing Committee</u></p>	<ul style="list-style-type: none"> • Grand Erie staff member on the Organizing Committee
Memorials	<ul style="list-style-type: none"> • Trustees (Optional) • Director of Education (Optional) • Family of Schools Superintendent of Education 	<p><u>Decision of the Grand Erie staff member on the Organizing Committee</u></p>	<ul style="list-style-type: none"> • Grand Erie staff member on the Organizing Committee • Manager of Communications and Community Relations must be notified

Community Events

Events	Who's Invited?	Who Speaks?	Who's the Event Lead?
CareerLink	<ul style="list-style-type: none"> • Trustees • Superintendent of Education responsible for CareerLink 	<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
Community agency/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) • Family of Schools Superintendent of Education 	<ul style="list-style-type: none"> • Optional – Chair of the Board (or designate) • Optional – 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 • Manager of Communications and Community Relations must be notified
Contracts or grants that have communication requirements (Example: Indigo's For the Love of Reading Grant)	<ul style="list-style-type: none"> • Trustees • Director of Education • Family of Schools Superintendent of Education 	<ul style="list-style-type: none"> • Optional – Chair of the Board (or designate) • Optional – 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

Ministry/Government Events

Events	Who's Invited?	Who Speaks?	Who's the Event Lead?
Prime Minister, 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 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 or Member of Provincial Parliament visit	<ul style="list-style-type: none"> Trustees Director of Education Senior Administration 	<ul style="list-style-type: none"> Chair of the Board 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 Councillor 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 (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 may need to be coordinated and provided by the school. A/V equipment includes microphones, podiums, speakers, LCD projectors, etc.

Signage

Signage displayed during events should promote a positive image of Grand Erie:

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

Media Notification

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 Grand Erie. 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! 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~~Administration.

Contact Information

Contact the Manager of Communications and Community Relations for support building an effective event.

Manager of Communications and Community Relations Work: 519-756-6301, ext. 281147 ~~or Cell: 519-732-8540~~



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: April 6, 2020

<p>Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board approve Policy SO30 Management of Potentially Life-Threatening Health Conditions in Schools.</p>
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Background

Policy SO30 Management of Potentially Life-Threatening Health Conditions in Schools was circulated to all appropriate stakeholders for comments to be received by February 27, 2020.

Comments Received

1. Comment: Policy school operations #8 – “As much responsibility for own medication as is appropriate” Does this allow the elementary student to carry and self-administer drugs including cannabis? There is no medical form for administration of other medication in the policy, pages 5 and 6 of SO102.
Response: Amended.
2. Comment: Anaphylaxis manual – Page 5 – peanut butter substitutes – suggest removing the first 2 paragraphs and the last paragraph directing to website for more information.
Response: Amended
3. Comment: Anaphylaxis manual – also suggest putting info about peanut butter substitutes in the policy also, to make it easier to find
Response: Amended
4. Comment: eLite manual – page 3 2nd bullet – list of students in your class – should this be in your school?
Response: Yes, amended
5. Comment: Board position on students who come with DNR orders and what is the school response/role in the event such students require staff intervention?
Response: New procedure going out for comment to address this.

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,

Liana Thompson
Superintendent of Education



**Management of Potentially Life-Threatening Health Conditions,
Including Administration of Medication, in Schools**

Board Received: _____

Review Date: _____

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)
- 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 [\(includes information about peanut butter substitutes\)](#)
- Medical Plan – Asthma Manual
- Medical Plan – Diabetes Manual

- Medical Plan – Seizure Disorder and Epilepsy Manual

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 materials and instructions necessary to respond to the presence of students diagnosed with concussion in a school.



Administration of Medication Manual

~~January 2020~~ April 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.
- ~~1.2.~~ ~~Students are not permitted to keep medicinal cannabis on their person during the school day.~~
- ~~2.3.~~ There must be procedures put into place to maintain the security of medicinal cannabis at school.
- ~~3.4.~~ There must be procedures put into place for transporting medicinal cannabis to its storage location.
- ~~4.5.~~ There must be a determination as to how much medicinal cannabis will be stored for the student.
- ~~5.6.~~ 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).
- ~~6.7.~~ 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).
- ~~7.8.~~ 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.
- ~~8.9.~~ 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.
- ~~9.10.~~ 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.
- ~~10.11.~~ 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.
- ~~11.12.~~ It is understood that the staff person is administering medicinal cannabis under the principle of “in loco parentis”, and not as a health professional.
- ~~12.13.~~ Administrators will determine who needs to be informed of the student’s use of medicinal cannabis at school.
- ~~13.14.~~ 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)
- ~~14.15.~~ There must be procedures for disposing of medicinal cannabis left behind by a student who no longer attends the school.
- ~~15.16.~~ There must be procedures for students using medicinal cannabis when attending field trips.
- ~~16.17.~~ 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 Plan Anaphylaxis Manual

~~April~~ ~~January~~ 2020

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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 medical plan 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 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 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 ~~peanut~~ peanut butter substitutes in 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 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 Medical 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 Medical Plan
- Communicate changes to the 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 meetings to review their child's 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 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 Medical Plan
- Participate in meetings to review their Medical Plan
- Carry out daily or routine self-management of their medical condition to their full potential as described in their 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 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 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 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 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 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 Medical Plan with the principal or designate
- Co-create, review and update the 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
 - 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 completed the Administration of Medication Verification Form
- Maintain a file with the Medical Plan and supporting documentation for each student with a prevalent medical condition
- Provide relevant information from the student's Medical Plan to school staff and others who are identified in the 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 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 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 carry their medication and supplies to support the management of their medical condition, including controlled substances, as

outlined in the 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 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 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 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 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 – Anaphylaxis Verification Form 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"/>	<input style="width: 100px;" type="text"/>
After-School Program	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input style="width: 100px;" type="text"/>
	School Bus Driver/Route # (If Applicable)	<input style="width: 100px;" type="text"/>
	Other:	<input style="width: 100px;" 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 Medical Plan Template (Page 1 of 3)



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	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	<div style="border: 1px solid black; width: 100px; height: 100px; margin: auto;"></div>
<input checked="" type="checkbox"/> Anaphylaxis		Draft	
<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: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		
Other Information: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		
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> Before-School Program Yes <input type="checkbox"/> No <input type="checkbox"/> _____ Transported by GEDSB _____ After-School Program Yes <input type="checkbox"/> No <input type="checkbox"/> _____ 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 D – Administration of Medication Verification Form



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: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; 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: _____				
Physician Address: _____			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 F – 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 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 – 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 I – 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 Plan Asthma Manual

~~April~~January 2020

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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 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>

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 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 Administration of Medication Verification Form 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 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 Medical Plan
 - Communicate changes to the 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 meetings to review their child's 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 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 Medical Plan
- Participate in meetings to review their Medical Plan
- Carry out daily or routine self-management of their medical condition to their full potential as described in their 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 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 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 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 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 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 Medical Plan with the principal or designate
- Co-create, review and update the 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
- 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 completed the Administration of Medication Verification Form
- Ensure that there is an Administration of Medication Form completed in LITE
- Maintain a file with the Medical Plan and supporting documentation for each student with a prevalent medical condition
- Provide relevant information from the student's Medical Plan to school staff and others who are identified in the 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 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 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 carry their medication and supplies to support the management of their medical condition, including controlled substances, as outlined in the 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 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 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 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 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

<input type="checkbox"/> Colds/Flu/Illness <input type="checkbox"/> Change In Weather <input type="checkbox"/> At Risk For Anaphylaxis (Specify Allergen) <input style="width: 150px;" type="text"/> <input type="checkbox"/> Physical Activity/Exercise <input type="checkbox"/> Other (Specify) <input style="width: 150px;" type="text"/>	<p>Asthma Trigger Avoidance Instructions</p> <input style="width: 100%; height: 30px;" type="text"/> <p>Any Other Medical Condition Or Allergy?</p> <input style="width: 100%; height: 30px;" type="text"/>
---	--

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 <input style="width: 100px;" type="text"/>	In the dose of <input style="width: 100px;" type="text"/>	At the following times: <input style="width: 100px;" type="text"/>
Use/administer <input style="width: 100px;" type="text"/>	In the dose of <input style="width: 100px;" type="text"/>	At the following times: <input style="width: 100px;" type="text"/>

Appendix B: Asthma Verification Form 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="radio"/>	No <input type="radio"/>	<input style="width: 150px;" type="text"/>	Transported by GEDSB:	<input style="width: 150px;" type="text"/>
After-School Program	Yes <input checked="" type="radio"/>	No <input type="radio"/>	<input style="width: 150px;" type="text"/>	Other:	<input style="width: 150px;" 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+:	_____		_____		Date
Student Over 16:	_____		_____		Date
Principal:	_____		_____		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 Medical Plan Template (Page 1 of 3)



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: 100px; margin: 0 auto;"> Picture </div>
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 Medical Plan Template
(Page 2 of 3)



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 _____
 (Name of Medication) (Number of Puffs)

Almir 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
(Page 3 of 3)



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 style="text-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



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: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; 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: _____

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 – 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 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 Plan Diabetes Manual

~~April~~January 2020

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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 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.

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/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 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 Administration of Medication Verification Form 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 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 Medical Plan
- Communicate changes to the 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 meetings to review their child's 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 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 Medical Plan
- Participate in meetings to review their Medical Plan
- Carry out daily or routine self-management of their medical condition to their full potential as described in their 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 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 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 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 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 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 Medical Plan with the principal or designate
- Co-create, review and update the 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
- 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 completed Administration of Medication Verification Form
- Ensure that an Administration of Medication Form is completed in LITE
- Maintain a file with the Medical Plan and supporting documentation for each student with a prevalent medical condition
- Provide relevant information from the student's Medical Plan to school staff and others who are identified in the 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 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 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 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 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 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 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 Form Template (Page 1 of 3)



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	<input style="width: 100%;" type="text"/>				
DOB	<input style="width: 100%;" type="text"/>				
Gender	<input style="width: 100%;" type="text"/>				
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 style="width: 100%; height: 20px;" type="text"/>					
DAILY/ROUTINE TYPE 1 DIABETES MANAGEMENT					
Yes <input type="checkbox"/> No <input type="checkbox"/> Student is able to manage their diabetes care independently and does not require any special care from the school.					
BLOOD GLUCOSE MONITORING					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; background-color: #f2f2f2;">ROUTINE</th> </tr> <tr> <td style="padding: 2px;"> <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) </td> </tr> </table>	ROUTINE	<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)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; background-color: #f2f2f2;">ACTION</th> </tr> <tr> <td style="padding: 2px;"> Target Blood Glucose Range Time(s) to check BG: <input style="width: 100%;" type="text"/> Contact Parent(s)/Guardian(s) if BG is: <input style="width: 100%;" type="text"/> </td> </tr> </table>	ACTION	Target Blood Glucose Range Time(s) to check BG: <input style="width: 100%;" type="text"/> Contact Parent(s)/Guardian(s) if BG is: <input style="width: 100%;" type="text"/>
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NUTRITION BREAKS					
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ACTION					
Recommended time(s) for meals/snacks: <input style="width: 100%;" type="text"/> Special instructions for meal days/ special events: <input style="width: 100%; height: 20px;" type="text"/>					
INSULIN					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; background-color: #f2f2f2;">ROUTINE</th> </tr> <tr> <td style="padding: 2px;"> 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 </td> </tr> </table>	ROUTINE	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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; background-color: #f2f2f2;">ACTION</th> </tr> <tr> <td style="padding: 2px;"> Location of insulin: <input style="width: 100%;" 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: 100%; height: 20px;" type="text"/> </td> </tr> </table>	ACTION	Location of insulin: <input style="width: 100%;" 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: 100%; height: 20px;" type="text"/>
ROUTINE					
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ACTION					
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APPENDIX B: Diabetes Verification Form Template
(Page 2 of 3)



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: 20px; 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: 15px; 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													
HYPOGLYCEMIA - LOW BLOOD GLUCOSE (4 mmol/L or less)													
DO NOT LEAVE STUDENT UNATTENDED													
<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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<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 Template
(Page 3 of 3)



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 Medical Plan– Template (Page 1 of 5)



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			<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 Medical Plan Template
(Page 2 of 5)



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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Time(s) to check BG:																	
Contact Parent(s)/Guardian(s) if BG is:																	
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School Responsibilities:																	
Student Responsibilities:																	
NUTRITION BREAKS																	
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Parent(s)/Guardian(s) Responsibilities:																	

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	
<p style="text-align: center;">ROUTINE</p> 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 * All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal/nutrition breaks.	<p style="text-align: center;">ACTION</p> 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	
<p style="text-align: center;">ROUTINE</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 style="text-align: center;">ACTION</p> 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)	
DIABETES MANAGEMENT KIT	
<p style="text-align: center;">ROUTINE</p>	<p style="text-align: center;">ACTION</p> 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													
ROUTINE A student with special considerations may require more assistance than outlined in this plan.	ACTION Comments: _____ _____												
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 style="text-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+:	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; width: 100%;"> Signature Date </div>
Student Over 16:	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; width: 100%;"> Signature Date </div>
Principal:	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; width: 100%;"> Signature Date </div>
<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



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: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; 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 F – 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 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.

Administration of Medication 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.

Medical Plan for School/Transportation - Diabetes

Every child must have an up-to-date Medical Plan. Please work with school staff members to complete the form.

The Medical Plan 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

Please review your responsibilities. If you have any questions, please contact the school principal.

Student Responsibilities

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 I – 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>



Medical Plan Epilepsy and Seizure Disorder Manual

~~April~~January 2020

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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 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>

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:

- 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/>

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>

The principal may also;

- Know the triggers to the student's seizure activity as outlined in the Medical Plan
- Know the signs and symptoms of the student's seizure, as outlined in the 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 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 Administration of Medication Verification Form 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 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 Medical Plan

- Communicate changes to the 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 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 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 Medical Plan
- Participate in meetings to review their Medical Plan
- Carry out daily or routine self-management of their medical condition to their full potential as described in their 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 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 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 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 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 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 Medical Plan with the principal or designate
- Co-create, review and update the 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
 - 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 completed Administration of Medication Verification Form
- Ensure that an Administration of Medication Form has been completed in LITE
- Maintain a file with the Medical Plan and supporting documentation for each student with a prevalent medical condition
- Provide relevant information from the student's Medical Plan to school staff and others who are identified in the 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 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 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 carry their medication and supplies to support the management of their medical condition, including controlled substances, as outlined in the 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 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 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 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 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 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.

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 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 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 		

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 (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			
tonic-clonic absence simple partial complex partial atonic myoclonic infantile spasms other			

Page 1

Committee of the Whole Board Meeting

April 6, 2020

Page 11 of 21
Page 152 of 242

APPENDIX C: Epilepsy Verification Form 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 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 D – Epilepsy 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	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	
		Draft	
<input checked="" type="checkbox"/> Epilepsy			

APPENDIX D – Epilepsy Medical Plan Template
(Page 2 of 3)



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	OEN	Board Id #	Grade
School	Family	DOB	Gender
Additional Contact Information			
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 Medical Plan Template
(Page 3 of 3)



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	
<p>Other Individuals To Be Contacted Regarding Plan Of Care:</p> <p>Before-School Program Yes <input type="radio"/> No <input type="radio"/> _____ Transported by GEDSB _____</p> <p>After-School Program Yes <input 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 E – Administration of Medication Verification Form



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 style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" 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:	_____		Phone:	_____
Pharmacy Address:	_____		Phone:	_____
Name of Physician:	_____		Phone:	_____
Physician Address:	_____		Phone:	_____
MEDICATION INFORMATION: To be filled in by Parent/ Guardian				
Reason for Medication:	_____			
Medication Prescribed				
Medication Prescribed	Dosage	Time of Administration	Possible side effects (if any)	Duration of continuing medication
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Parent/Guardian Signature: _____		Date: _____		

APPENDIX G – 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 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 –Administration of Medication 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 Medical Plan.

Medical Plan

The 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 – 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

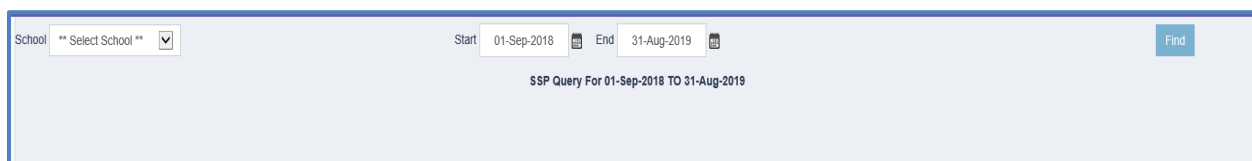
~~April~~January 2020

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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

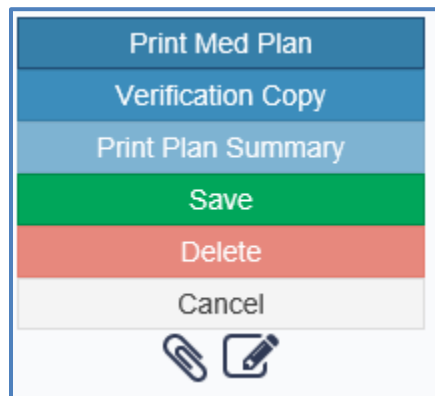
Record Teachers and Emergency Contacts. When saved, POC Alert Forms can then be created.

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;"> ** Select A Date ** ** Select A Date ** ** Create New Plan ** </div>	Enter New Plan Date	<input type="text"/>	Copy Forward <input type="checkbox"/>	Create New Plan	Discontinue
------------------	--	---------------------	----------------------	---------------------------------------	---	---

Asthma POC Dates	<div style="border: 1px solid #ccc; padding: 2px;"> ** Create New Plan ** </div>	Enter New Plan Date	<input type="text" value="02-Aug-2019"/>	Copy Forward <input type="checkbox"/>	Create New Plan	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"/>	Q	<input type="text"/>
<input type="text"/>	Q	<input type="text"/>
<input type="text"/>	Q	<input type="text"/>
<input type="text"/>	Q	<input type="text"/>
<input type="text"/>	Q	<input type="text"/>
<input type="text"/>	Q	<input type="text"/>
<input type="text"/>	Q	<input type="text"/>
Other Individuals To Be Contacted Regarding Plan Of Care:		
Before-School Program: Yes <input checked="" type="radio"/> No <input type="radio"/>	<input type="text"/>	Transported by GEDSB: <input type="text"/>
After-School Program: Yes <input checked="" type="radio"/> No <input type="radio"/>	<input type="text"/>	Other: <input type="text"/>
This plan remains in effect for the <input type="text"/> school year without change and will be reviewed on or before: <input 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).		

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 <input type="text"/>		
Any Other Medical Condition Or Allergy? <input type="text"/>		

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
DESCRIPTION OF SEIZURE (CONVULSIVE)		ACTION
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 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	Delete
other <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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:			Phone:		
Pharmacy Address:			Phone:		
Name of Physician:			Phone:		
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"/>
					<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.

<p>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).</p>															
<p>DEVELOPMENT TEAM:</p> <input type="text"/>	<p>STAFF AVAILABLE FOR SUPPORT: (In the event of a medical emergency, the Emergency Response Team will be called for support.)</p> <table border="1"> <tr><td> </td><td>🔍</td></tr> <tr><td> </td><td>🔍</td></tr> <tr><td> </td><td>🔍</td></tr> <tr><td> </td><td>🔍</td></tr> <tr><td> </td><td>🔍</td></tr> <tr><td> </td><td>🔍</td></tr> <tr><td> </td><td>🔍</td></tr> </table>		🔍		🔍		🔍		🔍		🔍		🔍		🔍
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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
<p>RESPONSE PLAN MEDICAL INCIDENT</p>		<p>RESPONSE PLAN(S):</p> <p>RESPONSE PLAN MEDICAL EMERGENCY - 911</p>		
<p>Level of Behaviour - Baseline, Level 1, 2, 3 and Crisis/Emergency</p>		<p>Response Plan for Problem Behaviour on Transportation</p> <p>Intervention or Response</p>		
<p>Important Procedures to Follow and by Whom</p>				
<p>Key Points for Transportation Provider</p>				

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"/>	

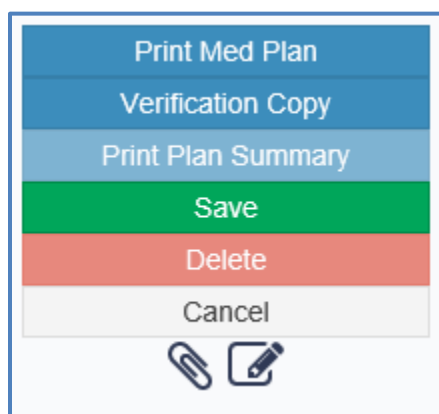
Finalize

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: Liana Thompson, Superintendent of Education
RE: **SO102 Administration of Prescribed Medications, Including Medicinal Cannabis, in Schools**
DATE: April 6, 2020

<p>Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board rescind Procedure SO102 Administration of Prescribed Medications, Including Medicinal Cannabis, in Schools.</p>
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Background

Procedure SO102 “Administration of Prescribed Medications, Including Medicinal Cannabis, in Schools” was received by the Board September 26, 2016 and is in cycle to be reviewed October 2020.

Additional Information

This Procedure has been built into Policy SO30 – “Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication, in Schools”.

Next Steps

In response it is recommended that SO102 “Administration of Prescribed Medications, Including Medicinal Cannabis, in Schools” be rescinded.

Respectfully submitted,

Liana Thompson
Superintendent of Education



Administration of Prescribed Medications, Including Medicinal Cannabis, in Schools

Board Received: September 26, 2016 Review Date: October 2020

Accountability

1. Frequency of Reports – As needed
2. Criteria for Success – Proper forms updated and completed accurately.
– Clear communications with parents/guardians and employees.

Procedures for 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 procedure 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. See Policy SO30 – Management of Potentially Life-Threatening Health Conditions in Schools.
2. An Administration of Prescribed Medications, Including Medicinal Cannabis, in Schools 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 "Student Support Plan for School" and a "Student Support Plan for Transportation" shall be completed on LITE printed and copied for the parent/guardian to sign, and then housed in the Ontario Student Record. The Student Support Plan for Transportation is assessed by the Transportation Department through the LITE system.
4. A revised Administration of Prescribed Medications, Including Medicinal Cannabis, In Schools 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.
5. 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.

6. 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.
7. A staff person volunteering to administer medication to a pupil shall give consent to such administration by signing the Supervision section of the Administration of Prescribed Medications, Including Medicinal Cannabis, in Schools form. Where a staff person agrees to supervise the self-administration of medication by a pupil, the staff person shall give consent to such supervision by signing the Supervision section of the Administration of Prescribed Medications, Including Medicinal Cannabis, in Schools form.
8. The staff person shall maintain the "Student Medication Record" 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 situation.
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 in regard to medicinal cannabis will be treated individually. Administrators must ensure that the following provisions are in place prior to permitting medicinal cannabis on school property.

Documentation

1. There must be a personal prescription for the student (signed by a physician or nurse practitioner) specifically for medicinal cannabis. A copy of the prescription will be kept on file.
2. There must be a specific dosage prescribed.
3. The medical practitioner must indicate that the medicinal cannabis has to be administered during the school day.
4. Smoking of medicinal cannabis and the use of edibles on school property is prohibited.
5. The student must present proof of a personal license to use medicinal cannabis. A copy of the license will be kept on file.
6. The student must provide proof of an authorized medicinal cannabis supplier. A copy of this documentation will be kept on file.

School Operations

1. There must be procedures put into place to maintain the security of medicinal cannabis at school.
2. There must be procedures put into place for transporting medicinal cannabis to its storage location.
3. There must be a determination as to how much medicinal cannabis will be stored for the student.
4. A staff person volunteering to administer medicinal cannabis to a pupil shall give consent to such administration by signing the Supervision section of Administration of Prescribed Medications, Including Medicinal Cannabis, in Schools form. Where a staff person agrees to supervise the self-administration of medicinal cannabis by a pupil, the staff person shall give consent to such supervision by signing the Supervision section of the Administration of Prescribed Medications, Including Medicinal Cannabis, in Schools.
5. The staff person shall maintain the "Student Medication Record" which includes both administration and self-administration of medicinal cannabis. 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.
6. 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.
7. 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.

8. 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.
9. It is understood that the staff person is administering medicinal cannabis under the principle of “in loco parentis”, and not as a health professional.
10. Administrators will determine who needs to be informed of the student’s use of medicinal cannabis at school.
11. 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)
12. There must be procedures for disposing of medicinal cannabis left behind by a student who no longer attends the school.
13. There must be procedures for students using medicinal cannabis when attending field trips.
14. The Family of Schools Superintendent should be informed of any request to use medicinal cannabis at school.

Recinded

Appendix A



GRAND ERIE DISTRICT SCHOOL BOARD

REQUEST FOR ADMINISTRATION OF PRESCRIBED MEDICATION IN SCHOOL

STUDENT INFORMATION:

NAME: _____ Surname / Given Name D.O.B.: _____ MM/DD/YYYY Current Age: _____ Years / months
 Address: _____ (Street/ Lot/ Con./ Town/ Postal Code) Telephone: _____
 School: _____ Grade _____ Principal: _____
 Parent/Guardian: _____ (Mr./ Mrs./ Ms./ Miss/ Mr. & Mrs.) (Surname / Given Name)

TYPE OF HEALTH CARE ASSISTANCE

- Administration of Prescribed Medication
- Administration of Medicinal Cannabis
- Supervision of Student’s self-administration of prescribed medication

TYPE	
<input type="checkbox"/> Oral	<input type="checkbox"/> Auto-Injected
<input type="checkbox"/> Inhaled	<input type="checkbox"/> Other specify _____
<input type="checkbox"/> External	

SCHEDULE	
<input type="checkbox"/> Short-Term specify _____	<input type="checkbox"/> Emergency
<input type="checkbox"/> Trial specify _____	<input type="checkbox"/> 2 nd treatment available (see medical practitioner’s statement, if applicable)
<input type="checkbox"/> on-going	

Other (specify) _____

Expiry date for medication, if applicable: _____

Child wears MedicAlert™, if applicable: bracelet necklace

ANAPHYLAXIS

_____ (Student Name) is identified to have possible life threatening allergic reactions to the following and requires the use of medication to manage his/her symptoms:

Triggers: i.e. foods, insect sting	Symptoms: i.e. Itching, Hives	Treatment: i.e. Auto-Injector

Medical Certification (medical practitioner information and signature is optional)

This is to certify that _____ (Student Name) has Anaphylactic Allergic Reactions and uses the following medication:

Medical Practitioner's Name: _____ Telephone: _____

Medical Practitioner's Signature _____ Date _____
YYYY / MM / DD

Medication	Dosage	Frequency
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASTHMA

_____ (Student Name) is identified to have symptoms of asthma and requires the use of medications to manage his/her symptoms:

Triggers: i.e. colds, exertion	Symptoms: i.e. cough, wheezing	Treatment: i.e. Inhaler

Medical Certification (medical practitioner information and signature is optional)

This is to certify that _____ (Student Name) has Asthma and uses the following medication:

Medical Practitioner's Name: _____ Telephone: _____

Medical Practitioner's Signature _____ Date _____
YYYY / MM / DD

Medication	Dosage	Frequency
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DIABETES

_____ (Student Name) is identified to have symptoms of diabetes and requires the use of medication to manage his/her symptoms:

Triggers: i.e. not eating, tired	Symptoms: i.e. sweating, hunger	Treatment: i.e. juice

Medical Certification (medical practitioner information and signature is optional)

This is to certify that _____ (Student Name) has Diabetes and uses the following medication:

Medical Practitioner’s Name: _____ Telephone: _____

Medical Practitioner’s Signature _____ Date _____
YYYY / MM / DD

Medication	Dosage	Frequency
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SEIZURE DISORDER

_____ (Student Name) is identified to have a seizure disorder and requires the use of medication to manage his/her symptoms:

Triggers: i.e. dehydration, flashes	Symptoms: i.e. stare, twitching	Treatment: i.e. clear sharp objects/furniture, turn on side

Medical Certification (medical practitioner information and signature is optional)

This is to certify that _____ (Student Name) has a Seizure Disorder and uses the following medication:

Medical Practitioner’s Name: _____ Telephone: _____

Medical Practitioner’s Signature _____ Date _____
YYYY / MM / DD

Medication	Dosage	Frequency
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medical Certification for the use of Medicinal Cannabis

This is to certify that _____ (Student Name) has a medical diagnosis that requires the uses Medical Cannabis for this condition:

Medical Practitioner’s Name: _____ Telephone: _____

Medical Practitioner’s Signature _____ Date _____
YYYY / MM / DD

Medication	Dosage	Frequency
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A new authorization form must be submitted each school year and whenever the medication(s)/procedure(s) is modified. This form must be retained in the school for one year after termination of medication/procedure. It is understood that the staff person is administering medication or providing service under the principle of "in loco parentis", and not as a health professional.

PARENT/GUARDIAN APPROVAL:

I hereby authorize and request the administration of the above medication(s)/procedure(s) for the above-named child in the manner and duration stated. I will provide the medication to the school in a container clearly labeled by a pharmacist and give any necessary instruction as to the storage of same medication.

In regards to the management of **ANAPHYLAXIS**, I/We are responsible for ensuring that:

- The school is supplied with up-to-date injection kits that are kept current two (2) if possible, one to be kept with the student and one to be kept in a secure location in the school)
- We have informed the school that for incidents relating to the anaphylaxis I/we wish to be contacted regarding the following type(s) of incident(s):
- **Parent/guardian initial:** _____

In regards to the management of **ASTHMA**, I/We are responsible for ensuring that:

- The school is provided with a minimum of one (1) up-to-date inhaler properly marked with the child's name and expiry date (a second if possible, to be kept in a secure location in the school)
- We have informed the school that for incidents relating to the asthma I/we wish to be contacted regarding the following type(s) of incident(s):
- **Parent/guardian initial:** _____

In regards to the management of **DIABETES**, I/We are responsible for ensuring that:

- there is a supply of fast acting sugar (oral glucose/orange juice etc.) at the school
- blood glucose monitoring items are contained in a safe container, labelled with my child's name, for transport and storage in class
- Insulin injection items are contained in a safe container, labelled with my child's name.
- An approved sharp disposal unit and the collection and disposal of used sharps.
- We have informed the school that for incidents relating to the diabetes I/we wish to be contacted regarding the following type(s) of incident(s):
- **Parent/guardian initial:** _____

In regards to the management of **SEIZURE DISORDER**, I/We are responsible for ensuring that:

- The school is provided with a minimum of one (1) up-to-date medication package (if applicable) properly marked with the child's name and expiry date
- We have informed the school that for incidents relating to the seizure disorder I/we wish to be contacted regarding the following type(s) of incident(s):
- **Parent/guardian initial:** _____

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:

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: _____



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Lisa Munro, Superintendent of Education
RE: **SO105 Privacy Breach Response Procedure**
DATE: April 6, 2020

Recommended Action: Moved by _____ Seconded by _____
THAT the Grand Erie District School Board forward **Procedure SO105 Privacy Breach Response Procedure** to all appropriate stakeholders for comments to be received by **May 28, 2020**.

Background

SO105 Privacy Breach Response Procedure has been created to ensure that privacy breaches will be addressed consistently and efficiently throughout the board.

Additional Information

A privacy assessment of the board was completed eighteen months ago. Within the report, the creation of a Privacy Breach Response was identified as one of the key actions. A draft 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,

Lisa Munro
Superintendent of Education



Privacy Breach Response

Board Received: _____ Review Date: _____

1.0 Purpose

The Grand Erie District School Board is committed to the protection of personal information under its control and to the individuals’ right of privacy regarding personal information that is collected, used, disclosed and retained in the school system.

The *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)* and the *Personal Health Information Protection Act (PHIPA)* set out rules that persons and/or organizations must follow when collecting, using, disclosing, retaining and disposing of personal information.

This privacy breach procedure has been adopted to allow for a prompt, reasonable and coordinated response should personal information be breached. It is designed to clarify roles and responsibilities, and support effective containment, investigative, and remediation activities.

2.0 Definition of a Privacy Breach

A privacy breach occurs when personal information is compromised; when it is collected, accessed, used, disclosed, lost, retained or destroyed in a manner inconsistent with privacy legislations.

Personal information can be compromised in many ways. Some breaches are relatively simple cause and are contained, while others are more systemic or complex. Privacy breaches are often the result of human error, such as an individual’s personal information sent by mistake to another individual. A breach can be more wide scale, such as when an inappropriately executed computer programming change causes personal information of many individuals to be compromised through inadvertent distribution.

3.0 Roles and Responsibilities in Responding to Privacy Breaches

Individuals	Roles	Responsibilities
3.1 Employees	Employees dealing with student, employee and/or business records need to be particularly aware of how to identify and address a privacy breach. Employees must comply with the board’s approval process for use of online education services to avoid exposing the board to reputational/digital privacy risks	All Grand Erie employees are responsible to: <ul style="list-style-type: none"> • notify their supervisor immediately, or, in their absence, the Freedom of Information (FOI) Coordinator upon becoming aware of a breach or suspected breach; and • contain, if possible, the suspected breach by suspending the process or activity that caused the breach.

<p>3.2 Superintendents, Principals, and Managers</p>	<p>Superintendents, Principals, and Managers have the ultimate responsibility to alert the FOI Coordinator of a breach or suspected breach and to work with the FOI Coordinator to implement the five steps of the Privacy Breach Protocol</p>	<p>Superintendents, Principals, and Managers have the responsibility to:</p> <ul style="list-style-type: none"> o obtain all available information about the nature of the breach or suspected breach and determine what happened; o alert the FOI Coordinator and provide as much information about the breach as is currently available; o work with the FOI Coordinator to undertake all the appropriate actions to contain the breach; and o ensure details of the breach and corrective actions are documented.
<p>3.3 FOI Coordinator</p>	<p>FOI Coordinator plays a central role in the response to a breach by ensuring that all five steps of the response procedure are implemented (see Response Procedure)</p>	<p>The FOI Coordinator will follow the following five steps:</p> <ul style="list-style-type: none"> Step 1 – Respond Step 2 – Contain Step 3 – Investigate Step 4 – Notify Step 5 – Implement Change
<p>3.4 Accountable Decision Maker</p>	<p>The responsibility for protecting personal information affected by a privacy breach is assigned to an identified position who is the accountable decision maker. This individual is the key decision maker in responding to privacy breaches. For Grand Erie, the Director of Education is the accountable decision maker</p>	<p>The Director of Education has the responsibility to:</p> <ul style="list-style-type: none"> o brief senior management and trustees, as necessary and appropriate; o review internal investigation reports and approve required remedial action; o monitor implementation of remedial action; and o ensure that those whose personal information has been compromised are informed as required.
<p>3.5 Third Party Service Providers</p>	<p>Examples of third-party service providers include:</p> <ul style="list-style-type: none"> o educational technology applications; o commercial school photographers; o bus companies; o external data warehouse services; o outsourced administrative services (such as cheque production, records storage, shredding services); o Children’s Aid Society (CAS); o Public Health Units (PHU); o External researchers & consultants. 	<p>The third-party provider, in conjunction with the board, has the responsibility to:</p> <ul style="list-style-type: none"> o Inform the board as soon as a privacy breach or suspected breach is discovered; o Take all necessary actions to contain the privacy breach as directed by the board; o Document how the breach was discovered, what corrective actions were taken and report back to their Board point of contact or the Board’s FOI Coordinator; o Undertake full assessment of the privacy breach in accordance with third party

	<p>Grand Erie has the responsibility to ensure all third-party service providers are in compliance with privacy obligations, including an agreed-upon breach protocol between the two parties.</p> <p>Third party service providers must be aware of their roles and responsibilities if a privacy breach occurs when they have custody of personal information.</p> <p>Third party service providers must monitor and enforce compliance with the privacy and security requirements defined in contracts or service agreements and are required to inform Grand Erie of all actual and suspected privacy breaches.</p>	<p>service provider’s contractual obligations</p> <ul style="list-style-type: none"> ○ Take all necessary remedial action to decrease the risk of future breaches; and ○ Fulfill contractual obligations to comply with privacy legislation.
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4.0 **Privacy Breach Response Protocol**

The following five actions are to be initiated as soon as a privacy breach or suspected breach has been reported to the FOI Coordinator. The FOI Coordinator will:

4.1 **Step 1: Respond/Access**

- Work with the school/department to assess the situation to determine if a breach has indeed occurred;
- Provide advice on what steps to take to respond to the breach; and
- Report the privacy breach to key persons within the Board and, if necessary, law enforcement.

4.2 **Step 2: Containment**

- Identify the scope of the breach and take corrective steps to contain it.
- Activities may include:
 - Recovering records
 - Revoking/changing computer access codes
 - Correcting weaknesses in physical or electronic security
- All containment activities or attempts to contain shall be documented by the Principal, Manager or any other individual(s) involved in containing the breach and report back to the FOI Coordinator

4.3 **Step 3: Investigate**

Once the privacy breach is contained,

- Identify the events that led to the privacy breach;
- Evaluate the risk of the exposure;
- Determine if the breach was benign (e.g. human error, accidental) or malicious (e.g. deliberate sabotage, hacking);
- Determine who was affected by the breach (e.g. students or employees) and how many were affected, what types of data were involved and how sensitive it is (e.g. age, gender vs. medical information);
- Identify who had access to the information; and
- Evaluate the effect of containment activities.

4.4 Step 4: Notify

Notification helps to ensure affected parties can take remedial action, if necessary, and to support a relationship of trust and confidence. Notification will involve the following considerations:

- Principal and Manager will consult with the FOI Coordinator to determine what notifications are required;
- Affected individuals shall be notified promptly and, depending on the nature/scope of the breach, notification may occur in stages;
- Method of notification shall be guided by the nature and scope of the breach and in a manner that reasonably ensures that the affected individual will receive it (i.e.: by phone, letter, email or in person);
- Individual(s) shall be notified by the department associated with the breach (i.e.: student information by the Principal, employee information by Human Resources);
- Notification shall include:
 - Description of the incident and the personal information involved
 - Nature of potential or actual risk or harm, if any, and the appropriate action for individual(s) to take to protect themselves
 - What steps/actions were/are being taken
 - a contact person for questions or to provide further information; and/or contact information for the Information and Privacy Commissioner, as appropriate

4.5 Step 5: Implement Change

- Review the circumstances surrounding the breach. Ensure the immediate requirements of containment and notification have been addressed;
- Develop and implement new security or privacy measures;
- Determine if any systemic practices or procedures warrant reviews;
- Test and evaluate remedial actions to determine if implemented correctly; and
- Ensure staff are properly trained in new safeguards.

Resources:

- [*Information and Privacy Commissioner/Ontario, Breach Notification Assessment Tool, December 2006*](#)
- *Information and Privacy Commission/Ontario, What to do if a Privacy Breach Occurs: Guidelines for Government Organizations, May 2003*



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: April 6, 2020

<p>Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board receive Procedure SO108 Community Service Providers and Schools Working Together as information.</p>
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Background

Procedure SO108 Community Service Providers and Schools Working Together was circulated to all appropriate stakeholders for comments to be received by February 27, 2020.

Comments Received

1. Comment: guiding principles – 1st line – partnerships with agencies that “can” enhance – should this be “will”
Response: Amended
2. Comment: scope – 1st line – program/services within school(s) in Grand Erie – remove the “a”
Response: Amended
3. Comment: scope – 2nd line is included above – is it required twice? Maybe include the first sentence under guiding principles and remove the “scope” section entirely?
Response: Amended
4. Comment: Page 3 - #2 – validate agency status – as?
Response: Amended to delete
5. Comment: Page 3 - #11 – needs to be reworded since vulnerable screening is not available for persons under age 25 (HR108) add “if available”?
Response: Amended
6. Comment: Page 3 - #16 – should it be sign “partnership” agreement?
Response: Amended
7. Comment: Page 3 - #17 – need to explain who makes up the Joint Advisory Committee
Response: Amended to include
8. Comment: Appendix A #15 – if yes, refer to board procedure – should be expanded to the applicable procedure on website: Procedures for Conducting Research in the Grand Erie District School Board
Response: Amended

9. Comment: Appendix D – suggest under the “other” lines (3) to have a place for the name of the partner to be added – Other: (List)_____

Response: Amended to add a line for partner to insert their name

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,

Liana Thompson
Superintendent of Education



PROCEDURE

SO108

Community Service Providers and Schools Working Together

Board Received: _____

Review Date: _____

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

Grand Erie supports the implementation of community-based partnerships with agencies that enhance the learning experiences of students. A partnership agreement with a community service provider may not duplicate the work of the Grand Erie Student Support Services or educational staff. Partnerships will respect 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 to Access Services

Parent/guardian consent to access community services at a Grand Erie school is required in order for students up to the age of 18 to participate in any SO108 community partner services taking place on Grand Erie property. In cases where a student has requested not to have parent/guardian consent or if there is a perceived risk to the well-being of the student should parent/guardian consent be sought; the school will contact their School Social Worker. The principal will work in collaboration with the School Social Worker. After collaboration, the principal or the School Social Worker will contact the Grand Erie Mental Health and Well-Being Lead on matters of consent and complex cases.

Scope

This Procedure applies to situations in which a community service provider applies to offer individual and/or small group programs/services within school(s) in Grand Erie.

Integration between Community Services Providers and Student Support Services Staff

Community, educational, legal, medical and social service professionals and paraprofessionals may either be employed by a publicly funded government organization, such as a hospital or a social service agency, or they may operate an independent private practice. In the latter case, the client reimburses the professional or paraprofessional directly for services provided.

- **Publicly funded community service providers** provide services which may be accessed, at no cost to parent/guardian, by any student who meets the eligibility criteria. These services are accessed in one of two ways, either through the school board with informed written consent from a parent/guardian or directly by the parent/guardian.
- **Privately funded community service providers** are services purchased by parents/guardian on a private basis or funded by insurance carriers which are normally carried out in the professional's or paraprofessional's office/clinic or the student's home, including but not limited to services such as behaviour therapy, psychological assessment and therapy, social work counselling and therapy, speech-language assessment and therapy.

Student achievement and well-being, through a collaborative approach to service provision for students and families, is the goal of a successful partnership agreement. 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.

1.0 COMMUNITY SERVICE PROVIDERS

1.1. The community service providers with whom the staff of the Board currently collaborates include individuals with a variety of backgrounds and expertise:

- educational professionals such as teachers who provide after-hours tutoring for children and adolescents;
- legal professionals such as lawyers, police officers and probation officers;
- medical professionals such as, but not limited to, audiologists, nurses, occupational therapists, ophthalmologists, otolaryngologists, pediatricians, physicians, physiotherapists, psychiatrists, psychologists and speech-language pathologists;
- social service professionals such as child and youth workers, social service workers and social workers; and
- paraprofessionals such as behaviour therapists, communication disorders assistants and special services at home workers.

2.0 COLLABORATIVE RELATIONSHIPS

Collaborative relationships occur between the schools and community service providers that do not require a formal partnership agreement.

2.1. There are essentially four different ways in which the collaborative relationship between the staff of the Board and community service providers has been operationalized:

Consultation - assessment information and remedial strategies are shared with the Board/school staff by the community service through a written report or in a face-to-face meeting, usually at the student's school;

Observation - the community service provider observes the student in the school setting to obtain information to assist with the assessment process;

Demonstration - the community service provider demonstrates for the Board staff a therapeutic strategy or technique that s/he is providing for the student to determine if the same strategy or technique could be adapted and utilized in the school setting. The Principal of the school makes the final determination concerning the utilization of the strategy/technique in the school setting and the inclusion of the strategy/technique in the exceptional pupil's Individual Education Plan (Regulation 298). Since the Individual Education Plan is reviewed once each term in elementary school and once each semester in secondary school, demonstration would only need to occur with the same frequency. No more than two (2) demonstration sessions will be permitted per term/semester.

Direct Therapy - the community service provider provides direct therapy or treatment for a student either in the office/clinic or in the student's home. Therapy may be defined as the treatment of disease or of any physical or mental disorder by medical

or physical means usually excluding surgery. Some publicly-funded community professionals/paraprofessionals, most notably those from the Local Health Integrated Network (LHIN), and School Based Rehabilitation Services (SBRS) do provide some therapeutic services for students in school as required by 'Ministry of Education Policy/Program Memorandum No. 81 - Provision of Health Support Services in School Settings' upon the written request of the school principal and/or the consent of parent/guardian.

The Board is obligated to provide access to schools to provide direct therapy for students for publicly-funded community service providers such as those from the Local Health Integrated Network as per Program Policy Memorandum 81 – Provision of Health Support Services in Schools.

Privately funded community service providers do not provide direct therapy to students in schools. In the majority of cases, Grand Erie Student Support Services provides direct therapy to students in schools. Private practitioners requesting to provide the same service will not be granted. The request for private community service providers comes from gaps in service provision that Grand Erie and publicly funded service providers cannot address. Requests for private service provision must include a clear statement about the gap in existing service provision that will be addressed. Intensity of service provision and wait times are not considered gaps, as per Program Policy Memorandum 149 - Protocol for Partnerships with External Agencies for Provision of Services by Regulated Health Professionals, Regulated Social Service Professionals, and Paraprofessionals.

If a student requires ongoing therapy/treatment from a publicly funded or privately funded community service provider, that student may be excused from school to attend the therapy session as is permitted under the Ontario Regulation 298.

When a partnership between a privately funded community service provider and a Grand Erie school is being considered for services other than direct therapy, the community service provider and school(s)/Board must establish a Partnership Agreement. All steps outlined in the Guidelines for Forming a Partnership Agreement must be followed

3.0 CONFLICT RESOLUTION

Periodically, disagreements may arise between community service providers and school board staff members. The following dispute resolution process will be used to identify solutions for individual cases and at the system level. This process is not intended to be an appeal or a legal process.

Step 1: The community service professional/paraprofessional and the school administrator will be the first level of dispute resolution authority.

Step 2: If the dispute is not satisfactorily resolved, the matter will be referred to the Manager of the community service professional/paraprofessional and the Mental Health and Well-Being Lead in the school board.

Step 3: If the dispute continues to be unresolved, the matter will be referred to the Senior Management/Supervisor, Community Service Provider and the Superintendent of Education.



REQUIREMENTS FOR FORMING A PARTNERSHIP AGREEMENT

1. School(s)/Board and agency complete the Description of Program or Service (Appendix B) for Superintendent of Education
2. identify needs that are impacting educational and well-being outcomes that will be addressed that currently cannot be addressed by school board professional support services staff. Wait lists and intensity, frequency and duration of service are not considered gaps in service provision.
3. identify how specific services provided will address needs that are having an impact on their educational and well-being outcomes
4. discuss service delivery plan including roles, frequency, measuring and monitoring of desired outcomes, documentation and supervision
5. determine how students will be identified to receive programs/services
6. involve appropriate school staff and Student Support Services Staff in initial and on-going discussions
7. describe consent process and requirements for:
 - (a) Service provision
 - (b) Access to school information (not OSR) Consent is currently for service provision only
8. develop a plan for communicating with parents / guardians and school Administrator or designate.
9. establish minimum credentials of service providers and appropriate supervisor's qualifications *per* PPM 149
10. ensure Police Record Checks, including vulnerable screening, subject to availability, for all personnel who will be working with students
11. 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
12. ensure identification badges for service providers are worn
13. communicate with all stakeholders regarding the program/service being provided
14. understand and inform all staff of SO108 dispute resolution process
15. sign partnership agreement

Each new partnership agreement will be reviewed, evaluated and either approved or not approved by the Partnership Agreement Joint Advisory Committee. All existing partnership agreements will be reviewed and either approved or not approved at least once per year.

Membership on the Partnership Agreement Joint Advisory Committee includes:

- Mental Health and Well-Being Lead (Chair);
- School and Program Supports Lead;
- Principal Leader – Special Education;
- Superintendent of Education;
- President, OSSTF-PSSP;
- 3.0 PSSP Bargaining Unit Members;
- Community Member.

Board References:

- Policy SO8-Community Partnerships

S0108 Community Service Providers and Schools Working Together

GUIDING QUESTIONS (for Partner) – DESCRIPTION OF PROGRAM OR SERVICE

Points for your consideration when completing the description of program or service for groups:

1. Is the activity/service consistent with the Board's Multi-Year Plan?
2. What is the goal/potential outcome of the service provision?
3. Does the activity/service have the potential to positively impact student success?
4. What is the degree of assistance/involvement from Grand Erie staff?
5. Is the activity/service duplicating services already offered in the Grand Erie shown to be effective?
6. 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?
7. The plan of how you will obtain parental/student permission must be articulated (see Appendix D)?
8. Can the activity/service be provided during non-instructional times? If a student is withdrawn during instructional or curriculum activities, there should be minimal impact on the student's learning and classroom routine.
9. Does the activity/service have a capacity building component for Grand Erie staff?
10. Is there a suitable setting or settings to host this activity/service in Grand Erie?
11. 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?
12. Who provides general or clinical supervision to the service providers within their agency?
13. 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?
14. Have you considered the schools to which this partnership agreement may be applied?
 - a) If yes, how were these schools identified?
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 Grand Erie's process for conducting research at <https://www.granderie.ca/board/community/research>



DESCRIPTION OF PROGRAM OR SERVICE

Date Submitted:

Name of School(s)		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:			
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 agrees 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:

Click or tap to enter a date. until Click or tap to enter a date.

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 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

Review Date: Click or tap to enter a date.

Parental/Guardian Consent to access Community Partner Services within the Grand Erie District School Board

The Grand Erie District School Board facilitates access for students to select to community partner services for the purposes of supporting student well-being and academic success. students to access services and/or personal well-being support.

I/we, _____, Parent/Guardian Name(s), agree to
_____, Student Name, _____, Parent of Both
accessing service from the following agency during the school day:

Please check selections

Brantford and Brant County Services:

- CONTACT Brant
- St. Leonard's Community Services
- Young Women's Program through the Sexual Assault Centre of Brant
- Woodview Mental Health & Autism Services
- Other: _____

Haldimand and Norfolk County Services:

- CONTACT Haldimand –Norfolk REACH
- Community Addiction and Mental Health Services (CAMHS) of Haldimand and Norfolk
- Haldimand-Norfolk REACH
- Haldimand and Norfolk Women's Services
- Other: _____

Indigenous – Brant, Haldimand, Norfolk:

- Six Nations of the Grand River Child and Family Services, Child and Youth Mental Health Program
- 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 by the community agency delivering the service. 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.



Community Service Providers and Schools Working Together

Board Received: _____

Review Date: _____

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 supports the implementation of community-based partnerships with agencies that can enhance the learning experiences of students. 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 consent is required in order for students up to the age of 18 to participate in any SO 108 community partner services taking place on Grand Erie property. In cases where a student has requested not to have parent/guardian consent or if there is a perceived risk to the well-being of the student should parent/guardian consent be sought; 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.

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) in Grand Erie. Services provided may augment or enhance, but not duplicate the work of the Student Support Services staff.

Integration between Community Services Providers and Student Support Services Staff

Student well-being through a collaborative approach to service provision for students and families is the goal of a successful partnership agreement. 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.

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.



GUIDELINES FOR FORMING A PARTNERSHIP AGREEMENT

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
- Evaluate and review the partnership agreement with the Joint Advisory Committee 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

SO108 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:
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 agrees 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 [Click or tap to enter a date.](#) until [Click or tap to enter a date.](#); 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 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

Review Date: [Click or tap to enter a 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 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
- St. Leonard's Community Services
- Young Women's Program through the Sexual Assault Centre of Brant
- Woodview Mental Health & Autism Services
- Other:

Haldimand and Norfolk County Services:

- CONTACT Haldimand –Norfolk REACH
- Community Addiction and Mental Health Services (CAMHS) of Haldimand and Norfolk
- Haldimand-Norfolk REACH
- Haldimand and Norfolk Women's Services
- Other:

Aboriginal Services – Brant, Haldimand, Norfolk:

- Six Nations of the Grand River Child and Family Services, Child and Youth Mental Health
- Other:

My child may participate in services during: *(Please check selections)*

- Instructional time
- Lunch time
- Before or After School

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 Plan**
DATE: April 6, 2020

<p>Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board receive Procedure SO111 Fire Safety and Fire Safety Plan as information.</p>
--

Background

Procedure SO111 Fire Safety and Fire Safety Plan was circulated to all appropriate stakeholders for comments to be received by February 27, 2020.

Comments Received

1. Comment: should it be noted that this procedure is for all Grand Erie buildings, not just schools?
Response: Amended.
2. Comment: Page 2 – Fire Safety Plan – purpose – 1st line – suggest “The Fire Safety Plan shall be followed...”
Response: Amended.
3. Comment: Appendix 5 is referenced – does it need to be included?
Response: Amended by including that the fire plan templates are available in the staff portal.
4. Comment: 2nd paragraph, 1st sentence – suggest removing “upon arrival during an emergency”
Response: Amended.
5. Comment: 3rd paragraph – reviewed manually – by whom? Should it be restated here (it is on page 3 – 4th bullet) that the local Fire Department must approve any changes? Is the word “possibly” needed?
Response: Amended.
6. Comment: Fire Safety Committee – suggest removing “The purpose of”
Response: Amended.
7. Comment: page 3 – can bullet 6 & 7 be put together?
Response: Amended.
8. Comment: bullet 7 – is it the principal’s job to promptly remove combustibles, or to ensure they are moved?
Response: Amended.
9. Comment: bullet 9 & 17 put together - #17 says not to reset until after FD investigation
Response: Amended.
10. Comment: bullet 12 & 13 into one bullet
Response: Amended.

11. Comment: bullet 8 & 14 seem to state the same thing
Response: No change required; one refers to outdoors the other is inside the building
12. Comment: In the event of fire – bullet 7 seems the same as #17 above
Response: No change required; this section is specific in the event of a fire alarm and we need to restate the need not to reset.
13. Comment: Page 4 – teacher designate – his/her to their
Response: Amended.
14. Comment: Duties of teachers – bullet #3 – 2nd sentence – should it be made clearer to understand that direction is given to all students to ensure they know what to do if they are out of the classroom during a fire drill.
Response: Amended.
15. Comment: Duties of teachers – bullet #4 – quiet to quietly
Response: Amended.
16. Comment: custodian responsibilities – bullet #1 and 5 seem to be the same
Response: No change required; these are different items.
17. Comment: custodian responsibilities – bullet #6, 7 and 8 – should these be put together and should there be reference to facility services in these bullets?
Response: Amended. Bullet 6 and 7 have been combined however bullet 8 does not need to be as it speaks to alternate notifications; however language added for clarity.
18. Comment: secretary duties – should it be call 911 not fire department?
Response: Amended.
19. Comment: manual – front page – is “for Grand Erie DSB schools” required? If it is for all buildings?
Response: Amended.
20. Comment: manual – page 3 – purpose – need to say who will review and how tracked?
Response: Amended.
21. Comment: manual – approved/listed – last line – needs to be clearer what this line is meant to say
Response: Amended.
22. Comment: manual - Fire Safety plans – does Appendix A need to be included, since it is being referenced?
Response: Amended.
23. Comment: Manual - page 4 – inappropriate – is the first paragraph necessary?
Response: Amended.
24. Comment: manual – page 5 – evacuation cards – last line – approved by whom?
Response: Amended.

25. Comment: manual – evacuation of a school – 1st paragraph – last line – Fire Department Incident Command Officer – in the procedure was referred to as Senior Fire Official

Response: Amended.

26. Comment: manual – evacuation of a school – 2nd paragraph – suggest – Due to “the possibility of” inclement weather

Response: Amended.

27. Comment: manual – evacuation of non-ambulatory – 1st line – responsibility of the “staff” of Grand Erie? Who approves the special emergency procedure?

Response: Amended.

28. Comment: manual – evacuation of non-ambulatory – Who approves the special emergency procedure?

Response: Amended.

29. Comment: manual – page 6 – Fire alarm systems – is this the same info as on page 4 of procedure?

Response: yes, it is the same but a change is not required as the information is valuable in the manual.

30. Comment: manual – exit doors from hazardous – should the last line explain what a hazardous room – be first in this section?

Response: Amended.

31. Comment: manual – page 8 – wall coverage in schools – is the last line required?

Response: Amended.

32. Comment: manual – page 9 – vending machines – is the statement “it is recommended that vending machines be securely fastened” strong enough?

Response: Amended.

33. Comment: manual – page 11 – floor cleaners – does the training on the charging system need to be recorded and retained?

Response: This is not required.

34. Comment: manual – alterations – last line – this approval will be done by the facility – should this say that the facility services department is responsible for ensuring that these approvals are completed?

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 & 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, Educational Facilities and Board Owned buildings, 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 one of the approved Fire Safety Plan templates as found on the staff portal. ~~This plan (for Secondary locations) must also include procedures in Appendix 5 – Procedures for Off Site Educational Locations.~~

<https://staff.granderie.ca/index.php/departments/health-and-safety/administrator-and-site-rep-health-and-safety-information/fire-safety-plans>

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 (of the school's fire safety plan) – 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. Revisions to the Fire Safety Plan must be approved by the local Fire Department

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.~~
- ~~Do not permit combustible materials to accumulate in quantities or locations which will constitute a fire hazard.~~
- ~~Promptly remove~~ Ensure removal of 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 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.
- ~~Ensure above staff are adequately trained in methods of evacuation for individual students and/or staff~~
- 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~~ these staff are adequately trained in methods of evacuation for individual students and/or staff
- ~~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~~their 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~~this should include directions given to students on what to do if they ~~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
 - quietly
 - 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 your immediate Supervisor and the Maintenance Supervisor. Direction will be given by them to 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 notify the principal who will notify staff that the fire alarm is shut down.

- ~~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, alternate alarm notification to occupants will be made through a whistle or a signal through the PA system. In the event of an emergency this notification will be made and 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~~ Call 911 and advise the need for fire services response - 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)



The Grand Erie District School Board

**FIRE SAFETY REFERENCE Manual
for Grand Erie DSB Schools and
Buildings**

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 by the Division Manager of Operations and Health and Safety 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~~ recognized and approved 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~~ Senior Fire Official on location.

Due to ~~the possibility~~ inclement of 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 all staff of~~ Grand Erie DSB in case of fire. Special emergency procedures including provisions for evacuating persons requiring assistance shall be prepared by the building Administrator or Manager and ~~approved~~ by the local fire department 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. Hazardous classrooms would include labs, industrial shop areas or any classrooms with an increased fire hazard. 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~~Vending machines must 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.~~ The Facility Services Department is responsible for ensuring these approvals are completed.

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: Liana Thompson, Superintendent of Education
RE: **SO114 Do Not Resuscitate (DNR) Confirmation Form**
DATE: April 6, 2020

Recommended Action: Moved by _____ Seconded by _____
THAT the Grand Erie District School Board forward **Procedure SO114 – Do Not Resuscitate (DNR) Confirmation Form** to all stakeholders for comments to be received by **May 28, 2020**.

Background

A parent/guardian may provide to a school a Do Not Resuscitate (DNR) Confirmation Form for their child who is enrolled as a pupil in the school.

The DNR Confirmation Form was developed and implemented by the Ministry of Health and Long-Term Care. A completed DNR Confirmation Form has directed the practice of Emergency Medical Services (EMS) personnel since February 1, 2008. A completed DNR Confirmation Form confirms that a person, or their substitute decision maker, has decided in advance, that the person does not wish to be resuscitated if they suffer respiratory or cardio-respiratory arrest.

The DNR Confirmation Form is a single-paged, bilingual document. Each DNR Confirmation Form is imprinted with a unique serial number for the purposes of authenticity and patient tracking. A completed DNR Confirmation Form is signed by a medical doctor or nurse.

Additional Information

The DNR Confirmation Form is directed at EMS personnel and is not interpreted or implemented by Grand Erie staff members.

Next Steps

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

Respectfully submitted,

Liana Thompson
Superintendent of Education



DO NOT RESUSCITATE (DNR) CONFIRMATION FORM

Board Received: _____

Review Date: _____

Accountability

1. Frequency of Reports – As needed.
2. Criteria for Success – Staff members understand the process when provided with a DNR Confirmation Form.
– Parents understand the process when sharing a DNR Confirmation Form with their child's school.

Background

A parent/guardian may provide to a school a Do Not Resuscitate (DNR) Confirmation Form for their child who is enrolled as a pupil in the school.

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The DNR Confirmation Form is a single-paged, bilingual document. Each DNR Confirmation Form is imprinted with a unique serial number for the purposes of authenticity and patient tracking. A completed DNR Confirmation Form is signed by a medical doctor or nurse.

The DNR Confirmation Form is directed at EMS personnel and is not interpreted or implemented by Grand Erie staff members.

Procedures

This procedure shall be implemented by the principal when a parent/guardian provides the school with a DNR Confirmation Form for a student.

The principal will:

- 1.0 Inform the parent/guardian that the DNR Confirmation Form is directed at EMS personnel and will not be interpreted or implemented by Grand Erie staff members;
- 2.0 Encourage the parent/guardian to file the DNR Confirmation Form with the local EMS department and fire station with primary jurisdiction for responding to emergencies in the school's geographic location;
- 3.0 Inform the parent/guardian that Grand Erie does not direct the actions of external staff that provide services to their child, such as nurses;
- 4.0 Inform the parent/guardian that Grand Erie staff will provide emergency first aid assistance, which includes CPR, to all students in emergency situations until EMS personnel arrive on scene and take control of an emergency. This is the standard response in all circumstances, including where staff are aware that a DNR Confirmation Form is currently on file for a student.

- 5.0 Send a letter to the parent/guardian requesting written confirmation that they have been provided with the information outlined in sections 1.0-4.0 above. Ask the parent to sign, date and return a form acknowledging that they have been provided with the information outlined above.
- 6.0 Review the status of the DNR Confirmation Form annually with the parent/guardian.

INSERT SCHOOL LETTERHEAD

ACKNOWLEDGEMENT OF INFORMATION SHARING
RE: DNR CONFIRMATION FORM

Date _____

Student _____

- I understand and acknowledge that the DNR Confirmation Form is directed at EMS personnel and will not be interpreted or implemented by Grand Erie staff members;
- A request was made that I file the DNR Confirmation Form with the local EMS department and fire station with primary jurisdiction for responding to emergencies in the school's geographic location;
- I understand and acknowledge that Grand Erie does not direct the actions of external staff that provide services to their child, such as nurses;
- I understand and acknowledge that Grand Erie staff will provide emergency first aid assistance, which includes CPR, to all students, including my child, in emergency situations until EMS personnel arrive on scene and take control of an emergency.

Parent/Guardian Signature:

Parent/Guardian Name:

Principal Signature:

Principal Name: